

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
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.

OMB No. 1545-0047
2021
Open to Public Inspection

A For the 2021 calendar year, or tax year beginning 07-01-2021 , and ending 06-30-2022

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

Doing business as

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

D Employer identification number
95-2321786

E Telephone number
(714) 997-3000

G Gross receipts \$ 1,177,249,924

F Name and address of principal officer:
KIMBERLY C CRIPE
1201 WEST LA VETA AVENUE
ORANGE, CA 92868

H(a) Is this a group return for subordinates? ☐ Yes ☒ No
H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. See instructions.
H(c) Group exemption number ▶

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 ☐
3 Number of voting members of the governing body (Part VI, line 1a) **3** 14
4 Number of independent voting members of the governing body (Part VI, line 1b) **4** 13
5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) **5** 5,148
6 Total number of volunteers (estimate if necessary) **6** 474
7a Total unrelated business revenue from Part VIII, column (C), line 12 **7a** 494,888
b Net unrelated business taxable income from Form 990-T, Part I, line 11 **7b** 0

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	41,997,311	28,446,124
9 Program service revenue (Part VIII, line 2g)	879,903,498	1,073,426,782
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,648,937	4,305,049
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,962,677	3,324,530
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	927,512,423	1,109,502,485

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	4,028,521	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	399,343,109	478,229,312
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	526,121,891	564,003,315
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	929,493,521	1,042,232,627
19 Revenue less expenses. Subtract line 18 from line 12	-1,981,098	67,269,858

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,471,417,883	1,524,096,795
21 Total liabilities (Part X, line 26)	765,162,187	749,757,043
22 Net assets or fund balances. Subtract line 21 from line 20	706,255,696	774,339,752

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
KERRI RUPPERT SCHILLER EVP/CFO/ASSISTANT SECRETARY
Type or print name and title

2023-05-10
Date

Print/Type preparer's name

Preparer's signature

Date
2023-05-05

Check ☐ if

PTIN
P01800653

Part I
Preparer
Use Only

Firm's name ▶ KPMG LLP	self-employed Firm's EIN ▶ 13-5565207
Firm's address ▶ 550 SOUTH HOPE STREET 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** (2021)

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 \$ 937,990,234 including grants of \$) (Revenue \$ 1,077,701,993)
CHILDREN'S HOSPITAL OF ORANGE COUNTY (CHOC) - PROVIDES SPECIALIZED PEDIATRIC SERVICES FOR THE CARE OF CHILDREN. DURING THIS YEAR, THERE WERE 69,587 DAYS OF INPATIENT CARE; 101,878 EMERGENCY ROOM VISITS (INCLUDING PEDIATRIC TRAUMA VISITS); 11,639 SURGERIES; AND 345,196 PRIMARY AND SPECIALTY CARE CLINIC VISITS. OUR CALIFORNIA MEDICAL FOUNDATION PROVIDED 458,214 PEDIATRIC SUBSPECIALTY SERVICE ENCOUNTERS TO PATIENTS THROUGHOUT ORANGE COUNTY AND BEYOND. SEE OUR COMPLETE COMMUNITY BENEFIT REPORT ON OUR WEBSITE AT [HTTPS://WWW.CHOC.ORG/FILES/COMMUNITBENEFITPLAN.PDF](https://www.choc.org/files/communitbenefitplan.pdf)

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** ▶ 937,990,234

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 	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions. 	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 		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? <i>If "Yes," complete Schedule C, Part II</i>	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 Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>	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? <i>If "Yes," complete Schedule D, Part I</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? <i>If "Yes," complete Schedule D, Part II</i>	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>	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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	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? <i>If "Yes," complete Schedule G, Part I</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? <i>If "Yes," complete Schedule G, Part II</i>	18		No
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19		No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	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? <i>If "Yes," complete Schedule I, Parts I and II</i>	21		No

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Part IV Checklist of Required Schedules (continued)		Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	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	24c	No

to decrease any tax-exempt bonds?		24c		Yes
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 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		26		No
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) 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 the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):				
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		28a		No
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		28b		No
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <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		No
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		
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 on 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 Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		1a	514		Yes	No
b Enter the number of Forms W-2G included on 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			

Form **990** (2021)Part V **Statements Regarding Other IRS Filings and Tax Compliance (continued)**

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	5,148			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.		2b	Yes			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	Yes			
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>		3b	Yes			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a			No	
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a			No	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b			No	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c				
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a			No	

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	15		No
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16		No
17 Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953? If "Yes," complete Form 6069.	17		

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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 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.	1a	14	
b Enter the number of voting members included in line 1a, above, who are independent	1b	13	
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	

Did the organization have members or stockholders?	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?	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?	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	Yes	
b Each committee with authority to act on behalf of the governing body?	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		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?		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?		
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
b Describe on 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	Yes	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	Yes	
13 Did the organization have a written whistleblower policy?	Yes	
14 Did the organization have a written document retention and destruction policy?	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	Yes	
b Other officers or key employees of the organization	Yes	
If "Yes" to line 15a or 15b, describe the process on 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?	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?	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 (1024 or 1024-A, if applicable), 990, and 990-T (section 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:
MARY NGUYEN 1201 WEST LA VETA AVENUE ORANGE, CA 92868 (714) 509-4124

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.● List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.● List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."● List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.● List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.● List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related	(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-	(E) Reportable compensation from related organizations (W-2/1099-	(F) Estimated amount of other compensation from the organization and
-----------------------	---	---	---	--	---

	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	MISC/1099- NEC)	MISC/1099- NEC)	related organizations
(1) KIMBERLY CRIPE PRESIDENT/CEO	28.50 11.50	X		X				0	1,766,114	103,462
(2) SAM AURIEMMA DIRECTOR	1.00 2.00	X						0	0	0
(3) CHRIS FURMAN DIRECTOR	3.00 4.00	X						0	0	0
(4) JOE KIANI VICE CHAIR	2.00 3.00	X		X				0	0	0
(5) DOUGLAS MCCOMBS CHAIR	5.00 7.00	X		X				0	0	0
(6) MARIA MINON MD DIRECTOR	1.00 1.00	X						0	0	0
(7) JIM MORRIS DIRECTOR	1.00 4.00	X						0	0	0
(8) JOE NUZZOLESE DIRECTOR	1.00 1.00	X						0	0	0
(9) THOMAS PHELPS DIRECTOR	1.00 1.00	X						0	0	0
(10) KEN POTROCK DIRECTOR	1.00 1.00	X						0	0	0
(11) LINDA ROSE DIRECTOR	1.00 1.00	X						0	0	0
(12) KIMBERLY SENTOVICH DIRECTOR	1.00 2.00	X						0	0	0
(13) JASJIT SINGH MD DIRECTOR	1.00 1.00	X						0	0	0
(14) JANET T DAVIDSON DIRECTOR	2.00 2.50	X						0	0	0
(15) KERRI RUPPERT SCHILLER EVP/CFO/ASSISTANT SECRETAR	20.00 20.00			X				0	899,653	73,762
(16) PAUL VAN DOLAH EVP/COO	34.00 6.00			X				0	714,066	0
(17) JAY GABRIEL CHIEF LEGAL OFFICER/SEC	31.00 9.00			X				729,962	0	78,375

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

(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/1099- NEC)	(E) Reportable compensation from related organizations (W-2/1099- MISC/1099- NEC)	(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			

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 ► 986			
		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	Yes	
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

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) Name and business address	(B) Description of services	(C) Compensation
PEDIATRIC SUBSPECIALTY FACULTY 455 S MAIN STREET ORANGE, CA 92868	MEDICAL SERVICES	120,899,185
REGENTS OF UC 333 CITY BLVD WEST SUITE 8800 ORANGE, CA 92868	EDUC & MEDICAL SERVICES	15,149,410
CERNER CORPORATION PO BOX 412702 KANSAS CITY, MO 64141	SOFTWARE SERVICES	14,372,382
CANNON DESIGN INC DEPARTMENT CHICAGO 19824 PALATINE, IL 60055	CONSTRUCTION SERVICES	14,048,567
JACOBS PROJECT MANAGEMENT 2600 MICHELSON DRIVE IRVINE, CA 92612	CONSTRUCTION SERVICES	12,153,255
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 ► 195		

