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Form **990** 

Department of the Treasury Internal Revenue Service

### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

2008

Open to Public
Inspection

A Fo	or the 2	2008 ca	lendar yea	r, or tax year beginning 07-01-2008	and ending 06-30-200	9						
	eck if ap		Please	C Name of organization			D Employer id	entification number				
_	dress cha		use IRS	RADY CHILDRENS HOSPITAL FOUNDATION	33-017062	26						
_	me chan	-	label or print or	Doing Business As			E Telephone n					
_		-	type. See				(858) 966-	5925				
_	tıal retur		Specific Instruc-	Number and street (or P O box if mail is 3020 CHILDRENS WAY MC 5001	not delivered to street addre	ess) Room/su	uto	<b>ts</b> \$ 25,353,409				
Te	mınatıoı	n	tions.	5020 CHILDRENS WAT INC 3001								
- Am	nended r	eturn		City or town, state or country, and ZIP +	4	•						
— Ар	plication	pending		SAN DIEGO, CA 92123								
		i	F Nar	ne and address of Principal Officer		H(a) To	*h.c					
				en Dooley Sellick		1	this a group returr iliates?	Yes V No				
				Childrens Way				,				
. То		nt status		ego,CA 92123 )(3) ◀(Insert no)		H(b) Are	e all affiliates includ	ed?				
[ la	ıx-exem	pt status	<b>JV</b> 501(c	(3) <b>=</b> (insert no )   4947(a)(1) or	527			: See instructions )				
W	eb site	e: 🕨 WW	W RCHSD	O RG		H(c) G	roup Exemption Nu	ımber 🟲				
						<u> </u>						
∢ Тур	e of org	anızatıon	Corporat	ion trust association other 🟲		<b>L</b> Year of	Formation 1986 M	State of legal domicile CA				
Pa	rt I	Sumi	mary									
				e organization's mission or most sig	nıfıcant actıvıtıes							
		Fundrai	sing for Ra	dy Children's Hospital - San Diego a	and Rady Childrens Hos	nital and H	ealth Center - San	Diedo				
2			5g . 6	a, e.maren e mespitar e an erege a		prediction of the		2.090				
₹												
<u>=</u>		C    - 1		.6.1.		. <b></b>	- 350/ -f.t	_				
aovemance			,	if the organization discontinued its o								
				nembers of the governing body (Part				46				
ē	4	Number	ofindeper	ident voting members of the governi	ng body (Part VI, line 1	b)	4 .	44				
₿	5	Total nu	ımber of er	nployees (Part V , line 2a)			5 _	0				
ACIIVIIIes &	6	Total nu	umber of vo	lunteers (estimate if necessary) .			6 _	0				
Ť	7a	Total gr	oss unrela	ted business revenue from Part VIII	I, line 12, column (C)		7a _	0				
	ь	Net unr	elated busi	ness taxable income from Form 990	-T, line 34		7b	0				
							Prior Year	Current Year				
	8	Contri	butions and	d grants (Part VIII, line 1h)			15,642,444	25,266,904				
₫	9			revenue (Part VIII, line 2g)			0	0				
Ravenu	10			ne (Part VIII, column (A), lines 3, 4		0	0					
å	11			art VIII, column (A), lines 5, 6d, 8c			-264,813	-429,452				
	12		-	dd lines 8 through 11 (must equal Pa		_	201,025	123,132				
		12)					15,377,631	24,837,452				
	13	Grants	and simila	ar amounts paid (Part IX, column (A)	), lınes 1–3)		12,266,579	17,187,777				
	14	Benefi	ts paid to c	or for members (Part IX, column (A),	line 4)		0	0				
	15	Saları	es, other co	ompensation, employee benefits (Pai	rt IX, column (A), lines	5 –						
\$		10)	,	, , , , , , , , , , , , , , , , , , , ,	, , , , , ,		2,813,552 3,442					
Expenses	16a	Profes	sıonal fund	raising fees (Part IX, column (A), lin	ne 11e)		0	0				
ੜੇ	ь	(Total f	undraising ex	penses, Part IX, column (D), line 25 <u>4,459,</u> 8	52 )							
ш	17			Part IX, column (A), lines 11a-11d			1,711,650	1,805,793				
	18		-	add lines 13–17 (must equal Part II	•		16,791,781	22,435,618				
	19			penses Subtract line 18 from line 12			-1,414,150	2,401,834				
æ 07 3e 04	+	7 611	1033 EV	Table 12	-	Doc:	nning of Year	End of Year				
net Assets or Fund Balances		_				begi						
34	20		•	t X, line 16)			22,482,885	28,400,037				
ŽŽ.	21	Total I	ıabılıtıes (F	Part X, line 26)			5,241,842	0				
žŽ	22	Netas	sets or fun	d balances Subtract line 21 from lir	ne 20		17,241,043	28,400,037				
Pa	rt II	Sign	ature Bl	ock								
		Under p	enalties of pe	rjury, I declare that I have examined this re	eturn, including accompanying	schedules ar	nd statements, and to	the best of my knowledge				
		and beli	ef, it is true,	correct, and complete Declaration of prepare	er (other than officer) is base	ed on all infor	mation of which prepai	rer has any knowledge				
Plea		IN					010-05-12					
Sigr Her		Signa	ature of office	er	ate							
101	-		leen Sellick (									
		Туре	or print nam	e and title								
		Preparer	s			Check If	Preparer's PTIN	(See Gen Inst )				
Paid		signature			self- empolyed 🕨	<b>-</b>						
	arer's	Firm's na	ame (or your			. /	<u>'</u>					
•	Only	ıf self-er	nployed),	yed),								
	,	address,	and ZIP + 4	-			Phone no 🕨					
							Phone no F					
/ av	the TDS	S die cue	c thic ratii	rn with the preparer shown above? (	Eas instructions \			Eves ENe				

Cat No 11282Y

#### Part III Statement of Program Service Accomplishments (See the instructions.)

1	Briefly describe the organiz Fundraising for Rady Child		ady Childrens Hospital and Health Center - S	San Diego	
	Did the average trans			and the state of t	
2	the prior Form 990 o	r 990-EZ?	program services during the year wh		res ✓ No
_		ese new services on Sched			
3	services?		significant changes in how it conduct	ets any program	Yes 🔽 No
	If "Yes," describe the	ese changes on Schedule (	)		
4	Section 501(c)(3) ai	nd (4) organizations and 49	r each of the organization's three larg 947(a)(1) trusts are required to repo for each program service reported		
4a	(Code Fundraising Programs S and Health Center - Sai	Solicitation and fundraising in sup	17,187,777 including grants of \$ sport of programs, projects and services of R	17,187,777 ) (Revenue \$ ady Childrens Hospital - San Diego	86,505 ) and Rady Childrens Hospital
	(6-1-	V.F. managa A		) (Davanus t	
4Ь	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d		vices (Describe in Schedu		2.) (D	
40	(Expenses \$		ng grants of \$ (	) (Revenue \$	0 )

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
5	Section $501(c)(4)$ , $501(c)(5)$ , and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Yes	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		Νο
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part $I$	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Νο
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and $III$	22		Νο
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		N o
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

#### Part IV Checklist of Required Schedules (Continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
	IV	28a		No
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		No
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? <i>If</i> "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35	Yes	
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	37		No

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	<b>1a</b> 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements filed for the calendar year ending with or within the year covered by this			
	return			
Ь	If at least one is reported in 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this			
	return?	3a		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		l No
b				
-	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1,</b> <i>Report of Foreign Bank and</i>			
	Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			
	Tax Shelter Transaction?	5с		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	٠.		
_	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	<b>-</b> -	V	
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a	Yes	
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to			
	file Form 8282?	7с		Νο
d	If "Yes," indicate the number of Forms 8282 filed during the year			
_	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
_	benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νo
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	Yes	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as		.,	
_	required?	7h	Yes	
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			
	excess business holdings at any time during the	8		
	year?			 I
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	0-		
_	Did the organization make any taxable distributions under section 4966?	9a 9b		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	90		
10	Section 501(c)(7) organizations. Enter  Initiation fees and capital contributions included on Part VIII, line 12   10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club			
D	facilities			
11	Section F01/cV12) organizations. Enter			
	Section 501(c)(12) organizations Enter  Gross uncome from members or shareholders			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year   12b			

8

Section A. Governing Body and Management

No

Νo

Νo

Νo

Νo

Νo

Νo

Yes

2

3

4

5

6

7a

7Ь

## Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below processes, or changes in Schedule O. See instructions.	v, desc	ribe the circumstances,
•	Enter the number of voting members of the governing body	1a	4.0

b	Enter the number of voting members that are independent	1b	44
	Did any officer, director, trustee, or key employee have a family relationship or a bu		· · · · · · · · · · · · · · · · · · ·

Did the organization delegate control over management duties customarily performed by or under the direct
supervision of officers, directors or trustees, or key employees to a management company or other person?

