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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

Open to Public Inspection

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
Children's Hospital of Orange County

% MIKALYN KLUTH

Doing business as
CHOC Children's Hospital

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1201 West La Veta Avenue

City or town, state or province, country, and ZIP or foreign postal code
Orange, CA 92868

F Name and address of principal officer:
KIMBERLY C CRIPE
1201 West La Veta Avenue
ORANGE, CA 92868

D Employer identification number
95-2321786

E Telephone number
(714) 997-3000

G Gross receipts \$ 982,609,088

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ www.choc.org

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1964

M State of legal domicile: CA

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
TO NURTURE, ADVANCE AND PROTECT THE HEALTH AND WELL-BEING OF CHILDREN.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 12

4 Number of independent voting members of the governing body (Part VI, line 1b) 11

5 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 4,333

6 Total number of volunteers (estimate if necessary) 987

7a Total unrelated business revenue from Part VIII, column (C), line 12 5,676

7b Net unrelated business taxable income from Form 990-T, line 34 -15,986

Revenue

8 Contributions and grants (Part VIII, line 1h) 30,792,187

9 Program service revenue (Part VIII, line 2g) 778,325,430

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 12,596,090

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 2,943,492

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 824,657,199

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 75,000,000

14 Benefits paid to or for members (Part IX, column (A), line 4) 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 314,449,773

16a Professional fundraising fees (Part IX, column (A), line 11e) 0

16b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 416,972,932

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 806,422,705

19 Revenue less expenses. Subtract line 18 from line 12 18,234,494

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 1,218,624,994

21 Total liabilities (Part X, line 26) 593,272,433

22 Net assets or fund balances. Subtract line 21 from line 20 625,352,561

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer

2020-05-15

Date

KERRI RUPPERT SCHILLER CFO/Assistant Secret

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2020-05-13

Check ☐ if self-employed

PTIN P01959812

Firm's name ▶ KPMG LLP

Firm's EIN ▶

Firm's address ▶ 550 S Hope St Suite 1500

Los Angeles, CA 90071

Phone no. (213) 972-4000

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2018)

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III ☒

1 Briefly describe the organization's mission:

TO NURTURE, ADVANCE AND PROTECT THE HEALTH AND WELL-BEING OF CHILDREN.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 845,121,920 including grants of \$ 100,000,000) (Revenue \$ 910,402,592)
See Additional Data

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 845,121,920

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4 Yes	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	No
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a Yes	
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b Yes	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	No

Part IV Checklist of Required Schedules (continued)

		Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23 Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	No
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38 Yes	

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☒

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 520	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c Yes	

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	12	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b Enter the number of voting members included in line 1a, above, who are independent	11	
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	No
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6 Did the organization have members or stockholders?	6	Yes
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	Yes
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	Yes
b Each committee with authority to act on behalf of the governing body?	8b	Yes
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a	No
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13 Did the organization have a written whistleblower policy?	13	Yes
14 Did the organization have a written document retention and destruction policy?	14	Yes
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	15a	Yes
b Other officers or key employees of the organization	15b	Yes
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	Yes
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	Yes

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed **CA**

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
MIKALYN KLUTH 1201 WEST LA VETA AVENUE ORANGE, CA 92868 (714) 509-4124

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

[illegible]

1b Sub-Total			
c Total from continuation sheets to Part VII, Section A			
d Total (add lines 1b and 1c)	5,290,049	4,814,809	711,618

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 710

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4 Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A)	(B)	(C)
Name and business address	Description of services	Compensation
PEDIATRIC SUBSPECIALTY FACULTY, 1201 WEST LA VETA AVE ORANGE, CA 92868	Medical Dir & Serv	80,759,988
REGENTS OF UC, 1111 FRANKLIN ST OAKLAND, CA 94607	Medical Services	12,396,152
CERNER CORPORATION, PO BOX 412702 KANSAS CITY, MO 64141	Consulting	10,260,420
RADY CHILDRENS HOSPITAL, 3020 CHILDRENS WAY MC 5001 SAN DIEGO, CA 92123	Medical Services	8,803,699
CHOC MEDICAL GROUP, 1201 WEST LA VETA AVE ORANGE, CA 92868	Medical Dir & Serv	5,398,589

<p>2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 159</p>	
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☒Form **990** (2018)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☒**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	100,000,000	100,000,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	6,334,520	5,701,068	633,452	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	275,015,576	247,514,019	27,501,557	
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	6,043,214	5,438,893	604,321	
9 Other employee benefits	41,751,604	37,576,444	4,175,160	
10 Payroll taxes	19,596,916	17,637,224	1,959,692	
11 Fees for services (non-employees):				
a Management	23,860,561	21,474,505	2,386,056	
b Legal	1,367,452	1,230,707	136,745	
c Accounting	142,503	128,253	14,250	
d Lobbying	125,902	125,902		
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	61,179	55,061	6,118	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	188,896,518	170,006,866	18,889,652	
12 Advertising and promotion	0			
13 Office expenses	16,995,908	15,296,317	1,699,591	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	15,355,604	13,820,044	1,535,560	
17 Travel	1,188,064	1,069,258	118,806	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	1,205,622	1,085,060	120,562	
20 Interest	16,592,898	14,933,608	1,659,290	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	34,936,352	31,442,717	3,493,635	
23 Insurance	4,661,607	4,195,446	466,161	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SUPPLIES	107,947,598	97,152,838	10,794,760	
b DUES & SUBSCRIPTIONS	40,042,900	36,038,610	4,004,290	
c CLINICAL FEES DUE TO UCI	14,207,482	12,786,734	1,420,748	
d DUES & SUBSCRIPTIONS	2,530,653	2,277,588	253,065	
e All other expenses	8,748,589	8,134,758	613,831	
25 Total functional expenses. Add lines 1 through 24e	927,609,222	845,121,920	82,487,302	0
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

				(A) Beginning of year		(B) End of year	
Assets	1	Cash—non-interest-bearing		263,025,367	1	266,849,621	
	2	Savings and temporary cash investments		74,727,589	2	96,434,838	
	3	Pledges and grants receivable, net		0	3	0	
	4	Accounts receivable, net		151,989,210	4	142,431,942	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		0	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		0	6	0	
	7	Notes and loans receivable, net		0	7	0	
	8	Inventories for sale or use		12,488,660	8	13,168,355	
	9	Prepaid expenses and deferred charges		35,938,559	9	24,429,733	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,070,680,314			
	b	Less: accumulated depreciation	10b	452,386,206	620,791,370	10c	618,294,108
	11	Investments—publicly traded securities		20,735,673	11	21,834,408	
	12	Investments—other securities. See Part IV, line 11		0	12	0	
	13	Investments—program-related. See Part IV, line 11		0	13	0	
	14	Intangible assets		1,216,000	14	1,216,000	
	15	Other assets. See Part IV, line 11		37,712,566	15	39,416,845	
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,218,624,994	16	1,224,075,850		
Liabilities	17	Accounts payable and accrued expenses		89,339,400	17	114,564,635	
	18	Grants payable		0	18	0	
	19	Deferred revenue		104,698,000	19	56,602,155	
	20	Tax-exempt bond liabilities		324,216,743	20	317,718,227	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties		10,733,238	23	9,159,257	
	24	Unsecured notes and loans payable to unrelated third parties		0	24	0	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D		64,285,052	25	79,304,349	
	26	Total liabilities. Add lines 17 through 25		593,272,433	26	577,348,623	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.						
	27	Unrestricted net assets		575,542,357	27	587,177,642	
	28	Temporarily restricted net assets		49,124,052	28	58,863,433	
	29	Permanently restricted net assets		686,152	29	686,152	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.						
	30	Capital stock or trust principal, or current funds			30		
	31	Paid-in or capital surplus, or land, building or equipment fund			31		
	32	Retained earnings, endowment, accumulated income, or other funds			32		
33	Total net assets or fund balances		625,352,561	33	646,727,227		
34	Total liabilities and net assets/fund balances		1,218,624,994	34	1,224,075,850		

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	966,825,052
2	Total expenses (must equal Part IX, column (A), line 25)	2	927,609,222
3	Revenue less expenses. Subtract line 2 from line 1	3	39,215,830
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	625,352,561
5	Net unrealized gains (losses) on investments	5	-15,516,884
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2,324,280
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	646,727,227

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	No	
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

Additional Data

Software ID:
Software Version:
EIN: 95-2321786
Name: Children's Hospital of Orange County

Form 990 (2018)

Form 990, Part III, Line 4a:

CHILDREN'S HOSPITAL OF ORANGE COUNTY - PROVIDES SPECIALIZED PEDIATRIC SERVICES FOR THE CARE OF CHILDREN. DURING THIS YEAR, THERE WERE 70,499 DAYS OF INPATIENT CARE; 91,671 EMERGENCY ROOM VISITS (INCLUDING PEDIATRIC TRAUMA VISITS); 11,844 SURGERIES; AND 309,062 PRIMARY AND SPECIALTY CARE CLINIC VISITS. OUR CALIFORNIA MEDICAL FOUNDATION PROVIDED 433,545 PEDIATRIC SUBSPECIALTY SERVICE ENCOUNTERS AS WELL AS 234,057 PRIMARY CARE VISITS TO PATIENTS THROUGHOUT ORANGE COUNTY AND BEYOND. SEE OUR COMPLETE COMMUNITY BENEFIT REPORT ON OUR WEBSITE AT WWW.CHOC.ORG.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kimberly Cripe DIRECTOR/PRESIDENT	30.0 10.0	X		X				0	1,735,119	100,124
Sam Auriemma Director	1.0 3.0	X						0	0	0
Josh D'Amaro Director	1.0 1.0	X						0	0	0
Janet T Davidson Director	1.0 3.0	X						0	0	0
Chris Furman Chair	3.0 2.0	X		X				0	0	0
ROBERT HILLYARD MD Director	1.0 1.0	X						0	0	0
Joe Kiani Director	2.0 1.0	X						0	0	0
Douglas McCombs Director/Vice Chair	1.0 2.5	X		X				0	0	0
Thomas Phelps Director	1.0 1.5	X						0	0	0
Marshall ROWEN MD Director	2.0 5.0	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Kimberly Sentovich Director	2.0 1.5	X						0	0	0
David Dukes Director/Chair - thru 9/18	2.0 5.5	X		X				0	0	0
Jeff Elghanayan Director - thru 9/18	1.0 2.5	X						0	0	0
Michael Colglazier Director - thru 9/18	2.0 1.0	X						0	0	0
Jim Morris Director	0.5 1.0	X						0	0	0
Jay Gabriel Chief Legal Officer/Secretary	35.0 5.0			X				871,212	0	65,487
Matthew Gerlach EVP/COO	34.0 6.0			X				0	904,067	48,980
Kerri Ruppert Schiller EVP/CFO/Assistant Secretary	24.0 16.0			X				0	898,335	64,777
Shahab Dadjou SVP/Chief Strategy Officer	32.0 8.0				X			0	1,043,506	54,974
Maria Minon MD SVP/CMO	38.0 2.0				X			891,269	0	54,897

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors										
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Instiutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Melanie Patterson	40.0				X			491,183	0	65,627
VP Patient Care Svcs, CNO	0.0				X					
Hale Kuhlman	40.0				X			418,341	0	47,358
VP, Specialty Physician SRV	0.0				X					
Marcia Folli-thru 918	20.0				X			233,782	233,782	12,630
Vice President/CNO	20.0									
John Henderson	40.0					X		479,800	0	39,365
CIO	0.0					X				
Michael Weiss	40.0					X		588,401	0	47,808
VP CHOC Health Alliance	0.0					X				
William Rohde	40.0					X		444,964	0	38,426
Vice President Finance	0.0					X				
Thomas Capizzi	40.0					X		457,909	0	31,263
Vice President Human Resources	0.0					X				
James Cappon	40.0					X		413,188	0	39,902
Chief Quality & Patient Safety	0.0					X				

SCHEDULE A
(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Children's Hospital of Orange County

Employer identification number
95-2321786

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3

☒

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: _____
- 10

☐

An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11

☐

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f

Enter the number of supported organizations
- g

Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv), 170(b)(1)(A)(vi), and 170(b)(1)(A)(ix)

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3	The value of services or facilities furnished by a governmental unit to the organization without charge..						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). . .						
6	Public support. Subtract line 5 from line 4.						