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		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1 Federated campaigns 1a					
2 Contributions, gifts, grants, and membership dues 1b					
3 Other fundraising events 1c					
d Related organizations 1d					
27,538,667					
e Government grants (contributions) 1e					
907,457					
f All other contributions, gifts, grants, and similar amounts not included above 1f					
g Noncash contributions included in lines 1a - 1f:\$ 1g					
h Total. Add lines 1a-1f 28,446,124					
2a NET PATIENT REVENUE	Business Code				
	624100	895,449,744	895,449,744		
	PREMIUM REVENUE	624100	90,278,368	90,278,368	
	MGMT/OCCUPANCY SERVICE	561000	28,080,580	28,080,580	
	DRUGS/MEDICAL SUPPLIES	624100	27,303,350	27,303,350	
	OTHER REVENUE	624100	23,744,741	23,249,853	494,888
	f All other program service revenue.		8,569,999	8,569,999	
9 Total. Add lines 2a-2f. 1,073,426,782					
3 Investment income (including dividends, interest, and other similar amounts) 3,629,484					3,629,484
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross rents	(i) Real	(ii) Personal			
	6a	232,172			
	b Less: rental expenses	6b	0		
	c Rental income or (loss)	6c	232,172		
d Net rental income or (loss) 232,172					232,172
7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	7a	68,423,004			
	b Less: cost or other basis and sales expenses	7b	67,747,439		
	c Gain or (loss)	7c	675,565		
d Net gain or (loss) 675,565					675,565
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 8a					
	b Less: direct expenses 8b				
	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities. See Part IV, line 19 9a				
b Less: direct expenses 9b					

c Net income or (loss) from gaming activities . . . ▶					
10a Gross sales of inventory, less returns and allowances . . .	10a				
	10b				
b Less: cost of goods sold . . .					
c Net income or (loss) from sales of inventory . . . ▶					
Miscellaneous Revenue		Business Code			
11a CAFETERIA	722514	1,598,672			1,598,672
b GIFT SHOP	453220	570,925			570,925
c PARKING	812930	562,501			562,501
d All other revenue		360,260			360,260
e Total. Add lines 11a-11d ▶		3,092,358			
12 Total revenue. See instructions ▶		1,109,502,485	1,072,931,894	494,888	7,629,579

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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				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	4,815,949	4,334,354	481,595	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	384,271,770	345,844,593	38,427,177	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	9,614,253	8,652,828	961,425	
9 Other employee benefits	53,421,519	48,079,367	5,342,152	
10 Payroll taxes	26,105,821	23,495,239	2,610,582	
11 Fees for services (non-employees):				
a Management	33,809,133	30,428,220	3,380,913	
b Legal	2,094,824	1,885,342	209,482	
c Accounting	198,699	178,829	19,870	
d Lobbying	119,444	119,444		
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	261,821	235,639	26,182	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	250,468,112	225,421,300	25,046,812	
12 Advertising and promotion				
13 Office expenses	19,799,021	17,819,119	1,979,902	
14 Information technology				
15 Royalties				
16 Occupancy	22,067,653	19,860,888	2,206,765	
17 Travel	304,041	273,637	30,404	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,142,016	1,027,814	114,202	
20 Interest	8,241,348	7,417,213	824,135	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	32,105,720	28,895,148	3,210,572	

23 Insurance	6,988,369	6,289,532	698,837	
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	143,646,682	129,282,014	14,364,668	
b QUALITY ASSURANCE FEE	26,680,522	24,012,470	2,668,052	
c OTHER EXPENSES	12,739,027	11,445,994	1,293,033	
d DUES & SUBSCRIPTIONS	3,336,883	2,991,250	345,633	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	1,042,232,627	937,990,234	104,242,393	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 ☐ if following SOP 98-2 (ASC 958-720).				

Form **990** (2021)

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Page **11**Part X **Balance Sheet**Check 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			255,843,098	1	321,613,231
	2 Savings and temporary cash investments			196,386,802	2	72,500,631
	3 Pledges and grants receivable, net				3	
	4 Accounts receivable, net			131,670,591	4	197,935,642
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons				5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)				6	
	7 Notes and loans receivable, net				7	
	8 Inventories for sale or use			21,617,666	8	18,045,600
	9 Prepaid expenses and deferred charges			36,449,699	9	55,711,256
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	1,222,052,624			
	b Less: accumulated depreciation	10b	549,882,633	639,099,099	10c	672,169,991
	11 Investments—publicly traded securities			47,182,938	11	26,856,695
	12 Investments—other securities. See Part IV, line 11				12	
	13 Investments—program-related. See Part IV, line 11				13	
	14 Intangible assets			1,216,000	14	1,216,000
	15 Other assets. See Part IV, line 11			141,951,990	15	158,047,749
	16 Total assets. Add lines 1 through 15 (must equal line 33)			1,471,417,883	16	1,524,096,795
Liabilities	17 Accounts payable and accrued expenses			142,546,038	17	170,345,427
	18 Grants payable				18	
	19 Deferred revenue			162,923,658	19	137,737,635
	20 Tax-exempt bond liabilities			298,561,335	20	296,102,232
	21 Escrow or custodial account liability. Complete Part IV of Schedule D				21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons				22	
	23 Secured mortgages and notes payable to unrelated third parties				23	20,160,000
	24 Unsecured notes and loans payable to unrelated third parties				24	
	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			161,131,156	25	125,411,749
	26 Total liabilities. Add lines 17 through 25			765,162,187	26	749,757,043
Fund Balances	Organizations that follow FASB ASC 958, check here ☒ and complete lines 27, 28, 32, and 33.					
	27 Net assets without donor restrictions			637,461,500	27	689,422,665
	28 Net assets with donor restrictions			68,794,196	28	84,917,087
Organizations that do not follow FASB ASC 958, check here ☐ and complete lines 29 through 33.						

Net Assets or	29	Capital stock or trust principal, or current funds		29	
	30	Paid-in or capital surplus, or land, building or equipment fund		30	
	31	Retained earnings, endowment, accumulated income, or other funds		31	
	32	Total net assets or fund balances	706,255,696	32	774,339,752
	33	Total liabilities and net assets/fund balances	1,471,417,883	33	1,524,096,795

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Part XI **Reconciliation of Net Assets**Check 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	1,109,502,485
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,042,232,627
3	Revenue less expenses. Subtract line 2 from line 1	3	67,269,858
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) . .	4	706,255,696
5	Net unrealized gains (losses) on investments	5	-6,116,111
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	6,930,309
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	774,339,752

Part XII **Financial Statements and Reporting**Check 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: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on 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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		No
2b 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: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis	Yes	
2c 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	
3b 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	

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Additional Data[Return to Form](#)

Software ID:

Software Version:

Form 990 Special Condition Description:

SCHEDULE A
(Form 990)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 instructions and the latest information.

OMB No. 1545-0047

2021Open 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).)
- 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 **section 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 on 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						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 11285F

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III.
If the organization failed to qualify under the tests listed below, please complete Part III.)**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 provided by the organization						

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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 5 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

14 Public support percentage for 2021 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage for 2020 Schedule A, Part II, line 14	15	

16a 33 1/3% support test—2021. 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—2020. 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—2021. 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—2020. 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 ☐

Schedule A (Form 990) 2021

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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(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	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
---------------	----------	----------	----------	----------	----------	-----------

(or fiscal year beginning in) ▶

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 on 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 5 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 2021 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2020 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2021 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2020 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests-2021.** 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-2020.** 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 ▶ ☐

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

Page 4

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 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? 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.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.		
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)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? 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.		
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)? 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.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).		
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? If "Yes," provide detail in Part VI .		
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		

section 1301(c)(3)(C) or a family member of a substantial contributor, or a 35% controlled entity, that regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).

- 7** Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 8** Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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))? If "Yes," provide detail in **Part VI**.
- 9b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**.
- 9c** Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 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)? If "Yes," answer line 10b below.
- 10b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).

Schedule A (Form 990) 2021

Page 5

Schedule A (Form 990) 2021

Page 5

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 on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the officers, 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 line 2 above, 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** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)
- 2** Activities Test. **Answer lines 2a and 2b below.**

- 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 on line 2a, above 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.

3 Parent of Supported Organizations. **Answer lines 3a and 3b 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? If "Yes" or "No", provide details in **Part VI**.
- 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.

2b		
3a		
3b		

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

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

- 1** ☐ 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.

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 0.015 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 0.035	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 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)			

Schedule A (Form 990) 2021

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Schedule A (Form 990) 2021

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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	1	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	3	

4 Amounts paid to acquire exempt-use assets	4	
5 Qualified set-aside amounts (<i>prior IRS approval required - provide details in Part VI</i>)	5	
6 Other distributions (<i>describe in Part VI</i>). See instructions	6	
7 Total annual distributions. Add lines 1 through 6.	7	
8 Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions	8	
9 Distributable amount for 2021 from Section C, line 6	9	
10 Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required-- <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021:			
a From 2016.			
b From 2017.			
c From 2018.			
d From 2019.			
e From 2020.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017.			
b Excess from 2018.			
c Excess from 2019.			
d Excess from 2020.			
e Excess from 2021.			

