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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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
RADY CHILDRENS HOSPITAL-SAN DIEGO

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
3020 Childrens Way MC 5001

City or town, state or country, and ZIP + 4
San Diego, CA 921234282

D Employer identification number
95-1691313

E Telephone number
(858) 966-5925

G Gross receipts $ 751,543,548

F Name and address of Principal Officer
Kathleen Sellick
3020 Childrens Way
MC 5001
San Diego, CA 921234282

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
(If "No," attach a list See instructions)

H(c) Group Exemption Number ▶

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

J Web site: ▶ www rchsd org

K Type of organization ☑ Corporation ☐ trust ☐ association ☐ other ▶

L Year of Formation 1954 | **M** State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Provision of Pediatric Healthcare (Schedule H for the full Community Benefits report)

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	18
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5	Total number of employees (Part V, line 2a)	5	4,201
6	Total number of volunteers (estimate if necessary)	6	420
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	371,062
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	37,128,585	58,047,155
9	Program service revenue (Part VIII, line 2g)	459,436,302	475,155,164
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,927	-29,154,781
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	14,723,906	11,173,334
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	511,311,720	515,220,872
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	223,205,040	249,073,647
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	(Total fundraising expenses, Part IX, column (D), line 25 238,559)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	218,235,795	204,616,929
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	441,440,835	453,690,576
19	Revenue less expenses Subtract line 18 from line 12	69,870,885	61,530,296

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	800,504,683	791,078,637
21	Total liabilities (Part X, line 26)	460,161,906	477,602,680
22	Net assets or fund balances Subtract line 21 from line 20	340,342,777	313,475,957

Part II Signature Block

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

Please Sign Here

Signature of officer — Date: 2010-05-07

Kathleen Sellick Chief Executive Officer
Type or print name and title

Paid Preparer's Use Only

Preparer's signature | Date | Check if self-empolyed ▶ ☐ | Preparer's PTIN (See Gen Inst)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ | EIN ▶ | Phone no ▶

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

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

1 Briefly describe the organization's mission

Provision of Pediatric Healthcare (Schedule H for the full Community Benefits report)

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 346,755,075 including grants of $ 0) (Revenue $ 472,906,853)

Patient Care, General/Other RADY CHILDREN'S HOSPITAL - SAN DIEGO (THE HOSPITAL) IS A REGIONAL TERTIARY AND QUATERNARY REFERRAL CENTER AND PROVIDES COMPREHENSIVE INPATIENT AND OUTPATIENT ACUTE AND INTENSIVE CARE PEDIATRIC SERVICES THE HOSPITAL ALSO IS THE SOLE PEDIATRIC PROVIDER AND DESIGNATED PEDIATRIC TRAUMA CENTER FOR SAN DIEGO COUNTY, AND IS THE PRIMARY SOURCE OF PEDIATRIC AND NEONATAL INTENSIVE CARE SERVICES FOR BOTH SAN DIEGO AND IMPERIAL COUNTIES ON ITS MAIN CAMPUS, THE HOSPITAL OPERATES THE ONLY LEVEL 3C FULL SCOPE NEONATAL INTENSIVE CARE UNIT IN SAN DIEGO COUNTY IN ADDITION, THE HOSPITAL OPERATES TWO LEVEL 2 NEONATAL INTENSIVE CARE UNITS FOR SCRIPPS HEALTH LOCATED IN LA JOLLA AND ENCINITAS, AND AN 11-BED PEDIATRIC MEDICAL SURGICAL UNIT FOR SHARP HEALTH LOCATED AT ITS SHARP GROSSMONT CAMPUS THE HOSPITAL IS AMALGAMATED WITH THE UNIVERSITY OF CALIFORNIA, SAN DIEGO, HEALTH SCIENCES, AND SERVES AS A CENTER FOR GRADUATE AND POST-GRADUATE EDUCATION IN THE FIELD OF PEDIATRICS EACH YEAR THE HOSPITAL HAS APPROXIMATELY 15,000 ADMISSIONS AND HAS APPROXIMATELY 134,000 VISITS PER YEAR IN ITS OUTPATIENT DEPARTMENTS EACH YEAR THE EMERGENCY DEPARTMENT AND URGENT CARE CENTERS PROVIDE APPROXIMATELY 65,000 AND 29,000 VISITS, RESPECTIVELY PHYSICIANS PERFORM APPROXIMATELY 20,600 SURGERIES ANNUALLY ALL MEDICALLY NECESSARY SERVICES PROVIDED BY THE HOSPITAL TO PATIENTS ARE PERFORMED REGARDLESS OF THE ABILITY OF THE PATIENT'S FAMILY TO PAY NEARLY 50 4% OF CHILDREN'S PATIENTS ARE COVERED BY CALIFORNIA'S MEDI-CAL PROGRAM, WHICH ONLY COVERS A PORTION OF THE COST TO PROVIDE CARE THE HOSPITAL ALSO SUBSIDIZES THE COST OF CARE FOR MANY OF ITS PATIENTS WHO DO NOT HAVE ADEQUATE HEALTH INSURANCE THROUGH ITS FINANCIAL ASSISTANCE PROGRAM OVERALL SERVICES THE HOSPITAL PROVIDES CRITICAL CARE SERVICES THROUGH ITS PEDIATRIC INTENSIVE CARE UNIT, NEONATAL INTENSIVE CARE UNIT, HEMATOLOGY/ONCOLOGY UNIT, AND TRANSPORT SERVICES THE HOSPITAL ALSO PROVIDES MEDICAL/SURGICAL, EMERGENCY, URGENT CARE, PHARMACY, PHYSICAL THERAPY, OCCUPATIONAL THERAPY, SPEECH AND AUDIOLOGY THERAPY, GENERAL AND SPECIALIZED SURGERY, REHABILITATION, LONG-TERM CARE, CHILD LIFE (RECREATION THERAPY), BEHAVIORAL HEALTH, OUTPATIENT CLINICS, AND DENTAL AND WELLNESS SERVICES ALL MEDICAL AND SURGICAL SUBSPECIALTIES ARE AVAILABLE ON A 24-HOUR BASIS THE FOLLOWING BRIEF DESCRIPTIONS FURTHER HIGHLIGHT SOME OF THE SERVICES PROVIDED BY THE HOSPITAL PEDIATRIC INTENSIVE CARE UNIT THE PEDIATRIC INTENSIVE CARE UNIT IS EQUIPPED WITH ADVANCED COMPUTERIZED MONITORING SYSTEMS THAT DETECT EVEN SLIGHT CHANGES IN A PATIENT'S CONDITION, AND OFFERS THE HIGHEST LEVELS OF CARE TO CRITICALLY ILL OR INJURED CHILDREN WITH LIFE-THREATENING DISORDERS OF THE LUNGS, HEART OR BRAIN NEONATAL INTENSIVE CARE UNIT THE NICU IS A TERTIARY CARE NURSERY FOR CRITICALLY ILL NEWBORNS INTENSIVE MEDICAL, SURGICAL AND NURSING CARE, ELECTRONIC MONITORING, LIFE SUPPORT SYSTEMS, AND A COMPLETE RANGE OF DIAGNOSTIC AND THERAPEUTIC CAPABILITIES ARE AVAILABLE IN ADDITION, THE NEONATAL INTENSIVE CARE STAFF PROVIDES CARE TO INFANTS SUFFERING FROM SEVERE LUNG DYSFUNCTION WITH ECMO THERAPY AND IS A DESIGNATED CCS CENTER INPATIENT CARE SERVICES THE HOSPITAL IS DESIGNATED BY THE CALIFORNIA CHILDREN'S SERVICES (CCS) PROGRAM AS A REGIONAL, COMPREHENSIVE CENTER FOR CARDIAC SERVICES THE CHILDREN'S HOSPITAL EMERGENCY TRANSPORT (CHET) PEDIATRIC TEAM PROVIDES 24-HOUR EMERGENCY PEDIATRIC CRITICAL CARE TRANSPORT (AIR AND GROUND) TO SERIOUSLY ILL AND INJURED CHILDREN THERE ARE TWO CHET TEAMS THAT ARE SPECIALIZED IN DIFFERENT AREAS OF EXPERTISE FOR PATIENTS - ADVANCED LIFE SUPPORT AND NEONATES OUTPATIENT SERVICES OUTPATIENT DEPARTMENT THE HOSPITAL'S OUTPATIENT DEPARTMENT PROVIDES DIAGNOSIS AND TREATMENT FOR A WIDE VARIETY OF MEDICAL AND SURGICAL SERVICES THROUGH A MULTITUDE OF CLINICS WITHIN SAN DIEGO COUNTY THESE CLINICS OFFER HIGHLY SPECIALIZED MULTIDISCIPLINARY PROGRAMS SUCH AS PHYSICAL THERAPY, SPEECH AND AUDIOLOGY THERAPY, OCCUPATIONAL THERAPY, DIAGNOSIS AND TREATMENT FOR CHILD ABUSE, AND PSYCHIATRIC THERAPY HOME CARE SERVICES THE HOSPITAL RECOGNIZES THE NEED FOR CARE OF MEDICALLY FRAGILE CHILDREN AT HOME THE HOSPITAL'S NURSING AND DISCHARGE PLANNING STAFF WORK AGGRESSIVELY TO TRANSITION THESE CHILDREN TO NON-INSTITUTIONAL ENVIRONMENTS AS SOON AS MEDICALLY PRACTICAL DAY SURGERY THE HOSPITAL OPERATES AN EXTENSIVE PROGRAM OF ONE-DAY SURGERY FOR A WIDE RANGE OF DIAGNOSES APPROXIMATELY 14,500 DAY SURGERY PATIENTS RECEIVE TREATMENT THROUGH THIS PROGRAM, REDUCING HOSPITAL STAYS AND MAXIMIZING THE CONVENIENCE TO THE PATIENT AND THEIR FAMILY CHILDREN'S CONVALESCENT HOSPITAL (CCH) AND GROUP HOME CCH IS A 59-BED SKILLED NURSING FACILITY PROVIDING INTERMEDIATE TO LONG-TERM MEDICAL CARE OF CHILDREN, AGES 0 TO 18 THE MAJORITY OF PATIENTS CARED FOR AT CCH ARE FUNDED BY THE MEDI-CAL PROGRAM AND TYPICALLY HAVE SEVERE BIRTH DEFECTS OR DISABILITIES THAT REQUIRE LONG-TERM CARE IN ADDITION, CCH IS OPERATING A 6-BED GROUP HOME - INTERMEDIATE CARE FACILITY FOR CHILDREN WITH DEVELOPMENTAL DISABILITIES AND SKILLED NURSING NEEDS THE GROUP HOME OFFERS THESE CHILDREN THE OPPORTUNITY TO DEVELOP INDEPENDENT LIVING SKILLS THE CHADWICK CENTER FOR CHILDREN AND FAMILIES(CHADWICK CENTER) THE HOSPITAL'S CHADWICK CENTER FOR CHILDREN AND FAMILIES IS AN OUTPATIENT DIAGNOSIS AND TREATMENT CENTER FOR CHILD ABUSE PATIENTS AND PROVIDES PREVENTION PROGRAMS FOR PARENTS THE CHADWICK CENTER ALSO PROVIDES TRAUMA COUNSELING TO PATIENTS AND CONDUCTS RESEARCH ON EVIDENCE-BASED BEST PRACTICES PSYCHIATRY CENTER THE HOSPITAL'S PSYCHIATRY CENTER IS AN OUTPATIENT PSYCHOLOGICAL CLINIC FOR CHILDREN AND TEENS THE MAJORITY OF PATIENTS SEEN BY THE PSYCHIATRY CENTER ARE FUNDED THROUGH A CONTRACT WITH THE SAN DIEGO COUNTY MENTAL HEALTH DEPARTMENT AT AN ESTABLISHED ANNUAL RATE ONE OF THE MAIN STRATEGIC GOALS OF THE HOSPITAL IS TO KEEP KIDS SAFE AND HEALTHY THROUGH A NUMBER OF OUTREACH PROGRAMS INCLUDING COLLABORATIVE COMMUNITY HEALTH AND WELLNESS CENTERS, THE SAFE KIDS COALITION, AND OTHER PROGRAMS THROUGH ITS CENTER FOR HEALTHIER COMMUNITIES (0 N/A)