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7	Amounts from line 4. . .						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .						
9	Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.). . .						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14	Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	
15	Public support percentage for 2017 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . .						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here.** ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
1		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3a		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
3b		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
4b		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5a		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
9a		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
10a		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		
10b		

Part IV

Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.	Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
<div><div>1</div><div><input type="checkbox"/></div><div>Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.</div></div>			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<div><div><input type="checkbox"/></div><div>Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)</div></div>		

Part V

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Additional Data

Software ID:
Software Version:
EIN: 95-2321786
Name: Children's Hospital of Orange County

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶Complete if the organization is described below. ▶Attach to Form 990 or Form 990-EZ.
▶Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

If the organization answered "Yes" on Form 990, Part IV, Line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes" on Form 990, Part IV, Line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes" on Form 990, Part IV, Line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of the organization Children's Hospital of Orange County	Employer identification number 95-2321786
--	---

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV (see instructions for definition of "political campaign activities")	
2	Political campaign activity expenditures (see instructions)	▶ \$ _____
3	Volunteer hours for political campaign activities (see instructions)	_____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1	Enter the amount of any excise tax incurred by the organization under section 4955	▶ \$ _____
2	Enter the amount of any excise tax incurred by organization managers under section 4955	▶ \$ _____
3	If the organization incurred a section 4955 tax, did it file Form 4720 for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4a	Was a correction made?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b	If "Yes," describe in Part IV.	

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	▶ \$ _____
2	Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities	▶ \$ _____
3	Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b.....	▶ \$ _____
4	Did the filing organization file Form 1120-POL for this year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.	

	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
1					
2					
3					
4					
5					
6					

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

A Check ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures
(The term "expenditures" means amounts paid or incurred.)**(a)** Filing
organization's
totals**(b)** Affiliated
group totals**1a** Total lobbying expenditures to influence public opinion (grass roots lobbying)**b** Total lobbying expenditures to influence a legislative body (direct lobbying)**c** Total lobbying expenditures (add lines 1a and 1b)**d** Other exempt purpose expenditures**e** Total exempt purpose expenditures (add lines 1c and 1d)**f** Lobbying nontaxable amount. Enter the amount from the following table in both columns.

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over \$500,000	20% of the amount on line 1e.
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.
Over \$17,000,000	\$1,000,000.

g Grassroots nontaxable amount (enter 25% of line 1f)**h** Subtract line 1g from line 1a. If zero or less, enter -0-**i** Subtract line 1f from line 1c. If zero or less, enter -0-**j** If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?☐ **Yes** ☐ **No****4-Year Averaging Period Under section 501(h)****(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)****Lobbying Expenditures During 4-Year Averaging Period**

Calendar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.

		(a)		(b)
		Yes	No	Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		No	
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?	Yes		125,902
j	Total. Add lines 1c through 1i			125,902
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

		Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" OR (b) Part III-A, line 3, is answered "Yes."

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information.

Return Reference	Explanation
grants to other organizations for lobbying purposes	form 990, schedule c, part II-B, line 1i during fye 06/30/2019, children's hospital of orange county paid dues, a portion of which supports lobbying purposes to various healthcare associations: California Children's Hospital Association \$ 54,300 National Association of Children's Hospitals \$ 43,595 Hospital Association of Southern California \$ 28,007 ----- Total dues paid for lobbying purposes: \$ 125,902

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Children's Hospital of Orange County

Employer identification number
95-2321786

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3

Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a☐ Public exhibition

b☐ Scholarly research

c☐ Preservation for future generations

d☐ Loan or exchange programs

e☐ Other

4

Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes☐ No

Part IV

Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes☐ No

b

If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . .

☐ Yes☐ No

b

If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

☐

Part V

Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a)Current year	(b)Prior year	(c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	8,115,982	7,101,240	7,000,292	6,423,443	5,309,995
b Contributions	873,326	1,010,740	94,801	576,987	1,111,818
c Net investment earnings, gains, and losses	92,033	72,655	111,762	-138	29,620
d Grants or scholarships	0	0	0	0	0
e Other expenditures for facilities and programs	86,972	68,653	105,614	0	27,991
f Administrative expenses					
g End of year balance	8,994,369	8,115,982	7,101,241	7,000,292	6,423,442

2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ 92.370 %

b Permanent endowment ▶ 7.630 %

c Temporarily restricted endowment ▶

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)		No
3a(ii)	Yes	
3b	Yes	

4

Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		44,577,570		44,577,570
b Buildings		675,544,151	185,359,679	490,184,472
c Leasehold improvements		16,037,072	12,456,573	3,580,499
d Equipment		307,555,400	253,423,602	54,131,798
e Other		26,966,121	1,146,352	25,819,769
Total. Add lines 1a through 1e.(Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				618,294,108

Part VII

Investments—Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.
See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII

Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.) ▶		

Part IX

Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	

Part X

Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f.
See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	0
DERIVATIVE FINANCIAL INSTRUMEN	46,015,224
LIABILITY FOR WORKER'S COMP.	7,757,894
PAYABLE TO ST. JOSEPH HOSPITAL	186,489
POSTRETIREMENT BENEFIT OBLIGAT	3,619,436
PAYABLE TO RELATED PARTIES	15,859
PAYABLE TO THIRD PARTIES	9,054,837
OTHER LIABILITIES	12,654,610
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	79,304,349

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☒

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	949,265,036
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-15,516,884
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	281,148
e	Add lines 2a through 2d	2e	-15,235,736
3	Subtract line 2e from line 1	3	964,500,772
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	2,324,280
c	Add lines 4a and 4b	4c	2,324,280
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	966,825,052

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	927,609,222
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	927,609,222
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	927,609,222

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII **Supplemental Information** *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 95-2321786

Name: Children's Hospital of Orange County

Supplemental Information

Return Reference	Explanation
ORGANIZATION'S LIABILITY FOR UNCERTAIN TAX POSITIONS UNDER ASC 740:	U.S. GAAP REQUIRE THE ORGANIZATION'S MANAGEMENT TO EVALUATE TAX POSITIONS TAKEN BY THE ORGANIZATION AND RECOGNIZE A TAX LIABILITY IF THE ORGANIZATION HAS TAKEN AN UNCERTAIN POSITION THAT MORE LIKELY THAN NOT WOULD BE SUSTAINED UPON EXAMINATION BY THE INTERNAL REVENUE SERVICE. MANAGEMENT HAS ANALYZED TAX POSITIONS TAKEN BY THE ORGANIZATION AND HAS CONCLUDED THAT AS OF JUNE 30, 2019. THERE ARE NO UNCERTAIN POSITIONS TAKEN OR EXPECTED TO BE TAKEN THAT WOULD REQUIRE RECOGNITION OF A LIABILITY OR DISCLOSURE IN THE CONSOLIDATED FINANCIAL STATEMENTS. RECONCILIATION OF REVENUE & EXPENSE PART XI, LINE 2D CHANGE IN BENEFICIAL INTEREST in CHOC Foundation \$2,324,280 Part XI, Line 4d Net Income in OCMRRG \$281,148

Supplemental Information	
Return Reference	Explanation
Use of endowment funds	part v, line 4 The endowment fund is used to support hospital programs addressing the needs of the underserved, social services to patients and families in need, and research and treatment of children's diseases and disorders.

SCHEDULE H
(Form 990)

Department of the Treasury

Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
► Attach to Form 990.
► Go to www.irs.gov/Form990EZ for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Children's Hospital of Orange County

Employer identification number
95-2321786

Part I

Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No	
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ % c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care. 4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	3a	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	3b	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	4	Yes	
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5a	Yes	
6a	Did the organization prepare a community benefit report during the tax year?	5b		No
b	If "Yes," did the organization make it available to the public?	5c		
	Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.	6a	Yes	
		6b	Yes	

7

Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			451,676		451,676	0.050 %
b Medicaid (from Worksheet 3, column a)			3,352,517	963,830	2,388,687	0.260 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			3,804,193	963,830	2,840,363	0.310 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4).			17,535,570	1,351,753	16,183,817	1.750 %
f Health professions education (from Worksheet 5)			17,011,177	2,690,286	14,320,891	1.550 %
g Subsidized health services (from Worksheet 6)			3,645,856		3,645,856	0.390 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			38,192,603	4,042,039	34,150,564	3.690 %
k Total. Add lines 7d and 7j			41,996,796	5,005,869	36,990,927	4.000 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			1,681,161	245,180	1,435,981	0.160 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 Total			1,681,161	245,180	1,435,981	0.160 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

		Yes	No
1 Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?	1	Yes	
2 Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount.	2	25,933,677	
3 Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit.	3		
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.			