Schedule A (Form 990) (2021)

Page 8

Schedule A (Form 990) 2021

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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

Return Reference	Explanation
------------------	-------------

Schedule A (Form 990) 2021

Additional Data

Return to Form

Schedule B

(Form 990)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization CHILDREN'S HOSPITAL OF ORANGE COUNTY	Employer identification number 95-2321786
--	--

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

- ☐ 501(c)() (enter number) organization
- ☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
- ☐ 527 political organization

Form 990-PF

- ☐ 501(c)(3) exempt private foundation
- ☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
- ☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990) (2021)	Page 2
Name of organization CHILDREN'S HOSPITAL OF ORANGE COUNTY	Employer identification number 95-2321786

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			☐ Person

RESTRICTED			
		\$ RESTRICTED	☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
-		\$	☐ Person ☐ Payroll ☐ Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990) (2021)

Page 3

Schedule B (Form 990) (2021)

Page 3

Name of organization CHILDREN'S HOSPITAL OF ORANGE COUNTY	Employer identification number 95-2321786
--	--

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		\$	

Schedule B (Form 990) (2021)

Page 4

Schedule B (Form 990) (2021)

Page 4

Name of organization CHILDREN'S HOSPITAL OF ORANGE COUNTY	Employer identification number 95-2321786
--	--

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-			
(e) Transfer of gift			
Transferee's name, address, and ZIP 4		Relationship of transferor to transferee	

Schedule B (Form 990) (2021)

Additional Data

Return to Form

Software ID:
Software Version:

efile Public Visual Render	ObjectID: 202301309349304585 - Submission: 2023-05-10	TIN: 95-2321786
SCHEDULE C (Form 990)	Political Campaign and Lobbying Activities	OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	For Organizations Exempt From Income Tax Under section 501(c) and section 527	2021 Open to Public Inspection
▶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.		

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? ☐ Yes ☐ No
- 4a Was a correction made? ☐ Yes ☐ 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? ☐ Yes ☐ 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				

For Paperwork Reduction Act Notice, see the instructions for Form 990.

Cat. No. 50084S

Schedule C (Form 990) 2021

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.)	<table><tr><td>(a) Filing organization's totals</td><td>(b) Affiliated group totals</td></tr></table>	(a) Filing organization's totals	(b) Affiliated group totals
(a) Filing organization's totals	(b) Affiliated group totals		

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.)

Schedule C (Form 990) 2021

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.

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
PART II-B, LINE 1:	DURING FYE 06/30/22, CHILDREN'S HOSPITAL OF ORANGE COUNTY PAID DUES, A PORTION OF WHICH SUPPORTS LOBBYING PURPOSES TO VARIOUS HEALTHCARE ASSOCIATIONS: CALIFORNIA CHILDREN'S HOSPITAL ASSOCIATION \$52,968 NATIONAL ASSOCIATION OF CHILDREN'S HOSPITAL \$15,094 HOSPITAL ASSOCIATION OF SOUTHERN CALLIFORNIA \$51382 TOTAL \$119,444

Schedule C (Form 990) 2021

Additional Data

Return to Form

Software ID:
Software Version:

efile Public Visual Render

ObjectID: 202301309349304585 - Submission: 2023-05-10

TIN: 95-2321786

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 instructions and the latest information.**

OMB No. 1545-0047

2021Open 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 FASB 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 FASB 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 FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 ▶ \$ b Assets included in Form 990, Part X ▶ \$	

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Cat. No. 52283D

Schedule D (Form 990) 2021

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 ☐ Research in furtherance of public service
c ☐ Education d ☐ Preservation of a certified historic structure

☐ Public exhibition

☐ Loan or exchange programs

b ☐ Scholarly research

e ☐ Other

c ☐ Preservation for future generations

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

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	21,692,956	10,693,187	8,994,369	8,115,982	7,101,240
b Contributions	2,464,552	10,980,371	1,698,818	876,326	1,010,740
c Net investment earnings, gains, and losses	-164,075	302,967	49,755	92,033	72,655
d Grants or scholarships					
e Other expenditures for facilities and programs		283,569	49,755	86,972	68,653
f Administrative expenses					
g End of year balance	23,993,433	21,692,956	10,693,187	8,997,369	8,115,982

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

- a** Board designated or quasi-endowment ▶ 97.820 %
- b** Permanent endowment ▶ 2.180 %
- c** Term 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

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

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

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		44,657,164		44,657,164
b Buildings		712,763,857	236,049,681	476,714,176
c Leasehold improvements		20,648,830	14,505,053	6,143,777
d Equipment		348,702,360	298,019,515	50,682,845
e Other		95,280,413	1,308,384	93,972,029
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				672,169,991

Schedule D (Form 990) 2021

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) REC FROM RELATED PARTIES	41,448,178
(2) OTHER RECEIVABLES	6,203,616
(3) BENEFICIAL INTEREST IN ASSETS OF FOUNDATION	23,058,283
(4) OPERATING LEASE RIGHT OF USE ASSETS	79,931,172
(5) LT WORKERS COMP REC	415,729
(6) LT PROF LIAB INSURANCE	7,551,535
(7) INV IN LA PAZ	35,058
(8) INV IN OCMRRG	-596,762
(9) DONATED CEMETARY LOTS	940
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

158,047,749

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	
OTHER LIABILITIES	1,269,711
LT MALPRACTICE LIAB	1,637,703
POSTRETIREMENT BENEFIT OBLIGAT	3,766,211
LIABILITY FOR WORKER'S COMP.	4,902,417
LT PROFESSIONAL LIAB INSURANCE	7,551,535
PAYABLE TO RELATED PARTIES	24,288,377
OPERATING LEASE RIGHT OF USE	81,995,795
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	

125,411,749

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 ☒

Schedule D (Form 990) 2021**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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Revenues of related organizations	2c	

c	recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

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	
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
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

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
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.
PART X, LINE 2:	U.S. GAAP REQUIRES 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 NOT 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, 2022, 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.

Schedule D (Form 990) 2021

Additional Data

Return to Form

Software ID:
Software Version:

efile Public Visual Render

ObjectID: 202301309349304585 - Submission: 2023-05-10

TIN: 95-2321786

SCHEDULE H
(Form 990)

Hospitals

OMB No. 1545-0047

2021

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

- ▶ **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.**

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. ☒ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ 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 free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: ☐ 100% ☐ 150% ☒ 200% ☐ Other _____ %	3a Yes	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☒ 400% ☐ Other _____ %	3b Yes	
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"?	4 Yes	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a Yes	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b	No
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?	5c	
6a Did the organization prepare a community benefit report during the tax year?	6a Yes	
b If "Yes," did the organization make it available to the public?	6b Yes	
Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.		

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)			52,716		52,716	0.010 %
b Medicaid (from Worksheet 3, column a)			445,249,206	350,261,280	94,987,926	9.110 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			445,301,922	350,261,280	95,040,642	9.120 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			11,969,567	282,825	11,686,742	1.120 %
f Health professions education (from Worksheet 5)			18,572,406	2,969,131	15,603,275	1.500 %
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			10,650,795		10,650,795	1.020 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			41,192,768	3,251,956	37,940,812	3.640 %
k Total. Add lines 7d and 7j			486,494,690	353,513,236	132,981,454	12.760 %

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Cat. No. 50192T

Schedule H (Form 990) 2021

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		1,551,062	14,298	1,536,764	0.150 %
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		1,551,062	14,298	1,536,764	0.150 %

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	28,754,369
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	74,455
6	Enter Medicare allowable costs of care relating to payments on line 5	6	122,328
7	Subtract line 6 from line 5. This is the surplus (or shortfall)	7	-47,873
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: ☐ Cost accounting system ☒ Cost to charge ratio ☐ 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				
8				
9				
10				
11				
12				
13				

Schedule H (Form 990) 2021

1

[illegible]**Part V Facility Information** *(continued)*

Section B. Facility Policies and Practices

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)

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):

		Yes	No
Community Health Needs Assessment			
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.	3	Yes
If "Yes," indicate what the CHNA report describes (check all that apply):			
a	☒ A definition of the community served by the hospital facility		
b	☒ Demographics of the community		
c	☒ Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d	☒ How data was obtained		
e	☒ The significant health needs of the community		
f	☒ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		

g ☒ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h ☒ The process for consulting with persons representing the community's interests			
i ☒ The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j ☐ Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>22</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 ☒ Hospital facility's website (list url): <u>SEE PART V, SECTION C</u>			
b ☐ Other website (list url): _____			
c ☒ Made a paper copy available for public inspection without charge at the hospital facility			
d ☐ 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? \$ _____			