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

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

4d Other program services (Describe in Schedule O)
(Expenses $ 0 including grants of $ 0) (Revenue $ 0)

4e Total program service expenses $ 346,755,075 *Must equal Part IX, Line 25, column (B).*

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		No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
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		No
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		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the 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		No
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		No
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		No
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	
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		No
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		No
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	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) 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		No
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	Yes	
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			
a	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**	Yes	
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
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? *If "Yes," complete Schedule N, Part II*	**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? *If "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, Part VI*	**37**		No

Part 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	1a	723		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	4,201		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
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 were not tax deductible?	6b			
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, 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			No
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 year?	8			
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 18		
b	Enter the number of voting members that are independent . .	1b 18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . .	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
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	10	Yes	
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	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No", go to line 13* . .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	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	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	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		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 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 ☐ another's website ☑ upon request

19 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 - San Diego
3020 Childrens Way MC 5001
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
* 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

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

(A) Name and Title	**(B)** Average hours per week	**(C)** Position (check all that apply)						**(D)** Reportable compensation from the organization (W-2/1099MISC)	**(E)** Reportable compensation from related organizations (W- 2/1099-MISC)	**(F)** Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) Individual Trustee or Director	Institutional Trustee	Officer	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)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total ▶								5,918,220	408,498	1,410,144

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 355

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
Children's Specialists of San Diego 3860 Calle Fortunada Suite 210 San Diego, CA 92123	Medical Services	9,715,788
AMN Healthcare Inc 12730 Highbluff Drive Suite 400 San Diego, CA 92130	Nurse Registry	7,549,277
Cross Country Travcorps Co 40 Eastern Avenue Malden, MA 02148	Nurse Registry	5,246,493
Scripps Memorial - La Jolla 4275 Campus Point Court CP 1 San Diego, CA 92121	Medical Claim Payments	3,892,415
Comforce Technical LLC 17682 Mitchell North Suite 100 Irvine, CA 92614	Nurse Registry and Contract Labor	3,291,422

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 86

Part VIII **Statement of Revenue**

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a 0				
	b	Membership dues	1b 0				
	c	Fundraising events	1c 0				
	d	Related organizations	1d 1,133,619				
	e	Government grants (contributions)	1e 52,686,319				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 4,227,217				
	g	Noncash contributions included in lines 1a-1f $ 0					
	h	**Total (Add lines 1a-1f)** ▶		58,047,155			
Program Service Revenue			Business Code				
	2a	Inpatient and Outpatient Revenue	622,000	371,438,588	371,438,588	0	0
	b	Capitated Contract Revenue	622,000	33,840,402	33,840,402	0	0
	c	Home Health Association	621,610	22,022,359	22,022,359	0	0
	d	Children's Convalescent Hospital	623,000	8,577,794	8,577,794	0	0
	e	Outpatient Psychiatry	621,000	7,273,206	7,273,206	0	0
	f	All other program service revenue		32,002,815	32,002,815	0	0
	g	**Total. Add lines 2a-2f** ▶ $ 475,155,164					
	3	Investment income (including dividends, interest other similar amounts) ▶		4,562,892	0	-384	4,563,276
	4	Income from investment of tax-exempt bond proceeds ▶		0	0	0	0
	5	Royalties		0	0	0	0
			(i) Real / (ii) Personal				
	6a	Gross Rents	1,933,655 / 0				
	b	Less rental expenses	0 / 0				
	c	Rental income or (loss)	1,933,655 / 0				
	d	Net rental income or (loss) ▶		1,933,655	0	0	1,933,655
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	202,605,003 / 0				
	b	Less cost or other basis and sales expenses	236,322,676 / 0				
	c	Gain or (loss)	-33,717,673 / 0				
	d	Net gain or (loss) ▶		-33,717,673	0	0	-33,717,673
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000*	a 0				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events ▶					
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000*	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities ▶					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory ▶					
		Miscellaneous Revenue	Business Code				
	11a	Pharmaceutical Retail Sales	446,110	7,692,980	0	0	7,692,980
	b	Parking Structure	812,930	900,458	0	0	900,458
	c	Gift Shop Retail Sales	453,220	274,795	0	0	274,795
	d	All other revenue _____		371,446	0	371,446	0
	e	**Total. Add lines 11a-11d** ▶ $ 9,239,679					
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶		515,220,872	475,155,164	371,062	-18,352,509

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0	0		
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	4,337,604	483,088	3,681,148	173,368
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	176,672,001	147,127,264	0	0
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	6,719,450	5,479,601	1,233,413	6,436
9	Other employee benefits	46,093,590	37,588,563	8,460,879	44,148
10	Payroll taxes	15,251,002	12,436,941	2,799,454	14,607
11	Fees for services (non-employees)				
a	Management	0	0	0	0
b	Legal	1,414,295	0	1,414,295	0
c	Accounting	342,350	0	342,350	0
d	Lobbying	884,881	0	884,881	0
e	Professional fundraising *See Part IV, line 17*	0			0
f	Investment management fees	1,228,777	0	1,228,777	0
g	Other	76,709,753	52,201,720	24,508,033	0
12	Advertising and promotion	0	0	0	0
13	Office expenses	76,250,689	66,414,686	9,836,003	0
14	Information technology	2,329,168	198,361	2,130,807	0
15	Royalties	0	0	0	0
16	Occupancy	8,602,337	1,528,381	7,073,956	0
17	Travel	929,956	735,302	194,654	0
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0	0	0	0
19	Conferences, conventions and meetings	341,889	251,814	90,075	0
20	Interest	5,465,830	4,457,294	1,008,536	0
21	Payments to affiliates	0	0	0	0
22	Depreciation, depletion, and amortization	14,007,047	7,933,694	6,073,353	0
23	Insurance	3,885,762	-560,363	4,446,125	0
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Bad Debt	6,156,001	6,156,001	0	0
b	Taxes and Licenses	713,309	317,348	395,961	0
c	Dues & Subscriptions	1,301,813	241,157	1,060,656	0
d	Risk Sharing - Capitation Contracts	979,248	979,248	0	0
e	Entertainment	388,153	136,506	251,647	0
f	All other expenses	2,685,671	2,648,469	37,202	0
25	**Total functional expenses.** Add lines 1 through 24f	453,690,576	346,755,075	106,696,942	238,559
26	**Joint Costs.** Check ☐ if 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				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		22,335,570	1	10,194,387
	2	Savings and temporary cash investments		0	2	0
	3	Pledges and grants receivable, net		113,813	3	50,276
	4	Accounts receivable, net		50,622,578	4	50,931,793
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*		60,000	5	50,000
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*		0	6	0
	7	Notes and loans receivable, net		0	7	0
	8	Inventories for sale or use		5,688,715	8	5,829,829
	9	Prepaid expenses and deferred charges		3,785,715	9	6,453,893
	10a	Land, buildings, and equipment cost basis	10a 479,849,302			
	b	Less accumulated depreciation *Complete Part VI of Schedule D*	10b 166,752,501	197,548,678	10c	313,096,801
	11	Investments—publicly traded securities		453,064,947	11	293,376,535
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*		18,290,923	12	94,312,088
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*		0	13	
	14	Intangible assets		0	14	0
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*		48,993,744	15	16,783,035
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*		800,504,683	16	791,078,637
Liabilities	17	Accounts payable and accrued expenses		93,546,706	17	125,634,689
	18	Grants payable		0	18	0
	19	Deferred revenue		2,136,334	19	1,754,054
	20	Tax-exempt bond liabilities		314,728,213	20	317,437,410
	21	Escrow account liability *Complete Part IV of Schedule D*		0	21	0
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		0	22	0
	23	Secured mortgages and notes payable to unrelated third parties		0	23	7,140,392
	24	Unsecured notes and loans payable		0	24	0
	25	Other liabilities *Complete Part X of Schedule D*		49,750,653	25	25,636,135
	26	**Total liabilities.** *Add lines 17 through 25*		460,161,906	26	477,602,680
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		310,199,900	27	260,933,192
	28	Temporarily restricted net assets		22,523,546	28	44,845,264
	29	Permanently restricted net assets		7,619,331	29	7,697,501
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		340,342,777	33	313,475,957
	34	Total liabilities and net assets/fund balances		800,504,683	34	791,078,637

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ cash ☑ accrual ☐ other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b		No
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		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits?	3b		

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SCHEDULE A (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

2008

Open to Public Inspection

Name of the organization
RADY CHILDRENS HOSPITAL-SAN DIEGO

Employer identification number
95-1691313

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i).**

2 ☐ A school described in **Section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☑ A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

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

6 ☐ A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v).**

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

8 ☐ A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **Section 509(a)(4).** (See instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally Integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the organizations the organization supports

(i) Name of Supported Organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(See Instructions)**)	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(v)** Did you notify the organization in col **(i)** of your support?		**(vi)** Is the organization in col **(i)** organized in the U S ?		**(vii)** Amount of support?
			Yes	**No**	**Yes**	**No**	**Yes**	**No**	
Total									

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.)

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(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						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3						
5 The portion of total contribution by each 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						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 **Total Support** (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) **12**

13 **First Five Years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Computation of Public Support Percentage

14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f **15**

16a **33 1/3% Test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% Test - 2007.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

17a **10% Facts and Circumstances Test - 2008.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

b **10% Facts and Circumstances Test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶

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

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

(Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(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 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total Support** (Add lines 9, 10c, 11 and 12)						

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

Computation of Public Support Percentage

15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15
16	Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	16

Computation of Investment Income Percentage

17	Investment Income Percentage for **2008** (line 10c column (f) divided by line 13 column (f))	17
18	Investment Income Percentage from **2007** Schedule A, Part IV-A, line 27h	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 ☐

b **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 ☐

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

Part IV **Supplemental Information.** 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

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SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

To be completed by organizations described below. Attach to Form 990 or Form 990-EZ

OMB No 1545-0047

2008

Open to Public Inspection

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

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)

- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization	Employer identification number
RADY CHILDRENS HOSPITAL-SAN DIEGO	95-1691313

Part I-A To be completed by all organizations exempt under section 501(c) and section 527 organizations. (See the instructions for Schedule C for details.)

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV

2 Political expenditures $ _____

3 Volunteer hours _____

Part I-B To be completed by all organizations exempt under section 501(c)(3). (See the instructions for Schedule C for details.)

1 Enter the amount of any excise tax incurred by the organization under section 4955 $ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 $ _____

3 If the organization incurred in a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C To be completed by all organizations exempt under section 501(c), except section 501(c)(3). (See the instructions for Schedule C for details.)

