

# Children's Hospital Los Angeles

Consolidated Financial Statements as of and  
for the Years Ended June 30, 2022 and 2021, and  
Schedule of Expenditures of Federal Awards, and  
OMB Uniform Grant Guidance Compliance Reports  
for the Year Ended June 30, 2022, and  
Independent Auditor's Reports

# CHILDREN'S HOSPITAL LOS ANGELES

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## INDEPENDENT AUDITOR'S REPORT

To the Board of Directors of  
Children's Hospital Los Angeles:

### Opinion

We have audited the accompanying consolidated financial statements of Children's Hospital Los Angeles and its subsidiaries (the "Hospital"), which comprise the consolidated balance sheets as of June 30, 2022 and 2021, and the related consolidated statements of activities, changes in net assets, and cash flows for the years then ended, and the related notes to the consolidated financial statements.

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of the Hospital as of June 30, 2022 and 2021, and the results of its operations, changes in its net assets, and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### Basis for Opinion

We conducted our audits in accordance with auditing standards generally accepted in the United States of America (GAAS) and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States (*Government Auditing Standards*). Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of the Hospital and to meet our other ethical responsibilities in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of the consolidated financial statements in accordance with accounting principles generally accepted in the United States of America and for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the consolidated financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about the Hospital's ability to continue as a going concern for one year after the date that the consolidated financial statements are issued.

### Auditor's Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute

assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the consolidated financial statements.

In performing an audit in accordance with GAAS and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material misstatement of the consolidated financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the consolidated financial statements.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control. Accordingly, no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the consolidated financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about the Hospital's ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit, significant audit findings, and certain internal control-related matters that we identified during the audit.

### **Supplementary Information**

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The *schedule of expenditures of federal awards for the year ended June 30, 2022, as required by Title 2 US Code of Federal Regulations (CFR) Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with GAAS. In our opinion, the information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

**Other Reporting Required by *Government Auditing Standards***

In accordance with *Government Auditing Standards*, we have also issued our report dated November 16, 2022, on our consideration of the Hospital's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Hospital's internal control over financial reporting and compliance.

Deloitte + Touche CP

November 16, 2022

# CHILDREN'S HOSPITAL LOS ANGELES

## CONSOLIDATED BALANCE SHEETS AS OF JUNE 30, 2022 AND 2021 (In thousands)

	2022	2021
<b>ASSETS</b>		
CURRENT ASSETS:		
Cash and cash equivalents	\$ 71,716	\$ 104,430
Patient accounts receivable (Note 1)	200,225	179,246
Contract assets (Note 4)	44,923	45,831
Current portion of pledges receivable—net (Note 9)	28,134	17,211
Grants receivable	19,172	20,998
Receivables under government and state programs (Note 6)	25,677	23,937
Current portion of trustee-held funds (Notes 7, 8, and 10)	6,851	6,847
Hospital Fee Program receivable (Note 19)	169,418	114,914
Other current assets	36,780	47,139
Total current assets	602,896	560,553
ASSETS LIMITED AS TO USE (Notes 7 and 8):		
Investments	851,314	1,020,058
Unitrust investments	5,760	4,136
Total assets limited as to use—net of current portion	857,074	1,024,194
PLEDGES RECEIVABLE—Net of current portion—net (Note 9)	64,434	45,678
OTHER ASSETS (Notes 1, 18, and 20)	67,802	76,920
PROPERTY, PLANT, AND EQUIPMENT—Net (Note 11)	1,015,257	991,353
TOTAL	\$ 2,607,463	\$ 2,698,698

(Continued)

# CHILDREN'S HOSPITAL LOS ANGELES

## CONSOLIDATED BALANCE SHEETS AS OF JUNE 30, 2022 AND 2021 (In thousands)

	2022	2021
<b>LIABILITIES AND NET ASSETS</b>		
CURRENT LIABILITIES:		
Accounts payable and accrued expenses (Note 20)	\$ 112,425	\$ 113,011
Salaries, wages, and related liabilities	106,241	108,565
Current portion of long-term debt (Note 13)	8,540	1,450
Payables under government programs (Note 6)	26,069	29,752
Hospital Fee Program payables (Note 19)	52,258	42,323
Deferred revenue and other liabilities	<u>19,512</u>	<u>18,147</u>
Total current liabilities	325,045	313,248
LONG-TERM DEBT—Net of current portion (Notes 1 and 13)	445,331	455,281
LIABILITY UNDER UNITRUST AGREEMENTS	2,576	1,228
INTEREST RATE SWAP (Note 13)	6,596	12,889
OTHER NONCURRENT LIABILITIES (Notes 6, 14, and 20)	<u>92,292</u>	<u>97,440</u>
Total liabilities	<u>871,840</u>	<u>880,086</u>
COMMITMENTS AND CONTINGENCIES (Note 14)		
NET ASSETS:		
Without donor restrictions	1,175,779	1,280,373
With donor restrictions (Note 15)	<u>559,844</u>	<u>538,239</u>
Total net assets	<u>1,735,623</u>	<u>1,818,612</u>
TOTAL	<u>\$ 2,607,463</u>	<u>\$ 2,698,698</u>

See notes to consolidated financial statements.

(Concluded)

# CHILDREN'S HOSPITAL LOS ANGELES

## CONSOLIDATED STATEMENTS OF ACTIVITIES FOR THE YEARS ENDED JUNE 30, 2022 AND 2021 (In thousands)

	2022	2021
REVENUES (Note 4):		
Patient service revenue (Note 4)	\$ 802,427	\$ 715,637
Hospital Fee Program revenue (Note 19)	<u>281,160</u>	<u>274,774</u>
Net patient service revenue (Note 4)	1,083,587	990,411
Grants, contracts, and other	161,927	146,020
Unrestricted gifts and bequests	52,925	49,154
COVID-19 Provider Relief Funds (Note 2)	27,130	97,527
Investment income used for operations, research, and education	15,052	14,820
Net assets released from restrictions used for operations, research, and education	<u>43,859</u>	<u>28,201</u>
Total revenues	<u>1,384,480</u>	<u>1,326,133</u>
EXPENSES (Note 17):		
Salaries and employee benefits (Note 16)	763,095	684,895
Professional fees and purchased services	272,300	254,390
Supplies	187,649	186,317
Hospital Fee Program (Note 19)	54,502	51,706
Other (Note 20)	<u>85,932</u>	<u>77,924</u>
Total expenses before depreciation, amortization, and interest	<u>1,363,478</u>	<u>1,255,232</u>
EXCESS OF REVENUES OVER EXPENSES BEFORE DEPRECIATION, AMORTIZATION, AND INTEREST	<u>21,002</u>	<u>70,901</u>
DEPRECIATION, AMORTIZATION, AND INTEREST:		
Depreciation and amortization	61,271	57,804
Interest	<u>19,365</u>	<u>19,720</u>
Total depreciation, amortization, and interest	<u>80,636</u>	<u>77,524</u>
DEFICIT OF REVENUES OVER EXPENSES	<u>(59,634)</u>	<u>(6,623)</u>
OTHER (LOSSES) GAINS:		
Other investment (loss) income—net of fees (Note 7)	(48,500)	78,983
Net investment income used for operations, research, and education	(15,052)	(14,820)
Interest rate swap mark-to-market gain (Note 13)	6,293	4,459
Other losses	<u>-</u>	<u>(775)</u>
Total other (losses) gains	<u>(57,259)</u>	<u>67,847</u>
(DEFICIT) EXCESS OF REVENUES OVER EXPENSES AND OTHER (LOSSES) GAINS	<u>\$ (116,893)</u>	<u>\$ 61,224</u>

See notes to consolidated financial statements.



# CHILDREN'S HOSPITAL LOS ANGELES

## CONSOLIDATED STATEMENTS OF CHANGES IN NET ASSETS FOR THE YEARS ENDED JUNE 30, 2022 AND 2021 (In thousands)

	2022	2021
NET ASSETS WITHOUT DONOR RESTRICTIONS:		
(Deficit) excess of revenues over expenses and other (losses) gains	\$ (116,893)	\$ 61,224
Proposition 4—building construction revenue	11,706	-
Net assets released from restrictions used for purchase of property and equipment	13,370	12,222
Transfers and other	(12,777)	(5,144)
	<u>(104,594)</u>	<u>68,302</u>
(Decrease) increase in net assets without donor restrictions		
NET ASSETS WITH DONOR RESTRICTIONS:		
Restricted grants, gifts, and bequests	115,546	50,031
Provision for uncollectible pledges (Note 9)	(1,746)	(830)
Net investment income on restricted gifts and endowments (Note 7)	13,187	7,503
Net realized and unrealized (loss) gain on restricted investments (Note 7)	(48,777)	53,288
Net assets released from restrictions used for operations, research, and education	(43,859)	(28,201)
Net assets released from restrictions used for purchase of property and equipment	(13,370)	(12,222)
Transfers and other	546	332
Change in value of split-interest agreements	78	203
	<u>21,605</u>	<u>70,104</u>
Increase in net assets with donor restrictions		
CHANGE IN NET ASSETS	(82,989)	138,406
NET ASSETS—Beginning of year	<u>1,818,612</u>	<u>1,680,206</u>
NET ASSETS—End of year	<u>\$ 1,735,623</u>	<u>\$ 1,818,612</u>

See notes to consolidated financial statements.

# CHILDREN'S HOSPITAL LOS ANGELES

## CONSOLIDATED STATEMENTS OF CASH FLOWS FOR THE YEARS ENDED JUNE 30, 2022 AND 2021 (In thousands)

	2022	2021
CASH FLOWS FROM OPERATING ACTIVITIES:		
Change in net assets	\$ (82,989)	\$ 138,406
Adjustments to reconcile change in net assets to net cash (used in) provided by operating activities:		
Depreciation of property, plant, and equipment	62,151	57,579
Noncash change to right-of-use asset	4,828	17,782
Amortization of bond cost, discount, and premium	(1,410)	(1,428)
Net realized and unrealized loss (gain) on investments	110,232	(124,596)
Proposition 4—building construction revenue	(11,706)	-
Loss on disposal of property and equipment—net	-	895
Contributions restricted for purchases of long-lived assets	(10,832)	(101)
Restricted contributions and other changes	(11,145)	(8,949)
Interest rate swap mark-to-market gain	(6,293)	(4,459)
Changes in operating assets and liabilities:		
Patient accounts receivable and contract assets	(20,071)	6,229
Pledges receivable—net	(29,679)	13,231
Grants receivable	1,826	12,732
Hospital Fee Program receivables	(54,504)	62,454
Other current assets	(639)	(908)
Other assets	4,365	4,458
Accounts payable and accrued expenses	4,809	13,730
Salaries, wages, and related liabilities	(2,324)	23,048
Payables under government and state programs	(5,423)	18,810
Hospital Fee Program payable	9,935	(2,372)
Deferred revenue	1,365	(4,669)
Other liabilities	(2,586)	33,640
Operating lease liabilities	(3,120)	(17,308)
Net cash (used in) provided by operating activities	(43,210)	238,204
CASH FLOWS FROM INVESTING ACTIVITIES:		
Purchase of investments	(196,525)	(344,182)
Sale of investments and maturities of debt securities	255,038	163,099
Cost of property, plant, and equipment acquired	(78,546)	(82,527)
Transfers from trustee-held funds	6,847	136
Net cash used in investing activities	(13,186)	(263,474)
CASH FLOWS FROM FINANCING ACTIVITIES:		
Payments on long-term debt	(1,450)	(1,390)
Contributions restricted for purchase of long-lived assets	10,832	101
Proposition 4—Advances	11,706	-
Proceeds from restricted contributions and other changes	11,145	8,949
Net cash provided by financing activities	32,233	7,660
DECREASE IN CASH AND CASH EQUIVALENTS	(24,163)	(17,610)
CASH AND CASH EQUIVALENTS—Beginning of year	104,430	122,040
CASH, CASH EQUIVALENTS AND RESTRICTED CASH—End of year	\$ 80,267	\$ 104,430
SUPPLEMENTAL INFORMATION RELATING TO NONCASH ITEMS—Property and equipment acquisitions included in accounts payable	\$ 1,116	\$ 3,932

See notes to consolidated financial statements.

# CHILDREN’S HOSPITAL LOS ANGELES

## NOTES TO CONSOLIDATED FINANCIAL STATEMENTS

AS OF AND FOR THE YEARS ENDED JUNE 30, 2022 AND 2021

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### 1. ORGANIZATION AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

**Organization**—Children’s Hospital Los Angeles (CHLA or the “Hospital”), a not-for-profit (NFP) corporation organized under the laws of the State of California, is a tax-exempt organization.

CHLA is the direct controlling entity of CHLA Holdings, LLC; Children’s Health System of Los Angeles, LLC; CHLA Health Network, LLC; CHLA Medical Foundation; CHLA International, LLC; CHLA Teaching Clinics, LLC; CHLA ESBT; CHLA Foundation, LLC; 4520 Sunset Blvd, LLC; and 4470 Sunset Blvd, LLC. The purpose of CHLA Holdings, LLC is to hold title to property, collect income therefrom, and turn over the entire amount thereof, less expenses, to CHLA. The purpose of Children’s Health System of Los Angeles, LLC is to provide or arrange for the provision of health care services and educational and research activities associated with such health care services by CHLA and, to date, has had no activity. The purpose of CHLA Health Network, LLC is to manage, coordinate, and demonstrate high-value patient and family-centered pediatric care through the clinical integration of CHLA and the physicians on the medical staff of CHLA and in CHLA’s market. CHLA Medical Foundation is a nonpublic benefit corporation and is organized and operated exclusively for charitable purposes and, to date, has had no activity. The purpose of CHLA International, LLC is to further the international health care programs of CHLA. The purpose of CHLA Teaching Clinics, LLC is to provide, manage, coordinate, and enhance the quality of pediatric patient care through the operation of multiple teaching clinics that are exempt from licensure under Section 1206(g) of the California Health & Safety Code. CHLA ESBT is an Electing Small Business Trust that was set up for retaining Helms-Howard Inc. stock. CHLA has 8.33% ownership interest in Helms-Howard Inc.

CHLA has a controlling interest in Virtual Pediatric Intensive Care Unit Systems, LLC (VPS), owning 98% of VPS. The purpose of VPS is to provide quality reports utilizing a clinical database dedicated to standardized data sharing and benchmarking among pediatric intensive care units.

CHLA is the sole statutory member of the CHLA Foundation, LLC. CHLA Foundation, LLC’s purpose includes fund-raising on behalf of the Hospital and collaborating with the Hospital’s management in determining its activities in support of its fund-raising. It is not intended to directly receive donations from the public; however, any donations received by the CHLA Foundation, LLC shall be transferred to the Hospital at the sole and absolute discretion of the Hospital and, to date, has had no activity.

CHLA is the sole member of 4520 Sunset Blvd, LLC. The purpose of 4520 Sunset Blvd, LLC is to hold certain real estate properties for the future expansion and development of CHLA.

CHLA is the sole member of 4470 Sunset Blvd, LLC. The purpose of 4470 Sunset Blvd, LLC is to hold certain real estate properties for the future expansion and development of CHLA.

The Hospital’s principal mission is to promote and advance the state of children’s health, focusing on tertiary and quaternary specialties in patient care, research, and education.

**Use of Estimates**—The preparation of consolidated financial statements in conformity with accounting principles generally accepted in the United States of America (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities, and disclosure of contingent assets and liabilities at the date of the consolidated financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

**(Deficit) Excess of Revenues over Expenses and Other (Losses) Gains**—Management considers (deficit) excess of revenues over expenses and other (losses) gains to be the Hospital's performance indicator. Consistent with industry practice, changes in net assets without donor restrictions excluded from this total would include any revenues recognized from permanent transfers of assets to and from affiliates for other than goods and services, contributions of long-lived assets (including assets acquired using contributions that by donor restriction were to be used for the purposes of acquiring such assets), and extraordinary funds received directly from public sources.

**Net Patient Service Revenue**—Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others, including estimated variable consideration for retroactive adjustments due to terms under reimbursement agreements with third-party payors, settlement of audits, reviews, and investigations. Retroactive adjustments are estimated and accrued in the period in which the related services are rendered and adjusted in future periods as final settlements are determined.

The Hospital determines performance obligations based on the nature of the services provided. Patient service revenue is recognized for performance obligations satisfied over time based on actual charges incurred in relation to total expected charges. The Hospital believes that this method provides a faithful depiction of the transfer of services over the term of performance obligations based on the inputs needed to satisfy the obligations. Generally, performance obligations satisfied over time relate to patients in the Hospital receiving inpatient acute care services. Performance obligations are measured from admission to the point when there are no further services required for the patient, which is generally the time of discharge. Revenue is recognized for performance obligations satisfied at a point in time, which generally relate to patients receiving outpatient services, when (1) services are provided and (2) the Hospital does not believe the patient requires additional services. Because the patient service performance obligations relate to contracts with a duration of less than one year, the Hospital has elected to apply the optional exemption provided in Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 606-10-50-14(a), *Revenue from Contracts with Customers (Topic 606)*, and, therefore, the Hospital is not required to disclose the aggregate amount of the transaction price allocated to performance obligations that are unsatisfied or partially unsatisfied at the end of the reporting period. The unsatisfied or partially unsatisfied performance obligations referred to above are primarily related to inpatient acute care services at the end of the reporting period. The performance obligations for these contracts are generally completed when the patients are discharged, which generally occurs within days or weeks of the end of the reporting period, except for certain patients who may have much longer lengths of stay.

The Hospital determines the transaction price, which involves significant estimates and judgement, based on gross charges utilizing standard billing rates for services provided, reduced by contractual adjustments provided to third-party payors, discounts provided to uninsured patients, and implicit price concessions provided primarily to uninsured or underinsured patients. The Hospital determines its estimates of contractual adjustments and discounts based on contractual agreements, its discount policy, and historical experience. The Hospital determines its estimate of implicit price concessions

based on historical collection experience with these classes of patients using a portfolio approach as a practical expedient to account for patient contracts as collective groups rather than on an individual contract basis. The financial statement effects of using this practical expedient are not materially different from an individual contract approach.

Revenues under the traditional fee-for-service Medicaid programs, including California's Medicaid program ("Medi-Cal"), are based primarily on prospective payment systems, plus an outlier payment for individual patients whose medical conditions are costlier to treat than those of patients with the same diagnosis.

Settlements with third-party payors for retroactive revenue adjustments due to audits, reviews, or investigations are considered variable consideration and are included in the determination of the estimated transaction price for providing patient care using the most likely outcome method. These settlements are estimated based on the terms of the payment agreement with the payor, correspondence from the payor, and historical settlement activity, including an assessment to ensure that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with the retroactive adjustment is subsequently resolved. Estimated settlements are adjusted in future periods as adjustments become known (that is, new information becomes available), or as years are settled or are no longer subject to such audits, reviews, or investigations.

Revenues under managed care plans are based primarily on payment terms involving predetermined rates per diagnosis, per diem rates, discounted fee-for-service rates, and/or other similar contractual arrangements. These revenues are also subject to review and possible audit by the payors, which can take several years before they are completely resolved. The payors are billed for patient services on an individual patient basis. An individual patient's bill is subject to adjustment on a patient-by-patient basis in the ordinary course of business by the payors following their review and adjudication of each particular bill. The Hospital estimates the discounts for contractual allowances. At the end of each month, the Hospital estimates its expected reimbursement for patients of managed care plans based on the applicable contract terms. Contractual allowance estimates are periodically reviewed for accuracy by taking into consideration known contract terms, as well as payment history. The Hospital believes that the estimation and review process enables them to identify instances on a timely basis where such estimates need to be revised. The Hospital does not believe there were any adjustments to estimates of patient bills that were material to revenues.

Generally, patients who are covered by third-party payors are responsible for related copays, coinsurance, and deductibles, which vary in amount. The Hospital also provides services to uninsured patients and offer uninsured patients a discount from standard charges. The Hospital estimates the transaction price for patients with copays, coinsurance, and deductibles and for those who are uninsured based on historical collection experience and current market conditions. Under the Hospital's uninsured discount programs, the discount offered to certain uninsured patients is recognized as a policy discount, which reduces net operating revenues at the time the self-pay accounts are recorded. The uninsured patient accounts, net of policy discounts recorded, are further reduced to their net realizable value at the time they are recorded through implicit price concessions based on historical collection trends for self-pay accounts and other factors that affect the estimation process. Subsequent changes to the estimate of the transaction price are generally recorded as adjustments to net patient service revenues in the period of the change. Although outcomes vary, the Hospital's policy

is to attempt to collect amounts due from patients, including copays, coinsurance, and deductibles due from patients with insurance, at the time of service while complying with all federal and state statutes and regulations.