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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 ☒ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>200.000000000000</u> % and FPG family income limit for eligibility for discounted care of <u>400.000000000000</u> %			
b ☐ Income level other than FPG (describe in Section C)			
c ☒ Asset level			
d ☒ Medical indigency			
e ☐ Insurance status			
f ☐ Underinsurance discount			
g ☐ Residency			
h ☐ 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 ☒ Described the information the hospital facility may require an individual to provide as part of his or her application			
b ☒ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c ☒ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d ☒ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e ☐ 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 ☒ The FAP was widely available on a website (list url): <u>HTTPS://WWW.CHOC.ORG/PATIENTS-FAMILY/FINANCIAL-RESOURCES/</u>			
b ☒ The FAP application form was widely available on a website (list url):			

[HTTPS://WWW.CHOC.ORG/PATIENTS-FAMILY/FINANCIAL-RESOURCES/](https://www.choc.org/patients-family/financial-resources/)

- c** ☒ A plain language summary of the FAP was widely available on a website (list url):
[HTTPS://WWW.CHOC.ORG/PATIENTS-FAMILY/FINANCIAL-RESOURCES/](https://www.choc.org/patients-family/financial-resources/)
- d** ☒ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)
- e** ☒ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)
- f** ☒ 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** ☒ 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** ☒ Notified members of the community who are most likely to require financial assistance about availability of the FAP
- i** ☒ The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s) spoken by LEP populations
- j** ☐ Other (describe in Section C)

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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 ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ 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 ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C) f ☒ 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? If "Yes," check all actions in which the hospital facility or a third party engaged: a ☐ Reporting to credit agency(ies) b ☐ Selling an individual's debt to another party c ☐ 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 ☐ Actions that require a legal or judicial process e ☐ Other similar actions (describe in Section C)	19	No
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 ☐ 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 (if not, describe in Section C) b ☐ Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C) c ☐ Processed incomplete and complete FAP applications (if not, describe in Section C) d ☐ Made presumptive eligibility determinations (if not, describe in Section C) e ☐ Other (describe in Section C) f ☒ 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? If "No," indicate why: a ☐ The hospital facility did not provide care for any emergency medical conditions b ☐ The hospital facility's policy was not in writing c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C) d ☐ Other (describe in Section C)	21 Yes	
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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

	Yes	No
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.	23	No
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.	24	No

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Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

Form and Line Reference	Explanation
CHILDREN'S HOSPITAL OF ORANGE COUNTY	PART V, SECTION B, LINE 5: CHOC AND ITS AFFILIATE, CHILDREN'S HOSPITAL AT MISSION (CCMH) CONDUCTED THE CHNA PROCESS INDEPENDENTLY IN THE FALL OF 2022, WITH INPUT AND DATA FROM NUMEROUS AUTHORITATIVE, PUBLICLY AVAILABLE SOURCES, A SURVEY OF COMMUNITY LEADERS FROM VARIOUS BUSINESSES, SOCIAL SERVICE, AND PUBLIC AGENCIES AND A SURVEY OF THE COMMUNITY-AT-LARGE. THE CHNA REPORT INCLUDES BOTH PRIMARY AND SECONDARY DATA ANALYSES THAT FOCUS ON THE HEALTH AND SOCIAL NEEDS OF THE POPULATION IN EACH CHOC HOSPITAL'S PRIMARY SERVICE AREA.
CHILDREN'S HOSPITAL OF ORANGE COUNTY	PART V, SECTION B, LINE 6A: CHOC AND CCMH TOGETHER CONDUCTED THE HEALTH NEEDS ASSESSMENTS.SCH H, PART V, LINES 7A & 10ATHE COMMUNITY HEALTH NEEDS ASSESSMENT THAT WAS PUBLISHED IN 2022 CAN BE FOUND AT THE FOLLOWING URL: HTTPS://WWW.CHOC.ORG/FILES/CHOC-CHNA-REPORT.PDF . THE MOST RECENT IMPLEMENTATION PLAN PUBLISHED IN 2019 CAN BE FOUND AT THE FOLLOWING URL: HTTPS://WWW.CHOC.ORG/WP/WP-CONTENT/UPLOADS/2020/02/CHNA-IMPLEMENTATION-PLAN_2019.PDF .
CHILDREN'S HOSPITAL OF ORANGE COUNTY	PART V, SECTION B, LINE 11: ADDRESSING HIGH PRIORITY COMMUNITY HEALTH NEEDSCHOC COORDINATES ITS RESPONSE TO ITS MOST RECENT CHNA WITH ITS AFFILIATE, CHILDREN'S HOSPITAL AT MISSION (CCMH). CHOC'S AND CCMH'S MOST RECENT CHNA IDENTIFIED TWO HIGH-PRIORITY HEALTH NEEDS:CHOC'S AND CCMH'S MOST RECENT CHNA IDENTIFIED TWO HIGH-PRIORITY HEALTH NEEDS: 1) MENTAL HEALTH: THERE HAS BEEN AN INCREASE IN DEPRESSIVE SYMPTOMS AMONG STUDENTS. SECONDLY, THERE HAS BEEN AN INCREASE IN HOSPITALIZATIONS FOR MENTAL ILLNESS IN 2020 DESPITE THE OVERALL DECREASE IN HOSPITALIZATIONS DUE TO COVID-19 PUBLIC HEALTH EMERGENCY. THIRDLY, THERE HAS BEEN A NEED FOR PREVENTION, EARLY INTERVENTION, AND TREATMENT FOR SUBSTANCE USE AMONG YOUTH. 2) ACCESS TO PEDIATRIC HEALTHCARE SERVICES: THERE IS A NEED FOR IMPROVED ACCESS TO PEDIATRIC SERVICES (INCLUDING PEDIATRIC SPECIALISTS) FROM DIVERSE PROVIDERS WHO UNDERSTANDS THE COUNTY'S RACIAL, CULTURAL AND LINGUISTIC NEEDS OF CHILDREN AND FAMILIES AND THERE IS GEOGRAPHIC DISPARITY IN ACCESS TO PEDIATRIC HEALTH CARE.THE ORGANIZATION IS DEVELOPING ADDITIONAL