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities $ _____

2 Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities $ _____

3 Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b $ _____

4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No

5 State the names, addresses and Employer Identification Number (EIN) of all section 527 political organizations to which payments were made Enter the amount paid and indicate if the amount was paid from the filing organization's own internal funds or were political contributions received and promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

(a) Name	**(b)** Address	**(c)** EIN	**(d)** Amount paid from filing organization's internal funds If none, enter -0-	**(e)** Amount of political contributions received and promptly and directly delivered to a separate political organization If none, enter -0-

Part II-A **To be completed by organizations exempt under section 501(c)(3) that filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

A Check ☐ if the filing organization belongs to an affiliated group
B Check ☐ if the filing organization checked box A and "limited control" provisions apply

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

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

g	Grassroots nontaxable amount (enter 25% of line 1f)		
h	Subtract line 1g from line 1a Enter -0- if line g is more than line a		
i	Subtract line 1f from line 1c Enter -0- if line f is more than line c		

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? ☐ **Yes** ☐ **No**

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 1a through 1f of the instructions.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)		(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) Total
2a	Lobbying non-taxable amount					
b	Lobbying ceiling amount (150% of line 2a, column(e))					
c	Total lobbying expenditures					
d	Grassroots non-taxable amount					
e	Grassroots ceiling amount (150% of line d, column (e))					
f	Grassroots lobbying expenditures					

Part II-B **To be completed by organizations exempt under section 501(c)(3) that have NOT filed Form 5768 (election under section 501(h)).** (See the instructions for Schedule C for details.)

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?	Yes		818,881
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		66,000
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			884,881
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).** (See the instructions for Schedule C for details.)

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

Part III-B **To be completed by all organizations exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, questions 1 and 2 are answered "No" OR if Part III-A, question 3 is answered "Yes."** (See the instructions for Schedule C for details.)

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

Part IV **Supplemental Information**

Complete this part to provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, and Part II-B, line 1i Also, complete this part for any additional information

Identifier	Return Reference	Explanation
SchC_P2B_S00_L01	Schedule C, Part II-B, Line 1	Contributed to the California Hospital Association and California Children's Hospital Association to advance the needs of Children's Hospitals through public and legislative advocacy These associations work with government and private industry to address issues impacting the hospitals' ability to provide the best care possible to children Paid outside consultants to increase and obtain funding for building development projects and to influence federal, state and local legislation as it affects Rady Children's Hospital's healthcare reimbursement and regulations

Part IV Supplemental Information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
RADY CHILDRENS HOSPITAL-SAN DIEGO

Employer identification number
95-1691313

Part I 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
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

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

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

☐ Preservation of land for public use (e g , recreation or pleasure) ☐ Preservation of an historically importantly land area
☐ Protection of natural habitat ☐ Preservation of certified historic structure
☐ Preservation of open space

2 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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 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.

1a 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

b 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 ▶ $

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $

b Assets included in Form 990, Part X ▶ $

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain why in Part XIV and complete the following table

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

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

		(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a	Beginning of year balance	51,025,881				
b	Contributions	170,821				
c	Investment earnings or losses	-12,186,268				
d	Grants or scholarships	0				
e	Other expenditures for facilities and programs	1,874,174				
f	Administrative expenses	147,144				
g	End of year balance	36,989,116				

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶ 74 6 %
- b Permanent endowment ▶ 18 64 %
- c Term endowment ▶ 6 76 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)	Yes	
(ii) related organizations	3a(ii)	Yes	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	Yes	

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land	0	10,584,113		10,584,113
b Buildings	0	165,894,744	95,974,004	69,920,740
c Leasehold improvements	0	56,875,403	2,772,873	54,102,530
d Equipment	0	95,923,219	68,005,624	27,917,595
e Other	0	150,571,823	0	150,571,823
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				313,096,801

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other See Additional Data		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	94,312,088	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation 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, line 15.

(a) Description	(b) Book value
Other Receivables	11,095,590
Deposits	338,315
Deferred financing costs	3,280,549
Receivable from tax-exempt affliates	2,068,279
Rounding	302
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	16,783,035

Part X Other Liabilities. See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	0
Payable to beneficiaries	140,615
Interest rate swaps	25,495,520
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	25,636,135

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

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 per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
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
SchD_P05_S00_L04	Schedule D, Part V, Line 4	Rady Children's board designated endowment funds support the highest and most urgent needs of our institution as determined by our 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

Additional Data

Software ID:
Software Version:
EIN: 95-1691313
Name: RADY CHILDRENS HOSPITAL-SAN DIEGO

Form 990, Schedule D, Part VII - Investments— Other Securities

(a) Description of security or cateory (including name of security)	**(b)**Book value	**(c)** Method of valuation Cost or end-of-year market value
American Securities Partners V	648,957	F
Brown Brothers Harriman Private Equity Partners	801,758	F
Bears Stearns Merchant Banking Partners III	3,463,760	F
Citigroup Venture Capital International Growth Partnership	2,427,539	F
Goldman Sachs Capital Partners VI Parallel	3,273,490	F
Goldman Sachs Vintage Fund IV Offshore Holdings	4,067,341	F
Pimco Distressed Mortgage Fund Offshore Feeder	3,528,425	F
Domestic equity funds	31,742,777	F
International equity funds	26,581,979	F
Fixed income funds	12,508,726	F
Real assets and other	5,267,336	F

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Attach to Form 990. To be completed by organizations that answer "Yes" to Form 990, Part IV, line 20.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
RADY CHILDRENS HOSPITAL-SAN DIEGO

Employer identification number
95-1691313

Part I Charity Care and Certain Other Community Benefits at Cost *(Optional for 2008)*

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a		
b	If "Yes," is it a written policy?	1b		
2	If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals ☐ Applied uniformly to all hospitals ☐ Applied uniformly to most hospitals ☐ Generally tailored to individual hospitals			
3	Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients			
a	Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care ☐ 100% ☐ 150% ☐ 200% ☐ Other _____ %	3a		
b	Does the organization use FPG to determine eligibility for providing *discounted* care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b		
c	If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care			
4	Does the organization's policy provide free or discounted care to the "medically indigent"?	4		
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a		
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a		
6b	If "Yes," does the organization make it available to the public?	6b		
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from *worksheets 1 and 2*)						
b Unreimbursed Medicaid (from *worksheet 3, column a*)						
c Unreimbursed costs—other means-tested government programs (from *worksheet 3, column b*)						
d **Total** Charity Care and Means-Tested Programs						
Other Benefits						
e Community health improvement services and community benefit operations (from (worksheet 4)						
f Health professions education (from worksheet 5)						
g Subsidized health services (from worksheet 6)						
h Research (from worksheet 7)						
i Cash and in-kind contributions to community groups (from worksheet 8)						
j **Total** Other Benefits						
k **Total** (line 7d and 7j)						

Part II Community Building Activities (Complete this table if the organization conducted any community building activities) *(Optional for 2008)*

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

Part III Bad Debt, Medicare, & Collection Practices *(Optional for 2008)*

Section A. Bad Debt Expense

			Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1		
2	Enter the amount of the organization's bad debt expense (at cost)	2		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, or rationale for including other bad debt amounts in community benefit			

Section B. Medicare

5	Enter total revenue received from Mecicare (including DSH and IME)	5	
6	Enter Medicare allowable costs of care relating to payments on line 5	6	
7	Enter line 5 less line 6—surplus or (shortfall)	7	
8	Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit and the costing methodology or source used to determine the amount reported on line 6 and indicate which of the following methods was used		

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a		
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b		

Part IV Management Companies and Joint Ventures *(Optional for 2008)*

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors trustees, or key employees' profit % or stock ownership%	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					

Part V Facility Information *(Required for 2008)*

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
Rady Children's Hospital - San Diego 3020 Childrens Way MC 5001 San Diego, CA 921234282	X		X	X			X		

Part VI Supplemental Information *(Optional for 2008)*

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 7, Part III, line 4, Part III, line 8, and Part III, line 9b

2 **Needs Assessment.** Describe how the organization assesses the health care needs of the communities it serves

3 **Patient Education of Eligibility for Assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy

4 **Community Information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves

5 **Community Building Activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves

6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e g , open medical staff, community board, use of surplus funds, etc)

7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communites served

8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report

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Schedule J (Form 990)

Department of the Treasury
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

2008

Open to Public Inspection

Name of the organization
RADY CHILDRENS HOSPITAL-SAN DIEGO

Employer identification number
95-1691313

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☑ Compensation committee ☑ Written employment contract ☑ Independent compensation consultant ☑ Compensation survey or study ☐ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a			
a	Receive a severance payment or change of control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must complete lines 5-8.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No

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)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
See Additional Data Table	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(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

Identifier	Return Reference	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 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 plan are to (1) Link the executive compensation program as closely as possible to business results, (2) Encourage and reward superior executive team performance, (3) Focus executives' attention on mission-critical goals and key strategic priorities, (4) Serve as a means to communicate expectations and success, and (5) Enhance the ability of RCHHC to compete with other employers for high-talent executives by providing competitive incentive compensation opportunities Total cash compensation (base salaries plus incentives) is targeted to fall between the 50th to 75th percentiles of the peer group RCHHC's goal is to provide the following benefits consistent with a middle of the market practice compared to other not-for-profit hospitals (1) All-employee benefits, including health and dental insurance, life insurance, short- and long-term disability insurance, workers' compensation, qualified retirement benefits, employee assistance programs, and paid-time-off, (2) Supplemental executive retirement benefits intended to replace benefits lost due to caps on qualified retirement benefits, and (3) Selected perquisites are provided when necessary in order to support specific RCHHC business needs To ensure RCHHC complies with Intermediate Sanctions regulations on reasonable compensation, the Committee monitors executive total compensation to ensure it falls within the bounds of market practice The total compensation of individual executives will vary based on certain factors such as individual performance and/or tenure, recruitment or retention needs, and/or succession planning, but is targeted to fall between the 50th and 75th percentiles of the peer group
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 Directors 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 Kathleen Sellick, Irvin Kaufman, Paul Kurtin, Margareta Norton, Albert Oriol, Marjorie Peck and Roger Roux RCHSD has a second 457(f) plan which is no longer accepting contributions No distributions were made during 2008 from this plan

Additional Data

Return to Form

Software ID: 08000095
Software Version: v1.00
EIN: 95-1691313
Name: RADY CHILDRENS HOSPITAL-SAN DIEGO

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
David B Gillig	(I)	0	0	0	0	0	0	0
	(II)	289,404	56,129	62,965	74,489	17,211	500,198	149,586
Roger G Roux	(I)	409,073	96,415	97,320	127,627	12,501	742,936	202,877
	(II)	0	0	0	0	0	0	0
Kathleen Dooley Sellick	(I)	603,209	170,056	16,353	209,150	17,318	1,016,086	299,668
	(II)	0	0	0	0	0	0	0
Margareta E Norton	(I)	404,272	96,808	93,248	132,523	9,489	736,340	203,649
	(II)	0	0	0	0	0	0	0
Blair Sadler	(I)	0	0	292,871	0	0	292,871	292,871
	(II)	0	0	0	0	0	0	0
Irvin A Kaufman MD	(I)	385,926	84,422	83,938	123,726	10,113	688,125	195,314
	(II)	0	0	0	0	0	0	0
Paul Kurtin MD	(I)	273,419	25,120	51,400	66,923	15,355	432,217	150,670
	(II)	0	0	0	0	0	0	0
Charles Wilson	(I)	243,354	7,830	45,300	56,751	17,318	370,553	132,676
	(II)	0	0	0	0	0	0	0
Marjorie Peck RN Phd	(I)	248,409	9,341	44,910	60,012	6,328	369,000	124,224
	(II)	0	0	0	0	0	0	0
Albert Oriol	(I)	217,742	15,120	18,690	52,092	15,250	318,894	0
	(II)	0	0	0	0	0	0	0
Timothy Jacoby	(I)	201,454	26,642	26,638	50,006	12,430	317,170	0
	(II)	0	0	0	0	0	0	0
Robert Braithwaite	(I)	270,240	24,475	11,146	14,029	16,721	336,611	138,008
	(II)	0	0	0	0	0	0	0
Angela Vieira	(I)	196,849	2,099	37,118	48,418	11,380	295,864	0
	(II)	0	0	0	0	0	0	0
Barbara Ryan	(I)	195,890	2,782	38,222	51,962	6,303	295,159	0
	(II)	0	0	0	0	0	0	0
Matthew Niedzwiecki	(I)	176,416	9,083	35,657	17,403	17,318	255,877	0
	(II)	0	0	0	0	0	0	0
Chris Abe	(I)	174,613	10,351	47,258	49,936	9,522	291,680	0
	(II)	0	0	0	0	0	0	0
Gillian Kirkpatrick	(I)	200,618	350	1,250	18,213	5,171	225,602	113,313
	(II)	0	0	0	0	0	0	0
Stephen Kalsman	(I)	165,237	6,634	22,652	39,839	17,318	251,680	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

To be completed by organizations that answered "Yes" to Form 990, Part IV, line 24a.
Provide descriptions, explanations, and any additional information in Schedule O.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
RADY CHILDRENS HOSPITAL-SAN DIEGO

Employer identification number
95-1691313

Part I Bond Issues *(Required for 2008)*

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	California Statewide Communities Development Authority	68-0164610	130795LV7	10-26-2006	194,219,503	Payoff 1993 & 1996 bonds / purchase equipment and capital improvements		X		X
B	California Statewide Communities Development Authority	68-0164610	130795VK0	07-02-2008	128,845,000	Payoff 2007 bonds		X		X
C	California Statewide Communities Development Authority	68-0164610	130795VT1	07-31-2008	101,155,000	Payoff 2006 C & 2006 D bonds		X		X

Part II Proceeds *(Optional for 2008)*

		A	B	C	D	E
1	Total Proceeds of Issue					
2	Gross Proceeds in Reserve Funds					
3	Proceeds in Refunding or Defeasance Escrows					
4	Other Unspent Proceeds					
5	Issuance Costs from Proceeds					
6	Working Capital Expenditures from Proceeds					
7	Capital Expenditures from Proceeds					
8	Year of Substantial Completion					

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
9	Were the bonds issued as part of a current refunding issue?										
10	Were the bonds issued as part of an advance refunding issue?										
11	Has the final allocation of proceeds been made?										
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?										

Part III Private Business Use *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?										
2	Are there any lease arrangements with respect to the financed property which may result in private business use?										

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?										
3b	Are there any research agreements with respect to the financed property which may result in private business use?										
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?										
4	Enter the percentage of financed property used in a private business use by entities other than a 501(c)(3) organization or a state or local government										
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another 501(c)(3) organization, or a state or local government										
6	Total of lines 4 and 5										
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?										

Part IV Arbitrage *(Optional for 2008)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T been filed wth respect to the bond issue?										
2	Is the bond issue a variable rate issue?										
3a	Has the organization or the government issuer identified a hedge with respect to the bond issue on its books and records?										
b	Name of provider										
c	Term of hedge										
4a	Were gross proceeds invested in a GIC?										
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?										
6	Did the bond issue qualify for an exception to rebate?										

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
RADY CHILDRENS HOSPITAL-SAN DIEGO

Employer identification number
95-1691313

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only).

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

1	(a) Name of disqualified person	(b) Description of transaction	(c) Corrected? Yes	(c) Corrected? No

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ▶ $

Part II Loans to and/or From Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	(b) From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	(e) No	(f) Approved by board or committee? Yes	(f) No	(g) Written agreement? Yes	(g) No
Roger Roux Qualified relocation loan		X	130,000	50,000		No	Yes		Yes	
Total . . . . . ▶ $				50,000						

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of grant or type of assistance

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	(e) No
Leonard M Kornreich MD	President of Leonard M Kornreich APC	120,000	Program consulting service for primary care planning and development		No
Herbert Kimmons MD	President of Children's Specialists of San Diego (CSSD)	11,283,606	RCHSD pays CSSD for physician service in the ordinary course of business		No

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SCHEDULE O
(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

2008

Open to Public Inspection

Name of the organization
RADY CHILDRENS HOSPITAL-SAN DIEGO

Employer identification number
95-1691313

Identifier	Return Reference	Explanation
F990_P04_S00_L12	Form 990, Part IV, Line 12	Rady Children's Hospital - 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 RCHSD's financial position

Identifier	Return Reference	Explanation
F990_P06_S0A_L06	Form 990, Part VI, Section A, Line 6	RCHHC is the sole corporate member of RCHSD

Identifier	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

Identifier	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 reviews 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

Identifier	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 (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 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 plan are to (1) Link the executive compensation program as closely as possible to business results, (2) Encourage and reward superior executive team performance, (3) Focus executives' attention on mission-critical goals and key strategic priorities, (4) Serve as a means to communicate expectations and success, and (5) Enhance the ability of RCHHC to compete with other employers for high-talent executives by providing competitive incentive compensation opportunities Total cash compensation (base salaries plus incentives) is targeted to fall between the 50th to 75th percentiles of the peer group RCHHC's goal is to provide the following benefits consistent with a middle of the market practice compared to other not-for-profit hospitals (1) All-employee benefits, including health and dental insurance, life insurance, short- and long-term disability insurance, workers' compensation, qualified retirement benefits, employee assistance programs, and paid-time-off, (2) Supplemental executive retirement benefits intended to replace benefits lost due to caps on qualified retirement benefits, and (3) Selected perquisites are provided when necessary in order to support specific RCHHC business needs To ensure RCHHC complies with Intermediate Sanctions regulations on reasonable compensation, the Committee monitors executive total compensation to ensure it falls within the bounds of market practice The total compensation of individual executives will vary based on certain factors such as individual performance and/or tenure, recruitment or retention needs, and/or succession planning, but is targeted to fall between the 50th and 75th percentiles of the peer group

Identifier	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

Identifier	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 Penny Dokmo RCHHC 0 13, RCHRC 0 07, RCHSSD 0 07, Scott Wolfe RCHHC 0 21, RCHSSD 0 11, Alvin Faierman MD RCHHC 0 09, RCHRC 0 05, RCHSSD 0 05, Leonard Kornreich RCHHC 0 04, Herbert Kimmons RCHHC 0 05, Thomas Page RCHHC 0 05, John Davies RCHHC 0 22, RCHRC 0 11, RCHSSD 0 11, RCHFSD 0 83, Gabriel Haddad RCHHC 2 09, RCHSSD 1 04, Lucy Killea RCHHC 0 17, RCHRC 0 09, RCHSSD 0 09, Catherina Mackey RCHHC 0 07, Cathy Polk RCHHC 0 19, RCHFSD 0 52, Michael Peckham RCHFSD 0 13, James Vargas RCHHC 0 09, RCHFSD 0 01, Theodore Roth RCHHC 0 18, RCHRC 0 09, RCHSSD 0 09, Kurt Benirschke RCHHC 0 18, David Hale RCHHC 0 17, RCHRC 0 08, RCHSSD 0 08, Roger Roux RCHHC 4 0, RCHRC 2 0, RCHSSD 2 0, Irvin Kaufman RCHHC 4 0, RCHSSD 2 0, David Gillig RCHHC 0 40, RCHFSD 36 0, RCHSSD 0 20, Harry Rady RCHHC 0 16, RCHSSD 0 08, Marye Anne Fox RCHHC 0 02, Gail Knight RCHHC 0 10, Kathleen Sellick RCHHC 3 60, RCHFSD 4 0, RCHRC 1 80, RCHSSD 1 80, Marjorie Peck RCHHC 4 0, Margareta Norton RCHHC 4 0, RCHRC 2 0, RCHSSD 2 0

Identifier	Return Reference	Explanation
F990_P08_S00_L01d	Form 990, Part VIII, Line 1d	Contributions included in this section include transfers from the Rady Children's Hospital Foundation - San Diego to unrestricted operations

Identifier	Return Reference	Explanation
F990_P08_S00_L01e	Form 990, Part VIII, Line 1e	These contributions are funds drawn from Proposition 61 which are used to support capital initiatives of Rady Children's Hospital - San Diego

Identifier	Return Reference	Explanation
F990_P08_S00_L01f	Form 990, Part VIII, Line 1f	Contributions in this line include internal transfers from board designated funds to the hospital to support operating activities

Identifier	Return Reference	Explanation
F990_P11_S00_L02b	Form 990, Part XI, Line 2b	Rady Children's Hospital - 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 RCHSD'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

Identifier	Return Reference	Explanation
SchH_P05_S00_L00	Schedule H, Part V	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 Rady Children's Community Benefit programs can be categorized primarily as one of two types Benefits for vulnerable population Benefits for vulnerable population includes (1) services provided to persons who are economically poor or are medically indigent and cannot afford to pay for healthcare services because they have inadequate resources and/or are uninsured or underinsured, (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 building activities Benefits for the broader community Benefits for the broader community includes community services of community health improvement, in-kind contributions, health professions education, research, and subsidized health services Summary of 2009 Community Benefits In 2009, Rady Children's Hospital and Health Center provided $84 8 million in quantifiable benefit services to the community, which is in support of our mission to restore, sustain and enhance the health and developmental potential of children through excellence in care, education, research and advocacy1 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 Benefit Expense (Audited) For year ended June 30, 2009 Total Community Benefits provided $ 84,831,038 1 Medicare shortfall and patient bad debt are not included in the calculation of total community benefit for fiscal year 2009 Persons served Total benefit expense Direct offsetting revenue Net community Benefit Percentage of total expense Benefits for vulnerable population Traditional charity care 577 $ 5,042,146 $ - $ 5,042,146 1 1% Unpaid costs of Medicaid/Medi-Cal 31,484 187,783,626 (147,157,232) 4 0,626,394 8 8% Community services Community building activities 57 199,798 - 199,798 - Community health improvement services 50,755 12,528,118 (6,225,158) 6,302,960 1 4% Research 33 111,533 - 111,533 - Subsidized health services 2,867 9,829,231 (6,436,259) 3,392,972 0 7% Total community services 53,712 22,668,680 (12,661,417) 1 0,007,263 2 1% Total benefits for vulnerable population 85,773 215,494,452 (159,818,649) 5 5,675,803 12 0% Benefits for the broader community Community benefit operations 104 76,599 - 76,599 - Community health improvement services 52,150 13,114,093 (6,964,537) 6,149,556 1 3% Financial and in-kind contributions 2 54,190 - 54,190 - Health professions education 13,037 13,082,549 (823,036) 12,259,513 2 7% Research 719 2,788,309 - 2,788,309 0 6% Subsidized health services 1,828 13,646,938 (5,819,870) 7,827,068 1 7% Total benefits for the broader community 67,840 42,762,678 (13,607,443) 29,155,235 6 3% Total community benefit 153,613 $ 258,257,130 $ (173,426,092) $ 84,831,038 18 3% TABLE OF CONTENTS I Introduction 1 II Community Benefit Programs 3 Center for Healthier Communities The Partnership for Smoke Free Families Anderson Center for Dental Care 4 City Heights Wellness Center 4 Preventing Obesity - San Diego Childhood Obesity Initiative 5 Childhood Injury Prevention 5 FACES for the Future 6 Juvenile Hall Health and Wellness Team 6 Chadwick Center for Children and Families Trauma Counseling 7 Forensic and Medical Services 7 Family Support 7 Professional and community education 7 Child Life Services 8 Community Outreach and Education 8 Customer Service and Referral Center 8 Developmental Services Children's Care Connection (C3) 9 Developmental Evaluation Clinic (DEC) 9 Developmental Screening and Enhancement Program (DSEP) 9 First Five Program 10 High Risk Infant Clinic (HRI) 10 Pediatric Down Syndrome Center 10 The Autism Discovery Institute (ADI) 11 Diabetes education 11 Disaster preparedness 11 Health Professions Education 11 Health Sciences Library 12 Healthcare Support Services - Financial Counseling 12 Nurse and Respiratory Therapy Residency Training Programs 12 Outpatient Psychiatry 12 Polinsky Children's Center 13 Rady Children's Hospital Emergency Transport 13 Rady Children's Regional Pediatric Trauma Center 13 Research studies 14 Support Groups 14 Web Team 14 III Benefits for low-income patients and financial assistance 16 Eligibility for Financial Assistance 16 Determination of Financial Need 17 Financial Assistance Guidelines in 2009 17 Financial Counseling Assistance 18 IV Unsponsored Community Benefit Expense 19 Rady Children's Hospital and Health Center 2009 Community Benefit Report I Introduction Rady Children's Hospital and Health Center (Rady Children's) is pleased to submit its Community Benefit Report for fiscal year 2009 to the California Office of Statewide Health Planning and Development (OSHPD) As the sole pediatric hospital and trauma center for San Diego and Imperial Counties, Rady Children's aims to meet its mission to restore, sustain and enhance the health and developmental potential of children through excellence in care, education, research and advocacy Rady Children's is dedicated to providing the best healthcare for individual patients and serving as a valuable community resource to improve the health and well-being of children in our community Rady Children's has been an active leader in providing critical support services to vulnerable populations as well as education and outreach to the broader community As a participating member of the Community Health Improvement Partners (CHIP) coalition in San Diego, Rady Children's participates in the triennial community health needs assessment, as well as the development of a countywide community benefit plan The community based health improvement programs and services that Rady Children's provides are consistent with our organization's mission and based on a number of analyses of community need In the most current needs assessment, "Charting the Course V, A San Diego County Health Needs Assessment", the following summarizes the top health concerns for children ages 0 to 14 in 2007 Top ten issues (rank order) Health Issues 1 Overweight and obesity 2 Access to healthcare services 3 Oral health 4 Injury and violence prevention 5 Diabetes 6 Chronic Respiratory Disease 7 Maternal Health 8 Substance abuse 9 Tobacco use 10 Mental Health To address the community's health and healthcare needs, Rady Children's utilizes the countywide needs assessment, other needs assessments, and participates in numerous community collaboratives, where valuable input is gathered The Rady Children's team - in the many hospital departments committed to community health improvement - develops, provides and/or tailors programs to address these top and other health needs in each of the following priority areas 1 Promoting infant health by reducing mortality and morbidity 2 Preventing obesity and improving health and fitness 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

Identifier	Return Reference	Explanation
SchH_P05_S00_L0A	Schedule H, Part V (Cont 1)	This report reflects Rady Children's commitment to improve the health status of the community Numerous programs throughout Rady Children's, which include hospital departments dedicated to community programs, aim to improve the health of the community through inpatient as well as outpatient, community-based and in-home settings Further, Rady Children's provides uncompensated and undercompensated medical care services This summary of community benefit activity conducted in fiscal year 2009 has been prepared in accordance with the Catholic Health Association of the United States document, A Guide for Planning and Reporting Community Benefit (2008 edition) and Community Benefits Inventory for Social Accountability (CBISA) User Guide (2008) II Community Benefit Programs Community benefit is a planned and coordinated approach to a healthcare organization's participation to either directly or indirectly address community health needs and provide measurable improvement in health status Rady Children's Community Benefit programs can be categorized primarily as one of two types Benefits for vulnerable population Benefits for vulnerable population includes, (1) services provided to persons who are economically poor or are medically indigent and cannot afford to pay for healthcare services because they have inadequate resources and/or are uninsured or underinsured, (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 building activities Benefits for the broader community Benefits for the broader community includes community services of community health improvement, in-kind contributions, health professions education, research, and subsidized health services The following is an overview of community benefit programs provided in 2009 Center for Healthier Communities The Center for Healthier Communities (CHC) serves as a hub of Rady Children's community health improvement strategies The CHC collaborates with health providers, schools, childcare providers, youth-serving organizations, universities, researchers, community leaders, parents, government agencies, the media and the business community to address community-based child health The CHC analyzes child health issues and develops strategies, convenes and stimulates organizations and individuals to act to improve child health, launches strategically focused interventions, advocates to support health improvement, and links providers with resources to improve health within the community Key areas of focus include maternal and infant health, injury prevention, oral health, nutrition and fitness, obesity prevention, adolescent health, and positive youth development CHC's strategically focused initiatives that provide community health services and benefits for the larger community are The Partnership for Smoke Free Families The Partnership for Smoke-Free Families program (PSF) is a comprehensive tobacco control program to reduce tobacco smoke exposure among pregnant women and young children by screening pregnant women and parents for tobacco use and linking them with appropriate interventions Through the PSF prenatal program, information is provided in a variety of provider settings, including solo-provider practices, private group practices, outpatient/ambulatory care centers, and non-profit community health centers In 2009, 5,457 persons were served and over 32,600 assessments performed The PSF prenatal program has referred pregnant smokers to the California Smokers' Helpline (CSH), where trained counselors proactively contact the referred patients to encourage participation in a pregnancy-specific counseling protocol PSF also developed tobacco screening protocols used by the CSH trained counselors Based on the success of the prenatal program, standardized tobacco screening forms were developed specifically for use at newborn home visits and well-child check-ups PSF staff began providing nurse home-visitors and pediatric providers with additional training to integrate screening into their practice Anderson Center for Dental Care The goals of the Anderson Center are to improve the oral health of children in San Diego County, particularly young children and children with disabilities, through community and professional education, improved access to care, advocacy and treatment Community and Professional Education In 2009, trained approximately 350 healthcare professionals on methods of improving the oral health of young children and children with disabilities, how to handle dental emergencies, sedation techniques, oral evaluation of young patients, identifying urgent dental needs, dental treatment referral resources, standards of dental care for pregnant women, the latest research regarding transmission of decay from mothers to infants and toddlers, and the impact of oral disease in mothers on the health of newborns Trained more than 1,420 parents and caregivers of children with disabilities on health and good oral hygiene, as well as the effects of dental disease on their children's health, adaptive techniques in daily oral hygiene, what to expect at the first dental visit, and how to obtain dental treatment through a qualified provider Improved Access to Care Provided free oral health assessments to 788 special needs children in 2009, which resulted in coordinating follow-up care for approximately 50 children with urgent oral health needs The assessment process provided one-on-one education with parents and assistance in resolving oral hygiene challenges Resources and supplies, including specially adapted toothbrushes, were provided Provided home visits to 124 children with Autism/Pervasive Developmental Delay, Cerebral Palsy, Down Syndrome and other disabilities in collaboration with the San Diego Regional Center for the Developmentally Disabled Many of these children had urgent dental care or treatment needs Conducted individualized instruction for parents, teachers and service coordinators that focused on adaptive daily oral hygiene, care coordination and treatment referrals, and was provided in English and/or Spanish City Heights Wellness Center The City Heights Wellness Center is a unique partnership between Scripps Health and Rady Children's The Wellness Center is designed to improve the long-term health of children and families in City Heights through a variety of services, including counseling services, healthcare access assistance, nutrition and meal planning, parenting classes, childhood safety programs, and diabetes education In 2009, approximately 18,200 participants received services through the various programs at the Wellness Center Rady Children's provides individual counseling services for children and families, as well as trauma counseling, at the Wellness Center, in response to an expressed need from the community for behavioral health services Rady Children's "Integrative Health Nights" provided hands-on healing for more than 1,920 people In addition, Rady Children's provides the Teaching Kitchen that is an integral part of the Healthy Lifestyle and Nutrition programs Finally, Rady Children's launched a project to engage the East African community in San Diego as health advocates to encourage culturally appropriate healthy food choices Through the various programs, classes, and resource and referral opportunities, Rady Children's performed approximately 870 sessions in 2009 Preventing Obesity - San Diego Childhood Obesity Initiative The CHC is collaborating with healthcare leaders and the County of San Diego on a plan to prevent childhood obesity CHC takes an active leadership role in obesity prevention Three key activities during 2009 were A multicomponent teen mentorship obesity prevention project to improve eating behaviors and physical activity levels 26 sessions were held in 2009 impacting 35 youths 211 One Stop Shop - Partnered with the countywide Childhood Obesity Initiative and 211 to provide a community resource Assisted in the development of a physician's information and referral resource for programs and services in healthy weight, nutrition, physical activity and diabetes CHC staff developed training materials, including collateral materials of customized prescription pads, body-mass index wheels and an information website Provider training began in January 2009 and has resulted in over 500 providers being trained In addition, more than 1,700 phone calls and or web visits have been received since May 2009 Key Steps, which is an innovative program to initiate "key" behaviors at home aimed at preventing obesity

Identifier	Return Reference	Explanation
SchH_P05_S00_L0B	Schedule H, Part V (Cont 2)	Childhood Injury Prevention The CHC plays a primary leadership role in the community in childhood injury prevention CHC has served as the lead organization for the San Diego Safe Kids Coalition since 1990, and received funding from the Robert Wood Johnson Foundation to establish the Injury Free Coalition for Kids, San Diego in 2002 CHC's approach combines the science of epidemiology with community building and advocacy to create safer communities for children Data from the Rady Children's Trauma Center and other sources is reviewed to determine priorities and focus, and the information is brought to communities to raise awareness, problem solve, and advocate for public policy and safety regulations The childhood injury prevention program served as a valuable resource to prevent unintentional injuries by providing Safety tip information dissemination on a variety of topics that discussed child passenger safety, pool and swimming safety, childproofing one's home, fire safety and disaster preparedness Product safety information, including highlighting particular areas of concern or safety issues Kohl's Family Safety Days - On a monthly basis, the CHC conducted a Family Safety Day event at one of the Kohl's locations throughout San Diego to provide family injury risk assessments, safety education and demonstrations, and child safety seat inspections and installations Child safety seat inspections and information were also available at the Rady Children's main hospital campus In 2009, CHC conducted over 730 child safety seat educational inspections by certified technicians Safety Store - The Safety Store provides helpful information, products and services, and has reached approximately 1,100 people FACES for the Future In 2009, the CHC launched the FACES for the Future program at Hoover High School FACES aims to prepare disadvantaged high school students for careers in healthcare The program occurs over a three year period and 27 students are enrolled Juvenile Hall Health and Wellness Team The Center for Healthier Communities, under a contract with the County Health and Human Services Agency, launched the Health and Wellness Team at the Kearny Mesa Juvenile Detention Facility in 2002 and expanded its services to include the East Mesa Juvenile Detention Facility in 2004 The Wellness Team works in conjunction with medical, mental health and probation staff to promote healthier lifestyles and assist minors in avoiding highrisk behaviors through increasing the incarcerated minors' knowledge of pertinent health issues, connecting them to outside health services, and encouraging minors and/or their families to obtain health insurance coverage The Wellness Team conducts weekly health education classes, as well as one-on-one health education counseling In the individual health education sessions, the Wellness Team works with each minor to assess their needs, tailors the session to address those needs, and facilitates further screening as appropriate To promote continuity of healthcare, the team conducts discharge planning by referring the minor to community-based healthcare services In 2009, the Wellness Team conducted 1,428 individual screenings/assessments, 190 sessions, and Served approximately 5,000 clients In addition, the Wellness Team worked on several projects to improve outcomes for incarcerated youth, including Chadwick Center for Children and Families The primary focus of the Chadwick Center for Children and Families at Rady Children's Hospital is the prevention, detection and treatment of child abuse and neglect, domestic violence, and posttraumatic stress in children The Center staff is composed of a variety of professional disciplines from medicine and nursing to child development, social work, and psychology The Center served more than 9,550 children and professionals in fiscal year 2009 through four interrelated programs Trauma Counseling Approximately 1,860 individual children and parents involved in child abuse, domestic violence and other forms of trauma attended more than 16,300 therapy sessions In addition, the Family Violence Program provides an array of support services to victims of domestic violence with the centralization of services at the San Diego Family Justice Center Approximately 4,500 sessions were provided to 491 individuals in need Forensic and Medical Services 812 children received expert medical assessment or a forensic interview for abuse This does not include the children assessed by Chadwick doctors at the US Navy or at Riverside County, which the Chadwick Center continues to support The program also expanded its services to include Extended Forensic Examinations for children and families that may need more than a single interview and facilitate the trauma/healing process In addition, the Failure to Thrive Program aims to improve the health and developmental potential of at-risk infants through multidisciplinary assessment and care planning Failure to Thrive assisted 190 persons in 2009 through providing over 2,900 assessments and case management sessions Family Support Approximately 100 individuals from at-risk or overburdened families received in-home and group family support The Center adopted the research based SafeCare model, which is an in-home parenting model program that provides direct skill training to parents in child behavior management and planned activities training, home safety training, and child health care skills to prevent child maltreatment Professional and community education The Center provided professional education to nearly 6,400 professionals from throughout the United States and numerous countries The Chadwick Center's Clinical Training Program provided training in the assessment and treatment of child abuse to professionals nationally and at the Center Also, family violence awareness and assessment training was provided to approximately 110 First Responders The Chadwick Center collaborates in the "Options Foster Parent Training" program through providing training on child development and parenting, as well as support to families Nearly 300 foster parents participated in the Options program last year Finally, to improve the dissemination of evidence-based treatment, the Chadwick Center conducted multiple trainings to professionals in a variety of formats The Chadwick Center also provides administrative support and evaluation of abused, neglected and abandoned children at the Polinsky Children's Center (see Polinsky Children's Center) In 2009, the Chadwick Center conducted approximately 3,500 sessions impacting nearly 1,700 children awaiting foster care placement Child Life Services The healthcare environment brings many new and sometimes stressful experiences for children, teenagers, and families The Child Life Specialists at Rady Children's work with patients and their families to help them understand and cope with these experiences On any day, at almost any time of day, Child Life Specialists help a child get ready for a frightening medical procedure Based on the child's individual needs and developmental level, Child Life Specialists can provide Psychological preparation, pre-operative tours, and education to help patients and siblings understand and cope with upcoming healthcare experiences Emotional support and coping techniques, such as relaxation, diversion, and deep breathing Medical and therapeutic play to become more familiar with medical equipment and procedures, and encourage expression of feelings Preparing siblings to see their brother or sister (who looks very different with bandages or tubes) for the first time after surgery Resource information on child development and effects of healthcare Activity room programming to promote healing, creativity, peer interaction and independence, which are all vital to normal growth and development School visits or consultations to promote classmates' understanding of illness and healthcare Child Life Specialists accompany special visitors to the hospital, such as athletes and celebrities, and support the work of our volunteers Community Outreach and Education A variety of departments at Rady Children's provide community presentations on many health education topics One effective mechanism that our providers use to reach community members is through the Rady Children's 10Mobile Established in 1994, the Rady Children's 10Mobile is a joint partnership with Rady Children's Hospital of San Diego, KGTV/Channel 10, USA Federal Credit Union, and Kohl's department stores The goal of the 10Mobile is to promote the health, safety, development and well-being of San Diego County's children and families

Identifier	Return Reference	Explanation
SchH_P05_S00_L0C	Schedule H, Part V (Cont 3)	During 2009, the 10Mobile provided information to approximately 5,000 people through visiting schools and community-sponsored events Customer Service and Referral Center The Customer Service and Referral Center helps facilitate access to care for children in our community by identifying community-based providers, as well as providing support to families in pursuing coverage from Medi-Cal and Healthy Families In addition, Rady Children's has implemented follow-up phone calls to parents or caregivers of children discharged from the Emergency Department and Pediatric Intensive Care Unit Approximately 8,800 people were assisted in 2009 Developmental Services The Developmental Services department at Rady Children's provides a continuum of integrated services across various disciplines and community partners to support early brain development, social/emotional development, and the needs of the whole child through every aspect of care delivery Developmental Services rehabilitates children and adolescents with disorders related to congenital anomalies, injuries, illnesses and other special needs A variety of programs are provided that emphasize early identification, diagnosis and intervention through access to community resources Children's Care Connection (C3) C3 is a free program, funded in part by the First 5 Commission of San Diego, that provides services to identify and address developmental and behavioral concerns in children up to five years of age, prior to kindergarten entry C3 services are available in four of the six regions of San Diego County In 2009, 4,800 developmental/behavioral check-ups were completed In addition, 2,500 comprehensive assessments were conducted by a developmental specialist to determine if a child's development, specifically speech, language, motor, thinking, social skills and behavior, were age-appropriate Also, approximately 5,500 children and their families participated in a variety of treatment services, which included behavior classes taught by professional speech, occupational, physical and developmental/behavioral therapists These developmental classes are offered to facilitate healthy development of the mind and body, and to introduce skills that will prepare children for kindergarten Speech and language classes help parents understand the age-appropriate milestones for language and speech development and learn how to facilitate their children's development Developmental Evaluation Clinic (DEC) At the Developmental Evaluation Clinic, specially trained clinical and developmental psychologists provide diagnostic developmental evaluations for infants, preschoolers, and school-age children to identify developmental, learning and social delays and determine the need for further intervention Once delays have been identified, referrals are made to a variety of public education programs as well as public and private therapy programs Approximately 2,400 children were evaluated at DEC in 2009 Reasons for evaluations include premature birth and other neonatal complications, slow development, kindergarten readiness, behavioral problems, social concerns such as autism, or family history of learning disabilities Of the children assessed for developmental delays, 90 percent were identified as having developmental or behavioral needs, and nearly 20 percent were diagnosed with an autism spectrum disorder Developmental Screening and Enhancement Program (DSEP) DSEP provides developmental and behavioral assessment and linkage to services for children birth to six years upon entry into the child welfare system following removal from their homes for abuse and neglect Approximately 50 to 60 percent of children in foster care have developmental delays, compared with 10 to 12 percent in the general population Addressing these needs can improve long-term placement and developmental outcomes for children in foster care Approximately 1,600 developmental and behavioral screenings for nearly 1,000 children were provided in 2009, where 47 percent of the children who received a developmental screening were identified as having potential developmental and/or behavioral needs Nearly all of the children screened in DSEP were successfully linked to recommended services The success of the DSEP program demonstrates the need for standardized and routine developmental and behavioral check-ups for children in child welfare First Five Program To improve school readiness, the First Five Program identifies and treats developmental and behavioral concerns in children from birth to five years of age, and provides developmental and behavioral assessment and case management services for children in foster care up to age six In addition, the Program provides nursing home visits to every first time parent that focuses on parent education topics including developmental assessment, lactation, risk assessment, nutrition and safety In 2009, over 10,700 individuals were impacted by the Program with nearly 13,000 assessments being conducted High Risk Infant Clinic (HRI) The High Risk Infant Clinic provides neurodevelopmental evaluation and follow-up for medically eligible infants cared for in a Neonatal Intensive Care Unit (NICU) setting A pediatric nurse practitioner (PNP) coordinates the program and works closely with NICU staff to identify patients and educate families regarding follow-up services The PNP conducts a comprehensive history and physical examination, developmental screening, neurological assessment, and family psychosocial assessment Coordination of referral to services in the community is also provided The PNP also teaches at weekly NICU parent discharge classes to ensure parents have an understanding of their infant's growth and development In 2009, over 500 infants were evaluated and approximately 70 to 100 families are contacted for follow up services each month The HRI Program helps infants from San Diego, Imperial and Riverside counties Pediatric Down Syndrome Center Using a multidisciplinary approach, the Pediatric Down Syndrome Center provides diagnostic evaluation services, comprehensive case management in collaboration with education and clinical stakeholders, genetic counseling, patient advocacy, resource referral and social services to improve the consistency of care for children with Down Syndrome The Center also serves as a resource to healthcare professionals and strengthens the social network for families Rady Children's Hospital was selected by DS Action to establish the Pediatric Down Syndrome Center in 2008, the only one in Southern California Down Syndrome is the most common genetic cause of cognitive and developmental disabilities To help children with Down Syndrome reach their fullest potential, the Center provides crucial support to families, medical care and access to a team that includes a pediatric clinical geneticist, developmental specialists, social workers, and occupational, physical and speech therapists In 2009, the Center served 109 children and conducted 140 assessments The Autism Discovery Institute (ADI) Autism is a developmental disorder that affects multiple aspects of a child's functioning, characterized by difficulties in communication, impairment in social interactions, and behavioral symptoms The prevalence of autism appears to be on the rise and is the third most prevalent developmental disorder occurring in 1 of 150 births The Autism Discovery Institute serves children with Autistic Spectrum Disorders (ASD) through a multidisciplinary approach, and provides a forum for research A variety of intervention strategies are provided in naturalistic settings In 2009, the ADI provided over 1,000 parent training and behavioral treatment visits to children with autism and their families Also, the ADI provides one of the nation's only research and clinical collaborations that fosters knowledge exchange to enhance treatment for autistic children Finally, the ADI is bringing together many of Developmental Services' expert, multidisciplinary programs on autism under one roof, including developmental evaluations and an inclusive educational program - Alexa's Playful Learning Academy for Young Children' (Alexa's PLAYC)

Identifier	Return Reference	Explanation
SchH_P05_S00_L0D	Schedule H, Part V (Cont 4)	Diabetes education The Rady Children's Endocrine Department provides education to parents, caregivers and patients on diabetes management, nutrition and meal planning, and product usage (advanced pumps) Workshops are provided twice a year and 140 people attended in 2009 In addition, the Endocrine Department arranged a special opportunity for 30 patients to meet the local San Diego State University Aztec baseball team and learn from one of the team leaders, who is diagnosed with diabetes, how to live with and manage diabetes In addition, Tony Gwynn, former San Diego Padre, met with the children This activity provided education on good habits in diabetes management, knowledge and inspiration from role models, and facilitated learning through a fun and memorable experience Disaster preparedness A disaster can occur without warning Rady Children's has prepared for the possibility to provide any and all assistance possible to handle a large influx of victims and to help victims cope and heal from trauma Rady Children's established the Rady Children's Hospital Emergency Incident Command System (CHEICS) as a guide in responding to a disaster Rady Children's personnel are oriented to CHEICS, and trained for their specific department Health Professions Education Rady Children's engages in a multitude of ongoing educational programs to provide continuous learning opportunities for clinicians and community-based stakeholders By doing so, Rady Children's aims to provide the highest level of quality care to patients Programs includee Continuing Medical Education Education and development Neonatal outreach education Nurse and Respiratory Therapy Residency Training Programs (See discussion below) Residents Training Pediatric outreach education Student program Rady Children's collaborates with local schools to provide hands-on education and mentoring to student nurses, as well as non-nursing students that include Speech, Physical and Occupational Therapy, Respiratory Therapy, Radiology and other Techs, Pharmacy, Audiology, Interns, Social Work and others In 2009, 800 nursing students and 200 non-nursing students participated in training and educational rotations, respectively Health Sciences Library The Rady Children's Health Sciences Library combines clinical pediatric literature and a Family Resource Library that can be used to conduct research Open to the parents of Rady Children's patients, staff, physicians and visitors, the Library provides a sound reference collection and computers with online access to the Internet Parents are encouraged to learn more about their child's illness by accessing information at the Library Healthcare Support Services - Financial Counseling Financial Counselors proactively explore and assist patients in applying for appropriate alternative sources of payment and coverage from public and private payment programs At Rady Children's, Medi-Cal eligibility workers are available on-site to assist families Also, Rady Children's Financial Counselors coordinate with Healthy Families and CCS enrollment programs When a family is denied insurance coverage from a government payor, the Financial Counselors pursue other avenues with local patient advocacy groups to explore obtaining health insurance for those families that had been previously denied coverage Rady Children's partners with local agencies to improve access to healthcare for uninsured patients Nurse and Respiratory Therapy Residency Training Programs As one strategy to address the nursing shortage, Rady Children's launched a Registered Nurse Residency in Pediatrics training program (Nurse Residency Training Program) in conjunction with Childrens Hospital Los Angeles in February 2003 The program is specifically tailored to the professional development of recent registered nurse graduates, and was recently expanded to include new respiratory therapist graduates The Residency Training Programs typically last five and one half months and provide precepted clinical experiences, one-on-one mentors, class curriculum and skills lab education Students are exposed to pediatric specialties of pediatric ICU, neonatal ICU, orthopedics and rehabilitation, medical/surgical care, emergency care, and hematology/oncology In 2009, 50 Nurse residents and 9 Respiratory Therapist residents were trained, and 36 classes were held in each Residency Program Outpatient Psychiatry Mental health services has been identified as a top health need in San Diego County The Rady Children's Outpatient Psychiatry department is unique because it provides comprehensive mental health and psychosocial services to children and their families within a full-service pediatric medical facility Its state-of-the-art, cost-effective clinical programs are also available at outpatient clinics, schools and homes throughout the County Services include Diagnostic assessments, Individual, family or group therapy, Psychological testing, and Medication evaluation and follow-up Depression and suicidal ideation, attention deficit disorder and oppositional disorders are the most frequently treated diagnoses Other diagnoses include chemical dependency, eating disorders, learning disabilities and developmental delays, and sleep disorders In 2009, the Outpatient Psychiatry department treated approximately 2,000 patients and conducted over 42,000 visits From September through June, the Rady Children's Outpatient Psychiatry department hosts Grand Rounds on a variety of behavioral health topics three times per month The Grand Rounds are open to staff and clinicians in the community The aim is to provide cutting-edge and evidence based treatment and research information to providers to increase their knowledge base and accelerate the spread of best practices Polinsky Children's Center Numerous departments at Rady Children's Hospital work with the San Diego County's Polinsky Children's Center, which serves as an emergency shelter for approximately 2,500 abused, abandoned and neglected children each year Children stay an average of 10 to 12 days while they wait to be placed with relatives or in foster care Rady Children's Hospital provides support in the following ways Management support by the Rady Children's Chadwick Center Developmental screening and evaluation of abused children Medical evaluation of children is provided 24/7 by physicians affiliated with Rady Children's Hospital, along with nursing, Nurse Practitioner, and Developmental Screening personnel Rady Children's Hospital Emergency Transport The Rady Children's Hospital Emergency Transport ("CHET") Pediatric and Neonatal Teams provided approximately 1,800 emergency transports, including seriously ill and injured children and neonates CHET provides immediate response to hospitals, clinics, and physician offices in San Diego, Imperial and Riverside Counties The CHET air and ground transportation vehicles are outfitted with self-contained medical equipment to provide expert pediatric and neonatal critical care to its patients Rady Children's Regional Pediatric Trauma Center The Hospital's Regional Pediatric Trauma Center (the "Trauma Center") was formally designated by the County of San Diego as the sole provider of pediatric trauma care in 1984 While clinical trauma care is the primary focus of the Trauma Center, it is also committed to providing a wide range of non-clinical community services, including providing injury data to a wide spectrum of community, state and national agencies, advocating for keeping children safe by functioning as media spokespersons on key topics, providing professional (pre-hospital and hospital providers) educational forums, providing community group informational and educational forums, and participating in front line injury prevention programs such as car safety seat/restraint and helmet distribution and education The Trauma Center also functions as a community resource in disaster planning for children Each year, the Trauma Center provides education to allied health professionals to improve pediatric trauma knowledge During fiscal year 2009, approximately 1,800 allied health professionals attended training The Trauma Center staff also makes available ongoing educational interface with pre-hospital providers by providing "real time" feedback on clinical care, as well as participating in case review, regarding children transported to Rady Children's, at agency meetings Finally, the Trauma Center provides outreach and education to improve child safety and prevent injury, in 2009, over 3,500 people were impacted by the information disseminated

Identifier	Return Reference	Explanation
SchH_P05_S00_L0E	Schedule H, Part V (Cont 5)	Research studies Rady Children's participates in clinical research to identify new solutions to treat childhood illnesses and conditions and to promote child health Rady Children's and the Research Center are participating in research in collaboration with UCSD, which includes in the specialty areas of oncology, hematology, neonatology, emergency medicine, orthopedics, autism, pulmonology, infectious disease, mental health, endocrinology, gastroenterology, cardiology, and cardiovascular surgery Support Groups Rady Children's offers over 20 support groups to families on a variety of topics Ranging from oncology to cardiology, from parenting to school readiness, Rady Children's is proud to fulfill our mission through supporting families and helping children and families heal The following is a small sample of topics that are offered to families free of charge ADHD Adolescent Issues Anger Management Autism Behavior Management Bereavement Kardiac Kids Parent Education and Support Parents - Cancer support groups in English and Spanish Passages - A social skills group for children with Autistic Spectrum Disorders Some of My Best Friends are Bald Transplant Patient Support Web Team The Web Team at Rady Children's provides customized web sites on health, medical and safety information for families and patients, and the community The Rady Children's web site provides comprehensive health, medical and safety information in English and Spanish All content is reviewed and revised annually by a clinical team Pediatric health topics are designed especially for parents to help them determine how sick their child is and if they should seek medical help, and provides instructions for treating their child at home when it is safe to do so The health tips section is continually being expanded on a variety of subjects and includes "50 ways to keep your child healthy", methods for treating bites and stings, advice on proper dental care, how to treat a fever, child's behavior and parenting, and injury prevention and safety (including age-related dangers, seatbelt use, bicycle helmets) The web site also provides information to the community on poison prevention, and how to choose day care and healthcare for their child Rady Children's provides the option for parents of patients to develop a personalized web page to update family and friends on their child's condition through CaringBridge, a free web page service A special section of the Rady Children's website is devoted to kids and teens, which provides topics that they may be interested in and can access themselves For kids, topics include asthma, first aid and back-to-school worries For teens, answers or guidance on some common health concerns, including acne, alcohol and drugs, talking to parents, and suicide prevention This section also provides information on the "Youth-to-Youth Helpline", which is the only hotline that is run by and for teens Rady Children's also provides information and links to i-SAFE America that aims to educate and empower young people to safely and responsibly take control of their Internet experiences i-SAFE provides much needed awareness, knowledge, and the critical decision making skills that enable students to recognize and avoid dangerous, destructive, inappropriate or unlawful online behavior and to respond appropriately KidsHealth, including its TeenHealth module of educational and information topics, a nationally established and physician-reviewed online information tool for families about child health is also included on the website Links are available on the following critical topics General health and medical problems Infections Emotions and behavior Growth and development Nutrition and fitness Pregnancy and newborns Positive parenting First aid and safety III Benefits for low-income patients and financial assistance Rady Children's is a freestanding and self-supporting organization that is not part of another major medical center Serving a unique role in the community, Rady Children's is proud of our commitment to provide the highest quality of care The safety net provider for children (no County hospital) Sole pediatric Level 1 Trauma Center Provides over 70 percent of all inpatient pediatric care in San Diego County Partners with UCSD, Sharp Health, Scripps Health, and virtually all medical groups San Diego County's only regional Level 3C full scope NICU (the highest level, including surgery) PICU ranked among top intensive care units in nation Winner of prestigious Ernest A Codman Award for Quality from the Joint Commission on Accreditation for Healthcare Organizations Rady Children's provides medically necessary care to patients regardless of their ability to pay Over half of our patients have no private health insurance, and most patients are covered by Medi-Cal, which usually covers only approximately 25 percent of costs Medical care services include, but are not limited to, charity care, uncompensated care, Medi-Cal payment shortfalls, county shortfalls, dental care, immunizations, and other direct medical/clinical services Rady Children's is committed to providing financial assistance to persons who have healthcare needs and are low-income, uninsured, ineligible for a government program and are otherwise unable to pay for medically necessary care based on their individual family financial situations Rady Children's provides a Charity Care Financial Assistance Program to provide partial and/or full charity care, which will be based upon the guarantor's ability to pay as defined by the Federal Poverty Income Guidelines Through our efforts, Rady Children's strives to ensure that the financial capacity of families whose children need healthcare services does not prevent them from seeking or receiving care A copy of Rady Children's Financial Assistance, Discount Payment, and Billing and Collection policy and procedure is attached Eligibility for Financial Assistance Eligibility for financial assistance is considered for those patients/guarantors who are uninsured, ineligible for any government healthcare benefit program, and unable to pay for their care, based upon a determination of financial need in accordance with this policy The granting of financial assistance is based on an individualized determination of financial need, and does not take into account age, gender, race, socio-economic status, sexual orientation or religious affiliation Rady Children's may determine or re-determine a patient's/guarantor's eligibility for charity care any time information on the patient's/guarantor's eligibility becomes available Determination of Financial Need Financial need is determined through an individual assessment of financial need, including an application process in which the patient/guarantor is required to supply all documentation necessary to make the determination of financial need Ideally, identification of patients/guarantors eligible for financial assistance will occur prior to service or at the point of service Rady Children's values providing excellent quality care and customer service, and this value is reflected in the application process, financial need determination, and granting of financial assistance Requests for financial assistance are processed promptly, and Rady Children's notifies the applicant in writing of the decision Financial Assistance Guidelines in 2009 Rady Children's provides medically necessary healthcare services for uninsured patients/guarantors whose income is less than or equal to 250 percent of the Federal Poverty Level (FPL) free of charge, except that patients/guarantors at 250 percent of the FPL and below must pay a co-payment according to the following schedule Hospital service Co-payment Clinic visit $10 00/visit Emergency department $25 00/visit Outpatient surgeries $50 00/surgery Inpatient admission $100 00/admission Emergency department resulting in an inpatient admission $100 00/admission Other than the instant co-payment, Rady Children's collection policy will be not to bill these patients/guarantors for any amount

Identifier	Return Reference	Explanation
SchH_P05_S00_L0F	Schedule H, Part V (Cont 6)	Rady Children's w ıll provıde partıal charıty care for patıents/guarantors ın accordance w ıth fınancıal need as determıned by the FPL as follow s For patıents/guarantors w ıth household ıncome betw een 251 percent and 350 percent of the Federal Poverty Level, provıde a dıscounted Prıvate Pay Fee Schedule, w hereby the reımbursement that Rady Chıldren's w ould receıve shall not exceed the payment that Rady Chıldren's w ould receıve for the same servıce or set of servıces from publıc payers, such as Medı-Cal For patıents/guarantors w ıth household ıncome betw een 351 percent and 450 percent of the FPL, provıde a dıscounted Prıvate Pay Fee Schedule, w hıch provıdes a dıscount of 50 percent off of charges For patıents/guarantors w ıth household ıncome greater than 450 percent of the FPL, patıents w ıll be provıded a dıscounted Prıvate Pay Fee Schedule, w hıch provıdes an approxımate 25 percent dıscount off of charges Rady Chıldren's also provıdes catastrophıc elıgıbılıty fınancıal assıstance w hen patıent/guarantor lıabılıty exceeds a substantıal portıon of the patıent's/guarantor's ıncome In 2009, the Rady Chıldren's Fınancıal Assıstance Program provıded some level of charıty care for 577 epısodes of care that totaled $13 8 mıllıon ın charges, at a cost of $5 0 mıllıon Fınancıal Counselıng and Assıstance As dıscussed Sectıon II, Rady Chıldren's provıdes healthcare support servıces to the communıty through the Fınancıal Counselıng Team Rady Chıldren's Fınancıal Counselors proactıvely explore and assıst patıents/guarantors ın applyıng for health ınsurance coverage from publıc and prıvate payment programs IV Unsponsored Communıty Benefıt Expense The follow ıng ıs an economıc valuatıon summary of Rady Chıldren's communıty servıce for the year ended June 30, 2009, w hıch ıncludes medıcal care and communıty servıces for vulnerable populatıon, and benefıts for the broader communıty1 Rady Chıldren's Hospıtal and Health Center Unsponsored Communıty Benefıt Expense (Audıted) For year ended June 30, 2009 Total Communıty Benefıts provıded $ 84,831,038 1 Medıcare shortfall and patıent bad debt are not ıncluded ın the calculatıon of total communıty benefıt for fıscal year 2009 Persons served Total benefıt expense Dırect offsettıng revenue Net communıty benefıt Percentage of total expense Benefıts for vulnerable populatıon Tradıtıonal charıty care 577 $ 5,042,146 $ - $ 5,042,146 1 1% Unpaıd costs of Medıcaıd/Medı-Cal 31,484 187,783,626 (147,157,232) 4 0,626,394 8 8% Communıty servıces Communıty buıldıng actıvıtıes 57 199,798 - 199,798 - Communıty health ımprovement servıces 50,755 12,528,118 (6,225,158) 6,302,960 1 4% Research 33 111,533 - 111,533 - Subsıdızed health servıces 2,867 9,829,231 (6,436,259) 3,392,972 0 7% Total communıty servıces 53,712 22,668,680 (12,661,417) 10,007,263 2 1% Total benefıts for vulnerable populatıon 85,773 215,494,452 (159,818,649) 55,675,803 12 0% Benefıts for the broader communıty Communıty benefıt operatıons 104 76,599 - 76,599 - Communıty health ımprovement servıces 52,150 13,114,093 (6,964,537) 6,149,556 1 3% Fınancıal and ın-kınd contrıbutıons 2 54,190 - 54,190 - Health professıons educatıon 13,037 13,082,549 (823,036) 12,259,513 2 7% Research 719 2,788,309 - 2,788,309 0 6% Subsıdızed health servıces 1,828 13,646,938 (5,819,870) 7,827,068 1 7% Total benefıts for the broader communıty 67,840 42,762,678 (13,607,443) 29,155,235 6 3% Total communıty benefıt 153,613 $ 258,257,130 $ (173,426,092) $ 84,831,038 18 3%

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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.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
RADY CHILDRENS HOSPITAL-SAN DIEGO

Employer identification number
95-1691313

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
Rady Children's Hospital and Health Center 3020 Childrens Way MC 5001San Diego, CA921234282 95-3545901	Support affliated tax-exempt organizations	CA	501(c)(3)	7	N/A
Rady Children's Hospital Research Center 3020 Childrens Way MC 5001San Diego, CA921234282 95-3814185	Research	CA	501(c)3	11a	N/A
Rady Children's Hospital Foundation - San Diego 3020 Childrens Way MC 5001San Diego, CA921234282 33-0170626	Fundraising for Rady Children's Hospital - San Diego	CA	501(c)3	11a	N/A
Rady Children's Health Services - San Diego 3020 Childrens Way MC 5001San Diego, CA921234282 33-0278018	Support Rady Children's Hospital and Health Center, related 501(c)3 organization	CA	501(c)3	11a	N/A

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproprtionate allocations? Yes	(H) No	(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner? Yes	(J) No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
Children's Hospital Integrated Risk Protective Ltd 22 Victoria Street Hamilton, HM12 BD	Captive insurance	BD	Rady Children's Hospital and Health Center	C			
Rady Children's Physician Management Services Inc 3860 Calle Fortunada Suite 200 San Diego, CA92123 33-0670694	Management of physician offices	CA	Rady Children's Hospital and Health Center	C			

Part V Transactions with Related Organizations

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	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)	**1g**		**No**
h	Exchange of assets	**1h**	**Yes**	
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**
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**		**No**
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**		**No**
n	Sharing of paid employees	**1n**	**Yes**	
o	Reimbursement paid to other organization for expenses	**1o**	**Yes**	
p	Reimbursement paid by other organization for expenses	**1p**	**Yes**	
q	Other transfer of cash or property to other organization(s)	**1q**	**Yes**	
r	Other transfer of cash or property from other organization(s)	**1r**	**Yes**	

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

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) **See Additional Data Table**		
(2)		
(3)		
(4)		
(5)		
(6)		

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

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

Form 990, Schedule R, Part V - Transactions with Related Organizations

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(1)	Rady Children's Health Services - San Diego	o	1,089
(2)	Rady Children's Health Services - San Diego	h	33,035
(3)	Rady Children's Health Services - San Diego	r	1,484,060
(4)	Rady Children's Hospital Foundation - San Diego	r	3,878,250
(5)	Rady Children's Hospital Foundation - San Diego	o	2,567,428
(6)	Rady Children's Hospital Foundation - San Diego	q	1,166,195
(7)	Rady Children's Hospital Foundation - San Diego	n	3,740,078
(8)	Rady Children's Hospital and Health Center	o	1,750,352
(9)	Rady Children's Hospital and Health Center	r	129,708,038
(10)	Rady Children's Hospital and Health Center	p	103,825
(11)	Rady Children's Hospital and Health Center	n	1,333,196
(12)	Rady Children's Hospital Research Center	n	1,685,896
(13)	Rady Children's Hospital Research Center	o	3,089,051
(14)	Rady Children's Hospital Research Center	q	3,794,129

Additional Data

Software ID:
Software Version:
EIN: 95-1691313
Name: RADY CHILDRENS HOSPITAL-SAN DIEGO

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Gail R Knight , Board Member	89	X						0	0	0
John Davies , Board Member	1 78	X						0	0	0
Theodore D Roth , Board Member	1 43	X						0	0	0
Harry M Rady , Board Member	1 39	X						0	0	0
Scott Wolfe , Board Member	1 79	X						0	0	0
John M Gilchrist Jr , Board Member	01	X						0	0	0
Penny A Dokmo , Chairperson	1 08	X						0	0	0
David F Hale , Vice Chair	1 33	X						0	0	0
Marye Anne Fox PhD , Board Member	14	X						0	0	0
Catherine J Mackey PhD , Board Member	61	X						0	0	0
Alvin Faierman MD , Board Member	74	X						0	0	0
Kurt Benirschke MD , Board Member	1 65	X						0	0	0
Lucy Killea PhD , Board Member	1 37	X						0	0	0
James F Vargas , Board Member	83	X						0	0	0
Lisa Barkett Esq , Board Member	0 0	X						0	0	0
Gabriel Haddad MD , Board Member	17 74	X						0	0	0
Herbert Kimmons MD , Board Member	42	X						0	0	0
Leonard Kornreich MD , Board Member	32	X						0	0	0
Anthony Magit MD , Board Member	01	X						0	0	0
Thomas Page MD , Board Member	46	X						0	0	0
Michael Peckham , Board Member	02	X						0	0	0
Cathy Polk , Board Member	1 67	X						0	0	0
Santiago Munoz , Board Member	01	X						0	0	0
David Brenner MD , Board Member	01	X						0	0	0
David B Gillig , Executive Director, Rady Children's Hospital Foundation	3 4			X				0	408,498	91,700
Roger G Roux , Treasurer/Sr VP CFO	32			X				602,808	0	140,128
Kathleen Dooley Sellick , President & CEO	28 80			X				789,618	0	226,468
Margareta E Norton , Secretary/Sr VP Operations	32			X				594,328	0	142,012
Irvin A Kaufman MD , Sr VP & Chief Medical Officer	34 00			X				554,286	0	133,839
Albert Oriol , Vice President and CIO	40				X			251,552	0	67,341

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Timothy Jacoby , Vice President of Facilities and Construction	40				X			254,734	0	62,436
Angela Vieira , General Counsel	40				X			236,066	0	59,798
Barbara Ryan , VP, Government Affairs	40				X			236,894	0	58,265
Matthew Niedzwiecki , Sr Director Ancilliary Programs	40				X			221,156	0	34,721
Marjorie Peck RN Phd , Vice President & CNO	36 00				X			302,660	0	66,340
Robert Braithwaite , VP, Personnel Development	40				X		X	305,861	0	30,750
Paul Kurtin MD , Vice President	40					X		349,939	0	82,278
Charles Wilson , Sr Managing Director	40					X		296,484	0	74,069
Chris Abe , Sr Director Safety and Support	40					X		232,222	0	59,458
Gillian Kirkpatrick , CHET RN	40					X		202,218	0	23,384
Stephen Kalsman , Controller	40					X		194,523	0	57,157
Blair Sadler , Former President & CEO	01						X	292,871	0	0

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a Inpatient and Outpatient Revenue	622,000	371,438,588	371,438,588	0	0
b Capitated Contract Revenue	622,000	33,840,402	33,840,402	0	0
c Home Health Association	621,610	22,022,359	22,022,359	0	0
d Children's Convalescent Hospital	623,000	8,577,794	8,577,794	0	0
e Outpatient Psychiatry	621,000	7,273,206	7,273,206	0	0