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME)	5	117,769
6 Enter Medicare allowable costs of care relating to payments on line 5	6	199,539
7 Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-81,770
8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:		
<input type="checkbox"/> Cost accounting system	<input checked="" type="checkbox"/> Cost to charge ratio	<input type="checkbox"/> Other

Section C. Collection Practices

9a Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b	Yes	

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1				
2				
3				
4				
5				
6				
7				
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10				
11				
12				
13				

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size from largest to smallest—see instructions)

How many hospital facilities did the organization operate during the tax year?
1

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information (continued)**Section B. Facility Policies and Practices**(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)
Children's Hospital of Orange County**Name of hospital facility or letter of facility reporting group** _____**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** _____**1****Community Health Needs Assessment**

	Yes	No
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	No
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C.	2	No
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12. If "Yes," indicate what the CHNA report describes (check all that apply):	3	Yes
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>19</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes
6 a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	No
7 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	7	Yes
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>http://www.choc.org/about</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11.	8	Yes
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>19</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? If "Yes" (list url): <u>See Part V, Section C</u>	10	Yes
a		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a	No
b If "Yes" on line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" on line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$ _____		

Part V Facility Information (continued)**Financial Assistance Policy (FAP)**

Children's Hospital of Orange County

Name of hospital facility or letter of facility reporting group _____

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13	Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care? If "Yes," indicate the eligibility criteria explained in the FAP:	13 Yes	
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 200. _____ % and FPG family income limit for eligibility for discounted care of 400. _____ %		
b	<input type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input checked="" type="checkbox"/> Asset level		
d	<input checked="" type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance discount		
g	<input type="checkbox"/> Residency		
h	<input type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	14 Yes	
15	Explained the method for applying for financial assistance? If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):	15 Yes	
a	<input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility? If "Yes," indicate how the hospital facility publicized the policy (check all that apply):	16 Yes	
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): See Part V		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): See Part V		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): See Part V		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g	<input checked="" type="checkbox"/> Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP, by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public displays or other measures reasonably calculated to attract patients' attention		
h	<input checked="" type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input checked="" type="checkbox"/> The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations		
j	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)**Billing and Collections**

Children's Hospital of Orange County

Name of hospital facility or letter of facility reporting group

	Yes	No
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon nonpayment?	17 Yes	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C) f <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19	No
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies) b <input type="checkbox"/> Selling an individual's debt to another party c <input type="checkbox"/> Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a previous bill for care covered under the hospital facility's FAP d <input type="checkbox"/> Actions that require a legal or judicial process e <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19. (check all that apply):		
a <input checked="" type="checkbox"/> Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the FAP at least 30 days before initiating those ECAs b <input checked="" type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process c <input checked="" type="checkbox"/> Processed incomplete and complete FAP applications d <input checked="" type="checkbox"/> Made presumptive eligibility determinations e <input type="checkbox"/> Other (describe in Section C) f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21 Yes	
If "No," indicate why:		
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions b <input type="checkbox"/> The hospital facility's policy was not in writing c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d <input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information *(continued)***Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)**

Children's Hospital of Orange County

Name of hospital facility or letter of facility reporting group _____**22** Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period
- b** ☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- c** ☐ The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period
- d** ☒ The hospital facility used a prospective Medicare or Medicaid method

23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?

If "Yes," explain in Section C.

24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Section C.

	Yes	No
22		
23		No
24		No

Part V **Facility Information** *(continued)***Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility**

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? 46

Name and address	Type of Facility (describe)
1 See Additional Data Table	
2	
3	
4	
5	
6	
7	
8	
9	
10	

Part VI Supplemental Information

Provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 6A	THE ORGANIZATION'S COMMUNITY BENEFIT REPORT IS CONTAINED IN A REPORT PREPARED BY CHILDREN'S HOSPITAL OF ORANGE COUNTY (CHOC CHILDREN'S) AND CHOC CHILDREN'S AT MISSION HOSPITAL (CCMH) ANNUALLY AND IS FILED IN ACCORDANCE WITH CALIFORNIA SB697.

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART I, LINE 7	<p>THE ORGANIZATION USES THE COST-TO-CHARGE RATIO METHODOLOGY TO DETERMINE THE COST OF CHARITY CARE AND UNREIMBURSED COST OF CARE PROVIDED TO MEDICAL PATIENTS. COSTS ARE ACCOUNTED FOR USING AN INTERNAL DECISION SUPPORT SYSTEM. THE COST-TO-CHARGE RATIO FOLLOWS THE METHOD DEFINED BY THE MEDICARE COST REPORT AND IS UPDATED MONTHLY USING THE MOST RECENT ORGANIZATIONAL INFORMATION. PROVIDER FEE PROGRAM The State of California has a provider fee program that, combined with federal matching funds, has provided supplemental medical payments to hospitals in the state. DURING FY2019, CMS ISSUED FINAL REQUIRED APPROVAL FOR THE MANAGED CARE PORTION OF THE 36 MONTH PROVIDER FEE PROGRAM ENDED DECEMBER 2016. CHOC RECOGNIZED REVENUES FOR THE PROGRAM OF \$98,334,000 AND PROVIDER FEES AND OTHER EXPENSES OF \$22,904,000. IN ADDITION, CMS ISSUED FINAL APPROVAL DURING FY2019 OF THE FEE FOR SERVICE PORTION OF THE 30 MONTH PROGRAM ENDED JUNE 30, 2019. UNDER THIS PORTION OF THE PROGRAM, CHOC RECOGNIZED REVENUES OF \$52,576,000 AND PROVIDER FEES AND OTHER EXPENSES OF \$17,139,000. THE AMOUNTS WERE RECOGNIZED AS NET PATIENT REVENUE AND OPERATING EXPENSES, RESPECTIVELY, IN THE YEAR ENDED JUNE 30, 2019. THE CHNA REPORT IS AVAILABLE AT HTTP://WWW.CHOC.ORG/ABOUT</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART II	<p>COMMUNITY BUILDING ACTIVITIES: Community support IS BEST EXEMPLIFIED BY THE ORGANIZATION'S INCREASED EMPHASIS ON COMMUNITY OUTREACH AND COMMUNITY EDUCATION, WHICH INCLUDES INJURY PREVENTION, SAFETY AND WELLNESS. The organization has 84 different community benefit programs categorized according to the California community benefits law, SB697. Within these categories, the category which most closely correlates to line 3, community support, is Healthcare Access. Through Healthcare Access, the organization increases access to quality pediatric healthcare resources and information to families, especially low-income and medically underserved, throughout Orange County. This is accomplished through community outreach clinics and education.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 2	<p>THE ORGANIZATION CHARGES BAD DEBT FOR (A) THE WRITE-OFF OF PATIENT ACCOUNTS WHERE FAMILIES DID NOT COOPERATE WITH CHOC IN THE COMPLETION OF MEDI-CAL OR CHARITY CARE APPLICATIONS AND WHERE INSUFFICIENT INFORMATION COULD BE OBTAINED REGARDING THE FINANCIAL STATUS OF THE FAMILY, AND (B) A PROVISION FOR OUTSTANDING ACCOUNTS RECEIVABLE FROM SELF-PAY (INCLUDING PENDING MEDI-CAL AND PENDING CHARITY) ACCOUNTS. THE ORGANIZATION APPLIES ITS CHARITY CARE POLICY TO DETERMINE ELIGIBILITY BASED ON FAMILIES' SATISFYING THE APPLICATION REQUIREMENTS AND THE ORGANIZATION'S ELIGIBILITY CRITERIA. THE ORGANIZATION DOES, HOWEVER, HAVE FAMILIES WHO FAIL TO COMPLETE THE REQUIRED PAPERWORK DESPITE THE ORGANIZATION'S EFFORTS TO EDUCATE ALL FAMILIES OF THE CHARITY CARE OPTIONS. IN THESE CASES, AN ASSESSMENT OF CHARITY CARE ELIGIBILITY IS MADE BASED ON KNOWN INFORMATION. SCHEDULE H, PART III, LINE 3 THE HOSPITAL FOLLOWS HFMA STATEMENT 15 AND THEREFORE NO PART OF BAD DEBT, AS DEFINED BY STATEMENT 15, REPRESENTS AMOUNTS ATTRIBUTABLE TO PATIENTS ELIGIBLE TO RECEIVE FINANCIAL ASSISTANCE. SCHEDULE H, PART III, LINE 4 AUDITED FINANCIAL STATEMENT FOOTNOTE: PATIENT ACCOUNTS RECEIVABLE ARE RECORDED AT THE INVOICED AMOUNT, NET OF ANY EXPECTED CONTRACTUAL ADJUSTMENTS AND DO NOT BEAR INTEREST. THE ORGANIZATION HAS AGREEMENTS WITH THIRD-PARTY PAYORS THAT PROVIDE FOR PAYMENTS AT AMOUNTS DIFFERENT FROM THE ESTABLISHED RATES. PAYMENT ARRANGEMENTS INCLUDE PROSPECTIVELY DETERMINED RATES PER DISCHARGE, REIMBURSED COSTS, DISCOUNTED CHARGES, AND PER DIEM PAYMENTS. PATIENT SERVICES REVENUES ARE REPORTED AT THE ESTIMATED NET REALIZABLE AMOUNTS FROM PATIENTS, THIRD-PARTY PAYORS, AND OTHERS FOR SERVICES RENDERED. CONTRACTUAL ADJUSTMENTS ARISING UNDER REIMBURSEMENT ARRANGEMENTS WITH THIRD-PARTY payors ARE ACCRUED ON AN ESTIMATED BASIS IN THE PERIOD THE RELATED SERVICES ARE RENDERED AND ARE ADJUSTED IN FUTURE PERIODS AS FINAL SETTLEMENTS ARE DETERMINED. IMPLICIT PRICE CONCESSIONS ARE TAKEN BASED ON HISTORICAL COLLECTION EXPERIENCE AND REFLECT THE ESTIMATED AMOUNTS THE ORGANIZATION EXPECTS TO COLLECT. AUDITED FINANCIAL STATEMENT FOOTNOTE: SEE AUDITED FINANCIAL STATEMENTS, PAGE 7 FOR THE FINANCIAL STATEMENT FOOTNOTE RELATED TO ACCOUNTS RECEIVABLE AND THE ALLOWANCE FOR DOUBTFUL ACCOUNTS. CHOC REVIEWS ITS ALLOWANCE FOR DOUBTFUL ACCOUNTS ON A MONTHLY BASIS AS WELL AS AGE OF ACCOUNTS AND OTHER FACTORS. PAST-DUE BALANCES OVER 90 DAYS AND OVER A SPECIFIED AMOUNT ARE REVIEWED INDIVIDUALLY FOR COLLECTABILITY. THERE ARE OTHER FACTORS THAT CAN IMPACT COLLECTIONS, SUCH AS CHANGES IN THE ECONOMY, WHICH IN TURN HAVE AN IMPACT ON UNEMPLOYMENT RATES AND THE NUMBER OF UNINSURED AND UNDERINSURED PATIENTS, THE INCREASED BURDEN OF CO-PAYMENTS TO BE MADE BY PATIENTS WITH INSURANCE AND BUSINESS PRACTICES RELATED TO COLLECTION EFFORTS. THESE FACTORS CONTINUOUSLY CHANGE AND CAN HAVE AN IMPACT ON COLLECTION TRENDS AND THE ESTIMATION PROCESS. ACCOUNT BALANCES ARE CHARGED OFF AGAINST THE ALLOWANCE AFTER ALL MEANS OF COLLECTION HAVE BEEN EXHAUSTED AND THE POTENTIAL FOR RECOVERY IS REMOTE, BUT IN NO CASE BEYOND ONE YEAR FROM DATE OF SERVICE.</p>