ORGANIZATION IS DEVELOPING ADDITIONAL STRATEGIES TO ADDRESS THESE HIGH PRIORITY NEEDS. SOME OF SPECIFIC INITIATIVES PREVIOUSLY IMPLEMENTED BY THE ORGANIZATION FOR THE HIGH-PRIORITY NEEDS ARE AS FOLLOWS: 1) MENTAL HEALTH AND AUTISM CHOC, IN PARTNERSHIP WITH COMMITTED ORGANIZATIONS AND COMMUNITY GROUPS, ASPIRES TO CREATE AN OUTSTANDING MENTAL HEALTH SYSTEM OF CARE FOR ALL CHILDREN, TEENS AND YOUNG ADULTS IN ORANGE COUNTY. OUR GOAL IS TO PROVIDE A COMPREHENSIVE APPROACH TO PEDIATRIC MENTAL ILLNESS TO FULFILL THIS INITIATIVE, CHOC BUILT AN INPATIENT CHILDREN'S MENTAL HEALTH CENTER WHICH OPENED IN APRIL 2018. THE CENTER HAS 18 BEDS IN A SECURED AND HEALING ENVIRONMENT, IN ADDITION TO AN OUTDOOR AREA FOR RECREATION. THE CENTER PROVIDES A SAFE, NURTURING PLACE FOR CHILDREN AGES 3 TO 18, AND SPECIALTY PROGRAMMING FOR CHILDREN YOUNGER THAN 12. IN ADDITION, CHOC BUILT THE THOMPSON AUTISM CENTER WHICH OPENED IN JANUARY 2019. THE NEW CENTER IS DEDICATED TO BRINGING THE LATEST TREATMENTS AND RESOURCES TO THE AUTISM COMMUNITY IN ORANGE COUNTY. THROUGH UNIQUE PROGRAMS, CHILDREN HAVE A CENTRALIZED PLACE WHERE THEY CAN RECEIVE EARLY DIAGNOSIS, ADVANCED THERAPY AND THE POSSIBILITY TO REACH THEIR TRUE POTENTIAL. THE OPENING OF THE INPATIENT CENTER AND THE THOMPSON AUTISM CENTER AUGMENTS MENTAL HEALTH SERVICES ALREADY OFFERED BY CHOC. THOSE SERVICES INCLUDE CHOC'S OUTPATIENT EATING DISORDERS PROGRAM, OUTPATIENT PROGRAMS TO KEEP STRUGGLING CHILDREN OUT OF THE HOSPITAL AND ASSISTANCE TO THOSE WHO HAVE BEEN RELEASED, AND MENTAL HEALTH SERVICES FOR CHOC PATIENTS BEING TREATED FOR SERIOUS/CHRONIC ILLNESSES. 2) SUBSTANCE ABUSE CHOC IS INCREASING EDUCATION TO PROVIDE ADDITIONAL TREATMENT OPTIONS TO LOCAL PROVIDERS, INCLUDING INCREASED OUTREACH TO LOCAL SCHOOLS AND COMMUNITIES. CHOC'S EMERGENCY DEPARTMENT SCREENS CHILDREN 11 AND OLDER WHO PRESENT FOR AN EMERGENCY PSYCHIATRIC CONCERN TO DETERMINE LEVEL OF CONCERNING SUBSTANCE USE AND PROVIDE BRIEF ALCOHOL AND OTHER DRUG EDUCATION AS WELL AS REFERRALS FOR TREATMENT IF CONCERNING LEVELS ARE IDENTIFIED. THESE STRATEGIES WILL INDUCE PREVENTION AS WELL AS ALLOWING FOR EARLIER IDENTIFICATION OF SUBSTANCE USE IN CONJUNCTION WITH MENTAL HEALTH DISORDERS FOR EARLY LINKAGE TO SERVICES. 3) ACCESS TO PEDIATRIC SPECIALTIES/SUBSPECIALTIES CHOC RECOGNIZES THE COMMUNITY NEED FOR ACCESS TO PEDIATRIC SPECIALISTS/SUBSPECIALISTS AND CONTINUES TO BUILD THE RESOURCES AVAILABLE THROUGHOUT THE COMMUNITIES SERVED BY CHOC. CHOC'S MEDICAL FOUNDATION WAS CREATED IN 2011, AND SINCE THAT TIME HAS CONTINUED TO GROW TO PROVIDE THE SPECIALTY SERVICES SOUGHT BY THE COMMUNITY AND INDICATED AS A HIGH PRIORITY IN THE MOST RECENTLY COMPLETED COMMUNITY NEEDS ASSESSMENT. THE SPECIALTY PHYSICIAN GROUPS THAT HAVE CONTRACTED WITH CHOC TO PROVIDE THE SERVICES HAS GROWN TO A TOTAL OF 262 PROVIDERS AND OFFERS EXPERTISE AND CARE IN OVER 25 PEDIATRIC MEDICAL SPECIALTIES. THE PRIMARY CARE NETWORK, PART OF CHOC'S MEDICAL FOUNDATION, WAS ESTABLISHED IN 2016 AND HAS GROWN TO 134 PEDIATRIC PROVIDERS ACROSS 11 PRACTICES THAT SPAN 21 LOCATIONS AROUND ORANGE COUNTY AND LA COUNTY, PROVIDING GENERAL PEDIATRICS AND ADOLESCENT MEDICINE. ADDITIONALLY, THE PRIMARY CARE NETWORK AND STAFFS PEDIATRICIANS AT 6 ADDITIONAL URGENT CARE LOCATIONS ACROSS ORANGE AND LA COUNTIES. 4) COLLABORATION AND PARTNERSHIPS WITH SCHOOL PROGRAMS COLLABORATION AND PARTNERSHIPS WITH SCHOOL PROGRAMS IS A WAY TO OVERCOME BARRIERS WHEN ADDRESSING OTHER CRITICAL ISSUES IDENTIFIED IN THE CHNA. CHOC WILL COLLABORATE WITH THE ORANGE COUNTY DEPARTMENT OF EDUCATION TO ENHANCE THE

[illegible]

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(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	1 - ALLEVATO PEDIATRICS 431 S BATAVIA STREET SUITE 203 ORANGE, CA 92866	PHYSICIAN PRACTICE / CLINIC
2	2 - CHOC CLINIC - SPECIALTY CARE 1201 W LA VETA AVE ORANGE, CA 92868	PHYSICIAN PRACTICE / CLINIC
3	3 - CHOC CLINIC -SANTA ANA BOYS & GIRLS CLUB 1000 WEST HIGHLAND SANTA ANA, CA 92703	PHYSICIAN PRACTICE / CLINIC
4	4 - CHOC ENDOCRINE & DIABETES CENTER 520 SUPERIOR AVE SUITE 160 NEWPORT BEACH, CA 92663	PHYSICIAN PRACTICE / CLINIC
5	5 - CHOC HEALTH CENTER 26691 PLAZA SUITE 130 MISSION VIEJO, CA 92691	PHYSICIAN PRACTICE / CLINIC
6	6 - CHOC HEALTH CENTER CENTRUM 1120 WEST LA VETA AVENUE SUITE 125 ORANGE, CA 92868	PHYSICIAN PRACTICE / CLINIC

7	7 - CHOC HEALTH CENTER CORONA 845 MAGNOLIA SUITE 101 CORONA, CA 92879	PHYSICIAN PRACTICE / CLINIC
8	8 - CHOC HEALTH CENTER GARDEN GROVE 10602 CHAPMAN AVENUE SUITE 100 GARDEN GROVE, CA 92840	PHYSICIAN PRACTICE / CLINIC
9	9 - CHOC HEALTH CENTER HUNTINGTON BEACH 19582 BEACH BLVD SUITE 380 HUNTINGTON BEACH, CA 92648	PHYSICIAN PRACTICE / CLINIC
10	10 - CHOC OUTPATIENT HEART CENTER 505 S MAIN STREET SUITE 600 ORANGE, CA 92868	PHYSICIAN PRACTICE / CLINIC
11	11 - CHOC OUTPATIENT REHABILITATION SERVICES 3745 W CHAPMAN AVE SUITE 200 ORANGE, CA 92868	REHAB CLINIC
12	12 - CHOC PRIMARY CARE CLINIC 3745 W CHAPMAN AVE ORANGE, CA 92868	PHYSICIAN PRACTICE / CLINIC
13	13 - CHOC SLEEP CENTER 530 S MAIN STREET SUITE 100 ORANGE, CA 92868	OUTPATIENT CLINIC
14	14 - CHOC SPECIALISTS ALLERGY AND IMMUNOLOGY 725 WEST LA VETA SUITE 100 ORANGE, CA 92868	PHYSICIAN PRACTICE / CLINIC
15	15 - CHOC SPECIALISTS CARDIOLOGY 505 SOUTH MAIN STREET SUITE 600 ORANGE, CA 92868	PHYSICIAN PRACTICE / CLINIC
16	16 - CHOC SPECIALISTS NEUROSURGERY 505 SOUTH MAIN STREET SUITE 300 ORANGE, CA 92868	PHYSICIAN PRACTICE / CLINIC
17	17 - CHOC SPECIALISTS OPHTHALMOLOGY 1120 W LA VETA SUITE 100 ORANGE, CA 92868	PHYSICIAN PRACTICE / CLINIC
18	18 - CHOC SPECIALISTS OTOLARYNGOLOGY 466 OLD NEWPORT BLVD NEWPORT BEACH, CA 92663	PHYSICIAN PRACTICE / CLINIC
19	19 - CHOC SPECIALISTS OTOLARYNGOLOGY 1010 WEST LA VETA SUITE 710 ORANGE, CA 92868	PHYSICIAN PRACTICE / CLINIC
20	20 - CHOC SPECIALISTS OTOLARYNGOLOGY 770 PACIFIC COAST HWY SEAL BEACH, CA 90740	PHYSICIAN PRACTICE / CLINIC
21	21 - CHOC SPECIALISTS OTOLARYNGOLOGY 250 E YALE LOOP SUITE 200 IRVINE, CA 92604	PHYSICIAN PRACTICE / CLINIC
22	22 - CHOC SPEC PED GENERAL & THORACIC SURG 505 SOUTH MAIN STREET SUITE 225 ORANGE, CA 92868	PHYSICIAN PRACTICE / CLINIC
23	23 - CHOC SPECIALISTS PHYSICIAN OFFICE 505 SOUTH MAIN STREET SUITE 350 ORANGE, CA 92868	PHYSICIAN PRACTICE / CLINIC
24	24 - CHOC SPECIALISTS PSYCHIATRY 1120 WEST LA VETA AVENUE SUITE 470 ORANGE, CA 92868	PHYSICIAN PRACTICE / CLINIC
25	25 - CHOC SPECIALTY CENTER NEWPORT BEACH 500 SUPERIOR AVE SUITE 140 NEWPORT BEACH, CA 92868	PHYSICIAN PRACTICE / CLINIC
26	26 - CLINICA CHOC PARA NINOS 406 S MAIN ST SANTA ANA, CA 92701	PHYSICIAN PRACTICE / CLINIC
27	27 - EDINGER PEDIATRICS 9900 TALBERT AVE SUITE 201 FOUNTAIN VALLEY, CA 92708	PHYSICIAN PRACTICE / CLINIC
28	28 - FETAL CARE CENTER OF SOUTHERN CALIFORNIA 505 S MAIN STREET SUITE 650 ORANGE, CA 92868	PHYSICIAN PRACTICE / CLINIC
29	29 - LOS ALAMITOS PEDIATRICS 10861 CHERRY STREET SUITE 305 LOS ALAMITOS, CA 90720	PHYSICIAN PRACTICE / CLINIC
30	30 - ORANGE DOCTORS OF KIDS AND TEENS 1310 W STEWART DR SUITE 506 ORANGE, CA 92868	PHYSICIAN PRACTICE / CLINIC
31	31 - PEDIATRIC AND ADULT MEDICINE 18102 IRVINE BLVD SUITES 103 105 TUSTIN, CA 92780	PHYSICIAN PRACTICE / CLINIC
32	32 - POMONA PEDIATRICS 250 W BONITA AVENUE SUITE 200 POMONA, CA 91767	PHYSICIAN PRACTICE / CLINIC
33	33 - PREMIER PEDIATRICS 15825 LAGUNA CANYON RD SUITE 102 IRVINE, CA 92618	PHYSICIAN PRACTICE / CLINIC
34	34 - SEAVIEW PEDIATRICS - ALISO VIEJO 2 JOURNEY SUITE 100 ALISO VIEJO, CA 92656	PHYSICIAN PRACTICE / CLINIC
35	35 - SEAVIEW PEDIATRICS - IRVINE 15785 LAGUNA CANYON ROAD SUITE 120 IRVINE, CA 92618	PHYSICIAN PRACTICE / CLINIC
36	36 - SEAVIEW PEDIATRICS - LAGUNA HILLS 23521 PASEO DE VALENCIA SUITE 200 LAGUNA HILLS, CA 92653	PHYSICIAN PRACTICE / CLINIC
37	37 - SEAVIEW PEDIATRICS - SAN CLEMENTE	PHYSICIAN PRACTICE / CLINIC