The Hospital's charity care and uninsured discount policies remained unchanged during the years 2022 and 2021 (see Note 5).

**Cash and Cash Equivalents**—Cash and cash equivalents, including highly liquid instruments with original maturities of three months or less at the date of purchase, are recorded at cost, which approximates market value. The Hospital holds deposits in excess of Federal Deposit Insurance Corporation limits. Uninsured and uncollateralized deposits were approximately \$70.4 million and \$89.4 million at June 30, 2022 and 2021, respectively. These deposits are held by creditworthy, high-quality financial institutions.

**Restricted Cash**—Current restricted cash is related to trustee-held funds for debt service (see Note 10) and noncurrent restricted cash is related to collateral for interest rate swaps (see Note 13).

The following table provides a reconciliation of cash, cash equivalents, and restricted cash reported in the consolidated balance sheets that sum to amounts reported in the consolidated statements of cash flows as of June 30, 2022 (in thousands):

Cash and cash equivalents	\$ 71,716
Restricted cash—current portion of trustee-held funds	6,851
Restricted cash—other noncurrent assets	<u>1,700</u>
Total cash, cash equivalents, and restricted cash	<u>\$ 80,267</u>

**Patient Accounts Receivable**—Patient accounts receivable are recorded on an accrual basis at net realizable value upon billing for services provided to patients.

**Contract Assets**—Amounts related to services provided to patients for which the Hospital has not yet billed and that do not meet the conditions of unconditional right to payment at the end of the reporting period are contract assets. The Hospital's contract assets consist primarily of services provided to patients who are still receiving inpatient care in the Hospital's facilities at the end of the reporting period at estimated net realizable value.

**Pledges Receivable**—The Hospital accounts for pledges in accordance with ASC 958-605, *Not-For-Profit Entities—Revenue Recognition*, amended by Accounting Standards Update (ASU) No. 2018-08, *Not-For-Profit Entities (Topic 958): Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*. Pledges due within 12 months are included in current assets, and pledges due after 12 months are included in noncurrent assets. The pledges due beyond one year are reported at their net present value using risk-free interest rates at the date of such pledges. For the year 2022, the discount rates in effect on outstanding pledges receivable varied between 0.08% and 3.4%. For the year 2021, the discount rates in effect on outstanding pledges receivable varied between 0.01% and 3.2%. Pledges are reported net of an estimated allowance for uncollectible amounts.

**Inventories**—Inventories are stated at the lower of cost or net realizable value, which is determined using the weighted-average method, and are included in other current assets in the accompanying consolidated balance sheets. The carrying value of inventories is approximately \$16 million and \$13.6 million as of June 30, 2022 and 2021, respectively.

**Property, Plant, and Equipment**—Property, plant, and equipment acquired by purchase are recorded at cost. Donated items are recorded at estimated fair value at the date of donation. Depreciation is computed on a straight-line basis over the estimated useful lives of the depreciable assets. Estimated useful lives by classification are as follows:

Land improvements	3–20 years
Buildings and improvements	5–40 years
Equipment	3–20 years
Computer equipment	3–5 years

**Leases**—The Hospital adopted FASB ASC 842, which required leases with durations longer than a year to be recognized on the balance sheet. The Hospital made accounting policy elections, including a short-term lease exception policy, permitting the Hospital to not apply the recognition requirements of this standard to short-term leases (i.e., leases with expected terms of 12 months or less), and an accounting policy to account for lease and certain nonlease components as a single component for certain classes of assets.

The Hospital recognizes right-of-use assets and lease liabilities for leases with terms greater than 12 months or leases that contain a purchase option that is reasonably certain to be exercised. Leases are classified as either finance or operating leases. The lease expense is recognized based on an effective interest method or on a straight-line method over the term of the lease. The Hospital's right-of-use assets and liabilities primarily relate to real estate leases for physician practices, office space, patient service areas, health care equipment, and office equipment. Certain facility leases include one or more options to renew. The exercise of lease renewal options is within the Hospital's control. None of the Hospital's lease agreements contain material residual value guarantees (see Note 20).

**Asset Impairment**—In accordance with FASB ASC 360, *Property, Plant, and Equipment*, the Hospital evaluates long-lived assets for possible impairment annually or whenever events or changes in circumstances indicate that the carrying amount of the asset, or related group of assets, may not be recoverable from estimated future undiscounted cash flows. If the estimated future undiscounted cash flows are less than the carrying value of the assets, the Hospital calculates the amount of an impairment if the carrying value of the long-lived assets exceeds the fair value of the assets. No asset impairments were recorded during the years ended June 30, 2022 and 2021.

**Assets Limited as to Use**—Assets limited as to use relate to investments of assets restricted by donors or designated by the board of directors of CHLA (the "Board of Directors") for future capital improvements, patient care, research, and other uses. The net assets over which the Board of Directors retains control may subsequently be used for other purposes at the Board of Directors' discretion. Assets held by trustees under indenture agreements, escrow deposits, and various unitrusts are also included within assets limited as to use, except for the current portion of any trustee-held funds, which are classified separately.

Investments consist primarily of equity and debt securities purchased by the Hospital and unitrust accounts, for which the Hospital has been designated as trustee and beneficiary. Investments in equity securities with readily determinable fair values and all investments in debt securities are measured at fair value, based upon publicly quoted market prices or quotations of similar securities (see Note 8). Investments for which readily determinable market values do not exist are recorded based upon the net asset value (NAV) per share of the underlying fund, determined by the Hospital, with the assistance of fund managers, the general partners, or third-party service providers, using methods and significant assumptions the Hospital considers appropriate based on its understanding of the underlying characteristics of the investments. These types of investments include private investment funds and commingled funds.

The Hospital classifies its investments in debt securities as trading, and as such, all net unrealized holding gains or losses without donor restrictions are recorded in other gains (losses) in the period in which they occur. All net unrealized holding gains or losses without donor restrictions are also recorded in other gains (losses) in the period in which they occur in accordance with ASU No. 2016-01, *Financial Instruments—Overall (Subtopic 825-10): Recognition and Measurement of Financial Assets and Financial Liabilities*.

Investment income (which includes interest and dividends) and realized and unrealized gains and losses are included in the (deficit) excess of revenues over expenses and other (losses) gains, unless the income or gain (loss) is restricted by donor or law. Such restricted investment income is included in the increase in net assets with donor restrictions in the consolidated statements of changes in net assets.

Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term, and that such changes could materially affect the amounts reported in the accompanying consolidated balance sheets.

**Hospital Fee Program**—In January 2010, the State of California enacted legislation that provides for supplemental Medi-Cal payments to certain hospitals funded by a quality assurance fee (QAF) paid by participating hospitals as well as matching federal funds (the “Hospital Fee Program”). Funds received and fees paid under the Hospital Fee Program are recognized in the (deficit) excess of revenues over expenses and other (losses) gains at the inception of the program based on modeling that is part of the program approval submission that has been provided to hospitals by the state hospital association. Funds or fees not received or paid based on the model are included in the consolidated balance sheets as Hospital Fee Program receivables and Hospital Fee Program payables, respectively (see Note 19).

Proposition 52 in November 2016 made the Hospital Fee Program permanent in California and based on the Hospital’s historical experience during the first four rounds of the program, for the fifth round (covering the period from January 1, 2017, through June 30, 2019), the Hospital recognized revenue and expenses once overall program approval was received from the Centers for Medicare and Medicaid Services (CMS). CMS granted overall approval for the fifth round of the program in December 2017. The State of California submitted its waiver application and state plan amendment for round six of the program, which covers the period from July 1, 2019, to December 31, 2021, in October 2019. CMS granted overall approval of the sixth round of the program in February 2020. The State of California submitted a draft model to CMS for round seven of the program, which covers the period from January 1, 2022, to December 31, 2022, in December 2021. The Hospital recognized revenue and expenses at the inception of the program (January 1, 2022) based on the model distributed on December 31, 2021. CMS granted overall approval of the seventh round of the program in September 2022.



The Hospital Fee Program is administered pursuant to the Hospital's contract with the DHCS and various Medi-Cal-managed care plans to provide health care service to Medi-Cal beneficiaries. The supplemental reimbursement provided in the program is considered in determining the transaction price for services provided to Medi-Cal beneficiaries.

ASC 606, *Revenue from Contracts with Customers*, requires an entity to estimate an amount of variable consideration. The Hospital has concluded that the variable consideration will be determined using the most likely amount method because the Hospital's estimation methodology using the amounts due and payable based on the model included with the state waiver application, correspondence from the California Hospital Association (CHA), and historical experience with rounds one through four represent the single most likely outcome for the contract. The Hospital, based on its experience, has a reasonable basis to conclude that its estimation methodology best predicts the amount of consideration the Hospital is entitled to receive, including an assessment that it is probable that a significant reversal in the amount of cumulative revenue recognized will not occur when the uncertainty associated with any final retroactive adjustments is subsequently resolved.

The Hospital's primary obligation under the patient service agreements is to deliver health care services for a stipulated fee. The Hospital's performance obligations with respect to the programs are satisfied over time ratably over the program period as defined in the waiver application and California Medicaid state plan amendment.

**Accrued Self-Insurance Claims**—In the years ended June 30, 2022 and 2021, the Hospital was self-insured for some employee medical health care claims and workers' compensation claims. Self-insurance claims filed and claims incurred but not reported are accrued based upon management's estimates for self-insured claims incurred using actuarial assumptions followed in the insurance industry and the Hospital's historical experience. The Hospital purchases reinsurance policies to insure for both medical health care claims and workers' compensation claims incurred above the self-insured retention limits per claim.

**Net Assets without Donor Restrictions**—Net assets that are not subject to donor-imposed restrictions and may be expended for any purpose in performing the primary objectives of the Hospital are classified as net assets without donor restrictions. These net assets may be used at the discretion of the Hospital's management and the Board of Directors.

**Net Assets with Donor Restrictions**—Net assets with donor restrictions are those whose use by the Hospital has been limited by donors to a specific time period or purpose, and are classified as net assets with donor restrictions. This category also includes net assets with donor-imposed restrictions that are to be maintained by the Hospital in perpetuity.

Unconditional promises to give cash and other assets to the Hospital are reported at fair market value at the date the promise is received. Conditional promises to give are reported at fair market value at the date the conditions are satisfied. The gifts are reported as net assets with donor restrictions, if the gifts are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the accompanying consolidated statements of activities as net assets released from restrictions.

**Unitrust Agreements**—The Hospital has been designated as trustee for several trusts. The trust agreements generally require the Hospital to make payments to beneficiaries based on stipulated interest rates, which range from 4.6% to 15% during the years ended June 30, 2022 and 2021, applied to the fair market value of the trust assets determined either annually or at inception of the trust.

**Interest Rate Swap**—The Hospital accounts for its interest rate swap in accordance with ASC 815, *Derivatives and Hedging*. ASC 815 requires all derivatives to be recorded in the consolidated balance sheets at fair value as either assets or liabilities depending on the rights or obligations under the contract. The Hospital has not designated its derivative financial instrument as a hedge. Accordingly, all unrealized gains and losses are recognized as other gains and losses in the accompanying consolidated statements of activities.

**Grants and Contracts Revenues**—Grants and contracts revenues generally are recognized as revenues without donor restrictions and grants receivable when the research or educational expenses are incurred or when the contract period has ended, whichever occurs first.

In November 2018, the State of California passed a bond for the benefit of specified children's hospitals, the Children's Hospital Bond Act of 2018, whereby \$1.5 billion was provided to fund grants for construction, expansion, renovation, and equipping of qualifying children's hospitals. Funds totaling \$11.7 million were paid to the Hospital for the year ended June 30, 2022, which was included in Proposition 4—building construction revenue in the accompanying consolidated statements of changes in net assets.

**Graduate Medical Education**—The Hospital underwrites a large part of the cost of training allied health professionals, physicians, and residents in its emergency rooms, clinics, and inpatient areas. The Hospital recognized revenue of \$15.5 million and \$15.9 million in federal graduate medical education funds during the years ended June 30, 2022 and 2021, respectively, which was included as part of grants, contracts, and other in the consolidated statements of activities.

**Fund-Raising**—The Hospital sponsors various philanthropic activities, such as fund-raising events in addition to maintaining a foundation staff, whose sole purposes are to solicit grants and private donations and maintain relations with donors and the community. During the years ended June 30, 2022 and 2021, the Hospital incurred \$18.8 million and \$18 million, respectively, in fund-raising costs.

**Functional Expenses**—The costs of providing program and other activities have been summarized on a functional basis in Note 17. Accordingly, certain costs (primarily information technology and finance) have been allocated among hospital and research and education program services, management and general, and fund-raising support services based on the functional department for which they are incurred. Departmental expenses may include various allocations of costs based on direct assignment, expenses, or other methods.

**Income Taxes**—The Hospital is recognized by the Internal Revenue Service as exempt from federal income taxes under Section 501(a) of the Internal Revenue Code as charitable organizations qualifying under Section 501(c)(3) and similar California statutes. Income from the Hospital's limited liability corporations, CHLA ESBT and CHLA Medical Foundation (C corporation), is taxable to CHLA. The income tax provision is recorded in other expenses in the accompanying consolidated financial statements and is immaterial for the years ended June 30, 2022 and 2021.

The Hospital accounts for income taxes in accordance with ASC 740, *Income Taxes*. It is the Hospital's policy to classify the expense related to interest and penalties, if any, to be paid on underpayments of income taxes within other expenses. The Hospital has evaluated its uncertain tax positions and there were no material penalties or interest recognized for the years ended June 30, 2022 and 2021. The Hospital's income tax returns for the years ended June 30, 2018, through June 30, 2022, are subject to examination by both the federal and state tax jurisdictions.

**Recently Issued Accounting Pronouncements**—In March 2020, the FASB issued ASU No. 2020-04, *Reference Rate Reform (Topic 848)*, ("ASU 2020-04") which provides companies with temporary optional financial reporting alternatives to ease the potential burden in accounting for reference rate reform and includes a provision that allows companies to account for a modified contract as a continuation of an existing contract. In January 2021, the FASB issued ASU 2021-01, *Reference Rate Reform (Topic 848): Scope* ("ASU 2021-01"). ASU 2021-01 clarifies that the practical expedients in ASU 2020-04 apply to derivatives impacted by changes in the interest rate used for margining, discounting, or contract price alignment. The guidance in ASU 2020-04 is optional and may be elected over time, through December 31, 2022, as reference rate reform activities occur. Once ASU 2020-04 is elected, the guidance must be applied prospectively for all eligible contract modifications. The Hospital has certain debt instruments for which the interest rates are indexed to London InterBank Offered Rate (LIBOR), and as a result, is currently evaluating the effect that the implementation of this standard will have on the Hospital's consolidated operating results, cash flows, financial condition, and related disclosures.

**Recently Adopted Accounting Pronouncements**—In February 2016, the FASB issued ASU No. 2016-02, *Leases (Topic 842)*, which affects any entity that enters into a lease (as that term is defined in ASU No. 2016-02), with some specified scope exceptions. The main difference between the guidance in ASU No. 2016-02 and previous guidance is the recognition of lease assets and lease liabilities by lessees for certain leases classified as operating leases under current guidance. The ASU is effective for the Hospital's consolidated financial statements for the year ended June 30, 2021. The Hospital adopted Topic 842 using the modified retrospective approach effective July 1, 2020. The Hospital elected the package of transition provisions and practical expedients available, which allow to carry forward historical statements of whether contracts are or contain leases, lease classification, and initial direct costs. See Note 20 for further information.

In August 2018, the FASB issued ASU No. 2018-15, *Intangibles—Goodwill and Other—Internal-Use Software (Topic 350): Customer's Accounting for Implementation Costs Incurred in a Cloud Computing Arrangement That Is a Service Contract*, which aligns the requirements for deferring implementation costs incurred in a cloud computing arrangement that is a service contract with the requirements for capitalizing implementation costs incurred to develop or obtain internal-use software. The Hospital adopted ASU No. 2018-15 for the year ended June 30, 2021, and the impact was immaterial to the consolidated financial statements.

In September 2020, the FASB issued ASU No. 2020-07, *Not-for-Profit Entities (Topic 958): Presentation and Disclosures by Not-for-Profit Entities for Contributed Nonfinancial Assets*, which increases transparency of contributed nonfinancial assets for NFP entities through enhancements in presentation and disclosure requirements. NFP entities will now be required to present contributed nonfinancial assets as a separate line item in the consolidated statements of activities, apart from contributions of cash and other financial contributions. NFPs will also be required to disclose various information related to contributed nonfinancial assets. The Hospital adopted the standard for the year ended June 30, 2021, and the impact was immaterial to the consolidated financial statements.

**Subsequent Events**—The Hospital has evaluated subsequent events through November 16, 2022, the date the consolidated financial statements were issued. Except as disclosed in Note 21, no other subsequent events have occurred that require disclosure in or adjustment to the consolidated financial statements.

## **2. COVID-19 PANDEMIC**

In January 2020, the Secretary of the US Department of Health and Human Services (HHS) declared a national public health emergency due to a novel strain of coronavirus. In March 2020, the World Health Organization declared the outbreak of COVID-19, a disease caused by this coronavirus, a pandemic. Consequently, the Hospital began restricting visitors to patients, essential health care personnel, screening associates and permitted visitors, and modifying operations to comply with social distancing guidelines due to the pandemic. The pandemic and the Hospital's response efforts began to adversely impact patient occupancy and related revenue, and increase expenditures, beginning in mid-March 2020, as compared to typical levels. The pandemic has significantly affected the Hospital's facilities, employees, patients, communities, business operations, and financial performance, as well as the US economy and financial markets.

On March 27, 2020, the Coronavirus Aid, Relief, and Economic Security Act (the "CARES Act") was signed into legislation. The CARES Act provides for \$100 billion to health care providers, including hospitals on the front lines of the COVID-19 pandemic. HHS does not generally intend to recoup funds if a provider's lost revenue and increased expenses exceed the amount of provider relief funding the provider has received. HHS reserves the right to audit relief fund recipients in the future to ensure that this requirement is met and collect any relief fund amounts that were made in error or exceed lost revenue or increased expenses due to the pandemic. Failure to comply with the terms and conditions may be grounds for recoupment. During the years ended June 30, 2022 and 2021, the Hospital received \$27.1 million and \$97.5 million, respectively, in funding from The Provider Relief Fund ("Relief Fund"). These funds were recognized as COVID-19 Provider Relief Funds in the consolidated statement of activities.

The CARES Act also allowed for the temporary suspension of the automatic 2% reduction of Medicare claim reimbursements for the period of May 1, 2020, through December 31, 2020, and the deferral of the employer share of social security tax (6.2%), effective for payments due after the enactment date. Fifty percent of the deferred payroll taxes were due and paid on December 31, 2021, with the remaining due on December 31, 2022. As of June 30, 2022 and 2021, the Hospital deferred approximately \$11 million and approximately \$22.7 million, respectively, of social security taxes and amounts are included in salaries, wages, and related liabilities in the Hospital's consolidated balance sheets.

The Hospital is continuing to closely monitor legislative actions at the federal, state, and local levels, including the CARES Act and other governmental assistance that might be available in response to the coronavirus pandemic.

The Hospital has taken, and continues to take, actions to enhance and preserve its liquidity in response to the pandemic, including entering into lines of credit as disclosed in Note 12.

### 3. AVAILABILITY AND LIQUIDITY

As of June 30, 2022 and 2021, the table below represents financial assets available for general expenditures (in thousands):

	2022	2021
Financial assets:		
Cash and cash equivalents	\$ 71,716	\$ 104,430
Net patient accounts receivable	200,225	179,246
Contract assets	44,923	45,831
Current portion of pledges receivable	28,134	17,211
Investments	<u>851,314</u>	<u>1,020,058</u>
Total financial assets	1,196,312	1,366,776
Less amounts not available to be used within one year—donor-restricted endowment funds	<u>(282,626)</u>	<u>(298,677)</u>
Financial assets available to meet general expenditures within one year	<u>\$ 913,686</u>	<u>\$ 1,068,099</u>

As of June 30, 2022 and 2021, the Hospital's total days cash on hand measured 254 days and 336 days, respectively. Days cash on hand is the number of days that the Hospital can continue to pay its operating expenses, given the amount of cash available. The Hospital Fee Program receivable has been excluded from the table above, due to uncertainty in the timing of collection, which is based on CMS approvals; however, the expectation is such amounts will be received within one year. The investments held in board-designated endowment funds (see Note 15) have been included in the table above as certain assets are available for general expenditure within one year in the normal course of operations or board-designated amounts could be made available, if necessary. The Hospital also has a line of credit available to meet short-term needs (see Notes 12 and 21).

### 4. NET PATIENT SERVICE REVENUE

The Hospital receives a significant portion of its revenues from Medi-Cal patients and programs related to Medi-Cal (Disproportionate Share Hospital (DSH) and the Hospital Fee Program).

	2022	2021
Medi-Cal	\$ 364,172	\$ 291,697
Hospital provider fee	281,160	274,774
DSH	<u>53,264</u>	<u>49,738</u>
Subtotal	698,596	616,209
Managed care	362,492	364,188
Other	<u>22,499</u>	<u>10,014</u>
Net patient service revenue	<u>\$ 1,083,587</u>	<u>\$ 990,411</u>

As of June 30, 2022 and 2021, the following table shows the net accounts receivable by payor:

	2022	2021
Medi-Cal	44 %	47 %
Managed care	44	48
Other	<u>12</u>	<u>5</u>
Total	<u>100 %</u>	<u>100 %</u>

The opening and closing balances of contract assets are as follows (in thousands):

	Contract Asset Balance
June 30, 2021	\$ 45,831
June 30, 2022	<u>44,923</u>
Decrease	<u>\$ (908)</u>
	Contract Asset Balance
June 30, 2020	\$ 38,544
June 30, 2021	<u>45,831</u>
Increase	<u>\$ 7,287</u>

The decrease in the contract asset balance as of June 30, 2022, compared to June 30, 2021, is due to a lower volume of patients in house at the end of the year and a reduction in acuity on Medi-Cal inhouse patients. Approximately 68% and 72% of the Hospital's contract assets as of June 30, 2022 and 2021, respectively, meet the conditions for unconditional right to payment and are reclassified to patient receivables within 90 days.

## 5. CHARITY CARE AND COMMUNITY SERVICES

The Hospital strives to deliver quality health care in a manner that respects the dignity of the individual and family, regardless of ability to pay. Consistent with the Hospital's tax-exempt status and community service responsibilities, the Hospital provides care to patients who meet certain criteria under its charity care policy without charge or at amounts less than its established rates.

Under the Hospital's policy, charity care may be provided to people who are uninsured or underinsured, and cannot afford to pay for their own medical care. Since the Hospital does not pursue collection of amounts determined to qualify as charity care, they are not reported as revenue.

The Hospital provides additional community support through the unpaid cost of public programs, which is defined as the cost of treating Medi-Cal program and indigent beneficiaries in excess of government payments. These costs are calculated through the Hospital's cost accounting system, utilizing standard costing for the services provided and step-down cost allocation methodologies. During the years ended June 30, 2022 and 2021, the unpaid cost of Medi-Cal programs totaled \$260.3 million (unaudited) and

\$263 million (unaudited), respectively. The Medi-Cal program offsets some of these unpaid costs through the DSH program in the amounts of \$53.3 million and \$49.7 million during the years ended June 30, 2022 and 2021, respectively. In addition, the Hospital Fee Program provided revenue in the amounts of \$281.2 million and \$274.8 million gross of related expenses of \$54.5 million and \$51.7 million in the years ended June 30, 2022 and 2021, respectively (see Note 19).

The Hospital underwrites part of the cost of research that takes place in its facilities. The costs underwritten for research for the years ended June 30, 2022 and 2021, amounted to \$59.8 million (unaudited) and \$56.6 million (unaudited), respectively.

As described in Note 1, the Hospital underwrites a large part of the cost of training allied health professionals, physicians, and residents in its facilities. The costs underwritten for training for the years ended June 30, 2022 and 2021, were \$31.1 million (unaudited) and \$27.3 million (unaudited), respectively.

The Hospital also sponsors various community services to benefit the physically, mentally, and genetically disabled as part of its charitable mission. These services include parental counseling, educational seminars, family support groups, and an outreach organization for families administered by the Hospital in an agency relationship and funded by the State of California. Additionally, a large number of health-related educational programs are provided for the benefit of the community, including health enhancements and wellness, telephone information services, and programs designed to improve the general standards of the health of the community.

## **6. CONCENTRATIONS OF CREDIT RISK**

Financial instruments that potentially subject the Hospital to concentrations of credit risk consist primarily of marketable securities, private investment funds, patient accounts receivable, and pledges receivable. The Hospital's investment portfolios are managed primarily by professional investment managers within the guidelines established by the Board of Directors. These guidelines limit the amounts that may be invested in any one issuer.

Concentration of credit risk with respect to patient accounts receivable from nongovernment payors is limited due to the large number of payors composing the Hospital's patient base.

A significant portion of the Hospital's net patient service revenue is derived from Medi-Cal patients, comprising 64% and 62% of the total, in the years ended June 30, 2022 and 2021, respectively. Excluding the impact of the Hospital Fee Program, revenues from the Medi-Cal program composed of 52% and 48% of total net patient service revenues for the years ended June 30, 2022 and 2021, respectively. The State of California reimburses for inpatient services using a methodology that pays based on diagnosis-related group (DRG). Most inpatient services are reimbursed based upon Medi-Cal All Patient Refined-DRG per-discharge rates. Outpatient services are reimbursed based upon statewide fee schedules.

The California Hospital Fee Program accounted for 26% and 28% of total net patient service revenues in the years ended June 30, 2022 and 2021, respectively. This revenue is included in total Medi-Cal patient revenue discussed in the paragraph above.

The State of California provides for supplemental Medi-Cal payments to hospitals that serve a disproportionately high percentage of Medi-Cal and other low-income patients through DSH. As discussed in Note 5, the Hospital has recorded \$53.3 million and \$49.7 million in the years ended June 30, 2022 and 2021, respectively, in net patient service revenue relating to DSH.

Certain government payors provide for payments to the Hospital at tentative rates, with final settlement determined after submission of annual reports by the Hospital and audits thereof by the payors. As of June 30, 2022 and 2021, settlement amounts receivable of \$25.7 million and \$23.9 million, respectively, are included in receivables under government and state programs, and payables, including estimates resulting from Medi-Cal cost report audits, of \$26.1 million and \$29.8 million, respectively, are included in payables under government programs and \$31.1 million and \$33.5 million, respectively, within other noncurrent liabilities in the accompanying consolidated balance sheets. Changes in estimates recorded as a result of audit settlements for prior periods decreased net patient service revenue by \$20.4 million and \$74.9 million in the years ended June 30, 2022 and 2021, respectively.

## 7. INVESTMENTS

The carrying amounts of investments as of June 30, 2022 and 2021, are as follows (in thousands):

	<b>2022</b>	<b>2021</b>
Current portion of trustee-held funds (Note 10)	\$ 6,851	\$ 6,847
Cash equivalents and short-term investments	34,806	104,540
Mutual funds	399,240	465,518
Equity securities	15,760	28,608
Debt securities	347,477	375,982
Private investment funds	56,739	46,861
Commingled funds	<u>3,052</u>	<u>2,685</u>
Assets limited as to use—net of current portion	<u>857,074</u>	<u>1,024,194</u>
Total investments	<u>\$ 863,925</u>	<u>\$ 1,031,041</u>

The cash and cash equivalents included in investments at June 30, 2022 and 2021, represent cash held by the Hospital's investment managers that will be invested based on the Hospital's long-term investment strategy.



Investment income and gains and losses for assets limited as to use, cash equivalents, and other investments for the years ended June 30, 2022 and 2021, are composed of the following (in thousands):

	2022	2021
Investment income—net of fees	\$ 12,955	\$ 7,676
Realized gain on sale of investments—net	4,688	5,807
Unrealized (loss) gain on investments—net	<u>(66,143)</u>	<u>65,500</u>
Without donor restriction net investment (loss) gain	<u>(48,500)</u>	<u>78,983</u>
Investment income—net of fees	13,187	7,503
Realized gain on sale of investments—net	4,264	5,418
Unrealized (loss) gain on investments—net	<u>(53,041)</u>	<u>47,870</u>
With donor restriction net investment (loss) gain	<u>(35,590)</u>	<u>60,791</u>
Total	<u>\$ (84,090)</u>	<u>\$ 139,774</u>

## 8. FAIR VALUE MEASUREMENTS

The Hospital reports fair value measurements in accordance with ASC 820, *Fair Value Measurement*, which defines fair value, establishes a framework for measuring fair value in accordance with existing GAAP, and provides expanded disclosures about fair value measurements. Assets and liabilities recorded at fair value in the consolidated balance sheets are categorized based upon the level of judgment associated with the inputs used to measure their fair value and the level of market price observability.

Due to the short-term nature of cash and cash equivalents; patient accounts receivable; Hospital Fee Program balances; receivables and payables under government and state programs; accounts payable and accrued expenses; and salaries, wages, and related liabilities, their carrying values approximate their fair values.

Pledges receivable are discounted at the current market interest rate at the time of receipt, which approximates their fair value.

The fair values of liabilities under unitrust agreements are determined by utilizing discount rates commensurate with the corresponding investments at the time of receipt, which approximate their fair value.

Long-term debt is carried at amortized cost in the consolidated financial statements; however, in accordance with ASC 820, the Hospital is required to disclose the fair value. The fair values of the Hospital's long-term debt, including the 2017 and 2012 bonds, are based on current trading values at or near the last business day of the fiscal year. At June 30, 2022, the fair value was \$441.1 million compared to the carrying value of \$453.9 million. At June 30, 2021, the fair value was \$491.4 million compared to the carrying value of \$456.7 million.

Investments measured and reported at fair value using level inputs, as defined by ASC 820, are classified and disclosed in one of the following categories:

**Level 1**—Quoted prices in active markets for identical investments available as of the reporting date.

**Level 2**—Pricing inputs are other than quoted prices in active markets, which are either directly or indirectly observable as of the reporting date, and fair value is determined through the use of models or other valuation methodologies.

**Level 3**—Pricing inputs that are generally unobservable and typically reflect management’s estimates of assumptions that market participants would use in pricing the asset or liability.

In certain cases, the inputs used to measure fair value may fall into different levels of the fair value hierarchy. In such cases, an investment’s level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement.

The following is a description of valuation inputs and techniques that the Hospital utilizes to determine the fair value of each major category of assets and liabilities in accordance with ASC 820:

**Mutual Funds**—Registered with the Securities and Exchange Commission as mutual funds under the Investment Company Act of 1940. To the extent valuation adjustments are not applied, mutual funds are categorized as Level 1.

**Equity Securities (US and Foreign)**—Equity securities that are actively traded on a securities exchange are valued based on quoted prices from the applicable exchange, and to the extent valuation adjustments are not applied to these securities, they are categorized as Level 1. Equity securities traded on inactive markets and valued using other observable inputs are categorized as Level 2.

**Debt Securities (Corporate Bonds)**—Investment-grade bonds are valued using inputs and techniques, which include third-party pricing vendors, dealer quotations, and recently executed transactions in securities of the issuer or comparable issuers. Adjustments to individual bonds can be applied to recognize trading differences compared to other bonds issued by the same issuer. Values for high-yield bonds are based primarily on pricing vendors and dealer quotations from relevant market makers. The dealer quotations received are supported by credit analysis of the issuer that takes into consideration credit-quality assessments; daily trading activity; and the activity of the underlying equities, listed bonds, and sector-specific trends. To the extent that these inputs are observable and timely, the values of corporate bonds are categorized as Level 2.

**Debt Securities (US Treasury Notes and Trustee-Held Funds)**—US Treasury notes are valued based on prices provided by third-party vendors that obtain feeds from a number of live data sources, including active market makers and interdealer brokers. To the extent that the values are actively quoted, they are categorized as Level 1.

**Investment Funds (Private Investment Funds and Commingled Funds)**—Investment funds are valued based upon the NAV per share (or its equivalent) of the underlying fund as provided by the investment manager. Such funds are excluded from the fair value hierarchy-level categories.

**Derivative Instruments**—The fair values of interest rate swaps are estimated using various inputs, including quotations from various dealers and counterparties, and pricing models that use certain observable inputs, such as the creditworthiness of the counterparties, default probabilities, yield curves, and credit curves. The pricing models utilized generally do not entail material subjectivity because the methodologies employed do not necessitate significant judgments. If the pricing inputs are observed from actively quoted markets, the derivative values are categorized as Level 2. Interest rate swaps are valued in accordance with the terms of each contract based on current interest rate spreads. Market standard pricing models are used for valuing interest rate swaps.

The following tables present information about the Hospital's invested assets and related liabilities measured at fair value on a recurring basis as of June 30, 2022 and 2021, and indicate the fair value hierarchy of the valuation techniques utilized by management to determine such fair value (in thousands):

Assets	2022					
	Investments at Fair Value			Fair Value	Investments at NAV	Total
	Level 1	Level 2	Level 3			
Investments:						
Cash equivalents and short-term investments	\$ 34,806	\$ -	\$ -	\$ 34,806	\$ -	\$ 34,806
Mutual funds:						
Global (US and foreign) equity funds	324,771	-	-	324,771	-	324,771
Fixed-income funds	74,469	-	-	74,469	-	74,469
Equity securities:						
US equity securities	15,569	191	-	15,760	-	15,760
Debt securities:						
Corporate bonds	19,006	212,300	-	231,306	-	231,306
Government bonds	116,171	-	-	116,171	-	116,171
Investments measured at NAV:						
Private investment funds:						
Foreign equity funds	-	-	-	-	54,264	54,264
Hedge funds—alternative investments	-	-	-	-	13	13
Private equity funds	-	-	-	-	1,439	1,439
Venture capital funds	-	-	-	-	1,023	1,023
Commingled funds:						
Common stock	-	-	-	-	2,201	2,201
Corporate bonds	-	-	-	-	851	851
Total assets limited as to use	584,792	212,491	-	797,283	59,791	857,074
Trustee-held funds	6,851	-	-	6,851	-	6,851
Total investments	<u>\$ 591,643</u>	<u>\$ 212,491</u>	<u>\$ -</u>	<u>\$ 804,134</u>	<u>\$ 59,791</u>	<u>\$ 863,925</u>
<b>Liabilities</b>						
Interest rate swap liability	<u>\$ -</u>	<u>\$ (6,596)</u>	<u>\$ -</u>	<u>\$ (6,596)</u>	<u>\$ -</u>	<u>\$ (6,596)</u>

Assets	2021					
	Investments at Fair Value			Fair Value	Investments at NAV	Total
	Level 1	Level 2	Level 3			
Investments:						
Cash equivalents and short-term investments	\$104,540	\$ -	\$ -	\$104,540	\$ -	\$ 104,540
Mutual funds:						
Global (US and foreign) equity funds	135,730	-	-	135,730	-	135,730
Fixed-income funds	329,788	-	-	329,788	-	329,788
Equity securities:						
US equity securities	28,416	192	-	28,608	-	28,608
Debt securities:						
Corporate bonds	39,491	185,698	-	225,189	-	225,189
Government bonds	150,340	453	-	150,793	-	150,793
Investments measured at NAV:						
Private investment funds:						
Foreign equity funds	-	-	-	-	40,690	40,690
Hedge funds—alternative investments	-	-	-	-	3,319	3,319
Private equity funds	-	-	-	-	1,716	1,716
Venture capital funds	-	-	-	-	1,136	1,136
Commingled funds:						
Common stock	-	-	-	-	2,128	2,128
Corporate bonds	-	-	-	-	557	557
Total assets limited as to use	788,305	186,343	-	974,648	49,546	1,024,194
Trustee-held funds	6,847	-	-	6,847	-	6,847
Total investments	<u>\$795,152</u>	<u>\$186,343</u>	<u>\$ -</u>	<u>\$981,495</u>	<u>\$49,546</u>	<u>\$1,031,041</u>
<b>Liabilities</b>						
Interest rate swap liability	<u>\$ -</u>	<u>\$ (12,889)</u>	<u>\$ -</u>	<u>\$ (12,889)</u>	<u>\$ -</u>	<u>\$ (12,889)</u>

Transfers in or out are recognized based on the beginning fair value of the year in which they occurred. There were no significant transfers on investments between Level 1 and Level 2 during the years ended June 30, 2022 and 2021. There were no transfers to or transfers from Level 3 investments during the years ended June 30, 2022 and 2021.

The Hospital classified \$59.8 million and \$49.5 million of investments measured at the NAV per share (or its equivalent), for which the practical expedient was applied, as of June 30, 2022 and 2021, respectively (see Note 1). As of June 30, 2022 and 2021, substantially all of the investments measured at NAV can be redeemed daily and have no redemption restrictions or unfunded capital commitments.

## 9. PLEDGES RECEIVABLE

Outstanding pledges and contributions receivable from various corporations, foundations, and individuals as of June 30, 2022 and 2021, are reported net of an estimated allowance for uncollectible pledges and are as follows (in thousands):

	2022	2021
Pledges due:		
In less than one year	\$ 30,399	\$ 18,557
In one to five years	61,765	37,210
After five years	9,925	14,666
Discount on pledges	(5,803)	(5,573)
Allowance for uncollectible pledges	<u>(3,718)</u>	<u>(1,971)</u>
Total net pledges receivable	<u>\$ 92,568</u>	<u>\$ 62,889</u>

## 10. TRUSTEE-HELD FUNDS

As of June 30, 2022 and 2021, the current portion of trustee-held funds amounted to \$6.9 million and \$6.8 million, respectively, related to interest and a portion of principal due on the Series 2017A and Series 2012A Bonds, and interest income earned on the 2017A Project Fund, which can only be used to redeem the bonds in accordance with the agreement.

## 11. PROPERTY, PLANT, AND EQUIPMENT

A summary of property, plant, and equipment as of June 30, 2022 and 2021, is as follows (in thousands):

	2022	2021
Buildings and improvements	\$ 1,155,267	\$ 1,112,833
Equipment	619,210	549,313
Accumulated depreciation	<u>(1,019,632)</u>	<u>(954,734)</u>
Property, plant, and equipment—net	754,845	707,412
Construction in progress	122,366	156,893
Land	<u>138,046</u>	<u>127,048</u>
Total property, plant, and equipment—net	<u>\$ 1,015,257</u>	<u>\$ 991,353</u>

## 12. LINES OF CREDIT

On May 29, 2020, the Hospital entered into a \$50 million revolving line of credit with a bank, secured under the Hospital's existing Master Trust Indenture (see Note 13). Borrowings under the line bear interest at Bloomberg Short-Term Bank Yield rate, plus 0.65%. Accrued interest is due monthly with principal due at maturity (May 27, 2022). The line of credit was extended upon maturity until May 27, 2023. No amounts were drawn or outstanding as of June 30, 2022 and 2021 (see Note 21).

On July 10, 2020, the Hospital entered into a \$70 million revolving line of credit with a bank, secured by interests in certain investment funds. Borrowings under the line bear interest at LIBOR, plus 1.25%. Accrued interest is due monthly with principal due at maturity. The line of credit was terminated upon maturity (July 10, 2021).

### 13. LONG-TERM DEBT

Long-term debt as of June 30, 2022 and 2021, consists of the following obligations (in thousands):

	2022	2021
Revenue Bond Series 2017, consisting of Series 2017A Revenue Bonds issued for \$274,520, with serial maturities between 2030 and 2049, interest payable semiannually at various fixed rates, and Series 2017B Variable Rate Revenue Bonds issued for \$52,180, with serial maturities from 2049 to 2051, and interest payable monthly, both series collateralized by a pledge of gross revenues and a mortgage of the Hospital's real and personal assets, and other cash and investments—net of unamortized premium of \$16,645 and \$17,595 at June 30, 2022 and 2021, respectively.	\$ 340,876	\$ 341,702
Revenue Bond Series 2012, consisting for Series 2012A Revenue Bonds issued for \$120,760, with serial maturities through 2034, interest payable semiannually at various fixed rates, collateralized by a pledge of gross revenues and a mortgage of the Hospital's real and personal assets, and other cash and investments—net of unamortized premium of \$2,713 and \$3,397 at June 30, 2022 and 2021, respectively.	112,995	115,029
Less portion classified as current	<u>(8,540)</u>	<u>(1,450)</u>
Long-term debt—net of current portion	<u>\$ 445,331</u>	<u>\$ 455,281</u>

On June 6, 2017, the Hospital issued California Health Facilities Financing Authority Revenue Bonds (CHLA) for \$326.7 million, consisting of Series 2017A Revenue Bonds (the "Series 2017A Bonds") for \$274.5 million and Series 2017B Variable Rate Revenue Bonds (the "Series 2017B Bonds") for \$52.2 million. The bonds were issued at a premium of \$21.5 million. Financing costs are amortized over the life of the bonds. The Series 2017A Bonds bear fixed interest rates ranging from 4% to 5%, with interest payable semiannually and have serial maturity dates beginning in August 2030 and through 2049. The Series 2017B Bonds, which mature in 2051, bear interest at a Bank-Bought index rate, with a spread of 0.99%, consisting of a LIBOR index rate, for a Bank-Bought index rate period consisting of a LIBOR index rate period, commencing on June 6, 2017, and ending on June 5, 2024. The bonds are subject to mandatory tender for purchase on June 6, 2024. Interest is payable monthly, with weekly rates ranging from 1.05% to 1.73%, annualized, for the year ended June 30, 2022, and 1.05% to 1.11%, annualized, for the year ended June 30, 2021. The proceeds from the Series 2017A Bonds and Series 2017B Bonds were used to (i) refund the outstanding principal amount of the Series 2012B Variable Rate Revenue Bonds (the "Series 2012B Bonds"), the outstanding principal amount of the Series 2010A Bonds, and the outstanding principal amount of the Series 2007 Bonds; (ii) finance the project (includes the purchase of equipment, the upgrade of the Hospital's information system, and the interior renovations of various facilities); and (iii) pay certain of the costs of issuance on the bonds.

On August 15, 2012, the Hospital issued California Health Facilities Financing Authority Revenue Bonds (CHLA) for \$172.4 million, consisting of Series 2012A Revenue Bonds (the "Series 2012A Bonds") for \$120.8 million and Series 2012B Bonds for \$51.6 million. The bonds were issued at a premium of \$10.5 million. Financing costs are amortized over the life of the bonds. The Series 2012A Bonds bear fixed interest rates ranging from 3% to 5%, with interest payable semiannually and have serial maturity dates beginning November 2015 through 2034. The proceeds from the Series 2012A Bonds and Series 2012B Bonds were used to refund (i) the outstanding principal amount of the Series 2010B

Bonds, (ii) the outstanding principal amount of the Series 2009A Bonds, and (iii) the outstanding principal amount of the 1999 Certificates. In June 2017, the Hospital refunded the Series 2012B Bonds, with the proceeds of the sale of the Series 2017A Bonds and 2017B Bonds.

The swap agreement is currently used to hedge the variable interest rate portion of the Series 2017B Bonds. This interest rate swap has a notional amount of \$44.3 million and matures on February 15, 2034. The agreement effectively adjusts the Hospital's interest costs by swapping the variable interest rate on the Series 2017B Bonds to a fixed rate of 3.626%. The interest rate swap agreement had a fair value of (\$6.6) million and (\$12.9) million at June 30, 2022 and 2021, respectively, which represents the estimated amount the Hospital would pay to terminate the swap via a competitively priced assignment. Because the swap is not designated as a cash flow hedge in accordance with ASC 815, the change in fair value is reported as interest rate swap mark-to-market gain in the accompanying consolidated statements of activities. As of June 30, 2022 and 2021, the Hospital has posted \$1.7 million and \$8.2 million, respectively, of collateral related to the swap agreement, which is included in other noncurrent assets in the accompanying consolidated balance sheets.

Pursuant to the Master Indenture, the Hospital has pledged its gross revenues as security for all of its long-term debt. The Master Indenture provides for limitations on the incurrence of additional indebtedness, unless certain conditions are met, and requires the Hospital to maintain an annual long-term debt service coverage ratio of at least 1.10x. The Hospital complied with all covenant requirements pursuant to the Master Indenture at June 30, 2022 and 2021. The aggregate principal maturities and sinking fund requirements of long-term debt as of June 30, 2022, are as follows (in thousands):

**Years Ending  
June 30**

2023	\$ 8,540
2024	8,970
2025	9,410
2026	9,880
2027	10,705
Thereafter	<u>389,990</u>
<b>Total principal maturities</b>	<b>437,495</b>
<b>Net unamortized premium</b>	<b>19,358</b>
<b>Unamortized bond issuance costs</b>	<b><u>(2,982)</u></b>
<b>Total</b>	<b><u>\$ 453,871</u></b>

On August 31, 2022, the Hospital refunded the Series 2012A Bonds which slightly changed the scheduled maturities for each year (see Note 21).

The premiums on the 2012 and 2017 Bonds are being amortized over their respective lives using the effective interest method. Net discount and premium amortization during the years ended June 30, 2022 and 2021, amounted to \$1.6 million and \$1.7 million, respectively.

Cash paid for interest during the years ended June 30, 2022 and 2021, amounted to \$21 million and \$21 million, respectively.

#### 14. COMMITMENTS AND CONTINGENCIES

Since 1994, the Hospital has been insured on a claims-made basis for both professional/general liability coverage and directors' and officers' coverage with per claim deductible amounts of \$250 thousand and \$25 thousand, respectively. An estimated liability of claims incurred but not reported of \$3.6 million and \$4.9 million as of June 30, 2022 and 2021, respectively, has been accrued and is included in other noncurrent liabilities in the accompanying consolidated balance sheets.

The Hospital is self-insured for workers' compensation benefits for employees. Annual expense and funding under this program are based on past claims experience and projected losses. Insurance coverage, in excess of the per occurrence, self-insured retention, has been secured with insurers. Actuarial estimates of uninsured losses for the workers' compensation program are \$14.9 million and \$14.2 million at June 30, 2022 and 2021, respectively, and include an estimate for claims incurred but not reported. These amounts are included in other noncurrent liabilities in the accompanying consolidated balance sheets, net of the current portions of \$4.2 million and \$3.6 million as of June 30, 2022 and 2021, respectively, which are included in salaries, wages, and related liabilities. These amounts are gross of estimated reinsurance recoverables, totaling \$519 thousand and \$442 thousand as of June 30, 2022 and 2021, respectively, which are included in other assets in the accompanying consolidated balance sheets.

The Hospital self-insured a portion of its employees for group medical benefits. Actuarial estimates of claims incurred but not reported for the group insurance program were \$5.3 million and \$5.1 million as of June 30, 2022 and 2021, respectively, which are included in salaries, wages, and related liabilities. These amounts are gross of estimated reinsurance recoverables, totaling \$773 thousand and \$801 thousand as of June 30, 2022 and 2021, respectively, which are included in other current assets in the accompanying consolidated balance sheets.

From time to time, the Hospital is subject to legal proceedings, claims, and litigation arising in the ordinary course of business. The Hospital defends itself vigorously against any such claims. Although the outcome of these matters is currently not determinable, management expects that any losses that are probable or have a reasonable possibility of being incurred in excess of amounts already accrued in its consolidated balance sheets would not be material to the consolidated financial statements as a whole.

#### 15. NET ASSETS WITH DONOR RESTRICTIONS

Net assets with donor restrictions as of June 30, 2022 and 2021, are available for the following purposes (in thousands):

	2022	2021
Hospital programs	\$ 435,385	\$ 434,660
Capital projects	31,891	40,690
Other programs	<u>92,568</u>	<u>62,889</u>
Total net assets with donor restrictions	<u>\$ 559,844</u>	<u>\$ 538,239</u>

The investment earnings from net assets with donor restrictions are restricted for Hospital clinical research and academic programs, as well as capital projects, while the corpus may not be expended.



As of June 30, 2022, the Hospital's endowment consisted of 339 individual funds established for various purposes. The total endowment includes both donor-restricted endowment funds and funds designated by the Board of Directors to function as endowments. As required by GAAP, net assets associated with endowment funds, including funds designated by the Board of Directors to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

The Hospital is subject to the State Prudent Management of Institutional Funds Act (SPMIFA) and, thus, classifies amounts in its donor-restricted endowment funds as net assets with donor restrictions because those net assets are time restricted until the Board of Directors appropriates such amounts for expenditure. Most of those net assets also are subject to purpose restrictions that must be met before reclassifying those net assets to net assets without donor restrictions. The Board of Directors has interpreted SPMIFA as not requiring the maintenance of purchasing power of the original gift amount contributed to an endowment fund, unless a donor stipulates the contrary. As a result of this interpretation, when reviewing its donor-restricted endowment funds, the Hospital considers a fund to be underwater if the fair value of the fund is less than the sum of (a) the original value of initial and subsequent gift amounts donated to the fund and (b) any accumulations to the fund that are required to be maintained in perpetuity in accordance with the direction of the applicable donor gift instrument. The Hospital has interpreted SPMIFA to permit spending from underwater funds in accordance with the prudent measures required under the law. Additionally, in accordance with SPMIFA, the Hospital considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds:

- 1) The duration and preservation of the fund
- 2) The purposes of the Hospital and the donor-restricted endowment fund
- 3) General economic conditions
- 4) The possible effect of inflation and deflation
- 5) The expected total return from income and the appreciation of investments
- 6) Other resources of the Hospital
- 7) The investment policies of the Hospital

The endowment net assets composition by type of fund as of June 30, 2022 and 2021, is as follows (in thousands):

	Without Donor Restrictions	With Donor Restrictions	Total
<b>2022</b>			
Donor-restricted endowment funds	\$ (1,611)	\$ 284,237	\$ 282,626
Board-designated endowment funds	<u>381,596</u>	<u>-</u>	<u>381,596</u>
Total funds	<u>\$ 379,985</u>	<u>\$ 284,237</u>	<u>\$ 664,222</u>
<b>2021</b>			
Donor-restricted endowment funds	\$ 498	\$ 298,179	\$ 298,677
Board-designated endowment funds	<u>453,843</u>	<u>-</u>	<u>453,843</u>
Total funds	<u>\$ 454,341</u>	<u>\$ 298,179</u>	<u>\$ 752,520</u>

The changes in endowment net assets for the years ended June 30, 2022 and 2021, are as follows (in thousands):

	<b>Without Donor Restrictions</b>	<b>With Donor Restrictions</b>	<b>Total</b>
Endowment net assets—June 30, 2020	<u>\$ 390,422</u>	<u>\$ 259,845</u>	<u>\$ 650,267</u>
Investment return:			
Investment income and realized gain	13,483	7,410	20,893
Unrealized gain	<u>65,500</u>	<u>27,994</u>	<u>93,494</u>
Total investment return	78,983	35,404	114,387
Contributions	-	9,765	9,765
Transfer to board-designated endowment funds	49,154	-	49,154
Amounts appropriated for expenditure	(64,218)	(6,604)	(70,822)
Other changes—net	<u>-</u>	<u>(231)</u>	<u>(231)</u>
Endowment net assets—June 30, 2021	<u>454,341</u>	<u>298,179</u>	<u>752,520</u>
Investment return:			
Investment income and realized gain	17,643	8,216	25,859
Unrealized loss	<u>(66,143)</u>	<u>(28,058)</u>	<u>(94,201)</u>
Total investment return—net	(48,500)	(19,842)	(68,342)
Contributions	-	12,508	12,508
Transfer to board-designated endowment funds	52,925	-	52,925
Amounts appropriated for expenditure	(78,781)	(8,633)	(87,414)
Other changes—net	<u>-</u>	<u>2,025</u>	<u>2,025</u>
Endowment net assets—June 30, 2022	<u><u>\$ 379,985</u></u>	<u><u>\$ 284,237</u></u>	<u><u>\$ 664,222</u></u>

The description of the amounts classified as net assets with donor restrictions as of June 30, 2022 and 2021, is as follows (in thousands):

	<b>2022</b>	<b>2021</b>
Net assets with donor restrictions—the portion of perpetual endowment funds that is required to be retained permanently either by explicit donor stipulation or by SPMIFA:		
With purpose restrictions—not related to capital acquisitions	\$ 223,502	\$ 212,060
With purpose restrictions—for capital acquisitions	3,587	3,587
Without purpose restrictions	<u>29,124</u>	<u>29,124</u>
Total endowment funds classified as net assets with donor restrictions net assets	<u>\$ 256,213</u>	<u>\$ 244,771</u>
Net assets with donor restrictions—the portion of perpetual endowment funds under SPMIFA—with purpose restrictions	<u>\$ 28,024</u>	<u>\$ 53,408</u>

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor or SPMIFA requires the Hospital to retain as a fund of perpetual duration. Deficiencies of this nature are reported in net assets without donor restrictions. As of June 30, 2022, certain endowment funds had a fair value less than the original gift value, which had an original gift value of \$46.5 million, a current fair value of \$44.9 million, and a deficiency of \$1.6 million. As of June 30, 2021, certain endowment funds had a fair value less than the original gift value, which had an original gift value of \$435 thousand, a current fair value of \$428 thousand, and a deficiency of \$7 thousand. These deficiencies resulted from unfavorable market fluctuations and/or continued appropriations for certain programs that were deemed prudent by the Hospital.

The Hospital has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment, while seeking to maintain the purchasing power of the endowment assets. Endowment assets include those assets of donor-restricted funds that the organization must hold in perpetuity or for donor-specified periods. Under this policy, as approved by the Board of Directors, the endowment assets are invested in a manner that is intended to produce a real rate of return of greater than 5.5% (net of fees and adjusted for inflation), as calculated based on rolling five-year periods. Actual returns in any given year may vary from this amount.

To satisfy its long-term rate-of-return objectives, the Hospital relies on a total return strategy in which investment returns are achieved through both capital appreciation (realized and unrealized) and current yield (interest and dividends). The Hospital targets a diversified asset allocation intended to achieve its long-term return objectives within prudent risk constraints.

The Hospital has a policy of appropriating for distribution each year a portion of its endowment fund's average fair value over the prior 12 quarters as of the calendar year-end preceding the fiscal year in which the distribution is planned. In establishing its policy, the Hospital considered the long-term expected return on its endowment. The rate of appropriation for distribution was 4.25% for the years ended June 30, 2022 and 2021. The Hospital permits spending from underwater endowment funds depending on the degree to which the fund is underwater, unless otherwise precluded by donor stipulations or relevant laws and regulations.

## 16. EMPLOYEE BENEFIT PLANS

The Hospital maintains a defined contribution plan for the benefit of its employees. All employees are eligible to defer a percentage of their salaries, up to the maximum amount allowed by the Internal Revenue Service. Employees who have satisfied minimum service requirements are eligible to receive an employer contribution from the Hospital. The Hospital matches 100% of employee contributions up to the first 3% of employee pay for participating employees. Beginning July 1, 2020, and extending through June 30, 2021, the Hospital matching portion of the program was suspended. The Hospital reinstated the hospital matching portion effective July 1, 2021. The Hospital's contribution expense was \$13.2 million for the year ended June 30, 2022.

## 17. FUNCTIONAL EXPENSES

Functional expenses for the years ended June 30, 2022 and 2021, are as follows (in thousands):

	<b>Program Services</b>		<b>Support Services</b>		<b>2022</b>
	<b>Hospital</b>	<b>Research and Education</b>	<b>Management and General</b>	<b>Fundraising</b>	<b>Total Expenses</b>
Salaries and employee benefits	\$511,394	\$ 81,086	\$157,636	\$12,979	\$ 763,095
Professional fees and purchased services	130,727	51,536	86,257	3,780	272,300
Supplies	171,126	5,269	11,116	138	187,649
Hospital Fee Program	54,502	-	-	-	54,502
Depreciation and amortization	56,421	2,011	2,839	-	61,271
Interest	18,345	-	1,020	-	19,365
Other	45,570	7,679	30,830	1,853	85,932
Total	<u>\$988,085</u>	<u>\$147,581</u>	<u>\$289,698</u>	<u>\$18,750</u>	<u>\$1,444,114</u>
	<b>Program Services</b>		<b>Support Services</b>		<b>2021</b>
	<b>Hospital</b>	<b>Research and Education</b>	<b>Management and General</b>	<b>Fundraising</b>	<b>Total Expenses</b>
Salaries and employee benefits	\$452,956	\$ 70,876	\$148,446	\$12,617	\$ 684,895
Professional fees and purchased services	125,463	49,226	76,030	3,671	254,390
Supplies	167,438	4,727	14,128	24	186,317
Hospital Fee Program	51,706	-	-	-	51,706
Depreciation and amortization	53,409	1,751	2,644	-	57,804
Interest	18,696	-	1,024	-	19,720
Other	43,506	5,941	26,808	1,669	77,924
Total	<u>\$913,174</u>	<u>\$132,521</u>	<u>\$269,080</u>	<u>\$17,981</u>	<u>\$1,332,756</u>

## 18. RELATED-PARTY TRANSACTIONS

Pediatric Management Group (PMG) is a California limited liability company that manages the practice of Children's Hospital Los Angeles Medical Group (CHLAMG) based at the Hospital. The Hospital has recorded payables to PMG and CHLAMG in the amount of \$3.3 million and \$1.9 million at June 30, 2022 and 2021, respectively. These payables relate to expenses incurred by the Hospital on behalf of PMG and/or CHLAMG.

## 19. HOSPITAL FEE PROGRAM

In October 2010, CMS substantially approved the Hospital Fee Program and the State of California began its implementation. The supplemental payments encompass fee-for-service payments directly from the DHCS, as well as payments routed through managed care plans.

To date, there have been seven segments (or “rounds”) of the Hospital Fee Program, covering the service period from April 2009 through December 2022 in segments of varying duration. Each round of legislation is subject to CMS review and approval. The Hospital incurs two types of expenses related to the Hospital Fee Program, the largest of which is the QAF that is paid directly to the State of California and then matched by federal funds. A pledge payment is made to the California Health Foundation and Trust (CHFT). The CHFT is a NFP entity created by CHA for several purposes, one of which is to aggregate and distribute financial resources to support charitable activities at various hospitals and health systems in California. Hospital Fee Program pledge payments received by the CHFT are aggregated from all participating hospitals and used to “make whole” those participants in the program who have made QAF payments to the state in excess of fee-for-service program revenue returned. The Hospital recognizes QAF and CHFT pledge expenses upon approval of the related coverage period by CMS.

Significant timing differences have occurred between revenue recognition in the consolidated financial statements and related cash transactions. The Hospital recognized \$169.4 million in receivables and \$52.3 million in payables as of June 30, 2022, related to this program. The Hospital recognized \$114.9 million in receivables and \$42.3 million in payables as of June 30, 2021, related to this program.

The following table shows financial activity related to the Hospital Fee Program both as recognized in the consolidated statements of activities and based on cash receipts and disbursements (in thousands):

Statement of Activities		Fee for Service	Managed Care	Total Revenues	QAF	CHFT Pledge	Total Expenses	Net Revenue/ Proceeds
FY 2021	Round 4	\$ -	\$ -	\$ -	\$ -	\$ (3,288)	\$ (3,288)	\$ 3,288
	Round 5	-	4,289	4,289	-	-	-	4,289
	Round 6	<u>192,047</u>	<u>78,438</u>	<u>270,485</u>	<u>53,963</u>	<u>1,031</u>	<u>54,994</u>	<u>215,491</u>
		<u>\$ 192,047</u>	<u>\$ 82,727</u>	<u>\$ 274,774</u>	<u>\$ 53,963</u>	<u>\$ (2,257)</u>	<u>\$ 51,706</u>	<u>\$ 223,068</u>
FY 2022	Round 5	\$ -	\$ -	\$ -	\$ -	\$ (1,177)	\$ (1,177)	\$ 1,177
	Round 6	94,616	51,834	146,450	27,439	293	27,732	118,718
	Round 7	<u>81,372</u>	<u>53,338</u>	<u>134,710</u>	<u>26,997</u>	<u>950</u>	<u>27,947</u>	<u>106,763</u>
		<u>\$ 175,988</u>	<u>\$ 105,172</u>	<u>\$ 281,160</u>	<u>\$ 54,436</u>	<u>\$ 66</u>	<u>\$ 54,502</u>	<u>\$ 226,658</u>
<b>Cash Activities</b>								
FY 2021	Round 4	\$ -	\$ -	\$ -	\$ -	\$ (3,288)	\$ (3,288)	\$ 3,288
	Round 5	-	22,538	22,538	3,294	45	3,339	19,199
	Round 6	<u>238,090</u>	<u>76,600</u>	<u>314,690</u>	<u>51,926</u>	<u>2,102</u>	<u>54,028</u>	<u>260,662</u>
		<u>\$ 238,090</u>	<u>\$ 99,138</u>	<u>\$ 337,228</u>	<u>\$ 55,220</u>	<u>\$ (1,141)</u>	<u>\$ 54,079</u>	<u>\$ 283,149</u>
FY 2022	Round 5	\$ -	\$ -	\$ -	\$ -	\$ 2,016	\$ 2,016	\$ (2,016)
	Round 6	142,628	83,967	226,595	41,768	783	42,551	184,044
	Round 7	-	-	-	-	-	-	-
		<u>\$ 142,628</u>	<u>\$ 83,967</u>	<u>\$ 226,595</u>	<u>\$ 41,768</u>	<u>\$ 2,799</u>	<u>\$ 44,567</u>	<u>\$ 182,028</u>

## 20. LEASES

As of July 1, 2020, the Hospital recorded a noncash transaction to reflect \$72.9 million of right-of-use (ROU) assets associated with operating leases in noncurrent other assets, \$16.7 million of current lease liabilities within accounts payable and accrued expenses, and \$56.1 million of long-term lease liabilities within other noncurrent liabilities in the consolidated balance sheet.

The Hospital leases real estate for physician practices, office space, and patient service areas; these agreements typically have initial lease terms of five to 10 years. Equipment lease agreements typically have initial terms of five years. The Hospital determines if an arrangement to lease real estate and equipment is an operating or finance lease at inception of the contract. ROU assets represent the right to use the underlying assets for the lease term and lease liabilities represent the obligation to make lease payments arising from the leases. For lease terms greater than one year, at commencement date, lease liabilities are recognized based on the present value of lease payments over the lease term, and ROU assets are recognized as the present value of the lease payments plus initial direct costs and prepayments, less any lease incentives received. Many leases include rental escalation clauses and renewal options that are factored into estimated lease payments when appropriate.

As of June 30, 2022 and 2021, the following table summarizes the lease-related assets and liabilities recorded in the consolidated balance sheets (in thousands):

Lease-Related Assets and Liabilities	Classification in Consolidated Balance Sheets	2022	2021
Operating lease ROU assets	Other assets	\$ 55,694	\$ 60,521
Lease liabilities—current	Accounts payable and accrued expenses	\$ 13,756	\$ 15,662
Lease liabilities—noncurrent	Other noncurrent liabilities	44,119	45,333
Total operating lease liabilities		\$ 57,875	\$ 60,995

The Hospital utilized the private company accounting policy elective to use the risk-free rate to discount the lease payments. As of June 30, 2022 and 2021, the weighted-average discount rate was 0.88% and 0.58%, respectively.

As of June 30, 2022 and 2021, the weighted-average remaining lease term of all operating leases was five years.

At June 30, 2022 and 2021, the components of the expenses related to leases and their classification in the consolidated statement of activities were as follows:

Component of Lease Expense	Purchased Services	Supplies	Other Expenses	2022 Total
Operating lease expense	\$ 3,161	\$ 3,335	\$ 16,229	\$ 22,725
Variable and short-term lease expense	-	-	606	606
Total	<u>\$ 3,161</u>	<u>\$ 3,335</u>	<u>\$ 16,835</u>	23,331
Less sublease income				<u>(3,135)</u>
Total lease expense				<u>\$ 20,196</u>

<b>Component of Lease Expense</b>	<b>Purchased Services</b>	<b>Supplies</b>	<b>Other Expenses</b>	<b>2021 Total</b>
Operating lease expense	\$ 3,717	\$ 3,387	\$ 15,053	\$ 22,157
Variable and short-term lease expense	<u>-</u>	<u>-</u>	<u>667</u>	<u>667</u>
Total	<u>\$ 3,717</u>	<u>\$ 3,387</u>	<u>\$ 15,720</u>	22,824
Less sublease income				<u>(2,730)</u>
Total lease expense				<u>\$ 20,094</u>

At June 30, 2022 and 2021, the cash flow and other information related to leases was as follows:

	<b>2022</b>	<b>2021</b>
Cash paid for amounts included in the measurement of lease liabilities—operating cash outflows from operating and short-term leases	\$ 17,404	\$ 17,308
ROU assets obtained in exchange for lease obligations—operating leases	13,712	5,488

At June 30, 2022, the future maturities of lease liabilities were as follows:

<b>Years Ending June 30</b>	
2023	\$ 14,148
2024	14,029
2025	12,539
2026	9,326
2027	2,091
Thereafter	<u>7,484</u>
Total	59,617
Less present value discount	<u>(1,742)</u>
Lease liability	<u>\$ 57,875</u>

The following table lists minimum lease payment amounts due under sublease arrangements at June 30, 2022 (in thousands):

**Years Ending  
June 30**

2023	\$ 3,547
2024	3,819
2025	1,459
2026	874
2027	801
Thereafter	<u>2,514</u>
Total	<u>\$ 13,014</u>

At June 30, 2022, there were no leases entered into that had not yet commenced.

**21. SUBSEQUENT EVENTS**

On July 8, 2022, the Hospital drew \$20 million on the revolving line of credit. On August 9, 2022, the Hospital drew an additional \$20 million on the revolving line of credit (see Note 12).

On August 31, 2022, the Hospital issued the California Health Facilities Financing Authority (Children's Hospital Los Angeles) Bonds for \$103.4 million, consisting of Series 2022A-1 for \$51.7 million and Series 2022A-2 for \$51.7 million. The proceeds from the Series 2022A-1 and Series 2022A-2 were used to refund the Series 2012A Bonds (see Note 13).

On September 29, 2022, CMS granted overall approval of round seven of the Hospital Fee Program as disclosed in Note 1.

\* \* \* \* \*



## **SUPPLEMENTAL SCHEDULE**

CHILDREN'S HOSPITAL LOS ANGELES  
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
FOR THE YEAR ENDED JUNE 30, 2022

Federal Awarding Agency/ Program Title	Federal CFDA Number	Additional Award Identification (Optional)	Name of Funder Pass Through Entity	Identifying Number Assigned by Funder Pass-Through Entity	Total Amount Provided to Sub-recipient	Federal Expenditure	Federal Program Total
<b>RESEARCH AND DEVELOPMENT CLUSTER</b>							
<b>DEPARTMENT OF DEFENSE</b>							
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	000013939			40,000	150,915	911,558
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	RCF010156				5,629	911,558
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	RCF011603				95,809	911,558
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	RCF011694			7,405	222,270	911,558
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	RGF010067				63,000	911,558
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	RGF011011				188,794	911,558
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	RGPO09849	CHILDREN'S RESEARCH INSTITUTE	30003070-01		23	911,558
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	RCZ011876	UNIVERSITY OF ALABAMA AT BIRMINGHAM	000422086-019		65,742	911,558
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	RGPO10915	UNIVERSITY OF ALABAMA AT BIRMINGHAM	516840006T		33,560	911,558
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	RGPO09840	UNIVERSITY OF CALIFORNIA, LOS ANGELES	0350GTA375		821	911,558
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	RCZ008836	UNIVERSITY OF FLORIDA	UFDSP00010369		29	911,558
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	RGPO11587	UNIVERSITY OF SOUTHERN CALIFORNIA	109677543		(7)	911,558
MILITARY MEDICAL RESEARCH AND DEVELOPMENT	12.420	RCF010843				84,973	911,558
<b>TOTAL DEPARTMENT OF DEFENSE</b>					<b>47,405</b>	<b>911,558</b>	
<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>							
Opioid STR	93.788	SGP012547	CALIFORNIA INST. BEHAVIORAL HEALTH SOLU	0002434		8,923	8,111
Opioid STR	93.788	SGP012547	CALIFORNIA INST. BEHAVIORAL HEALTH SOLU	0002434		(812)	8,111
COOPERATIVE AGREEMENTS TO PROMOTE ADOLESCENT HEALTH THROUC	93.079	000013424	CENTER FOR DISEASE CONTROL			216,979	541,880
COOPERATIVE AGREEMENTS TO PROMOTE ADOLESCENT HEALTH THROUC	93.079	000014219	CENTER FOR DISEASE CONTROL	6 NU87PS004362-04-01		80,765	541,880
COOPERATIVE AGREEMENTS TO PROMOTE ADOLESCENT HEALTH THROUC	93.079	TGF011352				244,136	541,880
FOOD AND DRUG ADMINISTRATION _RESEARCH	93.103	000013461	FOOD AND DRUG ADMINISTRATION	1P50FD006425-01		297,487	1,728,550
FOOD AND DRUG ADMINISTRATION _RESEARCH	93.103	000013562	FOOD AND DRUG ADMINISTRATION		30,000	30,000	1,728,550
FOOD AND DRUG ADMINISTRATION _RESEARCH	93.103	000014293	FOOD AND DRUG ADMINISTRATION	1P50FD006425-01		(46,910)	1,728,550
FOOD AND DRUG ADMINISTRATION _RESEARCH	93.103	RGF011519			69,449	159,782	1,728,550
FOOD AND DRUG ADMINISTRATION _RESEARCH	93.103	RGF011519			6,870	6,870	1,728,550
FOOD AND DRUG ADMINISTRATION _RESEARCH	93.103	RGF011721			27,486	1,233,463	1,728,550
FOOD AND DRUG ADMINISTRATION _RESEARCH	93.103	RGF011721			30,156	30,156	1,728,550
FOOD AND DRUG ADMINISTRATION _RESEARCH	93.103	RGF011721			17,168	17,168	1,728,550
FOOD AND DRUG ADMINISTRATION _RESEARCH	93.103	RGPO09645	NEW YORK MEDICAL COLLEGE	L-11,862		534	1,728,550

**CHILDREN'S HOSPITAL LOS ANGELES  
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
FOR THE YEAR ENDED JUNE 30, 2022**

Federal Awarding Agency/ Program Title	Federal CFDA Number	Additional Award Identification (Optional)	Name of Funder Pass Through Entity	Identifying Number Assigned by Funder Pass-Through Entity	Total Amount Provided to Sub-recipient	Federal Expenditure	Federal Program Total
MATERNAL AND CHILD HEALTH FEDERAL CONSOLIDATED PROGRAMS	93.110	000014180	ASSOC OF UNIV CENTERS ON DISABILITIES	SCREEN DBP		14,998	2,572,273
MATERNAL AND CHILD HEALTH FEDERAL CONSOLIDATED PROGRAMS	93.110	RGPO08083	CENTER FOR COMPREHENSIVE CARE & DIAGNOSI	PROGINC 340B		508,847	2,572,273
MATERNAL AND CHILD HEALTH FEDERAL CONSOLIDATED PROGRAMS	93.110	SGPO07645	CENTER FOR COMPREHENSIVE CARE & DIAGNOSI	CIBDIX2012HRSA-CHLA-9		54,451	2,572,273
MATERNAL AND CHILD HEALTH FEDERAL CONSOLIDATED PROGRAMS	93.110	TGF009673				56,016	2,572,273
MATERNAL AND CHILD HEALTH FEDERAL CONSOLIDATED PROGRAMS	93.110	TGF010929				36	2,572,273
MATERNAL AND CHILD HEALTH FEDERAL CONSOLIDATED PROGRAMS	93.110	TGF011266				117,624	2,572,273
MATERNAL AND CHILD HEALTH FEDERAL CONSOLIDATED PROGRAMS	93.110	000012906	HEALTH RESOURCES AND SERVICES ADMIN	1 T72MC37404-01-00		197,128	2,572,273
MATERNAL AND CHILD HEALTH FEDERAL CONSOLIDATED PROGRAMS	93.110	000013697	HEALTH RESOURCES AND SERVICES ADMIN	2 T73MC00008-29-00		703,233	2,572,273
MATERNAL AND CHILD HEALTH FEDERAL CONSOLIDATED PROGRAMS	93.110	TGF010274				497,616	2,572,273
MATERNAL AND CHILD HEALTH FEDERAL CONSOLIDATED PROGRAMS	93.110	RGPO10079	MASSACHUSETTS GENERAL HOSPITAL	226858		52	2,572,273
MATERNAL AND CHILD HEALTH FEDERAL CONSOLIDATED PROGRAMS	93.110	RDD004888	CENTER FOR COMPREHENSIVE CARE & DIAGNOSIS OF INHERITED BLOOD DISORDERS	FUND SOURCE 234014		418,764	2,572,273
MATERNAL AND CHILD HEALTH FEDERAL CONSOLIDATED PROGRAMS	93.110	000012715	UNIVERSITY OF FLORIDA	SUB00001875		3,508	2,572,273
ENVIRONMENTAL HEALTH	93.113	RGPO09643	COLUMBIA UNIVERSITY	SUB: 1GG008455-25		(6,698)	806,681
ENVIRONMENTAL HEALTH	93.113	000013899			338,334	355,709	806,681
ENVIRONMENTAL HEALTH	93.113	000012884			59,305	366,752	806,681
ENVIRONMENTAL HEALTH	93.113	000012884			24,557	24,557	806,681
ENVIRONMENTAL HEALTH	93.113	RGPO12094	UNIVERSITY OF SOUTHERN CALIFORNIA	139160576		34,650	806,681
ENVIRONMENTAL HEALTH	93.113	RGPO12377	UNIVERSITY OF SOUTHERN CALIFORNIA	PO# 50900923 _133242229		16,829	806,681
ENVIRONMENTAL HEALTH	93.113	000013397	USC - KECK SCHOOL OF MEDICINE (KSOM)	133881487		14,882	806,681
ORAL DISEASES AND DISORDERS RESEARCH	93.121	000012943	SEATTLE CHILDREN'S HOSPITAL	12731SUB	3,373	210,084	320,373
ORAL DISEASES AND DISORDERS RESEARCH	93.121	000012943	SEATTLE CHILDREN'S HOSPITAL	12731SUB	16,495	16,495	320,373
ORAL DISEASES AND DISORDERS RESEARCH	93.121	RGPO11146	SEATTLE CHILDREN'S HOSPITAL	11958SUB		(58)	320,373
ORAL DISEASES AND DISORDERS RESEARCH	93.121	RGPO12287	SEATTLE CHILDREN'S HOSPITAL	11849SUB		627	320,373
ORAL DISEASES AND DISORDERS RESEARCH	93.121	RGPO12356	SEATTLE CHILDREN'S HOSPITAL	12281SUB		25,214	320,373
ORAL DISEASES AND DISORDERS RESEARCH	93.121	RGPO11202	SEATTLE CHILDREN'S RESEARCH INSTITUTE	SUB: 12476SUB		6,669	320,373
ORAL DISEASES AND DISORDERS RESEARCH	93.121	RGPO08680	UNIVERSITY OF SOUTHERN CALIFORNIA	SUB: SA53325749		(14,069)	320,373
ORAL DISEASES AND DISORDERS RESEARCH	93.121	RGPO09337	UNIVERSITY OF SOUTHERN CALIFORNIA	SUB: 64742091		57,576	320,373
ORAL DISEASES AND DISORDERS RESEARCH	93.121	RGPO12243	UNIVERSITY OF SOUTHERN CALIFORNIA	64742091		17,835	320,373
NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION DISO	93.173	000014123				48,057	60,497
NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION DISO	93.173	RGF009120				27,176	60,497
NATIONAL INSTITUTE ON DEAFNESS AND OTHER COMMUNICATION DISO	93.173	RGPO09279	UNIVERSITY OF SOUTHERN CALIFORNIA	SUB: 48711562		(14,736)	60,497
RESEARCH ON HEALTHCARE COSTS, QUALITY AND OUTCOMES	93.226	000013257			6,962	234,338	430,873
RESEARCH ON HEALTHCARE COSTS, QUALITY AND OUTCOMES	93.226	000013257			22,664	22,664	430,873
RESEARCH ON HEALTHCARE COSTS, QUALITY AND OUTCOMES	93.226	000013257			10,001	10,001	430,873
RESEARCH ON HEALTHCARE COSTS, QUALITY AND OUTCOMES	93.226	000013257			12,843	12,843	430,873
RESEARCH ON HEALTHCARE COSTS, QUALITY AND OUTCOMES	93.226	000013257			28,755	28,755	430,873
RESEARCH ON HEALTHCARE COSTS, QUALITY AND OUTCOMES	93.226	000014021	BOSTON CHILDREN'S HOSPITAL	GENFD0002176430		676	430,873
RESEARCH ON HEALTHCARE COSTS, QUALITY AND OUTCOMES	93.226	RCZ011890				116,083	430,873

CHILDREN'S HOSPITAL LOS ANGELES  
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
FOR THE YEAR ENDED JUNE 30, 2022

Federal Awarding Agency/ Program Title	Federal CFDA Number	Additional Award Identification (Optional)	Name of Funder Pass Through Entity	Identifying Number Assigned by Funder Pass-Through Entity	Total Amount Provided to Sub-recipient	Federal Expenditure	Federal Program Total
RESEARCH ON HEALTHCARE COSTS, QUALITY AND OUTCOMES	93.226	RCZ011883				1,215	430,873
RESEARCH ON HEALTHCARE COSTS, QUALITY AND OUTCOMES	93.226	000013318	USC - KECK SCHOOL OF MEDICINE (KSOM)	133279571		675	430,873
RESEARCH ON HEALTHCARE COSTS, QUALITY AND OUTCOMES	93.226	000014036	NATIONAL MARROW DONOR PROGRAM			3,623	430,873
MENTAL HEALTH RESEARCH GRANTS	93.242	RGPO12675	BEHAVIOR IMAGING	1020-8017000-RGP012675		34,652	1,579,588
MENTAL HEALTH RESEARCH GRANTS	93.242	RGPO11598	BROWN UNIVERSITY	00001273		(19)	1,579,588
MENTAL HEALTH RESEARCH GRANTS	93.242	000013420				78,610	1,579,588
MENTAL HEALTH RESEARCH GRANTS	93.242	000013422			18,443	448,006	1,579,588
MENTAL HEALTH RESEARCH GRANTS	93.242	000014266			114,056	177,744	1,579,588
MENTAL HEALTH RESEARCH GRANTS	93.242	000014266			2,416	2,416	1,579,588
MENTAL HEALTH RESEARCH GRANTS	93.242	000014266			45,344	45,344	1,579,588
MENTAL HEALTH RESEARCH GRANTS	93.242	000014266			56,530	56,530	1,579,588
MENTAL HEALTH RESEARCH GRANTS	93.242	000014266			12,577	12,577	1,579,588
MENTAL HEALTH RESEARCH GRANTS	93.242	000014288				15,204	1,579,588
MENTAL HEALTH RESEARCH GRANTS	93.242	RGF011590			460,073	622,241	1,579,588
MENTAL HEALTH RESEARCH GRANTS	93.242	RGF011256				2,010	1,579,588
MENTAL HEALTH RESEARCH GRANTS	93.242	000014559	UNIVERSITY OF CALIFORNIA, LOS ANGELES	1925GZA055		32,910	1,579,588
MENTAL HEALTH RESEARCH GRANTS	93.242	RGPO09315	UNIVERSITY OF SOUTHERN CALIFORNIA	64280435		204	1,579,588
MENTAL HEALTH RESEARCH GRANTS	93.242	RGPO09351	VANDERBILT UNIVERSITY	UNIV58459		2,737	1,579,588
MENTAL HEALTH RESEARCH GRANTS	93.242	000014763	YALE UNIVERSITY	CON-80003232(GR114364)		48,422	1,579,588
ALCOHOL RESEARCH PROGRAM	93.273	RGF010036			65,147	336,946	480,302
ALCOHOL RESEARCH PROGRAM	93.273	RGF010036			109,560	109,560	480,302
ALCOHOL RESEARCH PROGRAM	93.273	RGF011436			15,439	33,796	480,302
DRUG ABUSE AND ADDICTION RESEARCH PROGRAMS	93.279	RGPO10391	DREXEL UNIVERSITY	800182		2,193	5,660,662
DRUG ABUSE AND ADDICTION RESEARCH PROGRAMS	93.279	RGPO12034	DREXEL UNIVERSITY	800182		567,069	5,660,662
DRUG ABUSE AND ADDICTION RESEARCH PROGRAMS	93.279	000013888			49	454,699	5,660,662
DRUG ABUSE AND ADDICTION RESEARCH PROGRAMS	93.279	000014222				1,366,929	5,660,662
DRUG ABUSE AND ADDICTION RESEARCH PROGRAMS	93.279	000014658				180,461	5,660,662
DRUG ABUSE AND ADDICTION RESEARCH PROGRAMS	93.279	RGF012542			6,357	6,357	5,660,662
DRUG ABUSE AND ADDICTION RESEARCH PROGRAMS	93.279	RGF012542				(232,971)	5,660,662
DRUG ABUSE AND ADDICTION RESEARCH PROGRAMS	93.279	000012737				128,983	5,660,662
DRUG ABUSE AND ADDICTION RESEARCH PROGRAMS	93.279	000013208			42,705	163,297	5,660,662
DRUG ABUSE AND ADDICTION RESEARCH PROGRAMS	93.279	000013208			7,532	7,532	5,660,662
DRUG ABUSE AND ADDICTION RESEARCH PROGRAMS	93.279	000013439				67,735	5,660,662
DRUG ABUSE AND ADDICTION RESEARCH PROGRAMS	93.279	000013598			26,069	241,062	5,660,662
DRUG ABUSE AND ADDICTION RESEARCH PROGRAMS	93.279	000014221			318,212	1,921,556	5,660,662
DRUG ABUSE AND ADDICTION RESEARCH PROGRAMS	93.279	RGF009146				14,102	5,660,662
DRUG ABUSE AND ADDICTION RESEARCH PROGRAMS	93.279	RGF009209				100,580	5,660,662
DRUG ABUSE AND ADDICTION RESEARCH PROGRAMS	93.279	RGF011158				166,213	5,660,662
DRUG ABUSE AND ADDICTION RESEARCH PROGRAMS	93.279	RGF011319				(2,886)	5,660,662
DRUG ABUSE AND ADDICTION RESEARCH PROGRAMS	93.279	RGF012526			157,164	157,164	5,660,662
DRUG ABUSE AND ADDICTION RESEARCH PROGRAMS	93.279	RGF012526				(54,776)	5,660,662
DRUG ABUSE AND ADDICTION RESEARCH PROGRAMS	93.279	RGF012667			92,990	326,156	5,660,662

**CHILDREN'S HOSPITAL LOS ANGELES  
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
FOR THE YEAR ENDED JUNE 30, 2022**

Federal Awarding Agency/ Program Title	Federal CFDA Number	Additional Award Identification (Optional)	Name of Funder Pass Through Entity	Identifying Number Assigned by Funder Pass-Through Entity	Total Amount Provided to Sub-recipient	Federal Expenditure	Federal Program Total
DRUG ABUSE AND ADDICTION RESEARCH PROGRAMS	93.279	RG012005	REGENTS OF THE UNIV. OF CALIFORNIA	121643071 (S9002388)		42,404	5,660,662
DRUG ABUSE AND ADDICTION RESEARCH PROGRAMS	93.279	000013765	SAN DIEGO STATE UNIVERSITY RESCH. FOUND.	704034		(870)	5,660,662
DRUG ABUSE AND ADDICTION RESEARCH PROGRAMS	93.279	000013095	UNIVERSITY OF CALIFORNIA, LOS ANGELES	1935 G YA097		5,932	5,660,662
DRUG ABUSE AND ADDICTION RESEARCH PROGRAMS	93.279	000013764	UNIVERSITY OF CALIFORNIA, SAN DIEGO	704033		(500)	5,660,662
DRUG ABUSE AND ADDICTION RESEARCH PROGRAMS	93.279	000013809	UNIVERSITY OF CALIFORNIA, SAN DIEGO	KR 704895		32,255	5,660,662
DRUG ABUSE AND ADDICTION RESEARCH PROGRAMS	93.279	000013347	UNIVERSITY OF PITTSBURGH	AWD00001273 (133662-2)		(14)	5,660,662
CENTERS FOR DISEASE CONTROL AND PREVENTION INVESTIGATIONS AND	93.283	000013219	BOSTON CHILDREN'S HOSPITAL	GENFD0002051212		627	14,544
CENTERS FOR DISEASE CONTROL AND PREVENTION INVESTIGATIONS AND	93.283	SGP009759	CENTER FOR COMPREHENSIVE CARE & DIAGNOSI	CIBDIX2015CDC-CHLA-5		13	14,544
CENTERS FOR DISEASE CONTROL AND PREVENTION INVESTIGATIONS AND	93.283	RCP010746	LEIDOS BIOMEDICAL RESEARCH INC.	SUB: 17X144Q		13,904	14,544
DISCOVERY AND APPLIED RESEARCH FOR TECHNOLOGICAL INNOVATIONS	93.286	000013013			59,916	201,536	268,993
DISCOVERY AND APPLIED RESEARCH FOR TECHNOLOGICAL INNOVATIONS	93.286	000012699				67,457	268,993
MINORITY HEALTH AND HEALTH DISPARITIES RESEARCH	93.307	RG011306	COLUMBIA UNIVERSITY	8(GG011834-04)		(10)	1,183,352
MINORITY HEALTH AND HEALTH DISPARITIES RESEARCH	93.307	000013266	DARTMOUTH-HITCHCOCK	GC10358-04-DGR15294		32,913	1,183,352
MINORITY HEALTH AND HEALTH DISPARITIES RESEARCH	93.307	000014356			7,919	318,442	1,183,352
MINORITY HEALTH AND HEALTH DISPARITIES RESEARCH	93.307	000014405			63,905	97,569	1,183,352
MINORITY HEALTH AND HEALTH DISPARITIES RESEARCH	93.307	000014406			59,065	59,906	1,183,352
MINORITY HEALTH AND HEALTH DISPARITIES RESEARCH	93.307	000014408				139,224	1,183,352
MINORITY HEALTH AND HEALTH DISPARITIES RESEARCH	93.307	000014409			119,673	129,125	1,183,352
MINORITY HEALTH AND HEALTH DISPARITIES RESEARCH	93.307	000014410			201,305	218,680	1,183,352
MINORITY HEALTH AND HEALTH DISPARITIES RESEARCH	93.307	RGF011683				2,458	1,183,352
MINORITY HEALTH AND HEALTH DISPARITIES RESEARCH	93.307	RGF012061				(2,355)	1,183,352
MINORITY HEALTH AND HEALTH DISPARITIES RESEARCH	93.307	RG010351	UNIVERSITY OF CALIFORNIA, LOS ANGELES	1557GV8076		132,153	1,183,352
MINORITY HEALTH AND HEALTH DISPARITIES RESEARCH	93.307	000013579	UNIVERSITY OF SOUTHERN CALIFORNIA	SCON-00002312		55,247	1,183,352
TRANS-NIH RESEARCH SUPPORT	93.310	RG009855	COLUMBIA UNIVERSITY	1GG101662-01		(2,099)	12,224
TRANS-NIH RESEARCH SUPPORT	93.310	000014130	UNIVERSITY OF PITTSBURGH	AWD00001053 (134698-12)		14,323	12,224
RARE DISORDERS: RESEARCH, SURVEILLANCE, HEALTH PROMOTION, AND	93.315	RGF012021				3,001	84,122
RARE DISORDERS: RESEARCH, SURVEILLANCE, HEALTH, PROMOTION, AND	93.315	RGF012021				61,032	84,122
RARE DISORDERS: RESEARCH, SURVEILLANCE, HEALTH, PROMOTION, AND	93.315	RGF012146				20,089	84,122
NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES	93.350	RGF008640				(44)	1,063,514
NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES	93.350	RC011335	NEW YORK UNIVERSITY SCHOOL OF MEDICINE	PROTOCOL S1700303		(1,130)	1,063,514
NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES	93.350	000013714	SEATTLE CHILDREN'S RESEARCH INSTITUTE	12505SUB		1,768	1,063,514
NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES	93.350	RCZ012016	SEATTLE CHILDREN'S RESEARCH INSTITUTE	12498SUB		124,041	1,063,514
NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES	93.350	RG010611	UNIVERSITY OF CALIFORNIA, IRVINE	2018-3630		164,369	1,063,514
NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES	93.350	000013152	UNIVERSITY OF SOUTHERN CALIFORNIA	SCON-00002756		290,534	1,063,514
NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES	93.350	000013153	UNIVERSITY OF SOUTHERN CALIFORNIA	133292390		(4)	1,063,514
NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES	93.350	000013154	UNIVERSITY OF SOUTHERN CALIFORNIA	133292390		41,239	1,063,514
NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES	93.350	000013156	UNIVERSITY OF SOUTHERN CALIFORNIA	133292390		36,315	1,063,514
NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES	93.350	000013158	UNIVERSITY OF SOUTHERN CALIFORNIA	133292390		(51,786)	1,063,514
NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES	93.350	000013159	UNIVERSITY OF SOUTHERN CALIFORNIA	133292390		(284)	1,063,514

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NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES	93.350	000013160	UNIVERSITY OF SOUTHERN CALIFORNIA	133292390		1,312	1,063,514
NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES	93.350	000013162	UNIVERSITY OF SOUTHERN CALIFORNIA	133292390		2,800	1,063,514
NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES	93.350	000013164	UNIVERSITY OF SOUTHERN CALIFORNIA	133292390		1,614	1,063,514
NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES	93.350	000013165	UNIVERSITY OF SOUTHERN CALIFORNIA	133292390		3,000	1,063,514
NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES	93.350	000013382	UNIVERSITY OF SOUTHERN CALIFORNIA	81341895		194,875	1,063,514
NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES	93.350	000013388	UNIVERSITY OF SOUTHERN CALIFORNIA	81341895	(111)		1,063,514
NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES	93.350	000013399	UNIVERSITY OF SOUTHERN CALIFORNIA	PO# 50928932	(233)		1,063,514
NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES	93.350	000013407	UNIVERSITY OF SOUTHERN CALIFORNIA	50910882	(145)		1,063,514
NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES	93.350	000013552	UNIVERSITY OF SOUTHERN CALIFORNIA	50910245	715		1,063,514
NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES	93.350	000014304	UNIVERSITY OF SOUTHERN CALIFORNIA	SCON-00002756	197,716		1,063,514
NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES	93.350	000014538	UNIVERSITY OF SOUTHERN CALIFORNIA	SCON-00002756	11,748		1,063,514
NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES	93.350	000014542	UNIVERSITY OF SOUTHERN CALIFORNIA	SCON-00002756	27,364		1,063,514
NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES	93.350	RGPO10151	UNIVERSITY OF SOUTHERN CALIFORNIA	SUB: 92097761	11,288		1,063,514
NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES	93.350	RGPO12392	UNIVERSITY OF SOUTHERN CALIFORNIA	SC CTSI VOUCHER 4	(1,551)		1,063,514
NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES	93.350	TGPO12464	UNIVERSITY OF SOUTHERN CALIFORNIA	81341895/118895911	(1,021)		1,063,514
NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES	93.350	TGPO12465	UNIVERSITY OF SOUTHERN CALIFORNIA	81341895/118895911	(519)		1,063,514
NATIONAL CENTER FOR ADVANCING TRANSLATIONAL SCIENCES	93.350	000014917	USC - CTSI	KL2TR001854	9,644		1,063,514
Research Infrastructure Programs	93.351	000014252	FLUID SYNCHRONY, LLC	R44OD031437	40,266		40,266
21ST CENTURY CURES ACT - BEAU BIDEN CANCER MOONSHOT	93.353	000012776	UNIVERSITY OF TEXAS SOUTHWESTERN MED CTR	GMO2011108-PO00001902B	8,741		29,565
21ST CENTURY CURES ACT - BEAU BIDEN CANCER MOONSHOT	93.353	000014484	UNIVERSITY OF TEXAS SOUTHWESTERN MED CTR	GMO2011108-PO00001902B	20,824		29,565
NURSING RESEARCH	93.361	RGPO11275	CHILDREN'S HOSPITAL OF PHILADELPHIA	3201511123 / PO# 20043698	111,535		259,403
NURSING RESEARCH	93.361	000013508			147,868		259,403
CANCER CAUSE AND PREVENTION RESEARCH	93.393	RGFO11591			26,308	175,552	563,974
CANCER CAUSE AND PREVENTION RESEARCH	93.393	RGFO12638				285,468	563,974
CANCER CAUSE AND PREVENTION RESEARCH	93.393	000014562	UNIVERSITY OF CALIFORNIA, IRVINE	2021-1522		32,581	563,974
CANCER CAUSE AND PREVENTION RESEARCH	93.393	000013025	UNIVERSITY OF SOUTHERN CALIFORNIA	142125127		24,424	563,974
CANCER CAUSE AND PREVENTION RESEARCH	93.393	RGPO11181	VOXEL HEALTHCARE LLC	1R43 CA233346-01		45,949	563,974
CANCER DETECTION AND DIAGNOSIS RESEARCH	93.394	RGPO12626	DANA-FARBER CANCER INSTITUTE	1308002		1,673	226,236
CANCER DETECTION AND DIAGNOSIS RESEARCH	93.394	000013075	UNIVERSITY OF SOUTHERN CALIFORNIA	SCON-00002188		224,563	226,236
CANCER TREATMENT RESEARCH	93.395	000012965	CHILDREN'S HOSPITAL OF PHILADELPHIA	COG NCTN	(13,476)		2,332,988
CANCER TREATMENT RESEARCH	93.395	000013563	CHILDREN'S HOSPITAL OF PHILADELPHIA	GRT-00000636	122,142		2,332,988
CANCER TREATMENT RESEARCH	93.395	000013564	CHILDREN'S HOSPITAL OF PHILADELPHIA	GRT-00000636	19,653		2,332,988
CANCER TREATMENT RESEARCH	93.395	000013565	CHILDREN'S HOSPITAL OF PHILADELPHIA	GRT-00000636	373,675		2,332,988
CANCER TREATMENT RESEARCH	93.395	000013566	CHILDREN'S HOSPITAL OF PHILADELPHIA	GRT-00000636	31,899		2,332,988
CANCER TREATMENT RESEARCH	93.395	000013654	CHILDREN'S HOSPITAL OF PHILADELPHIA	GRT-00000636	79,533		2,332,988
CANCER TREATMENT RESEARCH	93.395	000013700	CHILDREN'S HOSPITAL OF PHILADELPHIA	FP00026529-SUB666	(439)		2,332,988
CANCER TREATMENT RESEARCH	93.395	000013730	CHILDREN'S HOSPITAL OF PHILADELPHIA	FP00026529 SUB681		1,588	2,332,988

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CANCER TREATMENT RESEARCH	93.395	000014067	CHILDREN'S HOSPITAL OF PHILADELPHIA	AALL1731 SUB02		3,026	2,332,988
CANCER TREATMENT RESEARCH	93.395	000014068	CHILDREN'S HOSPITAL OF PHILADELPHIA	AALL1732 SUB02		20,419	2,332,988
CANCER TREATMENT RESEARCH	93.395	RCZ010332	CHILDREN'S HOSPITAL OF PHILADELPHIA	SUB83 UM1CA097452		336	2,332,988
CANCER TREATMENT RESEARCH	93.395	RCZ010388	CHILDREN'S HOSPITAL OF PHILADELPHIA	ALTE1621 NIH		137	2,332,988
CANCER TREATMENT RESEARCH	93.395	RCZ012248	CHILDREN'S HOSPITAL OF PHILADELPHIA	FP00025505_SUB01_01		79,742	2,332,988
CANCER TREATMENT RESEARCH	93.395	RCZ012642	CHILDREN'S HOSPITAL OF PHILADELPHIA	PO 20083441-RSUB		31,091	2,332,988
CANCER TREATMENT RESEARCH	93.395	RGPO08478	CHILDREN'S HOSPITAL OF PHILADELPHIA	SUB855		929	2,332,988
CANCER TREATMENT RESEARCH	93.395	RGPO09751	DANA-FARBER CANCER INSTITUTE	1279002		(1,778)	2,332,988
CANCER TREATMENT RESEARCH	93.395	RGPO11142	DUKE UNIVERSITY	SUB: 2037153		(200)	2,332,988
CANCER TREATMENT RESEARCH	93.395	RGPO11161	NANOVALENT PHARMACEUTICALS, INC.	RGPO11161-A		(21,991)	2,332,988
CANCER TREATMENT RESEARCH	93.395	RGPO06995	NATIONAL CHILDHOOD CANCER FOUNDATION	SUB: 0211165		935	2,332,988
CANCER TREATMENT RESEARCH	93.395	000013514				178,582	2,332,988
CANCER TREATMENT RESEARCH	93.395	000013272				167,397	2,332,988
CANCER TREATMENT RESEARCH	93.395	RGF009394				(152,919)	2,332,988
CANCER TREATMENT RESEARCH	93.395	RGF011024				302	2,332,988
CANCER TREATMENT RESEARCH	93.395	RGF011025				990	2,332,988
CANCER TREATMENT RESEARCH	93.395	RGF011026				4,501	2,332,988
CANCER TREATMENT RESEARCH	93.395	RGF011027				4,624	2,332,988
CANCER TREATMENT RESEARCH	93.395	RGF011028				641	2,332,988
CANCER TREATMENT RESEARCH	93.395	RGF011029				9,591	2,332,988
CANCER TREATMENT RESEARCH	93.395	RGF011030				47	2,332,988
CANCER TREATMENT RESEARCH	93.395	RGF011774				377,031	2,332,988
CANCER TREATMENT RESEARCH	93.395	RGPO08993				(3,268)	2,332,988
CANCER TREATMENT RESEARCH	93.395	RGPO09834				82,999	2,332,988
CANCER TREATMENT RESEARCH	93.395	RGPO09837				67,761	2,332,988
CANCER TREATMENT RESEARCH	93.395	RGPO07786				42	2,332,988
CANCER TREATMENT RESEARCH	93.395	000014359	PUBLIC HEALTH INSTITUTE	U10CA180886		63,676	2,332,988
CANCER TREATMENT RESEARCH	93.395	000014430	PUBLIC HEALTH INSTITUTE	U10CA180886		16,062	2,332,988
CANCER TREATMENT RESEARCH	93.395	000014486	PUBLIC HEALTH INSTITUTE	3U10CA180886-06S1		53,177	2,332,988
CANCER TREATMENT RESEARCH	93.395	000014487	PUBLIC HEALTH INSTITUTE	3U10CA180886		96,958	2,332,988
CANCER TREATMENT RESEARCH	93.395	RGPO10998	SEATTLE CHILDREN'S HOSPITAL	11993SUB		82,496	2,332,988
CANCER TREATMENT RESEARCH	93.395	RGPO12044	SEATTLE CHILDREN'S RESEARCH INSTITUTE	11909SUB		82,134	2,332,988
CANCER TREATMENT RESEARCH	93.395	RCZ008632	ST. JUDE CHILDREN'S HOSPITAL	110068190-77		59,369	2,332,988
CANCER TREATMENT RESEARCH	93.395	RCZ010962	ST. JUDE CHILDREN'S HOSPITAL	SUB: 1100681907761550		1,687	2,332,988
CANCER TREATMENT RESEARCH	93.395	000013532	TEXAS TECH UNIVERSITY HLTH SCI. CNTR	A22-0004-S003; RAS		43,714	2,332,988
CANCER TREATMENT RESEARCH	93.395	RGPO11242	UNIVERSITY OF CALIFORNIA, LOS ANGELES	1645 G VA144		302,725	2,332,988
CANCER TREATMENT RESEARCH	93.395	RGPO11507	UNIVERSITY OF HAWAII HILO	5R01CA219024		14,981	2,332,988
CANCER TREATMENT RESEARCH	93.395	RGPO11508	UNIVERSITY OF HAWAII HILO	RAS		50,467	2,332,988
CANCER BIOLOGY RESEARCH	93.396	RGF010824			171,811	459,686	459,777
CANCER BIOLOGY RESEARCH	93.396	RGPO10748	UNIVERSITY OF CALIFORNIA, LOS ANGELES	1645GVA164		91	459,777

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CANCER CENTERS SUPPORT GRANTS	93.397	000013087	UNIVERSITY OF SOUTHERN CALIFORNIA	129806534		115,690	1,207,443
CANCER CENTERS SUPPORT GRANTS	93.397	000013184	UNIVERSITY OF SOUTHERN CALIFORNIA	SCON-00002255		192,488	1,207,443
CANCER CENTERS SUPPORT GRANTS	93.397	000013381	UNIVERSITY OF SOUTHERN CALIFORNIA	75839370		62,911	1,207,443
CANCER CENTERS SUPPORT GRANTS	93.397	RGPO10193	UNIVERSITY OF SOUTHERN CALIFORNIA	75839370		58,957	1,207,443
CANCER CENTERS SUPPORT GRANTS	93.397	RGPO10208	UNIVERSITY OF SOUTHERN CALIFORNIA	75839370		107,027	1,207,443
CANCER CENTERS SUPPORT GRANTS	93.397	RGPO10239	UNIVERSITY OF SOUTHERN CALIFORNIA	75839370		42,961	1,207,443
CANCER CENTERS SUPPORT GRANTS	93.397	RGPO12502	UNIVERSITY OF SOUTHERN CALIFORNIA	75839370		26,766	1,207,443
CANCER CENTERS SUPPORT GRANTS	93.397	000014455	UNIVERSITY OF SOUTHERN CALIFORNIA	SCON-00003595		30,111	1,207,443
CANCER CENTERS SUPPORT GRANTS	93.397	000014456	UNIVERSITY OF SOUTHERN CALIFORNIA	SCON-00003595		46,863	1,207,443
CANCER CENTERS SUPPORT GRANTS	93.397	000014457	UNIVERSITY OF SOUTHERN CALIFORNIA	SCON-00003595		100,028	1,207,443
CANCER CENTERS SUPPORT GRANTS	93.397	000014458	UNIVERSITY OF SOUTHERN CALIFORNIA	SCON-00003595		45,305	1,207,443
CANCER CENTERS SUPPORT GRANTS	93.397	000012738	UNIVERSITY OF TEXAS SOUTHWESTERN MED CTR	GMO 200902 PO#000001843A		38,196	1,207,443
CANCER CENTERS SUPPORT GRANTS	93.397	000013906	UNIVERSITY OF TEXAS SOUTHWESTERN MED CTR	GMO: 221202 PO: 000000252	122	231,742	1,207,443
CANCER CENTERS SUPPORT GRANTS	93.397	RGPO10215	USC - NORRIS	75839370		108,398	1,207,443
CANCER RESEARCH MANPOWER	93.398	TGFO10052				707,359	
CANCER RESEARCH MANPOWER	93.398	TGFO11638				214,182	707,359
CANCER RESEARCH MANPOWER	93.398	000014031				206,826	707,359
CANCER RESEARCH MANPOWER	93.398	TGFO11511			9,292	247,181	707,359
CANCER CONTROL	93.399	000013462	BAYLOR COLLEGE	P.O.# 7000001480		37,288	37,288
HEAD START	93.600	SGPO09678	UNIVERSITY OF SOUTHERN CALIFORNIA	PO 10522217 68797148		51,088	51,088
CARDIOVASCULAR DISEASES RESEARCH	93.837	RGPO11637	CINCINNATI CHILDREN'S HOSPITAL MED. CTR.	FP00001653 PCGC DOWNS SUP		15,046	1,857,096
CARDIOVASCULAR DISEASES RESEARCH	93.837	000014034	LURIE CHILDREN'S HOSPITAL OF CHICAGO	901632-CHLA		1,343	1,857,096
CARDIOVASCULAR DISEASES RESEARCH	93.837	RCZ009398	NEW ENGLAND RESEARCH INSTITUTE	PHN SVRIII		4,928	1,857,096
CARDIOVASCULAR DISEASES RESEARCH	93.837	RCZ010732	NEW ENGLAND RESEARCH INSTITUTE	CHLA-17-0004		(2)	1,857,096
CARDIOVASCULAR DISEASES RESEARCH	93.837	RCZ011449	NEW ENGLAND RESEARCH INSTITUTE	PROTOCOL: FUELOLE		8,161	1,857,096
CARDIOVASCULAR DISEASES RESEARCH	93.837	000013789				13,020	1,857,096
CARDIOVASCULAR DISEASES RESEARCH	93.837	000013805				101,801	1,857,096
CARDIOVASCULAR DISEASES RESEARCH	93.837	000014366				5,019	1,857,096
CARDIOVASCULAR DISEASES RESEARCH	93.837	RGFO10261				1,153	1,857,096
CARDIOVASCULAR DISEASES RESEARCH	93.837	RGFO10339			71,166	258,995	1,857,096
CARDIOVASCULAR DISEASES RESEARCH	93.837	RGFO10339			74,119	74,119	1,857,096
CARDIOVASCULAR DISEASES RESEARCH	93.837	RGFO10606				(93)	1,857,096
CARDIOVASCULAR DISEASES RESEARCH	93.837	RGFO11524			537,187	715,374	1,857,096
CARDIOVASCULAR DISEASES RESEARCH	93.837	000012718				146,154	1,857,096
CARDIOVASCULAR DISEASES RESEARCH	93.837	000012751				109,351	1,857,096
CARDIOVASCULAR DISEASES RESEARCH	93.837	000012961				109,813	1,857,096
CARDIOVASCULAR DISEASES RESEARCH	93.837	RGFO10515			3,422	220,454	1,857,096
CARDIOVASCULAR DISEASES RESEARCH	93.837	000013039	UNIVERSITY OF CALIFORNIA, LOS ANGELES	1564GYA698		47,716	1,857,096
CARDIOVASCULAR DISEASES RESEARCH	93.837	RGPO09195	UNIVERSITY OF CALIFORNIA, LOS ANGELES	1900GUA537		176	1,857,096
CARDIOVASCULAR DISEASES RESEARCH	93.837	RGPO11989	UNIVERSITY OF PITTSBURGH	0046317 (126441-7)		9,286	1,857,096



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CARDIOVASCULAR DISEASES RESEARCH	93.837	RGF010713	YALE UNIVERSITY	GR103094		15,282	1,857,096
LUNG DISEASES RESEARCH	93.838	000013619	MINNESOTA HEALTH SOLUTIONS	MHS-20NIVMASK1-14		81,527	1,026,221
LUNG DISEASES RESEARCH	93.838	000014237	NEW YORK UNIVERSITY SCHOOL OF MEDICINE	SUB 14-01, PO M210471893		18,311	1,026,221
LUNG DISEASES RESEARCH	93.838	000014413	NEW YORK UNIVERSITY SCHOOL OF MEDICINE	OT2HL161847		199,620	1,026,221
LUNG DISEASES RESEARCH	93.838	000014425	NEW YORK UNIVERSITY SCHOOL OF MEDICINE	OT2HL161847		124,269	1,026,221
LUNG DISEASES RESEARCH	93.838	000013276				171,134	1,026,221
LUNG DISEASES RESEARCH	93.838	000013901				34,742	1,026,221
LUNG DISEASES RESEARCH	93.838	RGF010323			25,135	308,094	1,026,221
LUNG DISEASES RESEARCH	93.838	RGF010323			8,656	8,656	1,026,221
LUNG DISEASES RESEARCH	93.838	RGF010739			-	(465,263)	1,026,221
LUNG DISEASES RESEARCH	93.838	RGF010739			489,929	489,929	1,026,221
LUNG DISEASES RESEARCH	93.838	RGF010762				(41,115)	1,026,221
LUNG DISEASES RESEARCH	93.838	000013002				20,107	1,026,221
LUNG DISEASES RESEARCH	93.838	RGF008440				(7,302)	1,026,221
LUNG DISEASES RESEARCH	93.838	000014791	UNIVERSITY OF CALIFORNIA, SAN DIEGO	KR 705112		21,644	1,026,221
LUNG DISEASES RESEARCH	93.838	000013767	UNIVERSITY OF SOUTHERN CALIFORNIA	1790 G YA233		1,153	1,026,221
LUNG DISEASES RESEARCH	93.838	RGF011093	UNIVERSITY OF SOUTHERN CALIFORNIA	112046583		35,599	1,026,221
LUNG DISEASES RESEARCH	93.838	000013149	UNIVERSITY OF TEXAS	SA0000802		25,116	1,026,221
BLOOD DISEASES AND RESOURCES RESEARCH	93.839	RCC008981	ALL CHILDREN'S RESEARCH INSTITUTE INC.	ACRI 12-001		1,782	1,024,089
BLOOD DISEASES AND RESOURCES RESEARCH	93.839	000013614	BOSTON CHILDREN'S HOSPITAL	GENFD0002067841		5,135	1,024,089
BLOOD DISEASES AND RESOURCES RESEARCH	93.839	RGF010988	CHILDREN'S HOSPITAL BOSTON	GENFD0001812640		15,377	1,024,089
BLOOD DISEASES AND RESOURCES RESEARCH	93.839	000012930	EMORY UNIVERSITY	A396419		43,535	1,024,089
BLOOD DISEASES AND RESOURCES RESEARCH	93.839	000014563	EMORY UNIVERSITY	A571004		66,520	1,024,089
BLOOD DISEASES AND RESOURCES RESEARCH	93.839	RCZ010987	HARVARD UNIVERSITY	SUB: CHLAR34		6,817	1,024,089
BLOOD DISEASES AND RESOURCES RESEARCH	93.839	000014502	LABCORP DRUG DEVELOPMENT INC.	75A50121C00021		17,928	1,024,089
BLOOD DISEASES AND RESOURCES RESEARCH	93.839	RGF010602			268,820	611,838	1,024,089
BLOOD DISEASES AND RESOURCES RESEARCH	93.839	RGF008095				189,957	1,024,089
BLOOD DISEASES AND RESOURCES RESEARCH	93.839	RGF010679				(4,531)	1,024,089
BLOOD DISEASES AND RESOURCES RESEARCH	93.839	RGF010541	UNIVERSITY OF PITTSBURGH	1R01HL131731-01A1		69,731	1,024,089
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	RCZ011015	ARBOR RESEARCH COLLABORATIVE FOR HEALTH	CHLA1700320		9,320	5,118,799
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	000012794	EPIGEN BIOSCIENCES, INC.	00010721-000012794		22,237	5,118,799
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	000013405	EPIGEN BIOSCIENCES, INC.	000013405		34,698	5,118,799
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	RGF011443	EPIGEN BIOSCIENCES, INC.	1R43DK117758-01A1		204	5,118,799
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	RGF010301	GEORGE WASHINGTON UNIVERSITY	14D03		(3,628)	5,118,799
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	000013064	LURIE CHILDREN'S HOSPITAL OF CHICAGO	901628-CHLA		15,657	5,118,799
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	000013058	MIMETAS	51511		15,003	5,118,799
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	000013097	MOUNT SINAI HOSPITAL	0255-A943-4609		51,805	5,118,799
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	000013440				291,085	5,118,799
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	000013869			19,682	485,978	5,118,799
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	000013912				21,817	5,118,799
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	RGF010398				12,317	5,118,799

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DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	RGF010633			9,858	81,153	5,118,799
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	RGF010633			2,116	2,116	5,118,799
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	TGF010062				158,605	5,118,799
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	TGF011624				218,726	5,118,799
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	000012745			131,383	531,482	5,118,799
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	000012745			3,323	3,323	5,118,799
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	RCZ006416				48	5,118,799
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	RCZ008591				11	5,118,799
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	RGF008571				(8,434)	5,118,799
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	RGF009695				7,114	5,118,799
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	RGF010786			145,231	377,143	5,118,799
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	RGF010990				(19,102)	5,118,799
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	RGF011634			41,343	473,548	5,118,799
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	RGF011634			30,809	30,809	5,118,799
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	RGF011684				904,476	5,118,799
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	RGF011685				(42,402)	5,118,799
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	RGF011799				370,452	5,118,799
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	RGF011923			24,364	375,516	5,118,799
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	RGF012132			11,762	643,262	5,118,799
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	RCX003941	UNIVERSITY OF SOUTH FLORIDA	PROTOCOL: 106320		(6,136)	5,118,799
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	000014202	UNIVERSITY OF CALIFORNIA, DAVIS	A22-2003-502		22,773	5,118,799
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	RCZ010835	UNIVERSITY OF IOWA	PO: 1001920764		258	5,118,799
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	000012886	UNIVERSITY OF SOUTHERN CALIFORNIA	SCON-00003214		10,706	5,118,799
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	RGF010714	UNIVERSITY OF SOUTHERN CALIFORNIA	115956689		18,715	5,118,799
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	RGF011082	UNIVERSITY OF SOUTHERN CALIFORNIA	SUB: 91020523		(2,946)	5,118,799
DIABETES, DIGESTIVE, AND KIDNEY DISEASES EXTRAMURAL RESEARCH	93.847	000012807	VISIONARY PHARMACEUTICALS	110		11,090	5,118,799
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUR	93.853	000012753	COLUMBIA UNIVERSITY	6(GG015970-02)		95,794	778,571
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUR	93.853	000014591	COLUMBIA UNIVERSITY	RAS		37,909	778,571
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUR	93.853	RGF011317				(7,144)	778,571
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUR	93.853	000013147			43,757	207,472	778,571
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUR	93.853	000013147			182	182	778,571
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUR	93.853	000013147			130,254	130,254	778,571
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUR	93.853	000013147			5,150	5,150	778,571
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUR	93.853	000013147			16,624	16,624	778,571
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUR	93.853	000013147			28,749	28,749	778,571
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUR	93.853	000013150			51,337	155,614	778,571
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUR	93.853	000013150			13,122	13,122	778,571
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUR	93.853	000013150			10,867	10,867	778,571
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUR	93.853	000013150			24,850	24,850	778,571

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EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUR	93.853	RCZ009383	UNIVERSITY OF CALIFORNIA, SAN FRANCISCO	SUB: 9797SC		42,100	778,571
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUR	93.853	RCZ011214	UNIVERSITY OF CALIFORNIA, SAN FRANCISCO	SUB: 9797SC		2,448	778,571
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUR	93.853	RGPO09326	UNIVERSITY OF PITTSBURGH	CNVA00050115 (134296-1)		(63)	778,571
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUR	93.853	RGPO11234	UNIVERSITY OF PITTSBURGH	0050115 (131442-5)		(1,301)	778,571
EXTRAMURAL RESEARCH PROGRAMS IN THE NEUROSCIENCES AND NEUR	93.853	000013915	UNIVERSITY OF UTAH	10050533-15/PO#U000300814		15,944	778,571
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	000012804	NATIONAL JEWISH HEALTH	20098205		7,998	3,523,397
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	RGPO09730	MASSACHUSETTS GENERAL HOSPITAL	229712		30,070	3,523,397
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	000013273			3,655	456,955	3,523,397
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	000013273			4,066	4,066	3,523,397
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	000013634			24,857	24,857	3,523,397
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	RCX011801			(11,063)		3,523,397
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	RGF008279			(5)		3,523,397
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	RGF010603			24,996	504,462	3,523,397
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	RGF010603			212,161	212,161	3,523,397
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	RGF010603			17,857	17,857	3,523,397
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	RGF010603			(53,085)	(53,085)	3,523,397
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	RGF010603			239,947	239,947	3,523,397
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	RGF010603			23,903	23,903	3,523,397
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	RGF010603			174,122	174,122	3,523,397
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	RGF010603			60,742	60,742	3,523,397
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	RGPO09260			(925)		3,523,397
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	000013421	ST. JUDE CHILDREN'S HOSPITAL	112525031-8003157		665,192	3,523,397
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	RGPO11522	ST. JUDE CHILDREN'S HOSPITAL	112525040-8078168		799,729	3,523,397
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	000013741	STANFORD UNIVERSITY	62614312-128779		20,537	3,523,397
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	000013425	UNIVERSITY OF CALIFORNIA, LOS ANGELES	1935 G YA536		211,490	3,523,397
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	RGPO08799	UNIVERSITY OF CALIFORNIA, LOS ANGELES	SUB: 8405SC		49	3,523,397
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	RGPO10807	UNIVERSITY OF CALIFORNIA, LOS ANGELES	SUB: 1640GUC175		184	3,523,397
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	000012878	UNIVERSITY OF CALIFORNIA, SAN FRANCISCO	11738SC		3,541	3,523,397
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	000013549	UNIVERSITY OF CALIFORNIA, SAN FRANCISCO	11738SC		15,167	3,523,397
ALLERGY, IMMUNOLOGY AND TRANSPLANTATION RESEARCH	93.855	RGPO10248	UNIVERSITY OF FLORIDA	UFDSPO0011369		115,446	3,523,397
BIOMEDICAL RESEARCH AND RESEARCH TRAINING	93.859	RGPO10518	ST. JUDE CHILDREN'S HOSPITAL	112220019-77		(1,383)	17,028
BIOMEDICAL RESEARCH AND RESEARCH TRAINING	93.859	RGPO11326	UNIVERSITY OF SOUTHERN CALIFORNIA	107581463		18,411	17,028
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	RGPO11097	CHILDREN'S HOSPITAL BOSTON	GSNFD0001752110		3,025	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	000013128	CHILDREN'S HOSPITAL OF PHILADELPHIA	GRT-00001533/PO 20304098		7,240	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	000013316	CHILDREN'S HOSPITAL OF PHILADELPHIA	GRT-00000230 PO20231731		98,506	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	000013927	CHILDREN'S HOSPITAL OF PHILADELPHIA	GRT-00000762/PO# 20241150		67,843	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	RGPO10392	CHILDREN'S HOSPITAL OF PHILADELPHIA	3200870519		(3,559)	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	RGPO11334	CHILDREN'S HOSPITAL OF WISCONSIN	PO#203405445		71,388	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	000013335	CHILDREN'S NATIONAL MEDICAL CENTER	30005566-02		9,329	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	000012790	CINCINNATI CHILDREN'S HOSPITAL MED. CTR.	307942 / P.O.# 3100663968		103,116	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	RGPO10831	FLORIDA STATE UNIVERSITY	R000002665		66,168	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	RGPO12181	FLORIDA STATE UNIVERSITY	R02095		102	5,101,602

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CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	RGPO10625	FRIENDS RESEARCH INSTITUTE INC.	5117718		152,511	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	RGPO12537	MAYO CLINIC	CHI-267654-02/PO 68592578		237,831	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	000013466	MINNESOTA HEALTH SOLUTIONS	MHS22-ETTSECUREMENT2-11		76,772	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	RGPO10810	MINNESOTA HEALTH SOLUTIONS	MHS18-RIPVENT-08		80	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	000013029	NATIONWIDE CHILDREN'S HOSPITAL	700171-0722-00		6,988	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	000013292	NATIONWIDE CHILDREN'S HOSPITAL	700171-0720-00		28,256	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	000013820			10,080	118,599	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	000013820			10,026	10,026	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	000013820			12,870	12,870	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	000014111				124,354	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	000014206			47,682	107,502	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	000014206			35,856	35,856	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	000014839				65,673	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	RGF009124				1,028	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	RGF010326				(1,501)	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	RGF011336			21,063	137,613	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	RGF011336			23,724	23,724	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	RGF012098				90,226	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	RGF012543			4,665	35,450	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	000012747			27,150	57,524	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	000012747			756	756	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	000013317			83,693	111,492	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	000013343			19,173	94,103	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	000013343			14,975	14,975	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	000013367				40,993	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	000013510				327,241	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	000013556			21,444	404,199	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	000013556			33,582	33,582	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	000013556			14,052	14,052	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	000013763			133,590	615,777	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	000013763			110,309	110,309	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	000013763			12,514	12,514	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	000013763			1,934	1,934	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	RGF008963				293,283	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	RGF009152				(248,194)	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	RGF009152			12,091	12,091	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	RGF011226			88,219	146,122	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	RGF011226			136	136	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	RGF011226			2,575	2,575	5,101,602

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CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	RGF011226			92,076	92,076	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	RGF011717			3,308	401,196	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	RGF012063			13,401	540,091	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	TGF011910				170,862	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	RGF011811	NORTHWESTERN UNIVERSITY	60055120 CHLA		5,416	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	000014800	UNIVERSITY NORTH CAROLINA - CHAPEL HILL	5124546		4,493	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	RGF012511	UNIVERSITY OF CALIFORNIA, DAVIS	A17-0003-S005-A02		139,498	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	RSU009388	UNIVERSITY OF CALIFORNIA, DAVIS	SUB: 20160139105		(84,846)	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	000014510	UNIVERSITY OF CALIFORNIA, LOS ANGELES	RAS		35,869	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	RGF011019	UNIVERSITY OF CALIFORNIA, LOS ANGELES	SUB: 1644GVA075		6,508	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	000014417	UNIVERSITY OF CALIFORNIA, SAN FRANCISCO	135285C		2,220	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	000013077	UNIVERSITY OF SOUTHERN CALIFORNIA	134692388		8,102	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	RGF012211	UNIVERSITY OF SOUTHERN CALIFORNIA	115308716		(136)	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	RGF010857	UNIVERSITY OF TEXAS SOUTHWESTERN MED CTR	GMO1 60101/PO# 000000771E		48,394	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	000014489	UNIVERSITY OF UTAH	10058860-01-CHLA		5	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	TGP008588	UNIVERSITY OF UTAH	SUB: 10034012CHLA		(1)	5,101,602
CHILD HEALTH AND HUMAN DEVELOPMENT EXTRAMURAL RESEARCH	93.865	RGF010238	WAYNE STATE UNIVERSITY	WSU17016		(625)	5,101,602
AGING RESEARCH	93.866	000013873	ST. JOSEPH'S HOSPITAL & MEDICAL CENTER	1033372-CHLA		65,859	216,451
AGING RESEARCH	93.866	000013016	UNIVERSITY OF CALIFORNIA, SAN FRANCISCO	118905C		(5,129)	216,451
AGING RESEARCH	93.866	000013871	UNIVERSITY OF NORTH TEXAS HEALTH SCIENCE	RF00105-2021-0213		100,321	216,451
AGING RESEARCH	93.866	000013768	UNIVERSITY OF SOUTHERN CALIFORNIA	142621931		55,400	216,451
VISION RESEARCH	93.867	000014056				55,462	304,237
VISION RESEARCH	93.867	RGF009411				11,252	304,237
VISION RESEARCH	93.867	TGF012129				212,073	304,237
VISION RESEARCH	93.867	RGF010247	UNIVERSITY OF SOUTHERN CALIFORNIA	79612331		25,450	304,237
MEDICAL LIBRARY ASSISTANCE	93.879	000013999	UNIVERSITY OF SOUTHERN CALIFORNIA	SCON-00003098		8,892	8,892
<b>TOTAL DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>					<b>6,781,759</b>	<b>41,708,309</b>	
<b>ENVIRONMENTAL PROTECTION AGENCY</b>							
SCIENCE TO ACHIEVE RESULTS (STAR) RESEARCH PROGRAM	66.509	RGF010505	COLUMBIA UNIVERSITY	1GG011044-06		(8)	(8)
<b>TOTAL ENVIRONMENTAL PROTECTION AGENCY</b>						<b>(8)</b>	
<b>NATIONAL SCIENCE FOUNDATION</b>							
SOCIAL, BEHAVIORAL, AND ECONOMIC SCIENCES	47.075	RGF011947	UNIVERSITY OF VIRGINIA	GA11335.PO#2130608		(34)	(34)
<b>TOTAL NATIONAL SCIENCE FOUNDATION</b>						<b>(34)</b>	
<b>TOTAL RESEARCH AND DEVELOPMENT CLUSTER</b>					<b>6,829,164</b>	<b>42,619,825</b>	

**CHILDREN'S HOSPITAL LOS ANGELES  
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
FOR THE YEAR ENDED JUNE 30, 2022**

Federal Awarding Agency/ Program Title	Federal CFDA Number	Additional Award Identification (Optional)	Name of Funder Pass Through Entity	Identifying Number Assigned by Funder Pass-Through Entity	Total Amount Provided to Sub-recipient	Federal Expenditure	Federal Program Total
<b>HEALTH CENTER PROGRAM CLUSTER</b>							
<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>							
CONSOLIDATED HEALTH CENTERS (COMMUNITY HEALTH CENTERS, MIGR/	93.224	000012931	NORTHEAST VALLEY HEALTH CORPORATION	HOMELESS NETWORK-2020		(204)	438,859
CONSOLIDATED HEALTH CENTERS (COMMUNITY HEALTH CENTERS, MIGR/	93.224	000013295	NORTHEAST VALLEY HEALTH CORPORATION	H80CS00139		251,345	438,859
CONSOLIDATED HEALTH CENTERS (COMMUNITY HEALTH CENTERS, MIGR/	93.224	000014108	NORTHEAST VALLEY HEALTH CORPORATION	H80CS00139		101,844	438,859
CONSOLIDATED HEALTH CENTERS (COMMUNITY HEALTH CENTERS, MIGR/	93.224	000014693	NORTHEAST VALLEY HEALTH CORPORATION	H80CS00139		107,293	438,859
CONSOLIDATED HEALTH CENTERS (COMMUNITY HEALTH CENTERS, MIGR/	93.224	SGP012121	NORTHEAST VALLEY HEALTH CORPORATION	H80CS00139		(21,419)	438,859
MENTAL AND BEHAVIORAL HEALTH EDUCATION AND TRAINING GRANTS	93.732	000014387				67,030	69,349
MENTAL AND BEHAVIORAL HEALTH EDUCATION AND TRAINING GRANTS	93.732	000014793				2,319	69,349
<b>TOTAL DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>						<b>508,208</b>	
<b>TOTAL HEALTH CENTER PROGRAM CLUSTER</b>						<b>508,208</b>	
<b>PROGRAMS NOT CLUSTERED:</b>							
<b>PROVIDER RELIEF FUND:</b>							
<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>							
COVID-19 PROVIDER RELIEF FUND	93.498					<b>99,007,294</b>	<b>99,007,294</b>
<b>OTHER PROGRAMS NOT CLUSTERED:</b>							
<b>DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>							
BLOOD DISORDER PROGRAM: PREVENTION, SURVEILLANCE, AND RESEAR	93.080	000013588	CENTER FOR COMPREHENSIVE CARE & DIAGNOSI	CIBDIX2020CDC-CHLA-01		31,207	31,207
AFFORDABLE CARE ACT (ACA) PERSONAL RESPONSIBILITY EDUCATION PR	93.092	000014172				165,094	622,571
AFFORDABLE CARE ACT (ACA) PERSONAL RESPONSIBILITY EDUCATION PR	93.092	SGF009994			240,625	457,477	622,571
EMERGENCY MEDICAL SERVICES FOR CHILDREN	93.127	000012740	SEATTLE CHILDREN'S RESEARCH INSTITUTE	12677SUB		126,055	218,458
EMERGENCY MEDICAL SERVICES FOR CHILDREN	93.127	000014468	SEATTLE CHILDREN'S RESEARCH INSTITUTE	12677SUB		92,403	218,458
COORDINATED SERVICES AND ACCESS TO RESEARCH FOR WOMEN, INFAN	93.153	SCG010926	UNIVERSITY OF CALIFORNIA, LOS ANGELES	1650 G VA385		68,942	68,942
HEALTH EDUCATION TRAINING CENTERS CONTINUING EDUCATIONAL SUF	93.189	000012972	BOSTON CHILDREN'S HOSPITAL	K08HS26503		1,802	1,802
GRADUATE PSYCHOLOGY EDUCATION PROGRAMS	93.191	TGF012333				423,645	423,645
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES_PROJECTS OF REGIOI	93.243	SGF010950				440,616	1,803,182
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES_PROJECTS OF REGIOI	93.243	000012875	SUBSTANCE ABUSE AND MENTAL HEALTH SVCS.	1H79SM082875-01		429,200	1,803,182
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES_PROJECTS OF REGIOI	93.243	SGF011354				593,478	1,803,182
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES_PROJECTS OF REGIOI	93.243	SGF012204				334,876	1,803,182
SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES_PROJECTS OF REGIOI	93.243	TGP010582	SUFFOLK UNIVERSITY	SUB: 165603610213		5,012	1,803,182
Immunization Cooperative Agreements	93.268	000014707	L.A. COUNTY DEPT. OF PUBLIC HEALTH	PH-004716	5,000	490,000	505,000
Immunization Cooperative Agreements	93.268	000014707	L.A. COUNTY DEPT. OF PUBLIC HEALTH	PH-004716	5,000	5,000	505,000
Immunization Cooperative Agreements	93.268	000014707	L.A. COUNTY DEPT. OF PUBLIC HEALTH	PH-004716	5,000	5,000	505,000
Immunization Cooperative Agreements	93.268	000014707	L.A. COUNTY DEPT. OF PUBLIC HEALTH	PH-004716	5,000	5,000	505,000
PUBLIC HEALTH SERVICE EVALUATION FUNDS	93.343	000013363			387,180	789,488	789,488
NURSE EDUCATION, PRACTICE QUALITY AND RETENTION GRANTS	93.359	TGP011640	ALTAMED HEALTH SERVICES CORPORATION	TGP011640		53,912	53,912

CHILDREN'S HOSPITAL LOS ANGELES  
SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS  
FOR THE YEAR ENDED JUNE 30, 2022

Federal Awarding Agency/ Program Title	Federal CFDA Number	Additional Award Identification (Optional)	Name of Funder Pass Through Entity	Identifying Number Assigned by Funder Pass-Through Entity	Total Amount Provided to Sub-recipient	Federal Expenditure	Federal Program Total
UNIVERSITY CENTERS FOR EXCELLENCE IN DEVELOPMENTAL DISABILITIES	93.632	000013916				38,449	698,991
UNIVERSITY CENTERS FOR EXCELLENCE IN DEVELOPMENTAL DISABILITIES	93.632	000014267				54,584	698,991
UNIVERSITY CENTERS FOR EXCELLENCE IN DEVELOPMENTAL DISABILITIES	93.632	000014526				3,682	698,991
UNIVERSITY CENTERS FOR EXCELLENCE IN DEVELOPMENTAL DISABILITIES	93.632	000014528				2,389	698,991
UNIVERSITY CENTERS FOR EXCELLENCE IN DEVELOPMENTAL DISABILITIES	93.632	000014778				1,244	698,991
UNIVERSITY CENTERS FOR EXCELLENCE IN DEVELOPMENTAL DISABILITIES	93.632	SGF010830				598,643	698,991
NATIONAL BIOTERRORISM HOSPITAL PREPAREDNESS	93.889	8887-Bioterrorism				559,373	559,373
HIV Emergency Relief Project Grants	93.914	SCS007752	LOS ANGELES COUNTY	PH-003743		3,124	3,124
HIV PREVENTION ACTIVITIES HEALTH DEPARTMENT BASED	93.940	SCG010256	CALIF DEPT OF HEALTH SERVICES	PH-003081-W1		7	780,849
HIV PREVENTION ACTIVITIES HEALTH DEPARTMENT BASED	93.940	SCS009399	L.A. COUNTY DEPT. OF PUBLIC HEALTH	PH-003436	155,012	779,192	780,849
HIV PREVENTION ACTIVITIES HEALTH DEPARTMENT BASED	93.940	SCS006549	OFFICE OF AIDS PROGRAMS AND POLICY	PH0008081		1,650	780,849
BLOCK GRANTS FOR COMMUNITY MENTAL HEALTH SERVICES	93.958	000013370	SIERRA HEALTH FOUNDATION	CA20MAT190		1,206	1,206
BLOCK GRANTS FOR PREVENTION AND TREATMENT OF SUBSTANCE ABUS	93.959	SCG012415	LOS ANGELES COUNTY	H-707261/PH-003826		262,473	680,416
BLOCK GRANTS FOR PREVENTION AND TREATMENT OF SUBSTANCE ABUS	93.959	SCG012432	LOS ANGELES COUNTY	PH-002767		306,926	680,416
BLOCK GRANTS FOR PREVENTION AND TREATMENT OF SUBSTANCE ABUS	93.959	SCG012448	LOS ANGELES COUNTY	PH-003947		111,017	680,416
MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT TO THE STATES	93.994	000013344	CALIFORNIA DEPT. OF PUBLIC HEALTH	20-10576		222,825	221,070
MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT TO THE STATES	93.994	SCS010578	CALIFORNIA DEPT. OF PUBLIC HEALTH	17-10133A01		(1,995)	221,070
MATERNAL AND CHILD HEALTH SERVICES BLOCK GRANT TO THE STATES	93.994	SCS011659	CALIFORNIA DEPT. OF PUBLIC HEALTH	17-10133		240	221,070
<b>TOTAL DEPARTMENT OF HEALTH AND HUMAN SERVICES</b>						802,817	7,463,236
<b>DEPARTMENT OF JUSTICE</b>							
CRIME VICTIM ASSISTANCE	16.575	000013135	CAL OES (OFFICE OF EMERGENCY SERVICES)	HX20 19 1185		(7,327)	364,742
CRIME VICTIM ASSISTANCE	16.575	000013135	CAL OES (OFFICE OF EMERGENCY SERVICES)	HX20 19 1185	10,833	10,833	364,742
CRIME VICTIM ASSISTANCE	16.575	000013880	CAL OES (OFFICE OF EMERGENCY SERVICES)	HX21201185	3,759	241,712	364,742
CRIME VICTIM ASSISTANCE	16.575	000013880	CAL OES (OFFICE OF EMERGENCY SERVICES)	HX21201185	119,166	119,166	364,742
CRIME VICTIM ASSISTANCE	16.575	SGG012501	CAL OES (OFFICE OF EMERGENCY SERVICES)	HX21201185		358	364,742
<b>TOTAL DEPARTMENT OF JUSTICE</b>						133,758	364,742
<b>TOTAL OTHER PROGRAMS NOT CLUSTERED</b>						936,575	7,827,978
<b>TOTAL PROGRAMS NOT CLUSTERED</b>						936,575	106,835,272
<b>TOTAL EXPENDITURE OF FEDERAL AWARDS</b>						7,765,739	149,963,305

# CHILDREN'S HOSPITAL LOS ANGELES

## NOTES TO THE SCHEDULE OF EXPENDITURES OF FEDERAL AWARDS FOR THE YEAR ENDED JUNE 30, 2022

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### 1. BASIS OF PRESENTATION

The schedule of expenditures of federal awards includes federal grant activity under federal government programs of Children's Hospital of Los Angeles ("Hospital") for the year ended June 30, 2022. The information in this schedule is presented in accordance with the requirements of Title 2 US *Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*. Therefore, some amounts presented in this schedule may differ from amounts presented in, or used in the preparation, of the general-purpose financial statements.

### 2. EQUIPMENT EXPENDITURES

All capital expenditures are charged in the period in which the expenditure is incurred or as otherwise determined appropriate by and negotiated with the awarding agency.

### 3. PASS-THROUGH AWARDS

The Hospital receives certain federal awards from pass-through agencies where the amounts are commingled by the pass-through agency with other nonfederal funds and cannot be separately identified. The total amount of pass-through awards is included in the schedule of expenditures of federal awards.

### 4. SUBRECIPIENTS

The Hospital also provided federal awards to subrecipients, of which the amounts are presented in the schedule of expenditures of federal awards.

### 5. INDIRECT RATE

The Hospital has not elected to use 10% de minimis indirect cost rate.

### 6. CREDIT BALANCES

Net credit balances in the expenditures column are the result of timing differences from effective dates of awards to when the Hospital receives award notices, delays in receiving no-cost extensions, and supplemental expenditures and do not represent overbillings or overpayments on such awards. As a result of these circumstances, total federal expenditures of \$149,963,305 is shown net of \$1,681,590 of credit balances for the year ended June 30, 2022.

### 7. PROVIDER RELIEF FUNDS

Provider Relief Funds (CFDA 93.498)—The Hospital recognized revenue for reimbursements of expenditures and lost revenues from the US Department of Health and Human Services (HHS) pursuant to the Coronavirus Aid, Relief, and Economic Security Act (the "CARES Act") provider relief fund (PRF) program totaling \$27.1 million and \$97.5 million during the years ended June 30, 2022 and 2021, respectively. Based on HHS post-payment notice of reporting requirements, the Hospital submitted, on March 21, 2022, through the PRF reporting portal a total of \$ 4 million of PRF expenditures and \$



95 million of lost revenues for payments received during reporting period 2 (defined by HHS as the period from July 1, 2020, through December 31, 2020, with a deadline to use the funds by December 31, 2021, and a deadline to submit through the reporting portal by March 31, 2022, respectively. No payments were received during the reporting period 3. Any payments received subsequent to June 30, 2021, are subject to inclusion in the PRF reporting portal and in the schedule of expenditures of federal awards in periods subsequent to the Hospital's fiscal year ended June 30, 2022, with the next reporting period 4 defined by HHS as the period from July 1, 2021, through December 31, 2021, with a deadline to use the funds by December 31, 2022, and a deadline to submit through the reporting portal by March 31, 2023.

\* \* \* \* \*

## **INDEPENDENT AUDITOR'S REPORT ON INTERNAL CONTROL OVER FINANCIAL REPORTING AND ON COMPLIANCE AND OTHER MATTERS BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH *GOVERNMENT AUDITING STANDARDS***

To the Board of Directors of  
Children's Hospital Los Angeles:

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to consolidated financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the consolidated financial statements of Children's Hospital Los Angeles and its subsidiaries (the "Hospital"), which comprise the consolidated balance sheet as of June 30, 2022, and the related consolidated statements of activities, changes in net assets, and cash flows for the year then ended, and the related notes to the consolidated financial statements, and have issued our report thereon dated November 16, 2022.

### **Report on Internal Control over Financial Reporting**

In planning and performing our audit of the consolidated financial statements, we considered the Hospital's internal control over financial reporting ("internal control") to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control. Accordingly, we do not express an opinion on the effectiveness of the Hospital's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the Hospital's consolidated financial statements will not be prevented or detected and corrected on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

### **Report on Compliance and Other Matters**

As part of obtaining reasonable assurance about whether the Hospital's consolidated financial statements are free from material misstatement, we performed tests of their compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of consolidated financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit,

and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

**Purpose of this Report**

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of the Hospital's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the Hospital's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Deloitte + Touche WP

November 16, 2022

## **INDEPENDENT AUDITOR'S REPORT ON COMPLIANCE FOR EACH MAJOR FEDERAL PROGRAM; AND REPORT ON INTERNAL CONTROL OVER COMPLIANCE**

To the Board of Directors of  
Children's Hospital Los Angeles:

### **Report on Compliance for Each Major Federal Program**

#### ***Opinion on Each Major Federal Program***

We have audited Children's Hospital Los Angeles (the "Hospital") compliance with the types of compliance requirements described in the US Office of Management and Budget *OMB Compliance Supplement* that could have a direct and material effect on each of the Hospital's major federal programs for the year ended June 30, 2022. The Hospital's major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

In our opinion, the Hospital complied, in all material respects, with the compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2022.

#### ***Basis for Opinion on Each Major Federal Program***

We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America (GAAS); the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States (*Government Auditing Standards*); and the audit requirements of Title 2 US Code of Federal Regulations Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditor's Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of the Hospital and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of Hospital's compliance with the compliance requirements referred to above.

#### ***Responsibilities of Management for Compliance***

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules and provisions of contracts or grant agreements applicable to its federal programs.

#### ***Auditor's Responsibilities for the Audit of Compliance***

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an

opinion on Hospital's compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and, therefore, is not a guarantee that an audit conducted in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material, if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about Hospital's compliance with the requirements of each major federal program as a whole.

In performing an audit in accordance with GAAS, *Government Auditing Standards*, and the Uniform Guidance, we

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding Hospital's compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of Hospital's internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of Hospital's internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

### **Report on Internal Control Over Compliance**

*A deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis.

*A significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the Auditor's Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material

weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

*Deloitte + Touche UP*

November 16, 2022

# CHILDREN'S HOSPITAL LOS ANGELES

## SCHEDULE OF FINDINGS AND QUESTIONED COSTS FOR THE YEAR ENDED JUNE 30, 2022

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### SECTION I—SUMMARY OF AUDITOR'S RESULTS

#### Financial Statements

Type of auditor's report issued: Unqualified

Internal control over financial reporting:

- Material weakness(es) identified? \_\_\_\_\_ Yes \_\_\_\_\_ ☒ No
- Significant deficiency(ies) that are not considered to be material weaknesses? \_\_\_\_\_ Yes \_\_\_\_\_ ☒ None reported
- Noncompliance material to consolidated financial statements noted? \_\_\_\_\_ Yes \_\_\_\_\_ ☒ No

#### Federal Awards

Internal control over major programs:

- Material weakness(es) identified? \_\_\_\_\_ Yes \_\_\_\_\_ ☒ No
- Significant deficiency(ies) that are not considered to be material weaknesses? \_\_\_\_\_ Yes \_\_\_\_\_ ☒ None reported

Type of auditor's report issued on compliance for major programs: Unqualified

- Any audit findings disclosed that are required to be reported in accordance with Section 510(a) of OMB (*Office of Management and Budget*) *Uniform Grant Guidance*? \_\_\_\_\_ Yes \_\_\_\_\_ ☒ No

Identification of major programs:

#### CFDA Number(s)

#### Name of Federal Program or Cluster

93.498

Provider Relief Fund

Dollar threshold used to distinguish between Type A and Type B programs

\$3,000,000

- Auditee qualified as low risk auditee \_\_\_\_\_ ☒ Yes \_\_\_\_\_ No

### SECTION II—FINANCIAL STATEMENT FINDINGS

None noted.

### **SECTION III—FEDERAL AWARD FINDINGS AND QUESTIONED COSTS**

None noted.

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