•		•		,	•	•	•	•		•		
Did the or	ganızatıon m	nake any s	gnificant	changes	toı	its o	organizationa	I documents	since	the prio	r Form	990 wa
filed? .												

;	Did the organization become aware during the year of a material diversion of the organization's assets?		ļ
:	Does the organization have members or stockholders?		

	J																								
	Does the organiza	tıor	ha،	ve r	men	nbe	rs, s	toc	khc	lder	s, o	roth	erp	ersons	who	may	ele	cton	е о	r m	ore	mer	nbe	rs of	fthe
	governing body?																								
h	Are any decisions	of t	ho d	70V	۵rn	ına	hod	v c i	ıhıa	ct to	n an	nrov	al h	v mam	hare	etor	kho	ldarc	0.1	r ot	har	narc	nne	. 🤈	

_	Are any decisions of the governing body subject to approval by members, stockholders, of other persons.
	Did the organization contemporaneously document the meetings held or written actions undertaken during the
	year by the following

	year by the following		•		•			-						•	
а	the governing body?		_												

b	each committee with authority to act on behalf of the governing body?	•	•	•	•	•	•	•	•	•
9a	Does the organization have local chapters, branches, or affiliates? .									

Ь	If "Yes," does the organization have written policies and procedures governing the activities of su	ch	cha	pter	·s,
	affiliates, and branches to ensure their operations are consistent with those of the organization?				

10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations
	must describe in Schedule O the process, if any, the organization uses to review the Form 990

11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

8a	Yes	
8b	Yes	
9a		Νο
9b		
10	Yes	
11		Νο

Yes

#### Section B. Policies

		Yes	No
Does the organization have a written conflict of interest policy? If "No", go to line 13 $\cdot$ .	12a	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
Does the organization have a written whistleblower policy?	13	Yes	
Does the organization have a written document retention and destruction policy?	14	Yes	
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
The organization's CEO, Executive Director, or top management official?	15a	Yes	
Other officers or key employees of the organization?	15b	Yes	
Describe the process in Schedule O			
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Does the organization have a written conflict of interest policy? If "No", go to line 13 .  Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

#### Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed CA
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website. I another's website.
  - L9 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization RADY CHILDREN'S HOSPITAL AND HEALTH CENTER SAN DIEGO 3020 CHILDRENS WAY MC5001 SAN DIEGO, CA 921234282 (858) 966-5925

## Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

Check this box if the organization did not compensate any officer, director, trustee or key employee

- \* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- \* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- \* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- \* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

The check this box in the organization and i	·	Posit	(C	) chec	:k al				(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Chrector	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
							_			

Part VII Continued

				(ition that a			all			(E)	(F	)
	<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trust <del>on</del> or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estim amount of compen from organizat relat organiz	of other sation the ion and ed
<del></del>												
1b	Total			_				<u> </u>	903,26	2 789,61 <sup>2</sup>	8	423,735
2												
2	Total number of individuals (including compensation from the organization		a) who	recei	ved	mor	e thar	າ \$1	00,000 in reportab	le		
			a) who	recei	ved	mor	e thar	n \$1	00,000 in reportab	le	Yes	No
3		officer, direc	ctor or t	ruste	e, k	ey e	mploy	/ee,	or highest compen			
	Did the organization list any <b>former</b> on line 1a? <i>If</i> " <i>Yes</i> ," <i>complete Schedu</i> For any individual listed online 1a, i organization and related organization	officer, directle of the such sthe sum of	tor or t	ruste <i>ual</i> . ble c	e, k	ey e	mploy • • ation	/ee, • and	or highest compen	sated employee	3	No No
3	Did the organization list any <b>former</b> on line 1a? If "Yes," complete Scheduter organization and related organization and	officer, directle Jerosuch s the sum of this greater the sum of th	ctor or t Individu reporta nan \$15	ruste <i>ual</i> ble c	e, k • • omp 0? ;	ey e • •ens !f "Y	employ ation 'es," co	ee, and omp	or highest compen  other compensatio  lete Schedule J for s	sated employee  n from the		
3	Did the organization list any <b>former</b> on line 1a? <i>If</i> " <i>Yes</i> ," <i>complete Schedu</i> For any individual listed online 1a, i organization and related organization	officer, directive J for such sthe sum of this greater the sum of	ctor or t Individu reporta nan \$15 • •	ruste ual ble c 0,00	e, k omp 0? i	ey e • • • • • •	ation (es," co	ee, and omp	or highest compen  other compensatio  lete Schedule J for solution  elated organization	sated employee  n from the uch for services	3	
3 4 5	Did the organization list any <b>former</b> on line 1a? If "Yes," complete Schedu For any individual listed online 1a, i organization and related organization individual	officer, directive Jernal of Sthe Sum of Sum	ctor or t Individu reporta nan \$15 • •	ruste ual ble c 0,00	e, k omp 0? i	ey e • • • • • •	ation (es," co	ee, and omp	or highest compen  other compensatio  lete Schedule J for solution  elated organization	sated employee  n from the uch for services	3 Yes	No
3 4 5	Did the organization list any <b>former</b> on line 1a? If "Yes," complete Schedu For any individual listed online 1a, i organization and related organization individual	officer, directile J for such sthe sum of the sum of th	reportanan \$15	ruste ual ble c 0,00 e ensa	omp 07 i	ey e ens [f "Y froi	employ ation 'es," co many erson	and omp	or highest compen  other compensatio lete Schedule J for s  other compensation	sated employee  n from the  uch for services	3 Yes	No
3 4 5	Did the organization list any <b>former</b> on line 1a? If "Yes," complete Schedus For any individual listed online 1a, in organization and related organization and related organization and related organization.  Did any person listed on line 1a recordered to the organization? If "Yestetion B. Independent Contrast Complete this table for your five high \$100,000 of compensation from the	officer, directile J for such sthe sum of the sum of th	reportanan \$15 ue comp Schedula	ruste ual ble c 0,00 e ensa	omp 07 i	ey e ens [f "Y froi	employ ation 'es," co many erson	and omp	or highest compensation other compensation of the schedule J for selected organization of the schedule	sated employee  n from the  uch for services	3 Yes	No
3 4 5	Did the organization list any <b>former</b> on line 1a? If "Yes," complete Schedus For any individual listed online 1a, in organization and related organization and related organization and related organization.  Did any person listed on line 1a recordered to the organization? If "Yestetion B. Independent Contrast Complete this table for your five high \$100,000 of compensation from the	officer, directive J for such sthe sum of the sum of th	reportanan \$15 ue comp Schedula	ruste ual ble c 0,00 e ensa	omp 07 i	ey e ens [f "Y froi	employ ation 'es," co many erson	and omp	or highest compensation other compensation of the schedule J for selected organization of the schedule	sated employee  n from the  uch  for services  re than	3 Yes	No No
3 4 5	Did the organization list any <b>former</b> on line 1a? If "Yes," complete Schedus For any individual listed online 1a, in organization and related organization and related organization and related organization.  Did any person listed on line 1a recordered to the organization? If "Yestetion B. Independent Contrast Complete this table for your five high \$100,000 of compensation from the	officer, directive J for such sthe sum of the sum of th	reportanan \$15 ue comp Schedula	ruste ual ble c 0,00 e ensa	omp 07 i	ey e ens [f "Y froi	employ ation 'es," co many erson	and omp	or highest compensation other compensation of the schedule J for selected organization of the schedule	sated employee  n from the  uch  for services  re than	3 Yes	No No

Part	
VIII	

State	me	nt d	o f	Re	ve	nu
-------	----	------	-----	----	----	----

					(A) Total Revenue	(B) Related or Exempt Function Revenue	<b>(C)</b> Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
<u>≈</u> ≈	1a	Federated camp	paigns 1a	537,041				314
gifts, grants ilar amounts	ь	Membership du	es	0				
£.g	c	Fundraising eve	nts 1c	646,385				
£ E	d	Related organiz	ations 1d	0				
% E	e	Government grants	(contributions) <b>1e</b>	0				
<u>≅</u> .≅	f		ns, gifts, grants, and <b>1f</b>	24,083,478				
돌		similar amounts no	t included above butions included in					
	g		1,251,680					
Contributions, gand other simil	h		s 1a-1f)	•	25,266,904			
				Business Code				
E E	2a							
er.	ь							
<u>7</u> 2≝	c							
Ş	d							
Š	e							
Program Serwce Revenue	f	All other progra	m service revenue					
Š	g	Total. Add lines	2a-2f	*				
	3	Investment inc	ome (including dividen	ds, interest				
			nounts)					
	4		tment of tax-exempt bond					
	5	Royalties						
	_		(ı) Real	(II) Personal				
	6a b	Gross Rents Less rental						
		expenses	0					
	C	Rental income or (loss)	<u>-</u>	0				
	d	Net rental incor	me or (loss)	•				
	l_	C	(ı) Securities	(II) O ther				
	7a	Gross amount from sales of						
		assets other than inventory						
	Ь	Less cost or other basis and						
		sales expenses Gain or (loss)	0	0				
	c d	` '	s)	<u> </u>				
	8a	Gross income fr						
		events (not incl	udıng					
Φ		Ψ	505					
Other Revenue		See Part IV, lin	reported on line 1c) e 18					
			G if total exceeds					
ά.	١.		a	646,385				
프	b   с		penses <b>b</b> loss) from fundraising	515,957 events . •	-429,452	0	0	-429,452
δ	9a		om gaming activities	eventes : :	,			
		See part IV, lin	e 19					
		\$15,000	ile G if total exceeds					
		, ,	а					
	ь	Less direct exp	penses b					
	С	Net income or (	loss) from gaming acti	vities				
	10a	Gross sales of returns and allo						
			а					
	b		oods sold b					
	С	Net income or ( Miscellaneous	loss) from sales of inve	Business Code				
	11a	miscellaneous	Reveilue	Dusiness Code				
	ь							
		-						
	C							
	d	All other revenu						
	12		11a-11d		24 927 452	0	0	-429,452
	12	Fotal Revenue.  9c, 10c, and 11	Add lines 1h, 2g, 3, 4, e	5,6d,7d,8c, ▶	24,837,452	U	U	-429,432

### Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) organizations must complete all columns.  All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).										
Do ı	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	( <b>B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses						
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	17,187,777	17,187,777								
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	0	0								
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0	0								
4	Benefits paid to or for members	0	0								
5	Compensation of current officers, directors, trustees, and key employees	489,482	0	97,896	391,586						
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0	0	0	0						
7	Other salaries and wages	2,074,676	0	0	1,967,155						
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0	0	0	0						
9	Other employee benefits	877,890	0	86,921	790,969						
10	Payroll taxes	0	0	0	0						
11	Fees for services (non-employees)										
а	Management	44,653	0	7,462	37,191						
b	Legal	20,256	0	0	20,256						
c	Accounting	0	0	0	0						
d	Lobbying	0	0	0	0						
е	Professional fundraising See Part IV, line 17	0			0						
f	Investment management fees	0	0	0	0						
g	Other	453,646	0	21,578	432,068						
12	Advertising and promotion	12,050	0	1,250	10,800						
13	Office expenses	42,752	0	4,342	38,410						
14	Information technology	15,592	0	0	15,592						
15	Royalties	0	0	0	0						
16	Occupancy	12,625	0	0	12,625						
17	Travel	47,224	0	10,414	36,810						
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0	0	0	0						
19	Conferences, conventions and meetings	56,333	0	4,135	52,198						
20	Interest	0	0	0	0						
21	Payments to affiliates	323,860	0	323,860	0						
22	Depreciation, depletion, and amortization	1,163	0	1,113	50						
23 24	Insurance	7,212	0	378	6,834						
а	Outside Printing	95,558	0	11,390	84,168						
b	Dues & Subscriptions	59,105	0	47,162	11,943						
c	Entertaiment	430,597	0	10,539	420,058						
d	Postage & Shipping	101,517	0	20,196	81,321						
e	Miscellaneous	81,650	0	31,832	49,818						
f	All other expenses	12,530		32,002							
25	Total functional expenses. Add lines 1 through 24f	22,435,618	17,187,777	787,989	4,459,852						
26	Joint Costs. Check  fif following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation	22,133,010	2.,,201,,111		4,433,032						

Part X	Balance	Sheet

					(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			Degining of year	1	Cild of year
	2	Savings and temporary cash investments	• •		0	_	0
	3	Pledges and grants receivable, net			22,440,858		28.358.206
	4	Accounts receivable, net		· · · ·	0		0
	5	Receivables from current and former officers, directors, trustees		mnlovees or	_	•	
		other related parties Complete Part II of Schedule L			0	5	0
	6	Receivables from other disqualified persons (as defined under se			0	6	0
	7	persons described in section 4958(c)(3)(B) Complete Part II of S Notes and loans receivable, net			0	_	0
	8	Inventories for sale or use	0		0		
S	9	Prepaid expenses and deferred charges			0		0
ě	10a	The state of the s	-				
Assets		Land, buildings, and equipment cost basis	10a	312,874			
	ь	Less accumulated depreciation Complete Part VI of			-		
		Schedule D	10b	271,043	42,027	10c	41,831
	11	Investments—publicly traded securities			0	11	
	12	Investments—other securities See Part IV, line 11 <i>Complete Pa Schedule D</i>	rt VII d	of	0	12	
	13	Investments—program-related See Part IV, line 11 $\it Complete Part Section 11 (Section 2) and the section 2 (Section 2) and th$			13		
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			0	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)			22,482,885	16	28,400,037
	17	Accounts payable and accrued expenses .			79,903	17	0
	18	Grants payable			0	18	0
	19	Deferred revenue			0	19	0
	20	Tax-exempt bond liabilities			0	20	0
<u>. a</u>	21	Escrow account liability $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$		-	0	21	0
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified					
Ë		persons Complete Part II of Schedule L		•	0	22	0
	23	Secured mortgages and notes payable to unrelated third parties			0	23	0
	24	Unsecured notes and loans payable				24	0
	25	Other liabilities Complete Part X of Schedule D			5,161,939	25	0
	26	<b>Total liabilities.</b> Add lines 17 through 25			5,241,842	26	0
ъ Ф		Organizations that follow SFAS 117, check here ►  and complet through 29, and lines 33 and 34.	lete lin	es 27			
<u> </u>	27	Unrestricted net assets			17,241,043	27	28,400,037
Balance	28	Temporarily restricted net assets			0	28	0
Ë	29	Permanently restricted net assets	0	29	0		
Fund		Organizations that do not follow SFAS 117, check here F and	lete				
ō	30	lines 30 through 34.  Capital stock or trust principal, or current funds				30	
ets	31	Paid-in or capital surplus, or land, building or equipment fund.			31		
Assets	32	Retained earnings, endowment, accumulated income, or other ful				32	
	33	Total net assets or fund balances		17,241,043		28,400,037	
Net	34	Total liabilities and net assets/fund balances			22,482,885		28,400,037
		The state of the s					
Pa	rt XI	Financial Statements and Reporting		-			

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νo
b	Were the organization's financial statements audited by an independent accountant?	2b		Νο
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits?	3b		

Employer identification number

#### **SCHEDULE A**

Name of the organization

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

#### **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Open to Public Inspection

RADY	CHILDR	RENS HOSPITAL	FOUNDATION- SAN	N DIEGO										
					-0170626									
	rt I			harity Status (to be co			Instruction	s)						
	organız		•	ation because it is (Please	· -	•								
1	<u> </u>	•		iurches, or association of ch		Section 170(b)(1)	(A)(i).							
2		A school de	escribed in <b>Sect</b>	t <b>ion 170(b)(1)(A)(ii).</b> (Atta	ch Schedule E)									
3	Г	A hospital	or a cooperative	e hospital service organizati	ion described in <b>Sec</b>	tion 170(b)(1)(A)(i	i <b>ii).</b> (Attach S	chedule	. H )					
4	$\sqcap$	A medical i	research organı	zation operated in conjuncti	on with a hospital de	escribed in <b>Section</b>	170(b)(1)(A)	(iii). En	ter the					
		hospital's r	name, city, and	state										
5	Γ	An organiza	atıon operated f	or the benefit of a college or	university owned o	r operated by a gove	ernmental uni	tdescri	bed ın					
		Section 170	O(b)(1)(A)(iv).	(Complete Part II )										
6	Γ	A federal, s	tate, or local go	overnment or governmental	unit described in <b>Se</b>	ection 170(b)(1)(A)	(v).							
7	Γ	An organiza	ation that norma	ally receives a substantial p	art of its support fro	om a governmental (	ınıt or from th	e gener	al public	:				
		described i	n <b>Section 170(</b> b	o)(1)(A)(vi) (Complete Par	tII)									
8	Γ	A communi	ty trust describ	ed in <b>Section 170(b)(1)(A)</b>	(vi) (Complete Par	tII)								
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% of its supp	ort from contribution	ns, membersh	ıp fees,	and gro	SS				
		receipts fro	m activities rel	ated to its exempt functions	s—subject to certair	n exceptions, and (2	) no more tha	n 331/3	% of					
		ıts support	from gross inve	estment income and unrelate	ed business taxable	ıncome (less sectio	on 511 tax) fr	om bus	inesses					
		acquired by	the organization	on after June 30, 1975 See	Section 509(a)(2).	(Complete Part III	)							
10	Γ	An organiza	atıon organızed	and operated exclusively to	test for public safe	ty See <b>Section 509</b>	( <b>a)(4).</b> (See ii	nstructi	ons )					
11	<u>~</u>	An organiza	atıon organızed	and operated exclusively fo	r the benefit of, to p	erform the functions	of, or to carr	y out th	e purpos	ses of				
				orted organizations describe				tion 50	9(a)(3).	. Check				
				type of supporting organiza	tion and complete li Type III - Function				01					
_	굣	·			* *	· -	•		III - Oth					
е	١٠			rtify that the organization is agers and other than one or										
		section 50		agers and other than one or	more publicly supp.	oreca organizations	405011504 111 5		5 5 5 (d)(.	1,01				
f		_		d a written determination fro	om the IRS that it is	a Type I, Type II o	r Type III sup	porting	ı organız	ation,				
		check this		N	d					ļ				
g		following pe		as the organization accepte	a any gift or contrib	ution from any of the	)							
				r indirectly controls, either	alone or together wit	th persons describe	d ın (ıı)		Yes	No				
		and (III) bel	ow, the governi	ng body of the the supported	d organization?			11g(i	)	Νο				
		(ii) a family	/ member of a p	erson described in (i) above	2			11g(i		Νο				
		(iii) a 35%	controlled enti	ty of a person described in (	(ı) or (ıı) above?			11g(ii						
h		• •		nation about the organization	, , ,	supports								
			J	5	•	• •								
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) Is the	(v) Did you notify	(vi) Is th	ne	(vii) Am	nount of				
		orted		(described on lines 1-9	organization in	the organization	organizatio		supp	ort?				
	Organ	nization		above or IRC section	col (i) listed in	in col (i) of your	col (i) orga							
				(See Instructions))	your governing document?	support?	in the U.S	'						
					uocament.	1	<del>                                     </del>							