	1031 AVENIDA PICO SUITE 106 SAN CLEMENTE, CA 92673	
38	38 - SOCPA - LADERA RANCH 777 CORPORATE DRIVE SUITE 250 LADERA RANCH CA, CA 92694	PHYSICIAN PRACTICE / CLINIC
39	39 - SOCPA - LAKE FOREST 23321 EL TORO ROAD SUITES F G LAKE FOREST, CA 92630	PHYSICIAN PRACTICE / CLINIC
40	40 - SOCPA - RSM 30212 TOMAS SUITE 220 RANCHO SANTA MARGARI, CA 92688	PHYSICIAN PRACTICE / CLINIC
41	41 - SOCPA - SAN CLEMENTE 1300 AVENIDA VISTA HERMOSA SUITE 200 SAN CLEMENTE, CA 92673	PHYSICIAN PRACTICE / CLINIC
42	42 - TOTAL PEDIATRICS OF ORANGE COUNTY 1640 NEWPORT BLVD SUITE 360 COSTA MESA, CA 92627	PHYSICIAN PRACTICE / CLINIC
43	43 - CHOC SPECIALISTS PHYSICIAN OFFICE 505 SOUTH MAIN STREET SUITE 350 ORANGE, CA 92868	PHYSICIAN PRACTICE / CLINIC
44	44 - CHOC NEUROSCIENCE INSTITUTE OP CENTER 505 SOUTH MAIN STREET SUITE 350 ORANGE, CA 92868	PHYSICIAN PRACTICE / CLINIC
45	45 - CHOC PEDIATRIC PSYCHOLOGY 1120 WEST LA VETA AVENUE SUITE 470 ORANGE, CA 92868	PHYSICIAN PRACTICE / CLINIC
46	46 - CHOC UROLOGY CENTER 505 S MAIN STREET SUITE 100 ORANGE, CA 92868	PHYSICIAN PRACTICE / CLINIC

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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.

Form and Line Reference	Explanation
PART I, LINE 6A:	THE ORGANIZATION'S COMMUNITY BENEFIT REPORT IS CONTAINED IN A REPORT PREPARED BY CHOC AND CCMH ANNUALLY AND IS FILED IN ACCORDANCE WITH CALIFORNIA SB697.
PART I, LINE 7:	THE ORGANIZATION USES THE COST-TO-CHARGE RATIO METHODOLOGY TO DETERMINE THE COST OF CHARITY CARE AND UNREIMBURSED COST OF CARE PROVIDED TO MEDI-CAL 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 MEDI-CAL PAYMENTS TO HOSPITALS IN THE STATE. CHOC RECOGNIZED REVENUES FOR THE MANAGED CARE PORTION OF THE 30-MONTH PROGRAM ENDED JUNE 30, 2019 OF \$105,512,000 AND PROVIDER FEES AND OTHER EXPENSES OF \$19,235,000. IN ADDITION, CHOC RECOGNIZED REVENUES RELATED TO THE FEE FOR SERVICE PORTION OF THE 24 MONTH PROGRAM ENDED JUNE 30, 2021 OF \$29,624,000 AND PROVIDER FEES AND OTHER EXPENSES OF \$7,446,000. THE AMOUNTS WERE RECOGNIZED AS NET PATIENT REVENUE AND OPERATING EXPENSES, RESPECTIVELY, IN THE FISCAL YEAR ENDED JUNE 30, 2022.
PART II, 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. COMMUNITY BENEFIT REPORT HIGHLIGHTS: CHOC 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 - CHOC 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.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. 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 MENTAL HEALTHINPATIENT 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.SEE OUR COMMUNITY BENEFIT REPORTS ON OUR WEBSITE AT HTTPS://WWW.CHOC.ORG/FILES/COMMUNITYBENEFITPLAN.PDF.
PART III, LINE 2:	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.
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.
PART III, LINE 4:	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.
PART III, LINE 8:	THE ALLOWABLE COST IS BASED ON A COST TO CHARGE RATIO OF .2054 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.
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.
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 HTTPS://WWW.CHOC.ORG/FILES/CHOC-CHNA-REPORT.PDF AS WELL AS A PAPER COPY THAT IS AVAILABLE UPON REQUEST FOR PUBLIC INSPECTION.
PART VI, LINE 3:	PATIENTS ARE INFORMED OF THEIR 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.
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 85% 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 CHARACTERISTICSCOMMUNITY CHARACTERISTICS: POPULATION AND SOCIOECONOMIC DATA PROJECTIONS HAVE BEEN COLLECTED FROM A VARIETY OF LOCAL COUNTY AND STATE SOURCES REPRESENTING COMMUNITY DEMOGRAPHIC, SOCIAL AND ECONOMIC FACTORS, HEALTH ACCESS AND UTILIZATION, AND RESOURCES AVAILABLE IN THE COMMUNITY FOR THE 2022 COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) REPORT, THE MOST RECENTLY AVAILABLE. ORANGE COUNTY'S POPULATION IS 3,203,504, MAKING IT THE THIRD MOST POPULOUS COUNTY IN CALIFORNIA. THE MEDIAN AGE IS 38.1, AND CHILDREN UP TO 18 YEARS OF AGE MAKE UP 24% OF THE TOTAL POPULATION. IN THE CHOC SERVICE AREA. 17.1% OF CHILDREN UNDER THE AGE OF 18 LIVE IN POVERTY, COMPARED TO 21.1% OF CALIFORNIA'S CHILDREN. ORANGE COUNTY'S POPULATION IS DIVERSE, WITH 49.9% OF THE POPULATION BEING WHITE; 2.1% BEING BLACK/AFRICAN AMERICAN; .4% BEING AMERICAN INDIAN/ALASKA NATIVE; 14.9% BEING ASIAN; .6% BEING PACIFIC ISLANDER; 5.5% IDENTIFYING AS MULTIPLE RACES; AND 26.6% AS OTHER. OF THE TOTAL ORANGE COUNTY POPULATION, 34.1% IDENTIFY AS HISPANIC ETHNICITY.
PART VI, LINE 5:	CHILDREN'S HEALTHCARE OF CALIFORNIA (CHC) IS THE NOT-FOR-PROFIT, TAX-EXEMPT PARENT CORPORATION OF CHILDREN'S HOSPITAL OF ORANGE COUNTY (CHOC) AND CHILDREN'S HOSPITAL 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, 2022, 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: HTTPS://WWW.CHOC.ORG/FILES/COMMUNITYBENEFITPLAN.PDF .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 THEPHYSICIAN-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 COMMERCIALLY 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, RESEARCH AND IN CONSTRUCTION PROJECTS RELATED TO THE ENTERPRISE MASTER PLAN (EMP). IN RECENT YEARS, THE ORGANIZATION HAS COMMENCED CONSTRUCTION ON A NEW AMBULATORY CARE TOWER, ADDITIONAL OPERATING ROOMS, A MATERNAL FETAL MEDICINE SUITE INCLUSIVE OF A SPECIAL DELIVERY UNIT, PRIVATE ROOM INTENSIVE CARE ROOM EXPANSIONS, AND AN EXPANDED EMERGENCY DEPARTMENT. 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.
PART VI, LINE 6:	AFFILIATED HEALTH CARE SYSTEM:FOR OVER 50 YEARS, CHOC 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 - CHOC HEART, NEUROSCIENCE, ORTHOPAEDIC, AND HYUNDAI CANCER INSTITUTES. THE ECONOMIC VALUE OF THE 73 BENEFIT SERVICES PROVIDED BY CHOC IN FISCAL YEAR 2022 IS \$143.2 MILLION. OF THESE DOLLARS, 72.8% (\$104.2 MILLION) SERVED THE ECONOMICALLY DISADVANTAGED. THE ECONOMIC VALUE OF SAVINGS FROM NOT-FOR-PROFIT STATUS IS \$22.9 MILLION. THUS, THE HOSPITALS RETURN \$6.25 IN COMMUNITY BENEFITS FOR EACH \$1 SAVED FROM TAX-EXEMPT STATUS. IN ADDITION TO THE \$143.2 MILLION IN BENEFITS PROVIDED FOR BY THE HOSPITALS REFERENCED ABOVE, BOARD MEMBERS, PHYSICIANS, EMPLOYEES AND VOLUNTEERS CONTRIBUTED APPROXIMATELY 57,519 HOURS OF VOLUNTEER SERVICE TO THE COMMUNITY.
PART VI, LINE 7, REPORTS FILED WITH STATES	CA