Form and Line Reference	Explanation
SCHEDULE H, PART III, LINE 8	<p>THE ALLOWABLE COST IS BASED ON A COST TO CHARGE RATIO OF .1994 AS DETERMINED BY THE ORGANIZATION'S FILED MEDICARE COST REPORT. SHORTFALLS ARE CONSIDERED A COMMUNITY BENEFIT BECAUSE THE DOLLAR VALUE OF BENEFITS PROVIDED BY LEGISLATIVE CATEGORY LINK TO THE DOLLARS IDENTIFIED BY COMMUNITY NEEDS. CHOC REPORTS UNPAID COSTS OF PUBLIC PROGRAMS AS GOVERNMENT PAYOR SHORTFALLS. THE PRINCIPAL MEASURE FOR MONITORING COMMUNITY BENEFIT SERVICES IS THE DOLLAR VALUE OF BENEFITS RETURNED TO THE COMMUNITY PER DOLLAR OF TAX EXEMPTION VALUE RECEIVED. SCHEDULE H, PART III, LINE 9B THE HOSPITAL'S WRITTEN BAD-DEBT COLLECTION POLICY STATES THE FOLLOWING: 1. IF A PATIENT QUALIFIES FOR ASSISTANCE UNDER THE FINANCIAL ASSISTANCE PROGRAM (FAP) AND IS MAKING EVERY EFFORT TO SETTLE AN OUTSTANDING BILL WITHIN A REASONABLE TIME PERIOD, CHOC OR ITS AGENT WILL NOT SEND, NOR INTIMATE THAT IT WILL SEND, THE UNPAID ACCOUNT TO AN OUTSIDE AGENCY IF DOING SO MAY NEGATIVELY IMPACT A PATIENT'S CREDIT. IF CHOC IS FORCED TO SEND THE ACCOUNT TO AN OUTSIDE COLLECTION AGENCY, THE AMOUNT REFERRED TO THE AGENCY WILL REFLECT THE REDUCED PAYMENT LEVEL FOR WHICH THE PATIENT WAS ELIGIBLE UNDER THE FAP. AT NO TIME WILL A PATIENT ACCOUNT BE REFERRED TO AN OUTSIDE COLLECTION AGENCY IF THE ACCOUNT IS LESS THAN 150 DAYS FROM ORIGINAL BILLING. 2. IN DEALING WITH IDENTIFIED UNINSURED PATIENTS AT OR BELOW 400% OF THE FEDERAL POVERTY LEVEL, CHOC WILL NOT USE WAGE GARNISHMENTS OR LIENS ON PATIENT'S OR PATIENT FAMILY'S PRIMARY RESIDENCE AS A MEANS OF COLLECTING UNPAID CHOC BILLS. THIS REQUIREMENT DOES NOT PRECLUDE CHOC FROM PURSUING REIMBURSEMENT FROM THIRD PARTY LIABILITY SETTLEMENTS. SCHEDULE H PART VI LINE 2 NEEDS ASSESSMENT: IN ADDITION TO THE TRI-ANNUAL COMMUNITY HEALTH NEEDS ASSESSMENT, CHOC REGULARLY TRACKS KEY DEMOGRAPHIC CHANGES IN THE PEDIATRIC POPULATION OF ITS COMMUNITY AND THE UTILIZATION OF KEY SERVICES DELIVERED, AND EVALUATES THE PROGRAMS IT PROVIDES TO MEET IDENTIFIED NEEDS. THROUGH CONSTANT CONTACT WITH A VARIETY OF COMMUNITY CONSTITUENTS, CHOC IS ABLE TO LEARN ABOUT EMERGING TRENDS AND NEEDS. IT THEN EVALUATES OPTIONS TO MEET THOSE NEEDS, EITHER ALONE OR IN COLLABORATION WITH OTHERS IN THE COMMUNITY. ALL OF THE PROGRAMS ASSOCIATED WITH THE COMMUNITY HEALTH NEEDS ASSESSMENT ARE AVAILABLE IN THE REPORT ON THE HOSPITAL'S WEBSITE AT WWW.CHOC.ORG AS WELL AS A PAPER COPY THAT IS AVAILABLE UPON REQUEST FOR PUBLIC INSPECTION. SCHEDULE H PART VI, LINE 3 PATIENT EDUCATION OF ELIGIBILITY FOR ASSISTANCE: PATIENTS ARE INFORMED OF THE IR ELIGIBILITY FOR ASSISTANCE UNDER FEDERAL, STATE, OR LOCAL GOVERNMENT PROGRAMS AND UNDER THE HOSPITAL'S CHARITY CARE POLICY IN OUR FINANCIAL ASSISTANCE AND DISCOUNT PROGRAM POLICY. THIS INFORMATION, EITHER IN FULL OR IN SUMMARY, IS POSTED IN ALL OF THE HIGH TRAFFIC PATIENT AREAS: ADMITTING, EMERGENCY ROOM, CLINIC AND THE BUSINESS OFFICE. THE PATIENTS ARE ALSO INFORMED IF THERE IS A FINANCIAL NEED IDENTIFIED BY THE HOSPITAL FINANCIAL COUNSELORS WHEN SPEAKING TO THE FAMILIES ABOUT THEIR INSURANCE OR LACK OF INSURANCE. PATIENTS ARE PROVIDED A COPY OF THE HOSPITAL'S PATIENT FINANCIAL ASSISTANCE AND DISCOUNT PAYMENT PROGRAM POLICY. FAMILIES ARE ALSO NOTIFIED ON EVERY PATIENT STATEMENT THAT IF THERE IS A FINANCIAL NEED THEY SHOULD CALL THE DESIGNATED PHONE NUMBER FOR MORE INFORMATION AND ASSISTANCE. FINANCIAL ASSISTANCE COMMUNICATION - AS PART OF THE HOSPITAL'S ONGOING PUBLIC AWARENESS CAMPAIGNS, THE MISSION STATEMENTS (INCLUDING THE FINANCIAL ASSISTANCE POLICY) ARE INCLUDED WHEREVER POSSIBLE ON PROGRAM BROCHURES, FACILITY BROCHURES, MEDICAL EDUCATION INFORMATION, COMMUNITY EDUCATION MATERIALS, CONFERENCE INVITATIONS AND ADMISSION MATERIALS. ADDITIONALLY, THE HOSPITAL'S FINANCIAL ASSISTANCE POLICY IS EMPHASIZED IN PUBLIC RELATIONS AND MEDIA RELATIONS EFFORTS, FOUNDATION CAMPAIGNS, AND SELECTED MARKETING CAMPAIGNS. THE FINANCIAL ASSISTANCE POLICY IS ALSO INCLUDED AS PART OF THE ANNUAL COMMUNITY BENEFIT REPORT. The Financial Assistance Policy is available in english and spanish. SCHEDULE H, PART VI, LINE 4 COMMUNITY INFORMATION - THE HOSPITAL SERVES ALL OF ORANGE COUNTY AND A LIMITED, ALTHOUGH SIGNIFICANT, NUMBER OF PATIENTS FROM THE WESTERN RIM OF RIVERSIDE AND SAN BERNARDINO COUNTIES, THE NORTHERN PORTION OF SAN DIEGO COUNTY AND SOUTHEAST AREAS OF LOS ANGELES COUNTY. THE PRIMARY SERVICE AREA IS THE CENTRAL-NORTHERN PORTION OF ORANGE COUNTY, AND IS THE SOURCE OF APPROXIMATELY 72% OF ITS PATIENTS. SIGNIFICANT CITIES IN THIS AREA ARE: SANTA ANA, ANAHEIM , FULLERTON, ORANGE, AND GARDEN GROVE. THE SECONDARY SERVICE AREA INCLUDES ALL THE OTHER ORANGE COUNTY CITIES AND UNINCORPORATED AREAS. THE COMMUNITY SERVED BY THE HOSPITAL INCLUDES FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREAS AND POPULATIONS. COMMUNITY CHARACTERISTICS POPULATION AND SOCIOECONOMIC DATA PROJECTIONS FOR 2018-2019 have been collected from a variety of local county and state sources representing DEMOGRAPHIC ANALYSIS OF ORANGE COUNTY, INCLUDING THE COMBINED SERVICE AREAS OF BOTH</p>