(II) EIN	(described on lines 1-9 above or IRC section (See Instructions))	organız col (i) your go	ation in listed in verning	the orga	inization i) of your	organız col (i) o	ation in rganized	support?
		Yes	No	Yes	No	Yes	No	
951691313	3	Yes		Yes		Yes		16021582
953545901	7	Yes		Yes		Yes		1166195
								17,187,777
		(described on lines 1 - 9 above or IRC section (See Instructions))  951691313  3	(described on lines 1-9 above or IRC section (See Instructions)) col (i) your go docur  Yes  951691313  3 Yes	(described on lines 1 - 9 above or IRC section (See Instructions))  organization in col (i) listed in your governing document?  Yes No  951691313  3  Yes	(described on lines 1- 9 above or IRC section (See Instructions))  Organization in col (i) listed in your governing document?  Yes No Yes  951691313  3 Yes Yes	(described on lines 1-9 above or IRC section (See Instructions))    See Instructions   Get Instruction   Get	(described on lines 1-9 above or IRC section (See Instructions))    The results of the organization organization (in col (i) of your governing document?   The results of the organization	(described on lines 1-9 above or IRC section (See Instructions))    Organization in col (i) listed in your governing document?   Yes   No   Yes   No   Yes   No

Part II	Support Schedule for Organizations Described in IRC 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
	(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					<del> </del>		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts from line 4							
8	Gross income from interest, dividends,							
	payments received on securities loans,							
	rents, royalties and income from similar							
_	sources							
9	Net income from unrelated business							
	activities, whether or not the business is regularly carried on							
10	Other income Do not include gain or loss							
10	from the sale of capital assets (Explain in							
	Part IV )							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns )		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and <b>stop here</b>		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	<b>▶</b> □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and <b>stop here.</b> The organization qualifies a				,			<b>▶</b> □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				<b>▶</b> □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							<b>►</b> □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		•					_
4.0	the organization meets the "facts and circu							n ▶
18	<b>Private Foundation.</b> If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, check this	oox an	u see	<b>▶</b> □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	<b>(b)</b> 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV )						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and <b>stop here</b>						<b>▶</b> □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
	mputation of Investment Income Investment Income Percentage for 2008 (			ne 13 column /f	<u> </u>	17	
	-			-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Schedule A (Form 990 or 990-EZ) 2008

**▶**□

Part IV	<b>Supplemental Information.</b> Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)
	Facts and Circumstances Test

Schedule A (Form 990 or 990-EZ) 2008

Software ID: Software Version:

**EIN:** 33-0170626

Name: RADY CHILDRENS HOSPITAL FOUNDATION- SAN

DIEGO

#### Form 990, Part VII - Section Aaa

Form 990, Part VII - Section Aaa											
		Posit t	(C non () hat a	chec		I				(F)	
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Ke) emplojee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
Trish L Alessio , Board Member	01	Х						0	0	0	
Edgar D Canada MD , Board Member	30	Х						0	0	0	
Phyllis Snyder , Board Member	26	Х						0	0	0	
Jill Young , Board Member	01	Х						0	0	0	
John G Davies Esq , Board Member	83	Х						0	0	0	
Daniel J Schreiber , Board Member	01	Х						0	0	0	
Stacey Valencıa , Board Member	26	Х						0	0	0	
Sally Ricchiuti , Board Member	01	Х						0	0	0	
Carlee Harmonson , Board Member	12	Х						0	0	0	
Julie Bronstein , Board Member	15	Х						0	0	0	
Mıchael P Peckham , Board Member	13	Х						0	0	0	
William B Sailer Esq , Board Member	07	Х						0	0	0	
Anne Zouvas , Board Member	01	Х						0	0	0	
Paul J Hering , Board Member	20	Х						0	0	0	
Karla Hertzog , Board Member	07	Х						0	0	0	
Steve Markey , Board Member	01	Х						0	0	0	
Mary A Crowley , Board Member	14	Х						0	0	0	
Mark A Grant , Board Member	01	Х						0	0	0	
Nancy G Henderson , Board Member	21	Х						0	0	0	
Scott J Mubarak MD , Board Member	15	Х						0	0	0	
Cathy Polk , Vice Chairman	52	Х						0	0	0	
James F Vargas , Chairman	01	Х						0	0	0	
Marıa MıddaughAssara , Board Member	01	Х						0	0	0	
Craig Nichols , Board Member	25	Х						0	0	0	
Lloyd Rowland , Board Member	26	Х						0	0	0	
Phyllis Schwartz , Board Member	05	Х						0	0	0	
Marla Black , Board Member	21	Х						0	0	0	
Barbara J Brown , Board Member	21	Х						0	0	0	
Betsy Boaz , Board Member	21	Х						0	0	0	
Daniel T Carter , Board Member	21	Х						0	0	0	

Form 990, Part VII - Section Aaa

FOI III 990, Part VII - Section Ada											
		<b>(C)</b> Position (check all that apply)								(F)	
<b>(A)</b> Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations	
Alıson Gıldred , Board Member	14	Х						0	0	0	
Richard Chen , Board Member	01	Х						0	0	0	
Marleen Shook , Board Member	12	X						0	0	0	
William R Hamlin Jr , Board Member	34	Х						0	0	0	
Ronald D Harper Sr , Board Member	10	Х						0	0	0	
Doug Holmes , Board Member	21	Х						0	0	0	
Richard M Libenson , Board Member	01	Х						0	0	0	
James E Olson , Board Member	31	Х						0	0	0	
Matthew A Peterson Esq , Board Member	01	Х						0	0	0	
Christian F Tresse , Board Member	23	Х						0	0	0	
Angela Wachtmann , Board Member	01	Х						0	0	0	
Ray Warren , Board Member	12	Х						0	0	0	
Lisa WilcoxCassidy , Board Member	01	Х						0	0	0	
Jıll Young , Board Member	01	Х						0	0	0	
Kathleen Dooley Sellick , President/CEO	4			Х				0	789,618	226,468	
David B Gillig , Sr VP Exec Director	36			Х				408,497	0	91,700	
Charles Day , Planned Giving Dir	40					Х		184,224	0	55,936	
Carol DamonScherer , Comm Rel Dır	40					Х		170,968	0	39,122	
Jean Larsen , Sr Specialist	40	•				Х		139,573	0	10,509	

OMB No 1545-0047

Open to Public Inspection

#### **SCHEDULE D** (Form 990)

Department of the Treasury

► Attach to Form 990. To be completed by organizations that

Supplemental Financial Statements

answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Internal Revenue Service **Employer identification number** Name of the organization RADY CHILDRENS HOSPITAL FOUNDATION- SAN DIEGO 33-0170626 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year) 3 Aggregate Grants from (during year)

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised ┌ No funds are the organization's property, subject to the organization's exclusive legal control?

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

Part II	Conservation Easements.	Complete if the organ	iization answered	"Yes" to Fori	m 990, Part I\	√, line 7.
Durna	sa(a) of consequention accomments b	ald by the arganization (a	hook all that anniv)			

rui	pose(s) of conservation easements held by the organization (check	Kalli	that apply)
Γ	Preservation of land for public use (e g , recreation or pleasure)	$\sqcap$	Preservation of an historically importantly land area
$\sqcap$	Protection of natural habitat	$\sqcap$	Preservation of certified historic structure

Preservation of open space

Total number of conservation easements

Aggregate value at end of year

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

- h Total acreage restricted by conservation easements
- c Number of conservation easements on a certified historic structure included in (a)
- d Number of conservation easements included in (c) acquired after 8/17/06

- Held at the End of the Year 2a 2b 2с 2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨
- Number of states where property subject to conservation easement is located
- Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?
- Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨
- 7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

☐ Yes

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

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

- If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items
- If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
  - (i) Revenues included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Intructions for Form 990

(ii) Assets included in Form 990, Part X

**►** \$

- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items
- Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

3	Using the organization's accession and other					•			ntinuea)
	items (check all that apply)	, ,		_	-	-			
a	Public exhibition		d	Г	Loan or exch	ange programs			
ь	Scholarly research		e	Γ	Other				
c	Preservation for future generations								
	Provide a description of the organization's co Part XIV	ollections and explai	ın hov	w the	y further the o	rganızatıon's ex	empt purpose in		
	During the year, did the organization solicit of assets to be sold to raise funds rather than t							Yes	Г No
	Trust, Escrow and Custodial A Part IV, line 9, or reported an an	Arrangements.	Com	plet	e if the orga		ered "Yes" to Fo	rm 9	90,
	Is the organization an agent, trustee, custod included on Form 990, Part X?	ıan or other ınterme	dıary	for c	ontributions o	r other assets r	not	Yes	☐ No
b	If "Yes," explain why in Part XIV and comple	te the following tabl	е						
							A mou	nt	
_	Beginning balance					1c			
	Additions during the year					1d			
_	Distributions during the year					1e			
	Ending balance					1f			
	Did the organization include an amount on Fo		21?				Г	Yes	☐ No
	If "Yes," explain the arrangement in Part XIV								
Part	Endowment Funds. Complete	f the organization (a)Current Year		)Prior			t IV, line 10. Three Years Back (e	NEOUr V	aare Back
1a	Beginning of year balance	51,025,881	(L	PHOL	real (c) w	o reals back (u)	Tillee Teals back (e	ji oui Te	cars back
	Contributions	170,821							
	Investment earnings or losses	-12,186,268							
	Grants or scholarships	0							
	Other expenditures for facilities	1,874,174							
	and programs	, ,							
f	Administrative expenses	147,144							
g	End of year balance	36,989,116							
2	Provide the estimated percentage of the yea	r end balance held a	ıs						
а	Board designated or quasi-endowment 🕨	746%							
ь	Permanent endowment 🕨 1864 %								
c ·	Term endowment ► 676 %								
	Are there endowment funds not in the posses	ssion of the organiza	ation	that	are held and a	dministered for	the		
	organization by							Yes	No
1	(i) unrelated organizations			•			3a(i)	Yes	
	(ii) related organizations						3a(ii)	Yes	<u> </u>
	If "Yes" to 3a(II), are the related organization Describe in Part XIV the intended uses of th	•					3b	Yes	<u> </u>
Part						rt V line 10			
rait	investments—Land, buildings	s, and Equipmen	III. J		a) Cost or other	(b)Cost or other			
	Description of investment				sis (investment)	basis (other)	(c) Depreciation	( <b>d</b> ) Bo	ook value
<b>1</b> a L	and		•		0	0	1		0
<b>b</b> B	uildings		•		0	0	0		0
c L	easehold improvements				0	0	0		0
d E	quipment				0	312,874	271,043		41,831
	thor			- 1		1	Í.		
<b>e</b> 0	Add lines 1a-1e (Column (d) should equal Fo		•		C	0	0		0

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	.2.	
(a) Description of security or cateory (including name of security)	( <b>b)</b> Book value	(c) Metho	d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
O ther			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )			
Part VIII Investments—Program Related. Se	e Form 990, Part X, line	13.	
(a) Description of investment type	(b) Book value	(c) Metho	d of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-	year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )			
Part IX Other Assets. See Form 990, Part X, III	ne 15.		
(a) Descrip			(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line :			
Part X Other Liabilities. See Form 990, Part >			
Federal Income Taxes	( <b>b)</b> A mount	-	
rederal income Taxes	0	-	
		-	
		1	
		-	
		1	
		†	
		1	
		1	
		1	
		1	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25 )	0	1	
(	1	1	

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	
Part	XII Reconciliation of Revenue per Audited Financial Statements With Revenue p	er Re	turn
1	Total revenue, gains, and other support per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
c	Recoveries of prior year grants		
d	Other (Describe in Part XIV) 2d		
e	Add lines <b>2a</b> through <b>2d</b>	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
b	Other (Describe in Part XIV)		
c	Add lines <b>4a</b> and <b>4b</b>	4c	
5	Total Revenue Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 12)	5	
	Reconciliation of Expenses per Audited Financial Statements With Expenses		teturn
1	Total expenses and losses per audited financial statements	1	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	-	
Ь	Prior year adjustments	-	
с	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)	-	
е -	Add lines 2a through 2d	2e	
3	Subtract line <b>2e</b> from line <b>1</b>	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	-	
Ь	Other (Describe in Part XIV)	┨╻	
c -	Add lines 4a and 4b	4c	
5 Date	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	
	nplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Pa : V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b	iit XIV,	imes id and ZD,

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

Ident if ier	Return Reference	Explanation				
SchD_P05_S00_L04	Schedule D, Part V, Line 4	Rady Children's Board Designated Endowment funds support highest and most urgent needs of the organization as determined by its Board of Trustees In addition, donor designated (or restricted) endowment funds support a wide range of initiatives identified by the donor including our Chadwick Center for Children and Families, research, developmental services, education programs, the purchase of needed equipment and technology, etc				
SchD_P10_S00_L00	Schedule D, Part X	The organization did not have a FIN 48 disclosure in its financial statements due to the fact that there is no FIN 48 liability for the year ended June 30, 2009				

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As Filed Data -

DLN: 93493133007000

olemental Information Regarding

SCHEDULE G (Form 990 or 990-EZ) **Supplemental Information Regarding Fundraising or Gaming Activities** 

2008

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Open to Public Inspection

ame of the organization						
3					Employer ider	ntification number
ADY CHILDRENS HOSPITAL	FOUNDATION- SA	N DIEGO			22 24 72626	
					33-0170626	
art I Fundraising Ac	<b>tivities.</b> Complete	e if the or	rganızat	ion answered "Yes"	to Form 990, Part IV	, line 17.
Indicate whether the orgai	nization raised funds	through ar	ny of the	following activities Che	eck all that apply	
a Mail solicitations				e Solicitation of r	non-government grants	
<b>b</b> F Email solicitations				f   Solicitation of	government grants	
<b>c</b> Phone solicitations				g   Special fundrais	sing events	
<b>d</b> In-person solicitations	i					
a Did the organization have or key employees listed in	Form 990, Part VII	) or entity	ın connec	tion with professional f	fundraising activities?	Г <sub>Yes</sub> Г
b If "Yes," list the ten highes to be compensated at leas						
		(iii)				
		fundraiser have custody or			(v) A mount paid to	1
(i) Name of individual				(iv) Cross resourts	1	(vi) A mount paid to
(i) Name of individual or entity (fundraiser)	(ii) Activity		dy or	(iv) Gross receipts from activity	(or retained by) fundraiser listed in	(or retained by)
(i) Name of individual or entity (fundraiser)	(ii) Activity	custo	dy or ol of	(iv) Gross receipts from activity	(or retained by)	1
	(ii) Activity	custo	dy or ol of	` '	(or retained by) fundraiser listed in	(or retained by)
	(ii) Activity	custo contr contribu	dy or ol of itions?	` '	(or retained by) fundraiser listed in	(or retained by)
	(ii) Activity	custo contr contribu	dy or ol of itions?	` '	(or retained by) fundraiser listed in	(or retained by)
• •	(ii) Activity	custo contr contribu	dy or ol of itions?	` '	(or retained by) fundraiser listed in	(or retained by)
	(ii) Activity	custo contr contribu	dy or ol of itions?	` '	(or retained by) fundraiser listed in	(or retained by)
	(ii) Activity	custo contr contribu	dy or ol of itions?	` '	(or retained by) fundraiser listed in	(or retained by)
• •	(ii) Activity	custo contr contribu	dy or ol of itions?	` '	(or retained by) fundraiser listed in	(or retained by)
• •	(ii) Activity	custo contr contribu	dy or ol of itions?	` '	(or retained by) fundraiser listed in	(or retained by)
• •	(ii) Activity	custo contr contribu	dy or ol of itions?	` '	(or retained by) fundraiser listed in	(or retained by)
• •	(ii) Activity	custo contr contribu	dy or ol of itions?	` '	(or retained by) fundraiser listed in	1

List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Par	t II	Fundraising Events. Com more than \$15,000 on Form					, or r	eport	:ed
			(a) Event #1	(b) Event #2	(c) O ther Events		col	al Eve (a) th	
			2009 Charity Ball (event type)	2009 Miracle Makers Gala (event type)	(total number)		col	(c))	
#Ue	1	Gross receipts	575,505		5			73	2,890
Revenue	2	Less Charitable contributions	517,954	128,430				640	6,384
R	3	Gross revenue (line 1 minus line 2)	57,551	28,955	5			86	6,506
	4	Cash Prizes	0						0
see	5	Non-cash Prizes	0	(					0
pens	6	Rent/Facility costs	0	(					0
Direct Expenses	7	Other direct expenses	311,381	204,576	5			51!	5,957
Direc	8	Direct expense summary Add line	es 4 through 7 in column	(d)				51!	5,957
	9	Net income summary Combine lir							9,451
Par	311	Gaming. Complete if the or \$15,000 on Form 990-EZ, lin		'Yes" to Form 990, Pa	art IV, line 19, or repo	orted	more	than	1
Revenue			(a) Bingo	( <b>b)</b> Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming			gaming ough co	
~	1	Gross revenue							
-se	2	Cash prizes							
pens.	3	Non-cash prizes							
Direct Expenses	4	Rent/facility costs							
	5	Other direct expenses							
	6	Volunteer labor	┌ Yes	Yes	┌────────────────────────────────────				
	7	Direct expense summary Add lines	s 2 through 5 ın column (	d)					
	8	Net gaming income summary Com	bine lines 1 and 7 in colu	ımn (d)					
9	<b></b>		t.o			. г		Yes	No
a		er the state(s) in which the organiza he organization licensed to operate		<u> </u>		. [	9a		
b	If"I	No," Explain							
10a b		re any of the organization's gaming l Yes," Explain	icenses revoked, suspen	ded or terminated during	; the tax year?	-	10a		 
						$\dashv$			
11	Doe	es the organization operate gaming a	activities with nonmembe	rs?		[	11		<u> </u>
12		he organization a grantor, beneficiar ned to administer charitable gaming				.	12		

			 <del></del>
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount of gaming revenue retained by the third party <b>&gt;</b> \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year 📂 💲		

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DLN: 93493133007000

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule I

(Form 990)

#### **Grants and Other Assistance to Organizations,** Governments and Individuals in the U.S.

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

Open to Public **Inspection** 

RADY CHILDRENS HOSPITAI						33-0170626	
<ul> <li>Part I General Information</li> <li>Does the organization mathematics the selection criteria use</li> <li>Describe in Part IV the organization</li> </ul>	aintain records to s d to award the gran	ts or assistance?					√ Yes
Form 990, Part Part IV and Sch	IV, line 21 for an edule I-1 if addit	to Governments a y recipient that receivional space is	ved more than \$5,00	00. Check this box if	no one recipient rec	eived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	( <b>d)</b> A mount of cash grant	(e) A mount of non- cash assistance	( <b>f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Rady Children's Hospital San Diego3020 Childrens Way San Diego, CA 92123	95-1691313	Charitable 501(c)(3)	17,187,777	0			Transferred to the related entity to support hospital's programs
2 Enter total number of seconganizations				· <b>.</b>	I		1
3 Enter total number of oth							<u> </u>

Part III	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990,	Part IV, line 22.
	Use Schedule I-1 (Form 990) if additional space is needed.	

(a)Type of grant or assistance	( <b>b)</b> Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance

**Part IV** Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
SchI_P01_S00_L02	Schedule I, Part I, Line 2	Use of the donations is based on the donor intent at the time the gift is received

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493133007000

**Employer identification number** 

#### **Schedule J** (Form 990)

Department of the Treasury

Name of the organization

ın Part III

Internal Revenue Service

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

OMB No 1545-0047

Open to Public Inspection

RAC	Y CHILDRENS HOSPITAL FOUNDATION- SAN DIEGO			• 1			
				33-0170626			
Pa	rt I Questions Regarding Compensation						
						Yes	Νo
1a	Check the appropriate box(es) if the organization provides 990, Part VII, Section A, line 1a Complete Part III to						
	First class or charter travel	$\Gamma$	Housing allowance or residence for	personal use			
	Travel for companions	$\vdash$	Payments for business use of perso	nal residence			
	Tax idemnification and gross-up payments	$\Gamma$	Health or social club dues or initiat	ion fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chau	ffeur, chef)			
b	If line 1a is checked, did the organization follow a writte provision of all the expenses described above? If "No,"			ment or	1b		
2	Did the organization require substantiation prior to rein officers, directors, trustees, and the CEO/Executive Di				2		
3	Indicate which, if any, of the following the organization organization's CEO/Executive Director Check all that Compensation committee		У	3			
	▼ Independent compensation consultant	굣	Compensation survey or study				
	Form 990 of other organizations	<u>  ~ </u>	Approval by the board or compensa	ition committee			
4	During the year, did any person listed in Form 990, Pai	rt V I	I, Section A, line 1a				
а	Receive a severance payment or change of control pay	men	t?		4a		No
b	Participate in, or receive payment from, a supplementa	ıl nor	nqualified retirement plan?		4b	Yes	
С	Participate in, or receive payment from, an equity-base	ed co	mpensation arrangement?		4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and provi			n Part III			
	501(c)(3) and 501(c)(4) organizations only must comp	olete	lines 5-8.				
5	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the revenues of	ie 1a	, did the organization pay or accrue a	ny			
а	The organization?				5a		Νo
ь	Any related organization?				5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III						
6	For persons listed in form 990, Part VII, Section A, lin compensation contingent on the net earnings of	ie 1a	, did the organization pay or accrue a	ny			
а	The organization?				6a		Νo
b	Any related organization?				6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III						
7	For persons listed in form 990, Part VII, Section A, lin payments not described in lines 5 and 6? If "Yes," des			ı-fıxed	7		No
8	Were any amounts reported in Form 990, Part VII, paid		·				

#### Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(1)-(111) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		<b>(B)</b> Breakdown of	W-2 and/or 1099-MIS	SC compensation	(C) Deferred	( <b>D)</b> Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	reported in prior Form 990 or Form 990-EZ
Kathleen Dooley Sellick	(I) (II)	0 603,209	0 170,056	0 16,353	0 209,150	0 17,318	0 1,016,086	0 299,668
David B Gillig	(ı) (ıı)	289,404 0	56,129 0	62,965 0	74,489 0	17,211 0	500,198 0	149,586 0
Charles Day	(ı) (ıı)	148,564 0	5,495 0	30,165 0	38,619 0	17,318 0	240,161	80,730 0
Carol DamonScherer	(ı) (ıı)	140,777 0	9,027 0	21,164 0	21,804 0	17,318 0	210,090 0	80,353 0
Jean Larsen	(ı) (ıı)	134,197 0	<b>4</b> ,626 0	750 0	4,814 0	5,695 0	150,082 0	64,251 0
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
	(i) (ii)							

#### Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
SchJ_P01_S00_L03	Schedule J, Part I, Line 3	This Executive Compensation Philosophy statement was adopted by the Compensation Committee (Committee) of the Board of Trustees of Rady Children's Hospital and Health Center (RCHHC) The overall purpose of RCHHC's executive total compensation program is to enable the organization to program also focuses executives, attention on strategic initiatives and mission-critical performance objectives that lead to the organization's success RCHHC's executive total compensation program will be competitively positioned in the marketplace of comparable organizations and will fall within the safe harbor guidelines established by the Intermediate Sanctions regulations and the California Nonprofit Integrity Act of 2004 RCHHC recognizes its responsibility to ensure that its executive compensation program is appropriate in view of its mission and tax-exempt status, and that its total compensation levels and expenditures are reasonable. To determine appropriate compensation levels for its executives, RCHHC collects market data from a peer group of comparably-sized children's hospitals and health systems. This peer group represents the organizations with whom RCHHC competes for executive talent. To ensure RCHHC attracts and retains highly-talented and experienced executives who possess the skill sets necessary to achieve the organization's mission and business objectives, RCHHC targets executive base salaries between the 50th and 75th percentiles of the peer group Individual executive salaries are determined based on various factors such as individual performance, tenure, special skills and competencies, unique responsibilities, and the like RCHHC provides annual incentive compensation opportunities to executives tied to organizational and individual performance. Award opportunity levels under the program will reflect prevailing market practices. The principal goals of the plan are to (1) Link the executive compensation program as closely as possible to business results, (2) Encourage and reward superior executive team performance
SchJ_P01_S00_L04	Schedule J, Part I, Line 4	RCHSD maintains a nonqualified deferred compensation plan that is available to the President, Senior Vice Presidents, Vice Presidents and Senior Managing Director Contributions to the plan are based on a percentage of the individual's compensation. These amounts are included on Schedule J, column C since the amounts are not fully vested and are subject to substantial risk of forfeiture. Participants are vested after 5 years, upon death, or at age 65. Once vested the amounts are reported on Form W-2 as taxable compensation to the individual. During 2008 contributions for the following individuals were made into the plan Charles Day and Kathleen Dooley-Sellick. RCHSD has a second 457 (f) plan which is no longer accepting contributions. No distributions were made during 2008 from this plan.
	+	
	+	

Employer identification number

#### SCHEDULE M (Form 990)

## **Non-Cash Contributions**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

RADY CHILDRENS HOSPITAL FOUNDATION- SAN DIEGO

Name of the organization

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Inspection

Pa	rt I Types of Property				33-0170626			
	Types of Freperty	(a) Check If	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	<b>(d</b> Method of d reven	etermi	nıng	
1	Art—Works of art	аррпсавіе		19				
	Art—Historical treasures .							
	Art—Fractional interests							
	Books and publications							
	Clothing and household							
6	Cars and other vehicles							
7	Boats and planes							
	Intellectual property							
	Securities—Publicly traded .	Х	12	291,680	FMV			
10	Securities—Closely held stock .	Х	1	960,000	FMV			
11	Securities—Partnership, LLC, or trust interests							
12	Securities—Miscellaneous							
13	Qualified conservation contribution (historic structures)							
14	Qualified conservation contribution (other)							
15	Real estate—Residential .							
16	Real estate—Commercial							
17	Real estate—Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (describe)							
	Other (describe)							
	Other (describe)							
28	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828	33, Part IV, Donee	ar for contributions for	29			
	nemental i i i		•				Yes	No
30a	During the year, did the organization hold for at least three years from the date of							1
	·			not required to be used for t	exempt purposes			No
						30a		No
	If "Yes", describe the arrangeme					24	,	
31	Does the organization have a gif					31	Yes	
32a	Does the organization hire or us contributions?	•	ies or related organizations	to solicit, process, or sell	non-cash	32a	Yes	
b	If "Yes", describe in Part II							
33	If the organization did not report checked, describe in Part II	revenues i	n Column (c) for a type of p	roperty for which Column (a	a) is			

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. ReturnReference Identifier Explanation SchM\_P01\_S00\_L32b Schedule M, Part I, Line 32b The Rady Children's Hospital Foundation is using a third party to sell the securities gifts. These transaction are precessed by Morgan Stanley and Smith Barney at 4350 La Jolla Village Dr Suite 1000 San Diego, CA 92122

#### DLN: 93493133007000

#### **SCHEDULE 0**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Information to Form 990**

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

Inspection

Name of the organization RADY CHILDRENS HOSPITAL FOUNDATION- SAN DIEGO

Employer identification number

Identifier	Return	Fynlanation
ldentifier	Return Reference	Explanation  Rady Children's Hospital and Health Center Community Benefit Report For Year Ended June 30, 2009  Executive Summary Rady Children's Hospital and Health Center (Rady Children's) is committed to improve the health status of the community Rady Children's provides a variety of programs that address the top health issues for children in the San Diego Region as identified in the San Diego County Needs Assessment that is prepared by the Community Health Improvement Partners, of which Rady Children's is a founding partner Each of the programs offered by Rady Children's is provided through numerous hospital departments and community-based settings to address the physical, mental and social health needs of children in each of the following priority areas 1 Promoting infant health by reducing mortality and morbidity 2 Protecting children by strengthening families 3 Childhood injury, child abuse and family violence prevention and treatment 4 Promoting oral health 5 Promoting healthy nutrition and physical activity 6 School health 7 Child health research and health status assessment 8 Access to care 9 Training healthcare providers to ensure access to care 10 Mental Health and Trauma Counseling services Further, Rady Children's provides uncompensated and undercompensated medical care services.
990_P03_S00_L00	Form 990, Part III	Cindren's Community Benefit programs can be categorized primarily as one of two types. Benefits for witherable population Benefits for vulnerable population includes (1) severes provided to persons who a economically poor or are medically indigent and cannot afford to pay for healthcare services because the wave inadequate resources and/or are uninsured or undernsured (2) social and health programs that have inadequate resources and/or are uninsured or undernsured (2) social and health programs that target at-risk or underserved populations to improve the health of participants or involve collaboration with community organizations, and (3) community buding activities. Benefits for the broader community includes community resources of community health improvement, in-like contributions, health professions education, research, and subadiced health services. Summary of 2008 Community Benefits in 2008. Rady Children's Hospital and Health Center provided \$44 8 million in quantitation and developmental potential of children through excellence in care, education, research and advocacy.1 The following table summarizes Rady Children's investment in medical care and community services for vulnerable population, and benefits for the broader community. Unsponsored Community services for vulnerable population, and benefits for the broader community. Unsponsored Community services for vulnerable population, and benefits for the broader community. Unsponsored Community Penefit critically are 2009. Person served Total benefit expenses Dread offsetting revenue Net community. Benefit Processing of total expense Benefits for vulnerable population. Traditional charity care 577: 55,042;148.  5,642,146.11 Whit high additional community benefit processing of total expense Benefits for vulnerable population. Traditional charity care 577: 55,042;148.  5,642,146.11 Whit high additional community benefit processing of the community services. Sci. 2012;149,149.  6,743,149.  6,744,149.  6,744,149.  6,744,149.  6,744,149.  6,744,149.  6,744

ldentifier	Return Reference	Explanation
F990_P03_S00_L00a	Form 990,	This report reflects Rady Children's commitment to improve the health status of the community. Numerous programs are throughout Rady Children's, which mobile hospital departments declased to community programs, among more than the office the community through peptient as we also subplation community programs, among more than the office of the community through peptient as we also subplation community and an individual care some provides uncompensated and undercompensated motival and inching the period of the community of community benefit programs. Or the community of the commu

ldentifier	Return Reference	Explanation
F990_P03_S00_L00b	Form 990, Part III (Cont 2)	Chichood hjury Prevention The CHC plays a primary leadership role in the community in chichood righty prevention CHC has served as the lead organization for the Sain Lego Safe Kiss collation since 1990, and received funding from the Robert Wood. Johnson From Lego Safe Kiss Caladian since 1990, and received funding from the Robert Wood. School Plays the Chick Safe Safe Safe Safe Safe Safe Safe Safe

ldentifier	Return Reference	Explanation
F990_P03_S00_L00c	Form 990,	During 2009, the 10Mobile provided information to approximately 5,000 people through visiting schools and community-sponsored events. Customer Service and Referral Center The Service Services are considered to the Customer Service Services and Services Center Services and Services Services and Services Services department and Services departments and Services and Services and Services Services services services department and Services department and Services and Services and Services and Services Services and Services Services services Services and Services and Services and Services and Services Service

ldentifier	Return Reference	Explanation
F990_P03_S00_L00d	Form 990,	Dabetes education The Redy Children's Endocrine Department provides education to parents, caregivers and patients on dabetes imagement, nutrition and metal planing, and product usage (advanced pumps) which was also as a second provided by the or year and 140 peops alternated in 2009. In Action Department arranged is special opportunity for 30 patients to meet the local Sain Degs State Linversity. Article Dabeta Degs State Linversity Article Dabeta Degs State Linversity Article Dabeta Degs State Linversity and the provided by the provide

ldentifier	Return Reference	Explanation
F990_P03_S00_L00e	Form 990,	Research studies Rady Children's participates in clinical research to identify new solutions to treat childhood ilinesses and conditions and to promote child heath. Rady Children's and the Research Center are participating in research in collaboration with USCD, which includes in the specialty areas of oncology, hermatology, enematology, generoteric production, or control productions of the control of the co

ldentifier	Return Reference	Explanation
F990_P03_S00_L00f	Form 990, Part III (Cont 6)	Rady Children's will provide partial charity care for patients/guarantors in accordance with financial need as determined by the FPL as follows. For patients/guarantors with household income between 251 percent and 350 percent of the Federal Poverty Level, provide a discounted Private Pay Fee Schedule, whereby the reimbursement that Rady Children's would receive shall not exceed the payment that Rady Children's would receive for the same service or set of services from public payers, such as Medi-Cal For patients/guarantors with household income petween 351 percent and 450 percent of the FPL, provide a discounted Private Pay Fee Schedule, which provides a discount of 50 percent off of charges. For patients/guarantors with household income greater than 450 percent of the FPL, patients will be provided a discounted Private Pay Fee Schedule, which provides an approximate 25 percent discount off of charges. Rady Children's also provides catastrophic eligibility financial assistance when patient/guarantor liability exceeds a substantial portion of the patient's/guarantor's income. In 2009, the Rady Children's Financial Assistance Program provided some level of charity care for 577 episodes of care that totaled \$13.8 million in charges, at a cost of \$5.0 million. Financial Counseling and Assistance As discussed Section II, Rady Children's provides healthcare support services to the community through the Financial Counseling Team Rady Children's Financial Counselors proactively explore and assist patients/guarantors in applying for health insurance coverage from public and private payment programs. IV. Unsponsored Community Benefit Expense The following is an economic valuation summary of Rady Children's Hospital and Health Center Unsponsored Community Benefits for the broader community. Rady Children's Hospital and Health Center Unsponsored Community Benefits for the broader community. Rady Children's Hospital and Health Center Unsponsored Community benefit for fiscal year 2009. Persons served Total benefit expense.

ldentifier	Return Reference	Explanation
F990_P04_S00_L12	Form 990, Part IV, Line 12	Rady Children's Hospital Foundation-San Diego is included as part of a consolidated audit of Rady Children's Hospital and Health Center The complete audit package includes a consolidating statement of operations and balance sheet which details RCHF-SD's financial position

ldentifier	Return Reference	Explanation						
F990_P06_S0A_L06	Form 990, Part VI, Section A, Line 6	Rady Children's Hospital and Health Center is the sole corporate member of Rady Children's Hospital Foundation-San Diego						

ldentifier	Return Reference	Explanation
F990_P06_S0A_L10	Form 990, Part VI, Section A, Line 10	A draft version of the completed 990 is provided to the organization's Audit and Compliance Committee for review and approval. Upon approval by the Committee, the returns are finalized, signed and submitted to the Internal Revenue Service

ldentifier	Return Reference	Explanation
F990_P06_S0B_L12c	Form 990, Part VI, Section B, Line 12c	The Legal department of Rady Children's Hospital - San Diego sends a questionnaire to all board members annually and review's each response for identified issues. Also, each employee is required to review the conflict of interest policy and evidence his review via an on-line training software program annually.

ldentifier	Return Reference	Explanation
F990_P06_S0B_L15	Form 990, Part VI, Section B, Line 15	This Executive Compensation Philosophy statement was adopted by the Compensation Committee (Commttee) of the Board of Trustees of Rady Children's Hospital and Health Center (RCHHC). The overall purpose of RCHHC's executive total compensation program is to enable the organization to recruit, motivate, reward, recognize, and retain highly-talented executives with the skill sets required to fulfill its mission. The executive compensation program also focuses executives' attention on strategic initiatives and mission-critical performance objectives that lead to the organization's success. RCHHC's executive total compensation program will be competitively positioned in the marketplace of comparable organizations and will fall within the safe harbor guidelines established by the Intermediate Sanctions regulations and the California Nonprofit Integrity. Act of 2004. RCHHC recognizes its responsibility to ensure that its executive compensation program is appropriate in view of its mission and tax-exempt status, and that its total compensation levels and expenditures are reasonable. To determine appropriate compensation levels for its executives, RCHHC collects market data from a peer group of comparably-sized children's hospitals and health systems. This peer group represents the organizations with whom RCHHC competes for executive talent. To ensure RCHHC attracts and retains highly-talented and experienced executives who possess the skill sets necessary to achieve the organization's mission and business objectives, RCHHC targets executive base salaries between the 50th and 75th percentiles of the peer group Individual executive salaries are determined based on various factors such as individual performance, tenure, special skills and competencies, unique responsibilities, and the like RCHHC provides annual incentive compensation opportunities to executives tied to organizational and individual performance Award opportunity levels under the program will reflect prevailing market practices. The principal goals of the pl

ldentifier	Return Reference	Explanation
F990_P06_S0C_L19	Form 990, Part VI, Section C, Line 19	The organization will provide any documents open to public inspection upon request

ldentifier	Return Reference	Explanation
F990_P07_S0A_L01a	Form 990, Part VII, Section A, Line 1a	Average hours per week spent on related organizations by officers, trustees and key employees John G Davies RCHHC 0 22, RCHSD 1 78, RCHRC 0 11, RCHSSD 0 11, Michael P Peckham RCHSD 0 02, Cathy Polk RCHHC 0 19, RCHSD 1 67, James F Vargas RCHHC 0 09, RCHSD 0 83, Kathleen Dooley Sellick RCHHC 3 6, RCHSD 28 8, RCHRC 1 8, RCHSSD 1 8, David B Gillig RCHHC 0 4, RCHSD 3 4, RCHSSD 0 2

ldentifier	Return Reference	Explanation
F990_P11_S00_L02b	Form 990, Part XI, Line 2b	Rady Children's Hospital Foundation- San Diego is included as part of a consolidated audit of Rady Children's Hospital and Health Center. The audited financial statements include a consolidating statement of operations, and a consolidating balance sheet, which detail RCHF-SD's financial position. None of the subsidiary entities are audited on a standalone basis. The consolidated audit is performed under the oversight of Rady Children's Hospital and Health Center's Audit and Compliance Committee (the Committee). The Committee is responsible for the engagement and appointment of external financial auditors, and reviews and approves the resulting audit reports, along with any related Management Letters. The Committee also performs periodic follow-up on auditor recommendations for improvement, to ensure they are addressed.

#### DLN: 93493133007000

## OMB No 1545-0047

2008

Open to Public Inspection

# SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

► Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

► See separate instructions.

Name of the organization RADY CHILDRENS HOSPITAL FOUNDATION- SAN DIEGO Employer identification number

33-0170626

Part I Identification of Disregarded Entities									
(A) Name, address, and EIN of disregarded entity	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	<b>(D)</b> Total income	<b>(E)</b> End-of-year assets	<b>(F)</b> Direct controlling entity				

#### Part II Identification of Related Tax-Exempt Organizations

<u> </u>					
(A) Name, address, and EIN of related organization	<b>(B)</b> Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	<b>(F)</b> Direct controlling entity
Rady Children's Hospital San Diego					
3020 Childrens Way San Diego, CA921234282 95-1691313	Children's Hospital	СА	501(c)(3)	3	N/A
Rady Children's Hospital and Health Center					
3020 Childrens Way San Diego, CA921234282 95-3545901	Support affiliated tax exempt organizations	СА	501(c)(3)	7	N/A
Rady Children's Hospital Research Center					
3020 Childrens Way San Diego, CA921234282 95-3814185	Research	CA	501(c)(3)	11a	N/A
Rady Children's Health Services San Diego					
3020 Childrens Way San Diego, CA921234282 33-0278018	Support RCHHC related 501 (c)(3) organization	CA	501(c)(3)	11a	N/A
For Panerwork Peduction Act Notice, see the Instructions for Form 990	•	Cat No 50135V	,		Schedule P / Form 990\ 2009

(A) Name, address, and EIN of related organization	<b>(B)</b> Primary acti		(C) Legal domicile (state or foreign country)	<b>(D)</b> Direct controlling entity	( <b>E</b> ) Predominant income(related, investment, unrelated)	<b>(F)</b> Share of total income	<b>(G)</b> Share of end-of- year assets	(H Disprop allocat	ortionate	(I) Code V—UBI amou on Box 20 of K-1	. Gene	iral or aging ner?
								Yes	No		Yes	No
								<u> </u>				
								<u> </u>				
								<u> </u>				
Part IV Identification of Re	alated Org	nizations	Tavabla	as a Corneration	or Truct							
(A)		(B)	Taxable	(C)	(D)	(E)	(F)			(G)	(H)	
Name, address, and EIN of related org	anızatıon	Primary activ	rity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total inco	ome	Sh end-	are of Pe	rcentage vnership	
Children's Hospital Integrated Risk Protective LTD Canons Court 22 Victoria Street Hamilton, HM12 BD		Captive Insuran	nce	BD	Rady Children's Hospital and Health Center	С						
Rady Children's Physician Management Services 3860 Calle Fortunada Suite 200 San Diego, CA92123 33-0670694		Management Service Organiz	ation	CA	Rady Children's Hospital and Health Center	С						
						1						

(6)

Note. Complete line 1 if any entity is listed in Parts II, III or IV		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	1a		No
<b>b</b> Gift, grant, or capital contribution to other organization(s)	1b		No
c Gift, grant, or capital contribution from other organization(s)	1c		No
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	<b>1</b> g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j		No
k Performance of services or membership or fundraising solicitations for other organization(s)	1k		No
I Performance of services or membership or fundraising solicitations by other organization(s)	11		No
m Sharing of facilities, equipment, mailing lists, or other assets	1m	1	No
n Sharing of paid employees	1n	Yes	
• Reimbursement paid to other organization for expenses	10		No
p Reimbursement paid by other organization for expenses	1p		
p Remindisement paid by other organization for expenses			
<b>q</b> O ther transfer of cash or property to other organization(s)	1q	Yes	
r Other transfer of cash or property from other organization(s)	1r	Yes	

	(A) Name of other organization(s)	<b>(B)</b> Transaction type(a-r)	<b>(C)</b> Amount Involved
(1)	Rady Children's Hospital San Diego	q	3,878,250
(2)	Rady Children's Hospital San Diego	р	2,567,428
(3)	Rady Children's Hospital San Diego	r	1,166,195
(4)	Rady Children's Hospital San Diego	n	3,740,078
(5)			

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

#### Part VI Unrelated Organizations Taxable as a Partnership

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

	T	ı	(5)		· -			1	1	
<b>(A)</b> Name, address, and EIN of entity	( <b>B)</b> Primary activity	<b>(C)</b> Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		<b>(E)</b> Share of end-of-year assets	<b>(F)</b> Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1	(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No
	1	1				ı		1		