efile Public Visual Render		ObjectID: 202301309349304585 - Submission: 2023-05-10		TIN: 95-2321786	
Schedule J (Form 990)		Compensation Information			OMB No. 1545-0047
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.			2021 Open to Public Inspection
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.			
☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
☐ Travel for companions	☐ Payments for business use of personal residence		
☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
☐ Discretionary spending account	☐ Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on 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 on 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.			
☒ Compensation committee	☐ Written employment contract		
☒ Independent compensation consultant	☒ Compensation survey or study		
☐ Form 990 of other organizations	☒ 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	

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.							
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.							
(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation			
1 KIMBERLY CRIPE PRESIDENT/CEO	(i)	0	0	0	0	0	0
	(ii)	1,071,266	430,240	264,608	68,315	35,147	1,869,576
2 SHAHAB DADJOU SVP/CHIEF STRATEGY OFFICER	(i)	0	0	0	0	0	0
	(ii)	579,049	151,737	215,325	33,430	11,156	990,697
3 KERRI RUPPERT SCHILLER EVP/COO/ASSISTANT SECRETAR	(i)	0	0	0	0	0	0
	(ii)	587,246	160,933	151,474	44,383	29,379	973,415
4 JAY GABRIEL CHIEF LEGAL OFFICER/SEC	(i)	500,430	114,068	115,464	36,024	42,351	808,337
	(ii)	0	0	0	0	0	0
5 PAUL VAN DOLAH EVP/COO	(i)	0	0	0	0	0	0
	(ii)	605,535	104,694	3,837	0	0	714,066
6 MICHAEL WEISS VP POPULATION HEALTH	(i)	455,623	104,402	86,924	26,534	28,966	702,449
	(ii)	0	0	0	0	0	0
7 JOHN HENDERSON VP & CHIEF INFO OFFICER	(i)	432,557	86,256	77,698	65,706	21,388	683,605
	(ii)	0	0	0	0	0	0
8 MATTHEW GERLACH FORMER EVP/COO	(i)	0	0	0	0	0	0
	(ii)	0	29,815	606,028	0	0	635,843
9 WILLIAM REACTOR MD		261,006					

THOMAS CAPIZZI VP, CHIEF HEALTH INFO OFFICER	(i)	334,000	93,995	67,456	24,894	29,379	606,820	16,194
	(ii)	-	-	-	-	-	-	-
10 THOMAS CAPIZZI VP, CHIEF PEOPLE OFFICER	(i)	379,112	84,377	75,697	20,439	29,379	589,004	15,596
	(ii)	-	-	-	-	-	-	-
11 MELANIE PATTERSON VP PATIENT CARE SERVICES	(i)	376,448	78,619	74,420	29,362	23,635	582,484	15,338
	(ii)	-	-	-	-	-	-	-
12 TERENCE SANGER VP, CHIEF SCIENTIFIC OFFICER	(i)	399,850	92,500	2,600	17,400	25,441	537,791	0
	(ii)	-	-	-	-	-	-	-
13 CHARLES GOLDEN MD VP, MEDICAL DIRECTOR PRIMARY CARE	(i)	394,301	92,683	2,606	4,083	42,351	536,024	0
	(ii)	-	-	-	-	-	-	-
14 MARY ZIMMER VP OPERATIONS	(i)	331,167	74,387	68,530	14,559	42,351	530,994	13,767
	(ii)	-	-	-	-	-	-	-
15 HALE KUHLMAN VP, CHOC NETWORK, FINANCE	(i)	291,295	62,085	61,902	28,084	21,677	465,043	12,113
	(ii)	-	-	-	-	-	-	-
16 SANDIP GODAMBE MD SVP, MED AFFAIRS/CMO	(i)	203,536	50,000	20,011	0	11,402	284,949	0
	(ii)	-	-	-	-	-	-	-
17 JASON CULP VP, CHOC CHILDREN'S SPECIALIST	(i)	10,578	150,000	577	0	0	161,155	0
	(ii)	-	-	-	-	-	-	-

Schedule J (Form 990) 2021

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
PART I, LINES 4A-B	SEVERANCE ARRANGEMENTS: 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. IN 2021 SHAHAB DADJOU RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$95,543 AND MATTHEW GERLACH RECEIVED A SEVERANCE PAYMENT IN THE AMOUNT OF \$606,028. SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN: 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 2021: MS. CRIPE (\$233,272), MS. SCHILLER (\$103,827), MR. GABRIEL (\$76,932), MR. GERLACH (\$29,815), MR. KUHLMAN (\$44,990), MR. WEISS (\$68,989), MS. PATTERSON (\$56,970), MR. CAPIZZI (\$58,218), MS. ZIMMER (\$51,343), MR. HENDERSON (\$59,906), MR. FEASTER (\$60,149), AND MR. DADJOU (\$102,624). COMPENSATION FROM AN AFFILIATED ORGANIZATION 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 71% 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 50% 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. PAUL VAN DOLAH 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. VAN DOLAH DEVOTES APPROXIMATELY 84% 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.

Schedule J (Form 990) 2021

Additional Data

Return to Form

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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

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization CHILDREN'S HOSPITAL OF ORANGE COUNTY

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 instructions and the latest information.

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	13032UTU2	08-06-2019	107,712,910	DEFEASE CUSIP # 13033LBP1		X		X		X
B CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY	52-1643828	13032UZN1	08-03-2021	105,675,069	DEFEASE CUSIP # 13033LRT6		X		X		X
C CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY	52-1643828	13032UA40	08-03-2021	103,213,988	DEFEASE CUSIP # 13033LBT3		X		X		X

Part II Proceeds

		A		B		C		D	
1	Amount of bonds retired	11,955,000		260,000					
2	Amount of bonds legally defeased								
3	Total proceeds of issue	107,717,747		105,685,561		103,214,040			
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds	1,146,097		1,020,677		714,086			
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds	106,571,553		106,034,249		102,500,000			
12	Other unspent proceeds								
13	Year of substantial completion	2019		2021		2021			
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue of tax-exempt bonds (or, if issued prior to 2020, a current refunding issue)?	X		X		X			
15	Were the bonds issued as part of an advance refunding issue of taxable bonds (or, if issued prior to 2020, 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			

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat. No. 50193E

Schedule K (Form 990) 2021

Page 2

Schedule K (Form 990) 2021

Page 2

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		
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								
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								
6	Total of lines 4 and 5								
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?								
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?	X		X		X			
b	Exception to rebate?		X		X		X		
c	No rebate due?		X		X		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		

Schedule K (Form 990) 2021

Page 3

Part IV Arbitrage (Continued)									
		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
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								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b	Name of provider								
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, PART VI	THE DIFFERENCE BETWEEN THE ISSUE PRICE AND THE PROCEEDS OF THE ISSUE IS THE CUMULATIVE INTEREST EARNED AS FOLLOWS: CUMMULATIVE INTEREST EARNED ON ISSUE A \$4,836 CUMMULATIVE INTEREST EARNED ON ISSUE B \$10,492 CUMMULATIVE INTEREST EARNED ON ISSUE C \$51