Form and Line Reference	Explanation
<p>SCHEDULE H, PART III, LINE 8</p>	<p>HOSPITALS CHOC AND CCMH. TOTAL POPULATION OF THE COUNTY WAS 3.3 MILLION, ACCORDING TO 2018 ESTIMATES, MAKING IT THE THIRD LARGEST COUNTY IN CALIFORNIA. THE MEDIAN AGE IS 37.4, AND CHILDREN UP TO 18 YEARS OF AGE MAKE UP 22% OF THE TOTAL POPULATION. THE LARGEST RACE SUBGROUP IS WHITE, AT 49%. ASIANS/PACIFIC ISLANDERS ARE 18% OF THE TOTAL, AND THE AFRICAN AMERICAN POPULATION REPRESENTS APPROXIMATELY 2% OF THE TOTAL ORANGE COUNTY POPULATION. 48% OF THE TOTAL ORANGE COUNTY POPULATION IDENTIFY AS HISPANIC IN ETHNICITY. SOCIOECONOMIC PROFILE: IN THE CHOC SERVICE AREA, 16.4% OF CHILDREN UNDER AGE 18 LIVE IN POVERTY, COMPARED TO 20.8% OF CALIFORNIA'S CHILDREN. THE COUNTY'S MEDIAN HOUSEHOLD INCOME is \$88,483. The percentage of the hospital's patients who are uninsured or Medicaid recipients was 64%. THERE ARE 31 OTHER HOSPITALS SERVING THE COMMUNITY.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 5	<p>PROMOTION OF COMMUNITY HEALTH: CHILDREN'S HEALTHCARE OF CALIFORNIA (CHC) IS THE NOT-FOR-PROFIT, TAX-EXEMPT PARENT CORPORATION OF CHILDREN'S HOSPITAL OF ORANGE COUNTY (CHOC CHILDREN'S) AND CHOC CHILDREN'S AT MISSION HOSPITAL (CCMH). THE HOSPITALS ARE THE PRINCIPAL TERTIARY AND QUATERNARY PEDIATRIC HOSPITALS SERVING ORANGE COUNTY AND ARE THE ONLY HOSPITALS EXCLUSIVELY SERVING INFANTS, CHILDREN AND ADOLESCENTS. THE ORGANIZATION IS COMPRISED OF TWO HOSPITALS; A NUMBER OF PRIMARY AND SPECIALTY CLINICS THROUGHOUT ORANGE AND RIVERSIDE COUNTIES, PROGRAMS AND SERVICES; AND FOUR CENTERS OF EXCELLENCE, THE CHOC HEART, NEUROSCIENCE, hyundai cancer institute AND ORTHOPAEDIC INSTITUTES. CHOC ALSO HAS A RESEARCH INSTITUTE PERFORMING BASIC SCIENCE AND CLINICAL RESEARCH. THROUGH ITS JOINT RESIDENCY PROGRAM WITH UC IRVINE, THE ORGANIZATION ALSO TRAINS TOMORROW'S PHYSICIANS. THE COMMUNITY BENEFIT PLAN FOR THE FISCAL YEAR ENDING JUNE 30, 2019, DESCRIBES THE BENEFIT PLANNING PROCESS, THE BENEFITS PROVIDED, AND THE ECONOMIC VALUE OF THE BENEFITS. COMMUNITY BENEFITS ARE FREE OR SUBSIDIZED PROGRAMS AND SERVICES PROVIDED TO MEET IDENTIFIED COMMUNITY NEEDS AND TO SERVE THE PUBLIC INTEREST. THE ORGANIZATION'S COMMUNITY BENEFIT PLAN IS AVAILABLE ONLINE AT: HTTP://WWW.CHOC.ORG/ABOUT. THE MAJORITY OF THE ORGANIZATION'S GOVERNING BODY IS COMPOSED OF PERSONS WHO RESIDE IN THE ORGANIZATION'S PRIMARY SERVICE AREA WHO ARE NEITHER EMPLOYEES NOR CONTRACTORS OF THE ORGANIZATION, NOR FAMILY MEMBERS THEREOF. CLINICAL PRIVILEGES ARE GRANTED TO ALL QUALIFIED PHYSICIANS AS MEMBERS OF THE MEDICAL STAFF. MEDICAL STAFF MEMBERS PROVIDE PATIENT CARE AND HAVE ACCESS TO HOSPITAL RESOURCES (INCLUDING EQUIPMENT, FACILITIES AND PERSONNEL) WHICH ARE NECESSARY TO EFFECTIVELY EXERCISE THEIR PRIVILEGES. PHYSICIANS ARE QUALIFIED TO BE MEMBERS OF THE MEDICAL STAFF IF THEY MEET THE FOLLOWING CRITERIA: ONLY PRACTICING PHYSICIANS, DENTISTS, PSYCHOLOGISTS OR PODIATRISTS SHALL BE DEEMED TO POSSESS BASIC QUALIFICATIONS FOR MEMBERSHIP ON THE MEDICAL STAFF, EXCEPT FOR THE HONORARY AND RETIRED STAFF CATEGORIES IN WHICH CASE THESE CRITERIA SHALL ONLY APPLY AS DEEMED INDIVIDUALLY APPLICABLE BY THE MEDICAL STAFF, AND WHO: (A) DOCUMENT THEIR (1) CURRENT LICENSURE, (2) ADEQUATE EXPERIENCE, EDUCATION, AND TRAINING, (3) CURRENT PROFESSIONAL COMPETENCE, (4) GOOD JUDGMENT, AND (5) CURRENT ADEQUATE PHYSICAL AND MENTAL HEALTH STATUS, SO AS TO DEMONSTRATE TO THE SATISFACTION OF THE MEDICAL STAFF THAT THEY ARE PROFESSIONALLY AND ETHICALLY COMPETENT AND THAT PATIENTS TREATED BY THEM CAN REASONABLY EXPECT TO RECEIVE QUALITY MEDICAL CARE. (B) ARE DETERMINED (1) TO ADHERE TO THE ETHICS OF THEIR RESPECTIVE PROFESSIONS, (2) TO BE ABLE TO WORK COOPERATIVELY WITH OTHERS SO AS NOT TO ADVERSELY AFFECT PATIENT CARE, (3) TO KEEP AS CONFIDENTIAL, AS REQUIRED BY LAW, ALL INFORMATION OR RECORDS RECEIVED IN THE PHYSICIAN-PATIENT RELATIONSHIP, AND (4) TO BE WILLING TO PARTICIPATE IN AND PROPERLY DISCHARGE THOSE RESPONSIBILITIES DETERMINED BY THE MEDICAL STAFF AND BE BOUND BY THE MEDICAL STAFF BYLAWS, RULES AND REGULATIONS, AND POLICIES. (C) WHO MAINTAIN IN FORCE PROFESSIONAL LIABILITY INSURANCE IN NOT LESS THAN THE MINIMUM AMOUNTS JOINTLY DETERMINED BY THE BOARD OF DIRECTORS AND THE MEDICAL EXECUTIVE COMMITTEE, BUT IN NO EVENT LESS THAN \$1.0 MILLION PER INCIDENT AND \$3.0 MILLION IN THE AGGREGATE IN A POLICY YEAR; PROVIDED, HOWEVER, THAT IN THE EVENT THAT (AND FOR SO LONG AS) SUCH INSURANCE IS NOT AVAILABLE ON COMMERCIALY REASONABLE TERMS TO PHYSICIANS PRACTICING IN A PARTICULAR SPECIALTY OR SUB-SPECIALTY AREA OF MEDICAL PRACTICE, THE FOREGOING REQUIREMENTS MAY BE MODIFIED OR WAIVED WITH RESPECT TO ALL PHYSICIANS PRACTICING IN SUCH SPECIALTY OR SUB-SPECIALTY AREA, SUBJECT TO THE APPROVAL OF THE BOARD OF DIRECTORS UPON REQUEST OF THE MEDICAL EXECUTIVE COMMITTEE. ADMINISTRATIVE STAFF AND MEMBERS ON A LEAVE OF ABSENCE DO NOT NEED TO SHOW EVIDENCE OF INSURANCE. THE ORGANIZATION APPLIES ITS SURPLUS FUNDS TO IMPLEMENT IMPROVEMENTS IN PATIENT CARE, MEDICAL EDUCATION AND RESEARCH. DURING THE REPORTING YEAR ENDED JUNE 30, 2013, THE ORGANIZATION COMPLETED THE CONSTRUCTION OF A STATE-OF-THE-ART \$552 MILLION HOSPITAL TOWER ON ITS MAIN CAMPUS IN THE CITY OF ORANGE. CONSTRUCTION OF THE 7 STORY BUILDING STARTED IN 2009 AND OPENED ITS DOORS TO PATIENTS IN 2013. THE NEW TOWER INCLUDES INPATIENT AND OUTPATIENT CARE FOR CHILDREN, WITH EMERGENCY DEPARTMENT, OPERATING ROOMS, A MEDICAL LABORATORY, PATHOLOGY DEPARTMENT AND IMAGING AND RADIOLOGY SERVICES. The emergency department became a designated trauma unit in October 2014. THERE IS ALSO A LARGE CONFERENCE AREA TO ACCOMMODATE AND SUPPORT SOME OF THE ORGANIZATION'S TEACHING ACTIVITIES. THE CHOC ENDOWMENT FUNDS ARE IN PART USED TO FUND MEDICAL RESEARCH, CLINICAL PROGRAMS AND SERVICES, AND TO RECRUIT AND RETAIN DOCTORS WHO ARE THE BEST IN THEIR FIELDS.</p>

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
SCHEDULE H, PART VI, LINE 6	<p>AFFILIATED HEALTH CARE SYSTEM: FOR OVER 50 YEARS, CHOC CHILDREN'S HAS BEEN STEADFASTLY COMMITTED TO PROVIDING THE HIGHEST QUALITY MEDICAL CARE TO CHILDREN. AFFILIATED WITH THE UNIVERSITY OF CALIFORNIA, IRVINE, OUR REGIONAL PEDIATRIC HEALTHCARE NETWORK INCLUDES A STATE-OF-THE ART 334 BED HOSPITAL IN THE CITY OF ORANGE AND A HOSPITAL-WITHIN-A-HOSPITAL IN MISSION VIEJO. CHOC ALSO OFFERS MANY PRIMARY AND SPECIALTY CARE CLINICS, MORE THAN 89 ADDITIONAL PROGRAMS AND SERVICES, A PEDIATRIC RESIDENCY PROGRAM, AND FOUR CENTERS OF EXCELLENCE - THE CHOC CHILDREN'S HEART, NEUROSCIENCE, ORTHOPAEDIC, AND HYUNDAI CANCER INSTITUTES. THE ECONOMIC VALUE OF THE 92 BENEFIT SERVICES PROVIDED BY CHOC AND CCMH IN FISCAL YEAR 2019 IS \$47.4 MILLION. OF THESE DOLLARS, 26.8% (12.7 Million) SERVED THE ECONOMICALLY DISADVANTAGED. THE ECONOMIC VALUE OF SAVINGS FROM NOT-FOR-PROFIT STATUS IS \$43.4 MILLION. THUS, THE HOSPITALS RETURN \$1.15 IN COMMUNITY BENEFITS FOR EACH \$1 SAVED FROM TAX-EXEMPT STATUS. IN ADDITION TO THE \$47.4 MILLION IN BENEFITS PROVIDED FOR BY THE HOSPITALS REFERENCED ABOVE, BOARD MEMBERS, PHYSICIANS, EMPLOYEES AND VOLUNTEERS CONTRIBUTED 56,000 HOURS OF VOLUNTEER SERVICE TO THE COMMUNITY. SCHEDULE H PART VI, LINE 7</p> <p>STATE FILING OF COMMUNITY BENEFIT REPORT: A COMMUNITY BENEFIT REPORT IS FILED ANNUALLY IN THE STATE OF CALIFORNIA.</p>

Additional Data

Software ID:

Software Version:

EIN: 95-2321786

Name: Children's Hospital of Orange County

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities (list in order of size from largest to smallest—see instructions) How many hospital facilities did the organization operate during the tax year? 1		Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER—24 hours	ER—other	Other (Describe)	Facility reporting group
1	Children's Hospital of Orange County 1201 West La Veta Avenue Orange, CA 92868 www.choc.org	X		X				X			

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1 ORANGE PRIMARY CARE CLINIC 455 SOUTH MAIN STREET ORANGE, CA 92868	CLINIC
1 CLINICA CHOC PARA NINOS-SANTA ANA 406 SOUTH MAIN STREET SANTA ANA, CA 92701	CLINIC
2 SANTA ANA BOYS AND GIRLS CLUB 1000 WEST HIGHLAND SANTA ANA, CA 92703	CLINIC
3 ASTHMA BREATHMOBILE 455 SOUTH MAIN STREET ORANGE, CA 92868	CLINIC
4 GARDEN GROVE CLINIC 10602 CHAPMAN AVENUE GARDEN GROVE, CA 92840	CLINIC
5 CHOC CHILDREN'S ENDOCRINE & DIABETES CTR 520 SUPERIOR AVE SUITE 160 NEWPORT BEACH, CA 92663	CLINIC
6 CHOC CHILDREN'S HOSPITAL SPECIALTY CLINICS 1201 W La Veta ORANGE, CA 92868	CLINIC
7 CHOC UROLOGY CENTER 505 S MAINT ST SUITE 100 ORANGE, CA 92868	CLINIC
8 PEDIATRIC PSYCHOLOGY 1120 WEST LA VETA AVENUE SUITE 470 ORANGE, CA 92868	PHYSICIAN OFFICE
9 BLOOD&DONORAPHERESIS 505 SOUTH MAIN STREET SUITE 185 ORANGE, CA 92868	CLINIC
10 CHOC NEUROLOGY CENTER 505 S MAIN ST SUITE 350 ORANGE, CA 92868	CLINIC
11 FOUNTAIN VALLEY GASTROENTEROLOGY 11100 WARNER AVE SUITE 368 FOUNTAIN VALLEY, CA 92708	PHYSICIAN OFFICE
12 LAGUNA NIGUEL OUTPATIENT OFFICE 23521 PASEO DE VALENCIA SUITE 200 LAGUNA HILLS, CA 92653	PHYSICIAN OFFICE
13 NEWPORT BEACH OTOLARYNGOLOGY 466 OLD NEWPORT BLVD NEWPORT BEACH, CA 92663	PHYSICIAN OFFICE
14 CHOC CHILDREN'S SPECIALISTS CARDIOLOGY 505 SOUTH MAIN STREET SUITE 200 ORANGE, CA 92868	PHYSICIAN OFFICE

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
16 CHOC CHILDREN'S SPCLST PEDIATRIC SURGERY 505 SOUTH MAIN STREET SUITE 225 ORANGE, CA 92868	PHYSICIAN OFFICE
1 CHOC CHILDREN'S ALLERGY 725 WEST LA VETA SUITE 100 ORANGE, CA 92868	PHYSICIAN OFFICE
2 CHOC CHILDREN'S SPECIALISTS OPTHAMOLOGY 1210 WEST LA VETA SUITE 100 ORANGE, CA 92868	PHYSICIAN OFFICE
3 CHOC CHILDREN'S HEALTH CENTER 845 MAGNOLIA 101 CORONA, CA 92879	CLINIC
4 CHOC CHILDREN'S SPCLST OTOLARYNGOLOGY 1010 WEST LA VETA SUITE 640 ORANGE, CA 92868	PHYSICIAN OFFICE
5 CHOC CHILDREN'S HEALTH CENTER 19582 BEACH BLVD SUITE 380 HUNTINGTON BEACH, CA 92648	CLINIC
6 CHOC CHILDREN'S SPCLST NB CLINIC 500 SUPERIOR AVE STE 140 NEWPORT BEACH, CA 92868	CLINIC
7 CHOC CHILDREN'S SPCLST MV CLINIC 26691 PLAZA DR STE 130 MISSION VIEJO, CA 92691	CLINIC
8 CHOC CHILDREN'S SPCLST UCI CARDIOLOGY 1140 W LA VETA AVE STE 750 ORANGE, CA 92868	CLINIC
9 CHOC CHILDREN'S SPCLST OTOLARYNGOLOGY 1010 WEST LA VETA SUITE 710 ORANGE, CA 92868	PHYSICIAN OFFICE
10 CHOC CHILDREN'S SPCLST OTOLARYNGOLOGY 770 PACIFIC COAST HWY STE 100 SEAL BEACH, CA 90740	CLINIC
11 CHOC CHILDREN'S SPCLST OTOLARYNGOLOGY 250 E YALE LOOP STE 200 IRVINE, CA 92604	CLINIC
12 CHOC CHILDREN'S SPCLST PHYS OFFICE 505 S MAIN ST STE 1200 1250 EXP ORANGE, CA 92868	PHYSICIAN OFFICE
13 Centrum Clinic 1210 W La Veta Ave Suite 125 Orange, CA 92868	CLINIC
14 CCN Los Alamitos Pediatric Medical Group 10861 Cherry Street Suite 305 Los Alamitos, CA 90720	PHYSICIAN OFFICE

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
31 CCN Pomona Pediatrics 250 W Bonita Avenue Suite 200 Pomona, CA 91767	CLINIC
1 CHOC Children's Psychology 1210 W La Veta Ave Stes 410/470/ Orange, CA 92868	CLINIC
2 PAM 18102 Irvine Blvd Suites 103 104 Tustin, CA 92780	CLINIC
3 Seaview - Aliso Viejo 2 Journey Suite 100 Aliso Viejo, CA 92656	CLINIC
4 Seaview - Taj Mahal 23521 Paseo de Valencia Suite 200 Laguna Hills, CA 92653	CLINIC
5 Seaview - Irvine 15785 Laguna Canyon Road Suite 120 Irvine, CA 92618	CLINIC
6 Seaview - San Clemente 1031 Avenida Pico Suite 106 San Clemente, CA 92673	CLINIC
7 SOCPA - RSM 30212 Tomas Suite 220 Rancho Santa Margarita, CA 92688	CLINIC
8 SOCPA - San Clemente 1300 Avenida Vista Hermosa Suite 20 San Clemente, CA 92673	CLINIC
9 SOCPA - Ladera Ranch 777 Corporate Drive Suite 250 Ladera Ranch, CA 92694	CLINIC
10 SOCPA-Lake Forest 23321 El Toro Road Suites E-H Lake Forest, CA 92630	CLINIC
11 Orange Doctor's of Kids and Teens 1310 W Stewart Dr Suite 506 Orange, CA 92868	CLINIC
12 Premier Pediatrics 15825 Laguna Canyon Rd Suite 102 Irvine, CA 92618	physician office
13 Total Pediatrics of Orange County 1640 Newport Blvd Suite 360 Costa Mesa, CA 92627	Physician Office
14 Pomona Valley Health Ctr 1770 N Orange Grove Suite 210 Pomona, CA 91767	OP Hospital

Form 990 Schedule H, Part V Section D. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
46 PIH Family Practice Ctr 12291 Washington Blvd Suite 500 Whittier, CA 90606	OP Hospital

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Grants and Other Assistance to Organizations,
Governments and Individuals in the United States

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Department of the
Treasury
Internal Revenue Service

Name of the organization

Children's Hospital of Orange County

Employer identification number

95-2321786

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) CHILDREN'S HEALTHCARE OF CALIFORNIA 1201 West La Veta Avenue ORANGE, CA 92868	33-0265266	501(c)(3)	100,000,000		N/A	N/A	SUPPORT

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 1
- 3 Enter total number of other organizations listed in the line 1 table ▶

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PROCEDURE FOR MONITORING THE USE OF GRANT FUNDS - PART I, LINE 2	The grant from CHOC to CHC was in accordance with the bylaws of both organizations.

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2018
Department of the Treasury Internal Revenue Service	For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	
Name of the organization Children's Hospital of Orange County		Employer identification number 95-2321786

Part I Questions Regarding Compensation		Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
<input type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Tax idemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?		2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
<input checked="" type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract		
<input checked="" type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study		
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
a Receive a severance payment or change-of-control payment?		4a	Yes
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		4b	Yes
c Participate in, or receive payment from, an equity-based compensation arrangement?		4c	No
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:			
a The organization?		5a	No
b Any related organization?		5b	No
If "Yes," on line 5a or 5b, describe in Part III.			
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a The organization?		6a	No
b Any related organization?		6b	No
If "Yes," on line 6a or 6b, describe in Part III.			
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.		7	No
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.		8	No
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		9	

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

[illegible]

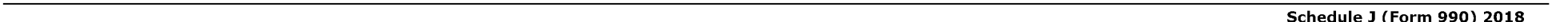
Part III **Supplemental Information**

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Return Reference	Explanation
SEVERANCE ARRANGEMENTS, PART I, LINE 4A	Part I, Line 4a Some of the organization's personnel listed on form 990 Part VII and Schedule J participate in a separation arrangement that provides for a portion of the employee's annual salary based on their position in the organization. For the senior executive level, the amount is based on years of service up to a maximum number of months. PAYMENT IN THE AMOUNT OF \$129,314 WAS MADE TO MS. FOLLI DURING CALENDAR YEAR 2019.

Return Reference	Explanation
SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN	<p>Part I, Line 4b Children's Hospital of Orange County (CHOC or the Company) established a nonqualified deferred compensation plan effective January 1, 2010 in which certain individuals listed on the form 990, Part VII and Schedule J are participants. Under the established Supplemental Executive Retirement Plan (the Plan), OR SERP, for each Plan year that begins prior to the participant's cash date, CHOC shall create a new SERP account on its books for the Participant and shall credit to such account at times specified. The participants of the plan are general creditors of the company. The participant's SERP account shall be utilized solely as a device for the measurement and determination of the amounts to be paid to the participant under this plan. The participant is entitled to his/her SERP benefit amount upon the earliest of (1) remaining employed with the Company to the third anniversary of the first day of the Plan Year for which the SERP account was created; (2) remaining employed with the Company to the Participant's 60th birthday; (3) remaining employed with the Company to the date the Participant has both attained at least age 55 and has completed at least 10 years of service; (4) disability; (5) involuntary separation from service without reasonable cause; (6) voluntary separation from service for good reason or (7) death. The following individuals received payments from the Plan during calendar year 2019: MS. CRIPE (\$198,229), MS. SCHILLER (\$95,139), MS. FOLLI (\$53,448), DR. MINON (\$97,796), MS. PATTERSON (\$46,668), MR. KUHLMAN (\$42,599), MR. WEISS (\$61,012), MR. ROHDE (\$43,652), MR GERLACH (\$101,292), MR. GABRIEL (\$241,739), MR. DADJOU (\$155,057), AND MR. CAPIZZI (\$13,412)</p>

Return Reference	Explanation
Compensation from an affiliated organization	<p>Kimberly C. Cripe is compensated through Children's HealthCare of California (CHC), however, in addition to her responsibilities for CHC, she also serves as an officer of Children's Hospital of Orange County, CHOC Foundation, CRC Real Estate Corporation and Children's Hospital at Mission (all IRC Section 501(c)(3) affiliates). Ms. Cripe devotes approximately 75% of her time each week to Children's Hospital of Orange County responsibilities with the balance of her time being spent on the other related organizations' business affairs. Kerri Ruppert Schiller is compensated through Children's HealthCare of California (CHC), however, in addition to her responsibilities for CHC, she also serves as an officer of Children's Hospital of Orange County, CHOC Foundation, CRC Real Estate Corporation and Children's Hospital at Mission (all IRC Section 501(c)(3) affiliates). Ms. Schiller devotes approximately 60% of her time each week to Children's Hospital of Orange County responsibilities with the balance of her time being spent on the other related organizations' business affairs. Matthew Gerlach IS COMPENSATED THROUGH CHILDREN'S HEALTHCARE OF CALIFORNIA (CHC), HOWEVER, IN ADDITION TO HIS RESPONSIBILITIES FOR CHC, HE ALSO SERVES AS AN OFFICER OF CHILDREN'S HOSPITAL OF ORANGE COUNTY, CHILDREN'S HOSPITAL AT MISSION AND CRC REAL ESTATE CORPORATION (ALL IRC SECTION 501(C)(3) AFFILIATES). MR. Gerlach DEVOTES APPROXIMATELY 85% OF HIS TIME EACH WEEK TO CHILDREN'S HOSPITAL OF ORANGE COUNTY RESPONSIBILITIES WITH THE BALANCE OF HIS TIME BEING SPENT ON CHILDREN'S HOSPITAL AT MISSION'S BUSINESS AFFAIRS. Marcia Folli is compensated through Children's Hospital at Mission; however, in addition to her responsibilities for Children's Hospital at Mission, she also serves as V.P. of Ancillary Services at Children's Hospital of Orange County, an IRC Section 501(c)(3) affiliate. Ms. Folli devotes approximately 50% of her time each week to Children's Hospital of Orange County with the balance of her time being spent on Children's Hospital at Mission business affairs.</p>



Additional Data

Software ID:
Software Version:
EIN: 95-2321786
Name: Children's Hospital of Orange County

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Kimberly Cripe DIRECTOR/PRESIDENT	(i)	0	0	0	0	0	0	0
	(ii)	1,005,715	445,347	284,057	66,845	33,279	1,835,243	48,531
Shahab Dadjou SVP/Chief Strategy Officer	(i)	0	0	0	0	0	0	0
	(ii)	524,944	315,783	202,779	30,918	24,056	1,098,480	22,323
Jay Gabriel Chief Legal Officer/Secretary	(i)	444,369	142,577	284,266	25,598	39,889	936,699	15,967
	(ii)	0	0	0	0	0	0	0
Matthew Gerlach EVP/COO	(i)	0	0	0	0	0	0	0
	(ii)	587,624	174,681	141,762	29,715	19,265	953,047	24,811
Maria Minon MD SVP/CMO	(i)	568,438	192,786	130,045	40,955	13,942	946,166	24,173
	(ii)	0	0	0	0	0	0	0
Kerri Ruppert Schiller EVP/CFO/Assistant Secretary	(i)	0	0	0	0	0	0	0
	(ii)	550,926	198,605	148,804	37,056	27,721	963,112	23,262
John Henderson CIO	(i)	365,011	83,780	31,009	19,272	20,093	519,165	13,352
	(ii)	0	0	0	0	0	0	0
Michael Weiss VP CHOC Health Alliance	(i)	406,312	91,263	90,826	20,700	27,108	636,209	14,862
	(ii)	0	0	0	0	0	0	0
William Rohde Vice President Finance	(i)	300,832	66,469	77,663	17,673	20,753	483,390	10,809
	(ii)	0	0	0	0	0	0	0
Thomas Capizzi Vice President Human Resources	(i)	343,892	70,723	43,294	16,881	14,382	489,172	12,445
	(ii)	0	0	0	0	0	0	0
James Cappon Chief Quality & Patient Safety	(i)	370,163	35,705	7,320	0	39,902	453,090	0
	(ii)	0	0	0	0	0	0	0
Melanie Patterson VP Patient Care Svcs, CNO	(i)	334,359	73,375	83,449	32,335	33,292	556,810	12,273
	(ii)	0	0	0	0	0	0	0
Hale Kuhlman VP, Specialty Physician SRV	(i)	286,065	57,814	74,462	26,618	20,740	465,699	10,129
	(ii)	0	0	0	0	0	0	0
Marcia Folli-thru 918 Vice President/CNO	(i)	105,084	30,097	98,601	6,305	10	240,097	0
	(ii)	105,084	30,097	98,601	6,305	10	240,097	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K
(Form 990)

Supplemental Information on Tax-Exempt Bonds

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Children's Hospital of Orange County

Employer identification number
95-2321786

Part I Bond Issues											
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY	52-1643828	13033LBP1	06-30-2009	137,686,600	CONSTRUCT A HOSPITAL		X		X		X
B CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY	52-1643828	13033LBT3	06-30-2009	127,800,000	CONSTRUCT A HOSPITAL		X		X		X
C CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY	52-1643828	13033LRT6	11-03-2011	105,003,490	CONSTRUCT A HOSPITAL		X		X		X

Part II		Proceeds							
		A		B		C		D	
1	Amount of bonds retired	25,035,000		18,350,000		2,130,000			
2	Amount of bonds legally defeased	0		0		0			
3	Total proceeds of issue	137,890,806		128,231,151		105,082,386			
4	Gross proceeds in reserve funds	10,905,112		0		0			
5	Capitalized interest from proceeds	0		0		0			
6	Proceeds in refunding escrows	0		0		0			
7	Issuance costs from proceeds	1,838,778		1,382,488		0			
8	Credit enhancement from proceeds	0		0		0			
9	Working capital expenditures from proceeds	0		0		0			
10	Capital expenditures from proceeds	17,244,250		126,850,189		105,081,328			
11	Other spent proceeds	107,849,999		0		0			
12	Other unspent proceeds	0		0		0			
13	Year of substantial completion	2013		2013		2013			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X		X		X		
15	Were the bonds issued as part of an advance refunding issue?	X			X		X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X			

Part III Private Business Use									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X		X		X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X		

Part III

Private Business Use (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?	X		X		X			
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?	X		X		X			
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0.161 %		0 %		0 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %							
6	Total of lines 4 and 5	0.161 %							
7	Does the bond issue meet the private security or payment test? . . .		X		X	X			
8a	Has there been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of. . .								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?		X		X		X		
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X		X		X			

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . .		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?								
b	Exception to rebate?			X		X			
c	No rebate due?	X							
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?		X	X			X		
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X	X			X		
b	Name of provider	0		MORGAN STANLEY		0			
c	Term of hedge			30 %					
d	Was the hedge superintegrated?				X				
e	Was the hedge terminated?				X				

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b Name of provider	0		0		0			
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7 Has the organization established written procedures to monitor the requirements of section 148?	X		X		X			

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
PART II, LINE 3	CUMULATIVE INTEREST EARNED ON ISSUE A: \$ 575,883 CUMULATIVE INTEREST EARNED ON ISSUE B: \$ 431,220 CUMULATIVE INTEREST EARNED ON ISSUE C: \$ 83,929

Return Reference	Explanation
part iv, line 2c	Bond A: Rebate computation was performed on 07/15/18

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Children's Hospital of Orange County

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Employer identification number

95-2321786

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART I, LINE 5 AND PART V, LINE 2	INFORMATION REGARDING CHOC AS THE COMMON PAYMASTER: Children's Hospital of Orange County is the common paymaster of the following: CHILDREN'S HEALTHCARE OF CALIFORNIA CHILDREN'S HOSPITAL AT MISSION CHOC FOUNDATION All wages and employee specific information, including volunteers, are retained with Children's Hospital of Orange County.

990 Schedule O, Supplemental Information

Return Reference	Explanation
COMMUNITY BENEFIT REPORT HIGHLIGHTS:	<p>CHOC Children's is exclusively committed to improving the health and well-being of children through clinical expertise, advocacy, outreach, education and research. Affiliated with the University of California, Irvine, CHOC's healthcare system includes two state-of-the-art pediatric hospitals in Orange and Mission Viejo, two trauma centers, many primary and specialty care outpatient clinics, a mental health inpatient center, and four clinical centers of excellence: the CHOC Children's Heart, Neuroscience, Orthopaedic and Hyundai Cancer Institutes. The CHOC institutes provide comprehensive multidisciplinary care for some of the most serious pediatric and adolescent illnesses and injuries. Patients benefit from innovative and specialized programs, such as the Adolescent and Young Adult Cancer Treatment Program. One of the only programs of its kind in the nation, it offers cancer-specific treatment while also addressing the unique psycho-social needs of teens and young adults. Offering access to cutting-edge clinical trials that can't be found anywhere else, CHOC's Research Institute has more than 350 research studies in more than 30 specialties. Scientists translate the latest advances in molecular profiling, including whole genome sequencing, to meet the individualized needs of patients at every stage of their young lives, from infancy through adolescence. The Sharon Disney Lund Medical Intelligence and Innovation Institute (MI3) at CHOC is a unique and first-of-its-kind institute that creates, focuses and executes projects in the areas of intelligence and innovation in pediatric medicine. These two interrelated disciplines, extremely limited in development in the pediatric realm, hold great promise to change the trajectory of pediatric care around the world. MI3 aims to foster robust developments in artificial intelligence methodologies, as well as innovative advances in emerging areas such as genomic medicine, regenerative medicine, robotics, nanotechnology and medical applications/devices. MI3 is dedicated to empowering data intelligence and medical innovation at CHOC, and driving innovation leadership in the international pediatrics community. Dedicated to ensuring children have access to the right care at the right time and place, CHOC's division of population health partners with primary and specialty care pediatricians to help them better coordinate care for patients and to improve outcomes. New tools, including evidence-based guidelines and disease-specific patient registries, and enhanced technology reduce variations in care, improving quality. In a pilot program focused on children with asthma, CHOC demonstrated a year-over-year reduction in emergency department visits 18 percent for patients in its largest primary care practice. An advocate for children and families, CHOC is addressing the lack of pediatric mental health services in the region with the creation of a comprehensive model of care. The Cheresse Mari La Ulhere Mental Health Inpatient</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
COMMUNITY BENEFIT REPORT HIGHLIGHTS:	<p>Center, providing a safe, nurturing environment for children ages 3 to 18 and specialty programming for children younger than 12, opened in 2018. In addition to inpatient services, CHOC offers outpatient behavioral services and leads a county-wide task force focused on ensuring every child and adult in Orange County who need mental health treatment receive high quality services without stigma or barriers to access. CHOC's mental health system of care strives to be a national model, benefitting children across the United States. The Thompson Autism Center at CHOC opened in early 2020, expanding the region's capacity to serve the increasing number of children with autism spectrum disorder (ASD) and related neurodevelopmental conditions.</p> <p>Distinguishing the Center is its focus on three clinical care areas of highest need:</p> <ul style="list-style-type: none"> o Early assessment to diagnose ASD, develop care plans and provide comprehensive services for at-risk children ages 1 to 6. o Multi-tiered intensive behavioral intervention consultation program for: o Children who are making insufficient progress in their current behavior treatment program, through partnerships with current provider agencies; o Children ages 4 to 12 who have difficulty with toilet training o Children who communicate through challenging behaviors such as moderate levels of aggression and severe self-injury, resulting in physical, emotional and social impacts on them, their parents and siblings. o Comprehensive, interdisciplinary clinical care for children with common co-occurring conditions including epilepsy, sleep disorders, gastrointestinal issues and common mental and behavioral health concerns. <p>See our Community Benefit reports on our website at www.choc.org</p> <p>LINES 6 & 7A - ORGANIZATION MEMBER INFORMATION</p> <p>THE SOLE MEMBER OF CHILDREN'S HOSPITAL OF ORANGE COUNTY (CHOC) IS CHILDREN'S HEALTHCARE OF CALIFORNIA (CHC).</p> <p>LINE 7B - ORGANIZATION MEMBER INFORMATION</p> <p>THE APPROVAL OF THE MEMBER SHALL BE REQUIRED WITH RESPECT TO ANY OF THE FOLLOWING ACTIONS:</p> <ol style="list-style-type: none"> (1) CHANGING THE PURPOSES AND POWERS OF CHOC; (2) OBLIGATING CHOC TO UNDERTAKE ANY CAPITAL EXPENDITURE IN EXCESS OF \$5,000,000; (3) ADOPTING CHOC'S ANNUAL OPERATING AND CAPITAL BUDGETS; (4) ADOPTING A LONG-TERM CAPITAL BUDGET; (5) BUYING, SELLING, LEASING, MORTGAGING, PLEDGING, OR OTHERWISE HYPOTHECATING ANY REAL PROPERTY; (6) INCURRING ANY INDEBTEDNESS IN EXCESS OF \$5,000,000; (7) OBLIGATING CHOC TO ACT AS GUARANTOR WITH RESPECT TO ANY DEBT OF ANY PERSON OR OTHER ENTITY; (8) ACCEPTING ANY DONATION WHICH IS CONDITIONED UPON CHOC'S UNDERTAKING ANY UNBUDGETED CAPITAL EXPENDITURE IN EXCESS OF \$5,000,000 OR ANY UNBUDGETED EXPENDITURE IN EXCESS OF \$5,000,000; (9) ENTERING INTO ANY CONTRACT WHICH INVOLVES THE FOLLOWING: (A) ANY FINANCIAL OBLIGATION ON THE PART OF CHOC IN AN AMOUNT IN EXCESS OF \$5,000,000 OR (B) ANY PURPOSE OR ACTIVITY WHICH IS OUTSIDE THE SCOPE OF CHOC'S ORDINARY COURSE OF BUSINESS. (10) INVOLVING CHOC IN ANY MERGER, ACQUISITION, CORPORATE RESTRUCTURING, OR FORMAL

990 Schedule O, Supplemental Information

Return Reference	Explanation
COMMUNITY BENEFIT REPORT HIGHLIGHTS:	AFFILIATION; (11) INVOLVING CHOC AS A MEMBER, SHAREHOLDER, OR PARTNER IN ANY NEW CORPORATI ON, PARTNERSHIP, OR OTHER LEGAL ENTITY; (12) DISSOLVING CHOC; (13) ENTERING INTO ANY TRANS ACTION INVOLVING THE SALE, CONVEYANCE,CHOC'S ASSETS; (14) AMENDING CHOC'S ARTICLES OF INCO RPORATION; (15) ADOPTING NEW BYLAWS OR AMENDING EXISTING BYLAWS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B	<p>LINE 11b - REVIEW OF FORM 990: PRIOR TO FILING, THE TAX RETURN AND RELATED SCHEDULES ARE PROVIDED TO THE CHOC EXECUTIVE COMPENSATION COMMITTEE, AN EMPOWERED BOARD COMMITTEE DELEGATED WITH THIS AUTHORITY. THE CHIEF FINANCIAL OFFICER REVIEWS THE REPORT WITH THE COMMITTEE PRIOR TO FILING THE FINAL RETURN. PRIOR TO THE FILING OF THE FORM 990 WITH THE INTERNAL REVENUE SERVICE, A COMPLETE COPY OF THE FINAL FORM 990 IS ALSO SENT ELECTRONICALLY TO ALL BOARD MEMBERS VIA DIRECTOR'S DESK, A SECURE WEB SITE THAT PROVIDES A CONFIDENTIAL AND SECURE ACCESS FOR ALL BOARD MATERIALS TO OUR BOARD MEMBERS.</p> <p>LINE 12c - CONFLICT OF INTEREST COMPLIANCE: THE CHIEF COMPLIANCE OFFICER IS CHARGED WITH MONITORING PROPOSED OR ONGOING TRANSACTIONS FOR CONFLICTS OF INTEREST AND ADDRESSING ANY POTENTIAL OR ACTUAL CONFLICTS. PURSUANT TO THE CONFLICT OF INTEREST POLICY, AN ANNUAL CONFLICT OF INTEREST QUESTIONNAIRE, AIMED AT DETERMINING ANY FAMILY AND BUSINESS RELATIONSHIPS AND TRANSACTIONS OR OTHER TRANSACTIONS THAT MAY POSE A POTENTIAL CONFLICT, IS DISTRIBUTED TO ALL COVERED PERSONS (I.E., BOARD MEMBERS, OFFICERS AND EXECUTIVE LEADERSHIP OR KEY EMPLOYEES). COVERED PERSONS ARE REQUIRED TO DISCLOSE REAL OR POTENTIAL CONFLICTS AT THE TIME WHEN SUCH CONFLICTS ARISE. WHEN AN INDIVIDUAL BECOMES A COVERED PERSON AND ANNUALLY THEREAFTER, EACH COVERED PERSON IS REQUIRED TO SIGN A STATEMENT AFFIRMING THAT HE/SHE: (1) HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY AND UNDERSTANDS SAID POLICY; (2) HAS READ THE POLICY AND UNDERSTANDS SAID POLICY; AND (3) AGREES TO COMPLY WITH ALL REQUIREMENTS OF THE POLICY, INCLUDING COMPLETING THE CONFLICT OF INTEREST QUESTIONNAIRE. THE COMPLETED QUESTIONNAIRES ARE REVIEWED BY THE COMPLIANCE OFFICER AND ANY PERSONS WITH ACTUAL OR POTENTIAL CONFLICTS ARE INFORMED VIA WRITTEN COMMUNICATION. THE PROCEDURES FOR ADDRESSING ANY CONFLICT OF INTEREST INCLUDES BUT IS NOT LIMITED TO THE FOLLOWING: (1) THE CONFLICTING INTEREST IS FULLY DISCLOSED TO THE BOARD OF DIRECTORS; (2) THE INTERESTED PERSON RESPONDS TO FACTUAL QUESTIONS RELATED TO THE SUBSTANCE OF THE TRANSACTION OR ARRANGEMENT BEING CONSIDERED; (3) THE PERSON WITH THE CONFLICT OF INTEREST IS EXCLUDED FROM ANY DISCUSSION OR APPROVAL OF SUCH TRANSACTION; (4) ALTERNATIVES TO THE PROPOSED TRANSACTION ARE INVESTIGATED, COMPETITIVE BIDS OR COMPARABLE VALUATIONS ARE OBTAINED; (5) THE TRANSACTION OR ACTION MUST BE APPROVED BY A MAJORITY OF DISINTERESTED PERSONS.</p> <p>LINE 15 - COMPENSATION DETERMINATION: An independent Board Committee of THE ORGANIZATION charged with the duties of the compensation committee, whose members are disinterested and independent, is in place with a written compensation committee charter. This Committee annually retains an independent healthcare compensation firm to provide relevant comparability data and other compensation studies. The CEO, officers and executive management salaries and incentives, as well as overall compensation philosophy and policies, are discussed with the independent c</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B	<p>onsultant representatives and the compensation committee members, in person, in closed ses sions with no staff members present. This review was last performed in October of this yea r. All comparative salary data, such as annual compensation survey comprising of a peer gr oup of comparably-sized pediatric hospitals, is well documented and there are minutes from these meetings that document the members present and voting, the comparative data used an d how it was obtained and the deliberations and decisions of the committee. The results an d recommendations from the committee are shared in an executive session with the Board of Directors.</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C	line 19 - disclosure policy FEDERAL TAX LAWS DO NOT MANDATE THAT THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY BE MADE AVAILABLE FOR PUBLIC INSPECTION. FORM 990 AND THE COPY OF AUDITED FINANCIAL STATEMENTS ATTACHED TO IT ARE MADE AVAILABLE UPON REQUEST.

990 Schedule O, Supplemental Information

Return Reference	Explanation
RECONCILIATION OF NET ASSETS	Change in Beneficial Interest in CHOC Foundation \$ (2,324,280) ----- \$ (2,324,280)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:PHYSICIAN SERVICES TOTAL FEES:102380720

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:MEDICAL SERVICES TOTAL FEES:33505682

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:MISC PURCHASED SERVICES TOTAL FEES:31929311

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:OTHER PROFESSIONAL FEES TOTAL FEES:17536538

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:SECURITY SERVICES TOTAL FEES:2192444

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:COLLECTION AGENCY FEES TOTAL FEES:1286442

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:JANITORIAL SERVICES TOTAL FEES:61183

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION:COURIER SERVICES TOTAL FEES:4198

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
Children's Hospital of Orange County

Employer identification number
95-2321786

Part I Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1)CHILDREN'S HEALTHCARE OF CALIFORNIA(CHC) 1201 West La Veta Avenue ORANGE, CA 92868 33-0265266	HEALTH CARE	CA	501(c)(3)	7	NA		No
(2)Children's Hospital at Mission 1201 West La Veta Avenue ORANGE, CA 92868 33-0528802	HEALTH CARE	CA	501(c)(3)	3	CHC		No
(3)CHOC FOUNDATION 1201 West La veta avenue ORANGE, CA 92868 95-6097416	Fund Raising	CA	501(c)(3)	7	CHC		No
(4)CRC REAL ESTATE CORPORATION 1201 West la veta avenue ORANGE, CA 92868 33-0612565	REAL ESTATE	CA	501(c)(3)	11	CHC		No

Part III Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) ORANGE COUNTY MEDICAL RECIPROCAL INS CO 2999 North 4th Street Suite 250 phoenix, AZ 85108 20-1620666	insurance	AZ	na	c corp	216,512	3,028,651	50.000 %	Yes	

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

Yes

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

Yes

1l

No

1m

Yes

1n

No

1o

No

1p

No

1q

No

1r

No

1s

Yes

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)ORANGE COUNTY MEDICAL RECIPROCAL INS CO	m	688,596	PER AGREEMENT

Schedule R (Form 990) 2018

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R (see instructions).

Return Reference	Explanation
PART V, LINE 2, COLUMN(C)	OCMRRG PROVIDES MEDICAL PROFESSIONAL LIABILITY AND GENERAL LIABILITY COVERAGE OF UP TO \$250,000 PER CLAIM ON A CLAIMS-MADE BASIS TO CHOC medical foundation.