Software ID:
Software Version:

efile Public Visual Render

ObjectID: 202301309349304585 - Submission: 2023-05-10

TIN: 95-2321786

SCHEDULE O
(Form 990)Department of the Treasury
Internal Revenue Service**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

2021Open to Public
InspectionName of the organization
CHILDREN'S HOSPITAL OF ORANGE COUNTY

Employer identification number

95-2321786

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 PROVIDENCE SPEECH AND HEARING CENTER ALL WAGES AND EMPLOYEE SPECIFIC INFORMATION, INCLUDING VOLUNTEERS, ARE RETAINED WITH CHILDREN'S HOSPITAL OF ORANGE COUNTY.
FORM 990, PART VI, SECTION A, LINE 6	ORGANIZATION MEMBER INFORMATION THE SOLE MEMBER OF CHILDREN'S HOSPITAL OF ORANGE COUNTY (CHOC) IS CHILDREN'S HEALTHCARE OF CALIFORNIA (CHC).
FORM 990, PART VI, SECTION A, LINE 7A	PLEASE SEE THE EXPLANATION FOR LINE 7B.
FORM 990, PART VI, SECTION A, LINE 7B	THE APPROVAL OF THE MEMBER SHALL BE REQUIRED WITH RESPECT TO ANY OF THE FOLLOWING ACTIONS: (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 AFFILIATION; (11) INVOLVING CHOC AS A MEMBER, SHAREHOLDER, OR PARTNER IN ANY NEW CORPORATION, PARTNERSHIP, OR OTHER LEGAL ENTITY; (12) DISSOLVING CHOC; (13) ENTERING INTO ANY TRANSACTION INVOLVING THE SALE, CONVEYANCE, OF CHOC'S ASSETS; (14) AMENDING CHOC'S ARTICLES OF INCORPORATION; (15) ADOPTING NEW BYLAWS OR AMENDING EXISTING BYLAWS.
FORM 990, PART VI, SECTION B, 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 MATERIALS 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 SHARED ELECTRONICALLY WITH 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.
FORM 990, PART VI, SECTION B, 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.
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION DETERMINATION AN INDEPENDENT BOARD COMMITTEE OF THE ORGANIZATION CHARGED WITH THE DUTIES OF THE EXECUTIVE COMPENSATION COMMITTEE, WHOSE MEMBERS ARE DISINTERESTED AND INDEPENDENT, IS IN PLACE WITH A WRITTEN COMMITTEE CHARTER. THIS COMMITTEE ANNUALLY RETAINS AN INDEPENDENT HEALTHCARE COMPENSATION CONSULTING FIRM TO PROVIDE RELEVANT COMPARABILITY DATA AND OTHER COMPENSATION STUDIES. THE CEO, OFFICERS AND EXECUTIVE MANAGEMENT SALARIES, INCENTIVES AND BENEFITS, AS WELL AS OVERALL COMPENSATION PHILOSOPHY AND POLICIES, ARE DISCUSSED WITH THE INDEPENDENT CONSULTANT REPRESENTATIVES AND THE EXECUTIVE COMPENSATION COMMITTEE MEMBERS, IN PERSON, IN CLOSED SESSIONS WITH NO STAFF MEMBERS PRESENT. THIS ANNUAL REVIEW WAS LAST PERFORMED IN OCTOBER 2021. ALL COMPARATIVE MARKET DATA, SUCH AS ANNUAL COMPENSATION SURVEY COMPRISED OF A PEER GROUP 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 AND HOW IT WAS OBTAINED AND THE DELIBERATIONS AND DECISIONS OF THE COMMITTEE. THE RESULTS AND RECOMMENDATIONS FROM THE COMMITTEE ARE SHARED IN AN EXECUTIVE SESSION WITH THE BOARD OF

	DIRECTORS.
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 ARE MADE AVAILABLE FOR PUBLIC INSPECTION. FORM 990 AND THE COPY OF AUDITED FINANCIAL STATEMENTS ATTACHED TO IT ARE MADE AVAILABLE UPON REQUEST.
FORM 990, PART IX, LINE 11G	PHYSICIAN SERVICES: PROGRAM SERVICE EXPENSES 128,507,653. MANAGEMENT AND GENERAL EXPENSES 14,278,628. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 142,786,281. MEDICAL SERVICES: PROGRAM SERVICE EXPENSES 32,655,068. MANAGEMENT AND GENERAL EXPENSES 3,628,341. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 36,283,409. COLLECTION AGENCY FEES: PROGRAM SERVICE EXPENSES 1,945,904. MANAGEMENT AND GENERAL EXPENSES 216,212. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 2,162,116. OTHER PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 22,320,317. MANAGEMENT AND GENERAL EXPENSES 2,480,035. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 24,800,352. JANITORIAL SERVICES: PROGRAM SERVICE EXPENSES 86,598. MANAGEMENT AND GENERAL EXPENSES 9,622. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 96,220. SECURITY SERVICES: PROGRAM SERVICE EXPENSES 2,280,393. MANAGEMENT AND GENERAL EXPENSES 253,377. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 2,533,770. COURIER SERVICES: PROGRAM SERVICE EXPENSES 7,215. MANAGEMENT AND GENERAL EXPENSES 802. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 8,017. OTHER PURCHASED SERVICES: PROGRAM SERVICE EXPENSES 37,618,152. MANAGEMENT AND GENERAL EXPENSES 4,179,795. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 41,797,947.
FORM 990, PART XI, LINE 9:	NET UNREALIZED LOSS ON INEFFECTIVE SWAP AGREEMENTS -971,680. CHANGE IN BENEFICIAL INTEREST IN NET ASSETS OF FOUNDATION 5,443,438. RELEASE OF NET ASSETS FROM CHOC FOUNDATION 2,458,551.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Cat. No. 51056K

Schedule O (Form 990) 2021

Additional Data[Return to Form](#)**Software ID:**

efile Public Visual Render		ObjectId: 202301309349304585 - Submission: 2023-05-10		TIN: 95-2321786	
SCHEDULE R (Form 990)		Related Organizations and Unrelated Partnerships			OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.			2021 Open to Public Inspection
Name of the organization CHILDREN'S HOSPITAL OF ORANGE COUNTY		▶ Attach to Form 990. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.			
				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	HEALTHCARE	CA	501 (C) (3)	LINE 12A, I	N/A			No
(2)CHILDREN'S HOSPITAL AT MISSION 1201 WEST LA VETA AVENUE ORANGE, CA 92868 33-0528802	HEALTHCARE	CA	501 (C) (3)	LINE 3	CHC			No
(3)CHOC FOUNDATION 1201 WEST LA VETA AVENUE ORANGE, CA 92868 95-6097416	FUNDRAISING	CA	501 (C) (3)	LINE 7	CHC			No
(4)CRC REAL ESTATE CORPORATION 1201 WEST LA VETA AVENUE ORANGE, CA 92868 33-0612565	REAL ESTATE	CA	501 (C) (3)	LINE 12B, II	CHC			No
(5)PROVIDENCE SPEECH AND HEARING CENTER 1301 W PROVIDENCE AVENUE ORANGE, CA 92868 95-6154473	HEALTHCARE	CA	501 (C) (3)	LINE 7	CHOC	Yes		

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 ST 250 PHOENIX, AZ 85108 20-1620666	INSURANCE	AZ	N/A	C	90,430	3,737,564	50.000 %		No

[illegible]

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	No
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	1a	No
b	Gift, grant, or capital contribution to related organization(s)	1b	No
c	Gift, grant, or capital contribution from related organization(s)	1c	Yes
d	Loans or loan guarantees to or for related organization(s)	1d	No
e	Loans or loan guarantees by related organization(s)	1e	No
f	Dividends from related organization(s)	1f	No
g	Sale of assets to related organization(s)	1g	No
h	Purchase of assets from related organization(s)	1h	No
i	Exchange of assets with related organization(s)	1i	No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o	Sharing of paid employees with related organization(s)	1o	No
p	Reimbursement paid to related organization(s) for expenses	1p	No
q	Reimbursement paid by related organization(s) for expenses	1q	No
r	Other transfer of cash or property to related organization(s)	1r	No
s	Other transfer of cash or property from related organization(s)	1s	No

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.

[illegible]

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Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Schedule R (Form 990) 2021

Part VII Supplemental Information	
Provide additional information for responses to questions on Schedule R. See instructions.	
Return Reference	Explanation

Schedule R (Form 990) 2021

Additional Data	Return to Form
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Software ID:
Software Version: