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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 10-01-2008 and ending 09-30-2009

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
Scripps Health

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
4275 Campus Point Court

City or town, state or country, and ZIP + 4
San Diego, CA 92121

D Employer identification number
95-1684089

E Telephone number
(858) 678-7226

G Gross receipts $ 2,395,824,206

F Name and address of Principal Officer
CHRISTOPHER VAN GORDER
4275 CAMPUS POINT COURT
SAN DIEGO, CA 92121

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 scrippshealth org

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

L Year of Formation 1924

M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
FOUNDED IN 1924 BY PHILANTHROPIST ELLEN BROWNING SCRIPPS, SCRIPPS HEALTH IS A $2 BILLION, PRIVATE NOT-FOR-PROFIT INTEGRATED HEALTH SYSTEM IN SAN DIEGO, CALIFORNIA (CONTINUED IN SCHEDULE O)

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	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of employees (Part V, line 2a)	5	14,078
6	Total number of volunteers (estimate if necessary)	6	1,931
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	1,537,842
b	Net unrelated business taxable income from Form 990-T, line 34	7b	208,634

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	46,457,672	30,425,804
9	Program service revenue (Part VIII, line 2g)	1,835,427,386	2,016,636,410
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	31,734,493	-10,248,946
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	19,820,059	20,239,239
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,933,439,610	2,057,052,507
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	667,200	270,251
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)	825,625,061	915,530,734
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	(Total fundraising expenses, Part IX, column (D), line 25 8,423,443)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	943,696,141	1,041,973,712
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	1,769,988,402	1,957,774,697
19	Revenue less expenses Subtract line 18 from line 12	163,451,208	99,277,810

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	1,988,402,098	2,176,075,012
21	Total liabilities (Part X, line 26)	779,936,838	833,431,959
22	Net assets or fund balances Subtract line 21 from line 20	1,208,465,260	1,342,643,053

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: 2010-08-05

RICHARD SHERIDAN SECRETARY
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
ERNST & YOUNG US LLP
4370 LA JOLLA VILLAGE DR SUITE 500
SAN DIEGO, CA 92122

EIN ▶

Phone no ▶ (858) 535-7200

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

FOUNDED IN 1924 BY PHILANTHROPIST ELLEN BROWNING SCRIPPS, SCRIPPS HEALTH IS A $2 BILLION, PRIVATE NOT-FOR-PROFIT INTEGRATED HEALTH SYSTEM IN SAN DIEGO, CALIFORNIA (CONTINUED IN SCHEDULE O)

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 $ 1,768,938,915 including grants of $ 270,251) (Revenue $ 2,034,806,450)

SEE SCHEDULE O

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

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

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e Total program service expenses $ 1,768,938,915 *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	Yes	
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	Yes	
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	Yes	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		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		No
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**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**	Yes	
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**	Yes	
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	1,171		
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	14,078		
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 Yes	
b	If "Yes," enter the name of the foreign country MX 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 Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c Yes	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	6		
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	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h	
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 14		
b	Enter the number of voting members that are independent . .	1b 11		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its 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		No
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	Yes	
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		No

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

RICHARD ROTHBERGER
4275 CAMPUS POINT COURT
SAN DIEGO, CA 92121
(858) 678-6828

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)						(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			
1b Total ▶								12,248,907	0	3,504,819

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 1,094

			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**		No
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
Scripps Clinic Medical Group 10666 N Torrey Pines Rd MS 129 LA JOLLA, CA 92037	Physician Services	146,361,891
Reno Contracting Inc 1450 Frazee Road 100 SAN DIEGO, CA 92108	Construction	16,733,058
AMN Healthcare File 56157 LOS ANGELES, CA 900746157	Nursing Services	15,875,680
Emergency Acute Care Med Co 440 Stevens Ave Ste 150 SOLANA BEACH, CA 92075	Physician Services	10,015,593
SCRIPPS COASTAL MEDICAL GROUP 501 WASHINGTON ST 601 SAN DIEGO, CA 92103	PHYSICIAN SERVICES	13,860,086

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 138

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				
	b	Membership dues 1b				
	c	Fundraising events 1c 1,390,042				
	d	Related organizations 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 29,035,762				
	g	Noncash contributions included in lines 1a-1f $ 925,122				
	h	**Total (Add lines 1a-1f)** ▶	30,425,804			
Program Service Revenue		Business Code				
	2a	HEALTHCARE DELIVERY	900,099	1,910,410,254	1,909,622,243	788,011	0
	b	CAPITATION PREMIUM	900,099	67,505,293	67,505,293	0	0
	c	RESEARCH REVENUE	541,700	7,323,876	6,916,996	406,880	0
	d	JOINT VENTURE - CHILDREN'S HOSPITAL	900,099	5,160,776	5,160,776	0	0
	e	RENTAL INCOME - MEDICAL OFFICE BLDGS	900,099	13,046,873	13,046,873	0	0
	f	All other program service revenue		13,189,338	13,189,338		0
	g	**Total. Add lines 2a-2f** ▶ $ 2,016,636,410					
	3	Investment income (including dividends, interest other similar amounts) ▶	23,446,248	855,063	129,835	22,461,350
	4	Income from investment of tax-exempt bond proceeds ▶	0			
	5	Royalties	0			
			(i) Real	(ii) Personal			
	6a	Gross Rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) ▶					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	300,517,965	3,800,000			
	b	Less cost or other basis and sales expenses	334,685,681	3,327,478			
	c	Gain or (loss)	-34,167,716	472,522			
	d	Net gain or (loss) ▶		-33,695,194	0	0	-33,695,194
Other Revenue	8a	Gross income from fundraising events (not including $ 365,218 of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000* a 1,390,042				
	b	Less direct expenses b 758,540				
	c	Net income or (loss) from fundraising events ▶	-393,322	0	0	-393,322
	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 ▶	0			
	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 ▶	0			
		Miscellaneous Revenue	Business Code				
	11a	CAFETERIA	900,099	5,601,549	5,601,549	0	0
	b	PARKING	531,390	2,591,231	2,579,067	12,164	0
	c	GIFT SHOP	453,220	1,550,947	1,550,947	0	0
	d	All other revenue		10,888,834	7,583,414	200,952	3,104,468
	e	**Total. Add lines 11a-11d** ▶ $ 20,632,561					
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶	2,057,052,507	2,033,611,559	1,537,842	-8,522,698

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	270,251	270,251		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	16,157,239	0	16,157,239	0
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	711,691,459	642,381,255		4,788,475
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	27,753,936	22,201,715	5,446,891	105,330
9 Other employee benefits	107,745,840	94,391,409	12,742,087	612,344
10 Payroll taxes	52,182,260	46,829,687	5,080,042	272,531
11 Fees for services (non-employees)				
a Management	0			
b Legal	4,858,645	3,303,594	1,553,253	1,798
c Accounting	699,160	83,407	615,753	0
d Lobbying	423,323	423,323	0	0
e Professional fundraising *See Part IV, line 17*	0			
f Investment management fees	2,199,844	0	2,199,844	0
g Other	354,133,857	331,902,431	21,557,858	673,568
12 Advertising and promotion	3,613,462	1,569,471	2,037,998	5,993
13 Office expenses	368,168,183	353,975,196	13,193,871	999,116
14 Information technology	0			
15 Royalties	0			
16 Occupancy	78,125,085	70,161,905	7,816,949	146,231
17 Travel	0			
18 Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19 Conferences, conventions and meetings	0			
20 Interest	15,025,609	10,029,548	4,996,061	0
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	87,713,482	83,539,582	4,173,900	0
23 Insurance	9,422,899	8,942,613	480,286	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 EXPENSE	60,943,834	60,939,457	4,377	0
b REPAIRS & MAINTENANCE	43,932,657	26,727,332	17,169,831	35,494
c PROFESSIONAL CLAIMS EXPENSE	5,619,200	6,102,160	-707,720	224,760
d ORGAN ACQUISITION COSTS	1,861,203	1,861,203	0	0
e ALL OTHER EXPENSES	5,233,269	3,303,376	1,372,090	557,803
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	1,957,774,697	1,768,938,915	180,412,339	8,423,443
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			1	
	2	Savings and temporary cash investments		355,114,829	2	404,345,528
	3	Pledges and grants receivable, net		43,827,982	3	30,147,019
	4	Accounts receivable, net		245,010,467	4	266,174,063
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*			5	
	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*			6	
	7	Notes and loans receivable, net		462,173	7	281,032
	8	Inventories for sale or use		19,175,620	8	28,048,542
	9	Prepaid expenses and deferred charges		11,067,607	9	7,398,808
	10a	Land, buildings, and equipment cost basis	10a 1,568,264,820			
	b	Less accumulated depreciation *Complete Part VI of Schedule D*	10b 820,695,044	701,578,526	10c	747,569,776
	11	Investments—publicly traded securities		445,363,665	11	488,471,869
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*		81,138,636	12	102,025,000
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*		10,150,911	13	10,969,544
	14	Intangible assets		41,440,831	14	37,508,462
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*		34,070,851	15	53,135,369
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*		1,988,402,098	16	2,176,075,012
Liabilities	17	Accounts payable and accrued expenses		259,769,977	17	319,111,797
	18	Grants payable			18	
	19	Deferred revenue		5,040,419	19	8,960,944
	20	Tax-exempt bond liabilities		423,717,948	20	410,623,828
	21	Escrow account liability *Complete Part IV of Schedule D*			21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		13,021,402	23	10,611,915
	24	Unsecured notes and loans payable			24	
	25	Other liabilities *Complete Part X of Schedule D*		78,387,092	25	84,123,475
	26	**Total liabilities.** *Add lines 17 through 25*		779,936,838	26	833,431,959
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		993,325,729	27	1,149,341,585
	28	Temporarily restricted net assets		153,438,201	28	124,564,281
	29	Permanently restricted net assets		61,701,330	29	68,737,187
		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		1,208,465,260	33	1,342,643,053
	34	Total liabilities and net assets/fund balances		1,988,402,098	34	2,176,075,012

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	Yes	
b	If "Yes," did the organization undergo the required audit or audits?		3b	Yes	

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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
Scripps Health

Employer identification number
95-1684089

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
Scripps Health	95-1684089

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)?	Yes		
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		310,547
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?	Yes		34,700
i	Other activities If "Yes," describe in Part IV	Yes		177,767
j	Total lines 1c through 1i			523,014
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
SCHEDULE C, PART II-B, LINE I	PUBLIC AFFAIRS EDUCATION AND INFORMATION	ORGANIZATION IS A MEMBER OF HOSPITAL ASSOCIATIONS AND HEALTH CARE ORGANIZATIONS AND HAS PARTICIPATED IN PUBLIC AFFAIRS ACTIVITIES ORGANIZED BY THESE ORGANIZATIONS THIS ACTIVITY HAS INCLUDED BRIEFINGS OF LEGISLATORS AND LEGISLATIVE STAFF MEMBERS (FEDERAL, STATE AND LOCAL) ON MATTERS AFFECTING HEALTH CARE AND HEALTH CARE OPERATIONS SUCH MATTERS INCLUDE DATA AND IMPACT OF PUBLIC PROGRAMS, STATUS AND IMPACT ON MANDATED PROGRAMS SUCH AS SEISMIC SAFETY COMPLIANCE, QUALITY AND PATIENT SAFETY REPORTING, EMERGENCY ROOM CAPACITY, CARE OR UNINSURED AND OTHER SAFETY NET NEEDS AND IMPACTS, COMMUNITY BENEFIT PROGRAMS, DEVELOPMENT OF HEALTH INFORMATION TECHNOLOGY THE ORGANIZATION STAFFS A GOVERNMENT RELATIONS DEPARTMENT THAT COORDINATES INFORMATION AND EDUCATION PROGRAMS ON PUBLIC POLICY AND ADVOCACY MATTERS ALL WORK IS FOCUSED ON ISSUES AND NOT ON PARTISAN MATTERS, CANDIDATES OR POLITICAL ACTIVITIES A PORTION OF ANNUAL MEMBERSHIP DUES SCRIPPS HEALTH PAYS TO CALIFORNIA HOSPITAL ASSOCIATION (CHA) AND ITS SUBSIDIARY THE HOSPITAL ASSOCIATION OF SAN DIEGO & IMPERIAL COUNTIES (HASD&IC), AMERICAN HOSPITAL ASSOCIATION (AHA), THE ALLIANCE OF CATHOLIC HEALTH CARE AND PRIVATE ESSENTIAL ACCESS COMMUNITY HOSPITALS (PEACH) IS DIRECTED BY THESE ORGANIZATIONS TO DIRECT LOBBYING SERVICES

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
Scripps Health

Employer identification number
95-1684089

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	69,740,000				
b	Contributions	7,288,000				
c	Investment earnings or losses	5,902,000				
d	Grants or scholarships	0				
e	Other expenditures for facilities and programs	1,372,000				
f	Administrative expenses	460,000				
g	End of year balance	81,098,000				

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

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 100 %
- c Term endowment ▶ 0 %

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)		No
(ii) related organizations	3a(ii)		No

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

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	28,507,305	65,153,697		93,661,002
b Buildings		657,494,867	356,657,001	300,837,866
c Leasehold improvements		72,963,192	23,435,510	49,527,682
d Equipment		618,470,341	440,602,533	177,867,808
e Other		125,675,418	0	125,675,418
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				747,569,776

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 ALTERNATIVE INVESTMENTS	102,025,000	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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
INVESTMENT IN SMPP	300,952	F
INVESTMENT IN SHPS	9,355,000	F
INVESTMENT IN SMASC	1,193,150	F
INVESTMENT IN EN ASC	120,442	F
INVESTMENT IN WHITTIER		F
INVESTMENT IN SCHPS		F
INVESTMENT IN SMASC		F
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
ANNUITIES AND UNITRUSTS	22,619,740
ART	522,313
DEFERRED RENT RECEIVABLE	846,374
DEFERRED DEBT/REFINANCE COSTS	3,012,018
CASH SURRENDER VALUE OF INS	3,318,178
CONTRACT RECEIVABLE	1,057,000
DEBT SVCS FUNDS HELD BY TRUST	20,278,495
SWAP COLLATERAL	1,481,251
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
ANNUITY AND UNITRUSTS	12,473,718
DEFERRED RETIREMENT LIABILITY	11,098,120
DEPOSITS AND CONTINGENCIES	83,512
SELF INSURED MALPRACTICE LIABILITY	13,554,624
SELF INSURED WORKERS COMP LIABILITY	30,148,251
ASSET RETIREMENT OBLIGATION	13,813,299
INTERCOMPANY LIABILITIES	2,152,976
AGENCY ENDOWMENT LIABLITY	798,975
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	84,123,475

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
SCHEDULE D, PART V	INTENDED USES OF THE ORGANIZATION'S ENDOWMENT FUNDS	CONTRIBUTIONS RECEIVED FOR CAPITAL PROJECT USE INCLUDING BUILDING PROJECTS, MAJOR RENOVATIONS, AND EQUIPMENT PURCHASES - $1,086,131 CONTRIBUTIONS RECEIVED TO FUND GRADUATE MEDICAL EDUCATION PROGRAMS, FELLOWS, AND LECTURE SERIES - $7,507,133 CONTRIBUTIONS RECEIVED FOR USE IN SPECIFIC DEPARTMENTS OR DIVISIONS IN THE HOSPITALS AND/OR CLINICS - $32,684,585 CONTRIBUTIONS RECEIVED TO COVER THE COSTS OF HEALTHCARE PROVIDED TO INDIVIDUALS WITHOUT INSURANCE OR THE MEANS OF PAYING FOR THEIR CARE - $12,813,333 CONTRIBUTIONS RECEIVED TO FUND RESEARCH PROJECTS IN SPECIFIC AREAS OR DIVISIONS - $14,648,685 TOTAL - $68,739,867
SCHEDULE D, PART X		Scripps Health is generally not subject to federal or state income taxes However, Scripps Health is subject to income taxes on any net income that is derived from a trade or business, regularly carried on, and not in furtherance of the purpose for which it was granted exemption No income tax provision has been recorded in the consolidated financial statements as the net income, if any, from any unrelated trade or business, in the opinion of management, is not material to the consolidated financial statements taken as a whole

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SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

▶ Attach to Form 990. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Scripps Health

Employer identification number
95-1684089

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 **For grantmakers.** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance . . . . . ☐ Yes ☐ No

2 **For grantmakers.** Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States

3 Activites per Region (Use Schedule F-1 (Form 990) if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures in region
East Asia and the Pacific	0	14	Program Services	MEDICAL & TRAINING	31,682
North America	0	0	Fundraising		0
North America	0	25	Program Services	RECONSTRUCTIVE SURGERY	309,230
Totals . . . . . ▶	0	39			340,912

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than $5,000. Check this box if no one recipient received more than $5,000 . . . . . ▶ ☐
Use Schedule F-1 if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

2 Enter total number of organizations that are recognized as charities by the foreign country or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter . . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Supplemental Information

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

Identifier	ReturnReference	Explanation

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

▶ **Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than $15,000 on Form 990-EZ, line 6a.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Scripps Health

Employer identification number
95-1684089

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☐ Mail solicitations
- **b** ☐ Email solicitations
- **c** ☐ Phone solicitations
- **d** ☐ In-person solicitations
- **e** ☐ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization Form 990-EZ filers are not required to complete this table

(i) Name of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
		Yes	**No**			
Total			▶			

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

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 MERCY BALL (event type)	(b) Event #2 SPINOFF (event type)	(c) Other Events 4 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	363,853	818,480	572,927	1,755,260
	2 Less Charitable contributions	262,581	691,763	435,698	1,390,042
	3 Gross revenue (line 1 minus line 2)	101,272	126,717	137,229	365,218
Direct Expenses	4 Cash Prizes	0	0	0	0
	5 Non-cash Prizes	0	0	0	0
	6 Rent/Facility costs	96,334	63,429	230,101	389,864
	7 Other direct expenses	61,625	47,373	259,678	368,676
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				758,540
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				-393,322

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Combine lines 1 and 7 in column (d) ▶				

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities ____			
a	Is the organization licensed to operate gaming activities in each of these states?	9a		
b	If "No," Explain			
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		
b	If "Yes," Explain			
11	Does the organization operate gaming activities with nonmembers?	11		
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility **13a**		
b	An outside facility **13b**		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name ▶ _____		
	Address ▶ _____		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue? **15a**		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____		
c	If "Yes," enter name and address		
	Name ▶ _____		
	Address ▶ _____		
16	Gaming manager information		
	Name ▶ _____		
	Gaming manager compensation ▶ $ _____		
	Description of services provided ▶ _____		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? **17a**		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $		

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Scripps Health

Employer identification number
95-1684089

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 Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a 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 Government 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, and 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 Medicare (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)
SCRIPPS MERCY HOSPITAL 4077 5TH AVENUE SAN DIEGO,CA 92103	X	X		X	X	X	X	X	
SCRIPPS MEMORIAL HOSPITAL LA JOLLA 9888 GENESEE AVENUE LA JOLLA,CA 92037	X	X			X	X	X	X	
SCRIPPS MEMORIAL HOSPITAL ENCINITAS 354 SANTA FE DRIVE ENCINITAS,CA 92024	X	X			X	X	X	X	
SCRIPPS GREEN HOSPITAL 10666 N TORREY PINES ROAD LA JOLLA,CA 92037	X	X		X	X	X			
SCRIPPS HOME HEALTH CARE SERVICES 9619 CHESAPEAKE DRIVE SUITE 300 SAN DIEGO,CA 92123									HOME HEALTH SERVICES
Scripps Mercy Hospital- Chula Vista 435 H Street Chula Vista,CA 91910	X	X			X	X	X	X	
Mercy Clinic 4077 5th Avenue San Diego,CA 92103									CLINIC

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 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

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 I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Scripps Health

Employer identification number
95-1684089

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 if additional space is needed . . . . . ▶ ☐

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INFOLINE OF SAN DIEGO COUNTYPO BOX 881307 SAN DIEGO,CA 921681307	33-1029843	501(C)(3)	15,000				PROGRAM SUPPORT
AMERICAN HEART ASSOCIATION9404 GENESEE AVENUE SUITE 240 SAN DIEGO,CA 92037	13-5613797	501(C)(3)	10,000				PROGRAM SUPPORT
ANTI-DEFAMATION LEAGUE7851 MISSION CENTER COURT SUITE 320 SAN DIEGO,CA 92108	13-1818723	501(C)(3)	10,000				PROGRAM SUPPORT
CATHOLIC CHARITIES DIOCESE OF SAN DIEGO 349 CEDRA STREET SAN DIEGO,CA 92101	23-7334012	501(C)(3)	55,251				PROGRAM SUPPORT
LEGAL AID SOCIETY OF SAN DIEGO1475 SIXTH AVENUE SAN DIEGO,CA 92101	95-1869806	501(C)(3)	120,000				PROGRAM SUPPORT
PARTNERSHIP FOR SMOKE FREE FAMILIES3020 CHILDRENS WAY MC 5073 SAN DIEGO,CA 92123	95-3545901	501(C)(3)	15,000				PROGRAM SUPPORT
THE WHITTIER INSTITUTE 9894 GENESEE AVENUE LA JOLLA,CA 92037	95-3621314	501(C)(3)	30,000				PROGRAM SUPPORT
LA MAESTRA COMMUNITY HEALTH CENTER4185 FAIRMOUNT AVENUE SAN DIEGO,CA 92105	33-0473171	501(C)(3)	15,000				PROGRAM SUPPORT

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 8

3 Enter total number of other organizations . . . . . ▶ 0

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

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

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

See Additional Data Table

Identifier	Return Reference	Explanation
SCHEDULE I, PART I, LINE 2		A SEMI-ANNUAL REPORT AND A LINE ITEM FINANCIAL ACCOUNTING OF THE GRANT DISBURSEMENT TO DATE IS REQUIRED THIS SEMI-ANNUAL REPORT SHALL INCLUDE PROGRESS MADE TOWARD MEETING OBJECTIVES OUTLINED IN THE GRANT APPLICATION A FINAL REPORT IS DUE WITHIN THIRTY (30) DAYS FOLLOWING THE EXPIRATION DATE OF THE GRANT IN ADDITION TO THE PROGRESS MADE TOWARD MEETING THE OBJECTIVES OUTLINED IN THE GRANT APPLICATION, THE FINAL REPORT SHALL INCLUDE QUANTITATIVE AND QUALITATIVE RESULTS OF THE PROGRAM AGAINST ITS STATED GOALS AND OBJECTIVES A FINANCIAL ACCOUNTING OF THE GRANT DISBURSEMENT AGAINST THE BUDGET MUST BE INCLUDED AS PART OF THIS FINAL 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
Scripps Health

Employer identification number
95-1684089

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**	Yes	
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**	Yes	
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
Supplemental Compensation Information	PART I, LINE 1	SCRIPPS HEALTH INCURS THE COST OF A MEMBERSHIP FOR A BUSINESS NETWORKING CLUB IN SAN DIEGO FOR THE CHIEF EXECUTIVE OFFICER THIS MEMBERSHIP IS USED 100% FOR BUSINESS PURPOSES AND ACCORDINGLY, NO PART OF THIS BENEFIT IS INCLUDED WITHIN THE CHIEF EXECUTIVE OFFICER'S TAXABLE COMPENSATION THE MEMBERSHIP FEE IS $78 PER MONTH
Supplemental Compensation Information	PART I, LINE 4B	SCRIPPS HEALTH SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (SERP) PROVIDES SUPPLEMENTAL RETIREMENT BENEFITS TO CERTAIN KEY EMPLOYEES IT HAS BEEN CLOSED TO NEW PARTICIPANTS SINCE 2001 THE PLAN PROVIDES A BENEFIT DETERMINED BY A FORMULA DRIVEN BY THE EXECUTIVE'S HIGHEST YEAR OF PAY AND TAKES INTO CONSIDERATION TENURE AT SCRIPPS HEALTH, AGE AND LIFE EXPECTANCY AND ASSUMES MAXIMUM PARTICIPATION IN OTHER RETIREMENT PROGRAMS SCRIPPS HEALTH EXECUTIVE BENEFITS PROGRAM PROVIDES A 457F PLAN WITH A FLEXIBLE BENEFIT ALLOWANCE THAT CAN BE USED TO PURCHASE ADDITIONAL INSURANCE COVERAGE FOR CERTAIN EXECUTIVE LEVEL EMPLOYEES ANY REMAINING BENEFIT ALLOWANCE CAN BE DEPOSITED INTO THE SUPPLEMENTAL ACCUMULATION RETIREMENT ACCOUNT (SARA) WITH A FUTURE VESTING DATE THE FOLLOWING INDIVIDUALS RECEIVED PAYMENTS FROM THE SARA PLAN IN CALENDAR YEAR 2008 CHRISTOPHER VAN GORDER $26,370 RICHARD ROTHBERGER 1,578 RICHARD SHERIDAN 4,924 ARNOLD BRENT EASTMAN,MD 5,310 VICTOR V BUZACHERO 52,125 JUNE KOMAR 4,216 LARRY HARRISON 36,676 THOMAS GAMMIERE 4,830 GARY FYBEL 1,671 ROBIN BROWN 5,535 CARL ETTER 48,785 JOHN ENGLE 46,023 MARY L CARRAHER 81,357 BARBARA PRICE 45,520 DAVID M COHN 34,986 MARK A REYNOLDS 6,821 JOHN E ARMSTRONG 5,756 GLEN MUELLER 3,888
Supplemental Compensation Information	SCHEDULE J-1, COLUMN F	The amounts in Column F represent prior year deferred compensation which was paid during the current year and reported in Column B(iii) These amounts are disclosed above as the SARA plan payments received during calendar year 2008 Due to the change in the Form 990 format which requires calendar year compensation reporting, Column F also contains compensation paid between January 1, 2008 and September 30, 2008 that was previously reported on the prior year 990

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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
Scripps Health

Employer identification number
95-1684089

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	CA STATEWIDE COMMUNITIES DEVELOPEMENT AUTHORITY	68-0164610	1309116Y1	03-02-2007	149,875,000	SEE SCHEDULE O		X		X
B	CA HEALTH FACILITIES FINANCING AUTHORITY	52-1643828	13033F5A4	08-14-2008	99,830,304	SEE SCHEDULE O		X		X
C	CA HEALTH FACILITIES FINANCING AUTHORITY	52-1643828	13033F5L0	08-14-2008	221,230,000	SEE SCHEDULE O		X		X
D	CA HEALTH FACILITIES FINANCING AUTHORITY	52-1643828	13033FWK2	06-02-2005	40,975,000	SEE SCHEDULE O		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
Scripps Health

Employer identification number
95-1684089

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
Total . . . . . ▶ $										

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
HG FENTON COMPANY INC	SEE SCHEDULE O	3,093,906	SEE SCHEDULE O		No
WACHOVIA BANK	SEE SCHEDULE O	302,109	CREDIT FACILITY		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
Scripps Health

Employer identification number
95-1684089

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	11	777,281	COST/SELLING PRICE
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate—Residential	X	1	101,000	OPINIONS OF EXPERTS
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (describe MEDICAL EQUIPMENT)	X	1	18,000	OPINIONS OF EXPERTS
26	Other (describe VACATIONS OR PRIVATE TOURS)	X	3	14,761	COST/SELLING PRICE
27	Other (describe JEWELRY)	X	2	112,000	COST/SELLING PRICE
28	Other (describe)				

29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, *Part IV, Donee Acknowledgement*	29	6

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		No
b	If "Yes", describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	Yes	
b	If "Yes", describe in Part II			
33	If the organization did not report revenues in Column (c) for a type of property for which Column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	ReturnReference	Explanation
SALE OF NON-CASH CONTRIBUTIONS	PART I	FOR NON-CASH CONTRIBUTIONS, SUCH AS SECURITIES AND REAL PROPERTY, THAT ARE NOT TO BE USED BY SCRIPPS HEALTH IN THE CONDUCT OF ITS OPERATIONS, SCRIPPS HEALTH FOUNDATION ARRANGES FOR SECURITIES BROKERS (SUCH AS MORGAN STANLEY SMITH BARNEY) AND REALTORS WITH EXPERTISE IN THE AREAS TO ASSIST WITH THE SALE WHILE SALES OF SPECIALTY ITEMS ARE OCCASIONALLY HANDLED BY SIMILAR PROFESSIONALS, MOST NON-CASH CONTRIBUTIONS SUPPORTING SPECIAL EVENTS ARE AUCTIONED OR SOLD BY FOUNDATION PERSONNEL

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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
Scripps Health

Employer identification number
95-1684089

Identifier	Return Reference	Explanation
FORM 990, PART I and PART III, LINE 1	BRIEFLY DESCRIBE THE ORGANIZATION'S MISSION OR MOST SIGNIFICANT ACTIVITIES	FOUNDED IN 1924 BY PHILANTHROPIST ELLEN BROWNING SCRIPPS, SCRIPPS HEALTH IS A $2 BILLION, PRIVATE NOT-FOR-PROFIT INTEGRATED HEALTH SYSTEM IN SAN DIEGO, CALIFORNIA SCRIPPS TREATS OVER A HALF MILLION PATIENTS ANNUALLY THROUGH THE DEDICATION OF 2,600 AFFILIATED PHYSICIANS AND 12,500 EMPLOYEES AMONG ITS FIVE ACUTE-CARE HOSPITAL CAMPUSES, HOME HEALTH CARE, AND AN AMBULATORY CARE NETWORK OF CLINICS, PHYSICIANS OFFICES AND OUTPATIENT CENTERS THROUGHOUT THE SAN DIEGO REGION SCRIPPS HEALTH'S MISSION STATEMENT IS AS FOLLOWS SCRIPPS STRIVES TO PROVIDE SUPERIOR HEALTH SERVICES IN A CARING ENVIRONMENT AND TO MAKE A POSITIVE MEASURABLE DIFFERENCE IN THE HEALTH OF INDIVIDUALS IN THE COMMUNITIES WE SERVE WE DEVOTE OUR RESOURCES TO DELIVERING QUALITY, SAFE, COST-EFFECTIVE, AND SOCIALLY RESPONSIBLE HEALTH CARE SERVICES WE ADVANCE CLINICAL RESEARCH, HEALTH EDUCATION, EDUCATION OF PHYSICIANS AND HEALTH CARE PROFESSIONALS, AND SPONSOR GRADUATE MEDICAL EDUCATION WE COLLABORATE WITH OTHERS TO DELIVER THE CONTINUUM OF CARE THAT IMPROVES THE HEALTH OF OUR COMMUNITY

Identifier	Return Reference	Explanation
FORM 990, PART III, LINE 4A	FY09 PROGRAM SERVICE ACCOMPLISHMENTS	ORGANIZATIONAL FOUNDATION SCRIPPS PROVIDES A COMPREHENSIVE RANGE OF INPATIENT AND AMBULATORY SERVICES THROUGH OUR SYSTEM OF HOSPITALS AND CLINICS IN ADDITION, SCRIPPS PARTICIPATES IN DOZENS OF PARTNERSHIPS WITH GOVERNMENT AND NOT-FOR-PROFIT AGENCIES ACROSS OUR REGION TO IMPROVE OUR COMMUNITY'S HEALTH AND OUR PARTNERSHIPS DON'T STOP AT OUR LOCAL BORDERS OUR PARTICIPATION AT THE STATE, NATIONAL, AND INTERNATIONAL LEVELS INCLUDES WORK WITH GOVERNMENT AND PRIVATE DISASTER PREPAREDNESS AND RELIEF AGENCIES, THE STATE COMMISSION ON EMERGENCY MEDICAL SERVICES, NATIONAL HEALTH ADVOCACY ORGANIZATIONS, AND EVEN INTERNATIONAL PARTNERSHIPS FOR PHYSICIAN EDUCATION AND TRAINING AND DIRECT PATIENT CARE IN ALL THAT WE DO, WE ARE COMMITTED TO QUALITY PATIENT OUTCOMES, SERVICE EXCELLENCE, OPERATING EFFICIENCY, CARING FOR THOSE WHO NEED US TODAY, AND PLANNING FOR THOSE WHO MAY NEED US IN THE FUTURE FULFILLING THE SCRIPPS MISSION DURING THIS FISCAL YEAR, SCRIPPS DEVOTED $311,023,545 TO COMMUNITY BENEFIT PROGRAMS AND SERVICES IN THE AREAS OF UNCOMPENSATED CARE, COMMUNITY HEALTH SERVICES, PROFESSIONAL EDUCATION AND HEALTH RESEARCH OUR PROGRAMS EMPHASIZE COMMUNITY-BASED PREVENTION EFFORTS AND USE INNOVATIVE APPROACHES TO REACH RESIDENTS AT GREATEST RISK FOR HEALTH PROBLEMS WE MAKE COMMITMENTS TO IMPROVE THE HEALTH OF OUR PATIENTS AND OUR SAN DIEGO COMMUNITIES AS A LONG-STANDING MEMBER OF THESE COMMUNITIES, AND AS A NOT-FOR-PROFIT COMMUNITY RESOURCE, OUR GOAL AND RESPONSIBILITY ARE TO PROVIDE HELP AND ASSISTANCE FOR ALL WHO COME TO US FOR CARE, AND TO REACH OUT ESPECIALLY TO THOSE WHO FIND THEMSELVES VULNERABLE AND WITHOUT SUPPORT THIS RESPONSIBILITY IS AN INTRINSIC PART OF OUR MISSION THROUGH OUR CONTINUED ACTIONS AND COMMUNITY PARTNERSHIPS, WE STRIVE TO RAISE THE QUALITY OF LIFE IN THE COMMUNITY AS A WHOLE ASSESSING COMMUNITY NEED COMMUNITY HEALTH IMPROVEMENT PARTNERS SCRIPPS IS AN OFFICIAL PARTNER AND AN ACTIVE PARTICIPANT IN COMMUNITY HEALTH IMPROVEMENT PARTNERS (CHIP) THROUGH CHIP, MORE THAN 25 COMMUNITY HEALTH-RELATED ORGANIZATIONS COME TOGETHER TO JOINTLY ADDRESS THE COUNTY'S HEALTH NEEDS SCRIPPS WORKS WITH CHIP AND OTHER HEALTH CARE SYSTEMS AND PARTNERS TO DEVELOP A COMPREHENSIVE COUNTY HEALTH NEEDS ASSESSMENT WHICH IS UPDATED EVERY THREE YEARS, INCLUDING COUNTY, STATE AND NATIONAL HEALTH STATISTIC COMPARISONS THE COLLABORATIVE ASSESSMENT PROCESS IS ONE OF THE MOST RESPECTED IN CALIFORNIA TO GAIN A FULL UNDERSTANDING OF SCRIPPS' HEALTH ASSESSMENT AND ANALYSIS OF COMMUNITY NEED IN SAN DIEGO, WE RECOMMEND REVIEWING THE CHIP 2007 "CHARTING THE COURSE V" SAN DIEGO COUNTY NEEDS ASSESSMENT AT HTTP //WWW SDCHIP ORG 2007 PRIORITY-SETTING PROCESS A GROUP OF 48 CHIP MEMBERS AND GUESTS, REPRESENTING A BROAD CROSS-SECTION OF SAN DIEGO COUNTY HEALTH EXPERTS, PARTICIPATED IN SCORING 14 PREVIOUSLY IDENTIFIED KEY HEALTH ISSUES FACED IN SAN DIEGO COUNTY THE GROUP SCORED HEALTH ISSUES USING THE FOLLOWING CRITERIA - SIZE INCIDENCE AND/OR PREVALENCE AND NUMBER OF PERSONS AFFECTED - SERIOUSNESS LEVEL OF SEVERITY AS INDICATED BY CASE FATALITY RATE, YEARS OF PRODUCTIVE LIFE LOST, ECONOMIC AND/OR SOCIAL IMPACT - COMMUNITY CONCERN LEVEL OF CONCERN AS EVIDENCED BY THE RESULTS OF THE SEVEN FOCUS GROUPS AND SURVEYORS' KNOWLEDGE OF THE ISSUES THE PRIORITY SETTING PROCESS HELPED IDENTIFY 14 KEY SAN DIEGO COUNTY HEALTH ISSUES - ACCESS TO HEALTH CARE SERVICES - ARTHRITIS, OSTEOPOROSIS, AND CHRONIC BACK CONDITIONS - ORAL HEALTH - SUBSTANCE ABUSE - INFECTIOUS DISEASES - DIABETES - NUTRITION AND OBESITY, PHYSICAL ACTIVITY AND FITNESS - HEART DISEASE AND STROKE - MATERNAL AND CHILD HEALTH - INJURY AND VIOLENCE PREVENTION - CHRONIC RESPIRATORY DISEASES - MENTAL HEALTH AND MENTAL DISORDERS - CANCER - TOBACCO USE COMMUNITY NEED INDEX (CNI) THE COMMUNITY NEED INDEX (CNI) IS A STANDARDIZED TOOL DEVELOPED BY CATHOLIC HEALTHCARE WEST, SAN FRANCISCO, TO HELP IDENTIFY BARRIERS TO CARE (CHW 2005) THE INDEX IS BASED ON FIVE SOCIOECONOMIC INDICATORS KNOWN TO CONTRIBUTE SIGNIFICANTLY TO HEALTH DIFFERENCES IN THE COMMUNITY - INCOME - CULTURE/LANGUAGE - EDUCATION - HOUSING STATUS - MEDICAL INSURANCE COVERAGE SCORING EACH POSTAL ZIP CODE FROM 1 (LOW NEED) TO 5 (HIGH NEED) BASED ON THESE INDICATORS, ASSESSMENT RESULTS INDICATE SLIGHTLY MORE THAN 9 PERCENT OF SAN DIEGO COUNTY'S 97 STUDIED ZIP CODE AREAS HAVE A CNI SCORE BETWEEN 4 5 AND 5 0, WITH THE MAJORITY OF HIGH-NEED AREAS LOCATED IN THE CENTRAL SAN DIEGO REGION MEETING THE CHALLENGES OF A DIVERSE BORDER COMMUNITY SAN DIEGO COUNTY IS AN INTERNATIONAL BORDER COMMUNITY COMPRISED OF 3 MILLION PEOPLE GEOGRAPHICALLY DISPERSED OVER 4,300 SQUARE MILES, THEY REPRESENT MULTIPLE ETHNIC GROUPS THE SAN DIEGO ASSOCIATION OF GOVERNMENT'S (SANDAG) POPULATION GROWTH PROJECTIONS ARE JUST OVER 1 PERCENT PER YEAR, EXTENDING OUT 25 YEARS TO THE YEAR 2030 THE NORTH CENTRAL REGION IS THE MOST POPULATED (19 5 PERCENT OF TOTAL) THE COUNTY POPULATION IS 28 PERCENT HISPANIC, 9 9 PERCENT ASIAN AND 5 3 PERCENT BLACK THE COUNTY POPULATION OF THOSE 0-19 YEARS OLD IS 28 5 PERCENT, WHILE 11 PERCENT IS 65 YEARS OF AGE OR OLDER SCRIPPS SERVES A QUARTER OF THE TOTAL COUNTY POPULATION, CONCENTRATING SERVICES IN THE NORTH COASTAL, NORTH CENTRAL, CENTRAL AND SOUTH REGIONS OF SAN DIEGO COUNTY WHERE SCRIPPS FACILITIES ARE LOCATED UNCOMPENSATED HEALTH CARE SCRIPPS CONTRIBUTES SIGNIFICANT RESOURCES TO PROVIDE LOW AND NO-COST HEALTH CARE SERVICES TO POPULATIONS IN NEED DURING FY09, SCRIPPS CONTRIBUTED $255,584,160 IN UNCOMPENSATED HEALTH CARE INCLUDING $41,526,333 IN CHARITY CARE, $197,810,141 IN MEDI-CAL AND OTHER MEANS TESTED GOVERNMENT PROGRAMS AND MEDICARE SHORTFALL AND $16,247,687 IN BAD DEBT SCRIPPS PROVIDES HOSPITAL SERVICES TO ONE QUARTER OF THE COUNTY'S UNINSURED PATIENT POPULATION OF THIS, SCRIPPS MERCY HOSPITAL (INCLUDING THE SAN DIEGO AND CHULA VISTA CAMPUSES) PROVIDES 66 PERCENT OF THE CHARITY CARE FROM WITHIN THE SCRIPPS SYSTEM COUNTY OVERVIEW ACCORDING TO A 2006 SAN DIEGO COUNTY HEALTHCARE SAFETY NET STUDY, NEARLY ONE-THIRD OF SAN DIEGO COUNTY'S POPULATION (909,661) IS UNINSURED OR UNDERINSURED, WITH THE HIGHEST CONCENTRATION - HALF OF THE TOTAL - SOUTH OF INTERSTATE 8 THE HOSPITALS AND COMMUNITY CLINICS THAT PROVIDE HEALTH CARE TO THIS POPULATION ARE THE SAFETY NET THE HEALTH CARE SAFETY NET IN SAN DIEGO COUNTY IS HIGHLY DEPENDENT UPON HOSPITALS AND COMMUNITY HEALTH CLINICS TO PROVIDE CARE TO UNINSURED AND MEDICALLY UNDERSERVED POPULATIONS FINDING MORE EFFECTIVE WAYS TO COORDINATE AND ENHANCE THE CURRENT SAFETY NET IS A CRITICAL POLICY CHALLENGE WHILE PUBLIC SUBSIDIES (E G , COUNTY MEDICAL SERVICES) HELP FINANCE SERVICES FOR SAN DIEGO COUNTY'S UNINSURED POPULATIONS, THESE SUBSIDIES DO NOT COVER THE FULL COST OF CARE COMBINED WITH MEDI-CAL AND MEDICARE FUNDING SHORTFALLS, SCRIPPS AND OTHER LOCAL HOSPITALS ARE LEFT TO ABSORB THE COST INVOLVED IN CARING FOR THE UNINSURED IN THEIR OPERATING BUDGETS THE FINANCIAL BURDEN PLACED ON HOSPITALS AND PHYSICIANS TO CARE FOR UNINSURED PATIENTS IS SIGNIFICANT SAN DIEGO HAS EXPERIENCED A BRIEF IMPROVEMENT IN THE NUMBER OF INSURED RESIDENTS FROM 2003 TO 2007 AT THAT TIME, 17 5 PERCENT OF THE ADULT (19 TO 64 & NON-MILITARY) POPULATION IN SAN DIEGO COUNTY LACKS HEALTH INSURANCE COVERAGE ACCORDING TO A DECEMBER 2008 UCLA HEALTH POLICY RESEARCH BRIEF, NEARLY 6 4 MILLION CALIFORNIANS WERE WITHOUT ANY HEALTH INSURANCE COVERAGE FOR ALL OR SOME OF 2007 THIS NUMBER REPRESENTS 19 5 PERCENT OF ALL CALIFORNIANS UNDER AGE 65 WHILE THE PERCENTAGE OF UNINSURED HAS REMAINED HIGH BUT RELATIVELY STEADY FOR THE LAST FOUR TO FIVE YEARS IT IS WIDELY BELIEVED THAT THE CURRENT ECONOMIC CONDITION IS CAUSING THE NUMBER OF UNINSURED TO ONCE AGAIN INCREASE THE NUMBER OF UNINSURED PATIENTS IS THE SINGLE BIGGEST PRESSURE POINT ON HOSPITALS IN 2008, CALIFORNIA HOSPITALS PROVIDED $11 3 BILLION IN UNCOMPENSATED CARE OF THAT AMOUNT, MEDICARE SHORTFALLS ACCOUNTED FOR NEARLY $3 7 BILLION, WHILE MEDI-CAL UNDERFUNDED HOSPITALS BY $4 BILLION

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FORM 990, PART III, LINE 4A		FINANCIAL ASSISTANCE ASSISTING LOW-INCOME, UNINSURED PATIENTS THE SCRIPPS FINANCIAL ASSISTANCE POLICY IS CONSISTENT WITH THE AB774 "FAIR PRICING POLICY" LEGISLATION THE PRACTICES ESTABLISHED REFLECT OUR COMMITMENT WITH RESPECT TO ASSISTING LOW-INCOME, UNINSURED PATIENTS WITH DISCOUNTED HOSPITAL CHARGES, CHARITY CARE, BILLING AND DEBT COLLECTION PRACTICES OUR PROGRAM IS PROVIDED WITHOUT REGARD TO RACE, ETHNICITY, GENDER, RELIGION OR NATIONAL ORIGIN SCRIPPS PROVIDES FULL FINANCIAL ASSISTANCE TO LOW-INCOME AND UNINSURED PATIENTS EARNING LESS THAN 200 PERCENT OF THE FEDERAL POVERTY LEVEL GUIDELINES FOR INDIVIDUALS WHO QUALIFY BETWEEN 201-400 PERCENT OF THE POVERTY LEVEL, FINANCIAL ASSISTANCE IS BASED ON A DISCOUNT SCHEDULE FOR 2009, HEALTH AND HUMAN SERVICES DEFINED THE 400 PERCENT FEDERAL POVERTY LEVEL OF A FAMILY OF FOUR AS $88,200 UNCOMPENSATED HEALTH CARE SUMMARY CHARITY CARE $41,526,333 MEDI-CAL AND OTHER MEANS TESTED GOVERNMENT PROGRAMS (SHORTFALL) $51,334,580 MEDICARE AND MEDICARE HMO (SHORTFALL) $146,475,561 BAD DEBT $16,247,687 TOTAL UNCOMPENSATED CARE $255,584,160 COMMUNITY HEALTH SERVICES COMMUNITY HEALTH SERVICES INCLUDE PREVENTION AND WELLNESS PROGRAMS SUCH AS SCREENINGS, HEALTH EDUCATION, SUPPORT GROUPS AND HEALTH FAIRS, WHICH ARE SUPPORTED BY OPERATIONAL FUNDS, GRANTS, IN-KIND DONATIONS, AND PHILANTHROPY THESE PROGRAMS ARE DESIGNED TO RAISE PUBLIC AWARENESS, UNDERSTANDING OF AND ACCESS TO IDENTIFIED COMMUNITY HEALTH NEEDS SCRIPPS CATEGORIZES COMMUNITY HEALTH SERVICES ACCORDING TO THE NEW SCHEDULE H 990 CATEGORIES MANDATED BY THE IRS IT IS CATEGORIZED INTO FIVE MAIN AREAS - COMMUNITY HEALTH IMPROVEMENT SERVICES - COMMUNITY BENEFIT OPERATIONS - CASH AND IN-KIND CONTRIBUTIONS - SUBSIDIZED HEALTH SERVICES - COMMUNITY BUILDING ACTIVITIES DURING THIS FISCAL YEAR, SCRIPPS INVESTED $15,674,213 IN COMMUNITY HEALTH SERVICES THIS FIGURE REFLECTS THE COST ASSOCIATED WITH PROVIDING SUCH ACTIVITIES, INCLUDING SALARIES, MATERIALS AND SUPPLIES, MINUS REVENUE FOLLOWING ARE HIGHLIGHTS OF JUST SOME OF THE ACTIVITIES CONDUCTED BY SCRIPPS DURING THIS FISCAL YEAR ACCESS TO CARE A LACK OF HEALTH INSURANCE AND ACCESS TO SPECIALTY AND PRIMARY CARE PROVIDERS ARE TWO OF THE PRIMARY BARRIERS TO HEALTH CARE ON BOTH A LOCAL AND NATIONAL LEVEL WITHOUT ACCESS TO BASIC HEALTH CARE SERVICES, INDIVIDUALS SUFFER FROM MORE ACUTE EPISODES OF ILLNESS, INJURY AND MORTALITY IT IS ALSO AN INCREASED BURDEN ON HOSPITALS AND HEALTH PROVIDERS RESULTING FROM PROVIDING UNCOMPENSATED CARE TO THE UNINSURED IN AN EFFORT TO PROVIDE FOR POPULATIONS IN NEED, SCRIPPS ASSISTED IN FY09 WITH THE FOLLOWING HEALTH CARE PROGRAMS AND PROJECTS - MERCY OUTREACH SURGICAL TEAM (MOST) - THE MERCY OUTREACH SURGICAL TEAM (MOST) WORKS TO MITIGATE THE EFFECTS PHYSICAL DEFORMITIES HAVE ON CHILDREN BY PROVIDING RECONSTRUCTIVE SURGERIES AT NO COST TO CHILDREN IN NEED IN SPECIAL CIRCUMSTANCES, SURGERIES ALSO ARE PROVIDED FOR ADULTS DURING FY09, THE MOST TEAM PROVIDED RECONSTRUCTIVE SURGERIES FOR MORE THAN 400 CHILDREN AND 431 PROCEDURES WERE DONE (SPONSORED BY SCRIPPS MERCY HOSPITAL SAN DIEGO AND AFFILIATED PHYSICIANS) - ST VINCENT DE PAUL VILLAGE MEDICAL CENTER AND MID-CITY COMMUNITY CLINICS - WEEKLY COMMUNITY CLINICS WERE HELD AT THE ST VINCENT DE PAUL AND MID-CITY COMMUNITY CLINICS STAFFED BY THE SCRIPPS GREEN HOSPITAL AND SCRIPPS CLINIC INTERNAL MEDICINE RESIDENTS, THESE CLINICS PROVIDED MEDICAL CARE TO APPROXIMATELY 600 OF OUR COUNTY'S MOST VULNERABLE RESIDENTS DURING FY09 - SCRIPPS HEALTH COMMUNITY BENEFIT (CB) FUND - IN 2009, SCRIPPS AWARDED A TOTAL OF $100,000 IN COMMUNITY GRANTS TO PROGRAMS BASED THROUGHOUT SAN DIEGO SCRIPPS AWARDED SIX GRANTS RANGING FROM $10,000 TO $40,000 EACH THE PROJECTS THAT RECEIVED FUNDING ADDRESS SOME OF SAN DIEGO COUNTY'S HIGH-PRIORITY HEALTH NEEDS WITH THE GOAL OF IMPROVING ACCESS TO VITAL HEALTH CARE SERVICES FOR A VARIETY OF AT-RISK POPULATIONS, INCLUDING THE HOMELESS, ECONOMICALLY DISADVANTAGED, MENTALLY ILL AND OTHERS SINCE THE COMMUNITY BENEFIT FUND BEGAN, SCRIPPS HAS AWARDED $1 7 MILLION DOLLARS PROGRAMS FUNDED DURING FY09 INCLUDE - CB FUND - CATHOLIC CHARITIES - FUNDING AWARDED TO PROVIDE SHORT-TERM EMERGENCY SHELTER TO MEDICALLY FRAGILE HOMELESS PATIENTS BEING DISCHARGED FROM SCRIPPS MERCY HOSPITAL SAN DIEGO CASE MANAGEMENT AND SHELTER IS PROVIDED FOR PREVIOUSLY HOMELESS PATIENTS DISCHARGED FROM SCRIPPS MERCY HOSPITAL WHO NO LONGER REQUIRE HOSPITAL CARE BUT DO NEED A SHORT-TERM SUPPORTIVE RECUPERATIVE ENVIRONMENT PATIENTS DEMONSTRATING A READINESS FOR CHANGE ARE ASSISTED WITH ONE WEEK IN A HOTEL ALONG WITH FOOD AND BUS FARE TO PURSUE CASE PLAN THE FOCUS OF THE CASE MANAGEMENT IS TO STABILIZE THE CLIENT BY HELPING THEM CONNECT TO MORE PERMANENT SOURCES OF INCOME, HOUSING AND ONGOING SUPPORTS FOR EFFORTS TOWARD SELF-RELIANCE THE GOAL OF THIS PARTNERSHIP IS TO REDUCE THE INCIDENCE OF ER RECIDIVISM IN THIS POPULATION AND IMPROVE THE QUALITY OF LIFE FOR THE PATIENT - CB FUND - LA MAESTRA COMMUNITY HEALTH CENTER - LA MAESTRA COMMUNITY HEALTH CENTER RECEIVED $15,000 TO PROVIDE CULTURALLY AND LINGUISTICALLY APPROPRIATE ORAL HEALTH SERVICES TO THE UNDERSERVED, UNINSURED AND UNDERINSURED STUDENTS AT HOOVER HIGH SCHOOL, ITS FEEDER SCHOOLS AND THEIR FAMILIES - CB FUND - 2-1-1 NEW ACCESS SYSTEM - FUNDING WAS AWARDED FOR ONGOING OPERATIONS OF ITS TELEPHONE DIALING CODE, WHICH PROVIDES THE PUBLIC WITH INFORMATION ABOUT COMMUNITY, HEALTH AND DISASTER SERVICES 2-1-1 SAN DIEGO IS THE DIALING CODE FOR INFORMATION ABOUT COMMUNITY, HEALTH AND DISASTER SERVICES IT CONNECTS PEOPLE WITH RESOURCES OVER THE PHONE, ONLINE AND IN PRINT LOCALLY, 2-1-1 SAN DIEGO WAS LAUNCHED IN JUNE 2005 AS A MULTILINGUAL AND CONFIDENTIAL SERVICE COMMITTED TO PROVIDING ACCESS 24/7 - CB FUND - 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 SMALL CHILDREN BY SYSTEMATICALLY SCREENING PREGNANT WOMEN AND NEW PARENTS FOR TOBACCO USE IN THEIR OBSTETRICIAN'S AND PEDIATRICIAN'S OFFICE AND LINKING THEM WITH TAILORED INTERVENTIONS PSF HAS BECOME A STANDARD OF CARE IN SAN DIEGO COUNTY AND A NATIONALLY RECOGNIZED MODEL PSF PROVIDES A VALUABLE RESOURCE FOR PHYSICIANS AND SMOKING CESSATION SERVICES SPECIFICALLY FOR PREGNANT WOMEN AND NEW PARENTS THAT WAS PREVIOUSLY NON-EXISTENT IN SAN DIEGO - CB FUND - AMERICAN CANCER SOCIETY - FUNDING WAS AWARDED TO THE AMERICAN CANCER SOCIETY FOR THE SAN DIEGO DISCOVERY GALA THE MISSION OF THE AMERICAN CANCER SOCIETY IS TO ELIMINATE CANCER AS A MAJOR HEALTH RISK THROUGH RESEARCH, ADVOCACY, EDUCATION AND PATIENT SERVICES - CB FUND - AMERICAN HEART ASSOCIATION - FUNDING AWARDED FOR THE 2009 HEART WALK SPONSORSHIP HEART DISEASE AND STROKE ARE THE NUMBER ONE AND NUMBER THREE CAUSES OF DEATH IN THE NATION FOR MEN AND WOMEN HEART DISEASE IS THE NATION'S LEADING CAUSE OF DEATH, CLAIMING MORE THAN 950,000 AMERICAN LIVES EACH YEAR SCRIPPS PARTNERS WITH THE AMERICAN HEART ASSOCIATION ON THEIR ANNUAL HEART WALK, TO RAISE FUNDS FOR RESEARCH, PROFESSIONAL AND PUBLIC EDUCATION AND ADVOCACY - FIJI ALLIANCE PROJECT - IN PARTNERSHIP WITH THE INTERNATIONAL RELIEF TEAMS OF SAN DIEGO, THE LOLOMA FOUNDATION, SCRIPPS EMPLOYEES, SCRIPPS CLINIC PHYSICIANS AND OTHER SCRIPPS AFFILIATED PHYSICIANS PROVIDED MEDICAL AND SURGICAL SERVICES IN FIJI TO PERSONS IN NEED RESIDENTS FROM SCRIPPS CLINIC AND SCRIPPS GREEN HOSPITAL HAVE AN OPPORTUNITY TO PARTICIPATE IN THE MEDICAL MISSIONS AS ONE OF THEIR ROTATIONS EXAMPLES OF PROCEDURES INCLUDE CLEFT LIP AND PALATE REPAIRS, REPAIRS OF DEFORMITIES OF EYELIDS, FACE AND FEET, BURN SCAR REVISION, BREAST MASSES, DIABETES MANAGEMENT AND HERNIA REPAIRS ALL SURGICAL SUPPLIES WERE DONATED BY PROFESSIONAL HOSPITAL SUPPLY CORP (PHS), THE SUPPLIER FOR SCRIPPS HEALTH SYSTEM THE SUPPLIES INCLUDED SURGICAL GOWNS, GLOVES, DRAPES, DRESSINGS, BANDAGES, SUTURES, ETC CARDINAL HEALTH SYSTEMS, WHICH PROVIDES PHARMACEUTICALS AND OTHER SUPPLIES TO SCRIPPS HEALTH, DONATED ALL THE MEDICATIONS NECESSARY IN FY09, A CLINICAL TEAM OF 14 PRACTITIONERS PROVIDED CARE TO 4,500 PATIENTS IN JUST TWO WEEKS (SPONSORED BY SCRIPPS CLINIC/GREEN HOSPITAL)

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FORM 990, PART III, LINE 4A		CANCER/ONCOLOGY CANCER IS THE SECOND LEADING CAUSE OF DEATH IN THE U S EXCEEDED ONLY BY HEART DISEASE AND ACCOUNTS FOR ALMOST ONE QUARTER OF ALL DEATHS IN SAN DIEGO COUNTY DURING 2007, AN ESTIMATED 559,650 WILL DIE AS A RESULT OF CANCER, MAKING IT THE SECOND LEADING CAUSE OF DEATH IN THE UNITED STATES IN RESPONSE TO THIS SERIOUS HEALTH CONCERN, SCRIPPS HAS DEVELOPED A SERIES OF PREVENTION AND WELLNESS PROGRAMS DESIGNED TO EDUCATE PEOPLE ON THE IMPORTANCE OF EARLY DETECTION AND TREATMENT FOR SOME OF THE MOST COMMON FORMS OF CANCER DURING FY09, SCRIPPS ENGAGED IN THE FOLLOWING CANCER CONTROL ACTIVITIES BREAST AND CERVICAL CANCER - CANCER CONTROL - SCRIPPS BREAST CANCER DIAGNOSIS PROJECT (SCRIPPS PROJECT) - PROVIDES FREE DIAGNOSTIC IMAGING SERVICES TO LOW-INCOME, MEDICALLY UNINSURED OR UNDERINSURED WOMEN AGE 39 AND YOUNGER, AND MEN OF ANY AGE, WHO RESIDE IN SAN DIEGO AND PRESENT WITH A BREAST MASS OR ABNORMALITY THIS PROJECT IS FUNDED BY SUSAN G KOMEN FOR THE CURE, SAN DIEGO AND THE SCRIPPS CANCER CENTER IN FY09, 425 QUALIFIED COMMUNITY MEMBERS PARTICIPATED IN THE PROGRAM, 294 RECEIVED DIAGNOSTIC MAMMOGRAMS, 379 RECEIVED BREAST ULTRASOUNDS AND 57 RECEIVED BIOPSIES THREE CANCER CASES WERE DETECTED (INITIATIVE LED BY SCRIPPS CANCER CENTER) - CANCER CENTER - COMMUNITY EDUCATION - IN FY09, CANCER EARLY DETECTION OUTREACH AND MARKETING ACTIVITIES PROVIDED TO COMMUNITY-BASED ORGANIZATIONS AND BUSINESSES REACHED 75,146 COMMUNITY MEMBERS THROUGH BROAD-BASED OUTREACH AND 10,774 THROUGH INDIVIDUAL ENCOUNTERS COMMUNITY EDUCATION ACTIVITIES INCLUDE BREAST CANCER, CERVICAL CANCER, SKIN CANCER, COLORECTAL CANCER AND PROSTATE CANCER (INITIATIVE LED BY SCRIPPS CANCER CENTER) - CANCER DETECTION PROGRAMS EVERY WOMAN COUNTS - THIS IS A STATE OF CALIFORNIA GRANT PROGRAM THAT PROVIDES FREE BREAST AND CERVICAL CANCER TAILORED HEALTH EDUCATION TO LOW-INCOME, UNINSURED AND UNDERINSURED WOMEN WHO RESIDE IN SAN DIEGO AND IMPERIAL COUNTIES IN ADDITION, SCRIPPS HEALTH PROVIDES CLINICAL ADMINISTRATIVE OVERSIGHT OVER 75 COMMUNITY-BASED CLINICS THAT ARE CONTRACTED WITH THE STATE TO PROVIDE FREE BREAST CANCER SCREENINGS FOR WOMEN AGE 40 AND OLDER AND CERVICAL CANCER SCREENINGS FOR WOMEN AGE 25 AND OLDER DURING FY09, THE FOLLOWING OUTCOMES WERE ACHIEVED - EDUCATION - BREAST AND CERVICAL CANCER EARLY DETECTION AND PREVENTION EDUCATION WAS PROVIDED TO 515 QUALIFYING WOMEN - THE SCRIPPS WOMEN IN ACTION BREAST HEALTH OUTREACH AND EDUCATION PROGRAM - THIS PROGRAM REACHED 14,000 UNDERSERVED WOMEN WITH BREAST HEALTH EDUCATION, IMPROVING AWARENESS OF EARLY BREAST CANCER DETECTION SERVICES IN ADDITION, MORE THAN 10,000 UNDERSERVED WOMEN RECEIVED ACCESS TO BREAST HEALTH SCREENING AND MAMMOGRAPHIES (LED BY SCRIPPS MERCY HOSPITAL CHULA VISTA COMMUNITY BENEFIT SERVICES) CARDIOVASCULAR DISEASE CORONARY HEART DISEASE AND STROKE ARE THE NUMBER ONE AND NUMBER THREE CAUSES OF DEATH IN THE NATION FOR BOTH MEN AND WOMEN HEART DISEASE IS OUR NATION'S LEADING CAUSE OF DEATH, CLAIMING MORE THAN 950,000 AMERICAN LIVES EVERY YEAR STROKE IS AMERICA'S THIRD KILLER AND IS A LEADING CAUSE OF SERIOUS, LONG-TERM DISABILITY DISEASES OF THE HEART ARE THE LEADING CAUSE OF DEATH IN SAN DIEGO FOR BOTH MEN AND WOMEN IN 2004, THE AGE-ADJUSTED RATE FOR DISEASE OF THE HEART FOR THE TOTAL SAN DIEGO COUNTY POPULATION WAS 187 2 DEATHS PER 100,000 POPULATION DURING FY09, SCRIPPS ENGAGED IN THE FOLLOWING HEART HEALTH CARDIOVASCULAR DISEASE PREVENTION AND TREATMENT ACTIVITIES - AMERICAN HEART WALK - SCRIPPS ALLOCATED $10,000 IN OPERATIONAL FUNDS AND $30,000 IN IN-KIND DONATIONS TO SUPPORT THE AMERICAN HEART ASSOCIATION'S EFFORTS TO FIGHT HEART DISEASE AND STROKE IN ADDITION, THE SCRIPPSASSISTS EMPLOYEE VOLUNTEER PROGRAM COORDINATED WALKER PARTICIPATION AND FUND RAISING EFFORTS THE SAN DIEGO HEART WALK EXCEEDED ITS GOAL BY RAISING MORE THAN $1 MILLION IN 2009, MORE THAN 2,400 SCRIPPS HEART WALK PARTICIPANTS - EMPLOYEES, FAMILIES AND FRIENDS - WALKED TO HELP RAISE MORE THAN $155,000 ADDITIONALLY, SCRIPPS REACHED OUT TO THE COMMUNITY AT THE EVENT BY PROVIDING BLOOD PRESSURE SCREENINGS, HEALTH EDUCATION MATERIALS AND MORE HEART HEALTH EDUCATION EFFORTS - INCREASED PUBLIC AWARENESS ABOUT THE RISKS OF HEART DISEASE IN WOMEN, OFFERING AN EDUCATION SYMPOSIUM TARGETING MIDDLE-AGED WOMEN - OFFERED CARDIAC PROGRAM FOR THE COMMUNITY-AT-LARGE FOCUSING ON CURRENT CARE OPTIONS AND NEW SCREENING TECHNOLOGIES AVAILABLE FOR HEART HEALTH - OFFERED FOUR CARDIAC SCREENINGS CHECKING BLOOD PRESSURE AND BODY FAT AT HEALTH FAIRS LOCATED THROUGHOUT SAN DIEGO COUNTY (INITIATIVES LED BY SCRIPPS MEMORIAL HOSPITAL LA JOLLA, COMMUNITY BENEFIT SERVICES AND CARDIAC REHABILITATION) DIABETES MORE THAN 90 MILLION AMERICANS (33 PERCENT) LIVE WITH A CHRONIC DISEASE WHILE THERE ARE MANY DISABLING CHRONIC DISEASES, DIABETES HAS BEEN IDENTIFIED AS ONE OF THE PRIMARY CHRONIC CONDITIONS IN SAN DIEGO COUNTY AS THE SIXTH LEADING CAUSE OF DEATH IN AMERICA, DIABETES WAS RESPONSIBLE FOR 3 1 PERCENT (74,817) OF DEATHS IN 2005 MORE THAN 6 MILLION AMERICANS ARE UNAWARE THAT THEY HAVE DIABETES THE COMPLICATIONS RELATED TO DIABETES ARE SERIOUS AND CAN BE REDUCED WITH PREVENTIVE PRACTICES DIABETES WAS THE SEVENTH LEADING CAUSE OF DEATH IN SAN DIEGO COUNTY, ACCOUNTING FOR 529 DEATHS LEADING TO SCHOOL AND WORK ABSENTEEISM, AN ELEVATED RATE OF HOSPITALIZATION, FREQUENT EMERGENCY ROOM VISITS, PERMANENT PHYSICAL DISABILITIES AND SOMETIMES DEATH, DIABETES IS A SERIOUS COMMUNITY HEALTH PROBLEM DURING FY09, SCRIPPS ENGAGED IN THE FOLLOWING DIABETES MANAGEMENT INITIATIVES - PROJECT DULCE - FORMED THROUGH COLLABORATION BETWEEN THE SCRIPPS WHITTIER DIABETES INSTITUTE, THE COUNCIL OF COMMUNITY CLINICS, AND COMMUNITY HEALTH IMPROVEMENT PARTNERS (CHIP) PROJECT DULCE IS A COMPREHENSIVE, CULTURALLY COMPETENT DIABETES MANAGEMENT PROGRAM FOR UNDERSERVED AND UNINSURED POPULATIONS IN SAN DIEGO COUNTY PROJECT DULCE INCORPORATES THE CHRONIC CARE MODEL IN ITS TEAM-BASED APPROACH TO CARE PROJECT DULCE HAS BEEN WORKING IN COMMUNITIES ACROSS SAN DIEGO FOR THE PAST 10 YEARS BY PROVIDING DIABETES CARE AND SELF MANAGEMENT EDUCATION NURSE-LED TEAMS FOCUS ON ACHIEVING MEASURABLE IMPROVEMENTS IN THE HEALTH OF THEIR PATIENTS, NURSE EDUCATORS LEAD MULTIDISCIPLINARY TEAMS THAT PROVIDE CLINICAL MANAGEMENT, AND PEER EDUCATORS FROM EACH CULTURAL GROUP, KNOWN AS PROMOTORAS, PROVIDE PUBLIC AND PATIENT EDUCATION TO THEIR PERSPECTIVE COMMUNITIES THIS INNOVATIVE PROGRAM COMBINES THE STATE-OF-THE-ART IN CLINICAL DIABETES MANAGEMENT WITH PROVEN EDUCATIONAL AND BEHAVIORAL INTERVENTIONS DURING FY09 PROJECT DULCE ENGAGED IN THE FOLLOWING - PROVIDED 14,283 DIABETES CARE AND EDUCATION VISITS FOR LOW-INCOME AND UNDERSERVED INDIVIDUALS THROUGHOUT SAN DIEGO - TRAINED PHYSICIANS, NURSES AND HEALTH EDUCATORS THROUGHOUT THE COMMUNITY CLINIC SYSTEM ON HYPERTENSION AND DIABETES CARE - ENROLLED MORE THAN 2,000 NEW PATIENTS IN PROJECT DULCE - EXPANDED SERVICES TO AN ADDITIONAL SIX CLINIC SITES - PUBLISHED THE RESULTS OF OUR DEPRESSION CARE PROJECT, IMPACT + PROJECT DULCE, IN THE MEDICAL JOURNAL, DIABETES CARE - PRESENTED FINDINGS OF THE DEPRESSION PROJECT TO THE ANNUAL MEETING OF THE AMERICAN PUBLIC HEALTH ASSOCIATION - INITIATED THREE NEW PROGRAMS 1) DIABETES PREVENTION FOR WOMEN WITH A HISTORY OF GESTATIONAL DIABETES, 2) REPLICATING PROJECT DULCE IN TIJUANA, AND 3) DIABETES PEER CARE COORDINATION PROJECT AT SCRIPPS MERCY CHULA VISTA HOSPITAL - TRAINED HEALTH PROFESSIONALS IN TIJUANA, TENNESSEE AND NEW JERSEY - PROVIDED THE COMMUNITY WITH 55 SERIES OF EIGHT WEEK COURSES LED BY PEER EDUCATORS MORE THAN 650 PARTICIPANTS IN 15 SITES WERE REACHED THROUGH 880 HOURS OF INSTRUCTION - HELD 28 SUPPORT GROUP MEETINGS FOR 142 PARTICIPANTS - PARTICIPATED IN SEVEN HEALTH FAIRS REACHING MORE THAN 300 PEOPLE HEALTH BEHAVIORS UNDERSTANDING THAT PERSONAL BEHAVIORS PLAY A SIGNIFICANT ROLE IN AN INDIVIDUAL'S OVERALL HEALTH STATUS, SCRIPPS HAS DEVELOPED A SERIES OF PREVENTION AND WELLNESS PROGRAMS THAT HELP PEOPLE TAKE CHARGE OF THEIR OWN HEALTH AND THAT OF THEIR FAMILIES DURING FY09, SCRIPPS PARTICIPATED IN A NUMBER OF HEALTH BEHAVIOR MODIFICATION EFFORTS

Identifier	Return Reference	Explanation
FORM 990, PART III, LINE 4A		- FLU VACCINATION CAMPAIGN - ACCOUNTING FOR MORE THAN 36,000 DEATHS IN THE U S ANNUALLY, PNEUMONIA AND INFLUENZA ARE A SERIOUS HEALTH CONCERN FOR HIGH-RISK POPULATIONS IN AN EFFORT TO MINIMIZE THE NUMBER OF PERSONS THAT CONTRACT PNEUMONIA AND INFLUENZA, SCRIPPS IS COMMITTED TO ENSURING HIGH-RISK POPULATIONS HAVE ACCESS TO FLU VACCINATIONS REGARDLESS OF THEIR ABILITY TO PAY IN PARTNERSHIP WITH THE COUNTY OF SAN DIEGO AND THE COMMUNITY HEALTH IMPROVEMENT PARTNERS (CHIP), SCRIPPS ADMINISTERED MORE THAN 2,000 DOSES* OF THE FLU VACCINATION TO HIGH-RISK POPULATIONS THROUGHOUT SAN DIEGO COUNTY IN FY09 *NOTE REPRESENTS VACCINATIONS PROVIDED THROUGH COMMUNITY OUTREACH EFFORTS AND DOES NOT INCLUDE VACCINE PROVIDED TO PATIENTS BEING TREATED WITHIN SCRIPPS HOSPITALS OR RECEIVING CARE FROM A SCRIPPS AFFILIATED PHYSICIAN (VACCINE PROVIDED BY SCRIPPS MEMORIAL HOSPITAL LA JOLLA PHARMACY AND THE SAN DIEGO HEALTH AND HUMAN SERVICES AGENCY SCRIPPS' PARTICIPATION LED BY SCRIPPS MEMORIAL HOSPITAL ENCINITAS, COMMUNITY BENEFIT SERVICES WITH ADDITIONAL SUPPORT PROVIDED BY SCRIPPS MEMORIAL HOSPITAL LA JOLLA, COMMUNITY BENEFIT SERVICES) - MATERNAL CHILD HEALTH EDUCATION PROGRAMS FOR LOW-INCOME WOMEN - CONTINUED TO ENHANCE PRENATAL EDUCATION OFFERINGS FOR LOW-INCOME WOMEN IN SAN DIEGO COUNTY o OFFERED A TOTAL OF 165 CHILD BIRTH PREPARATION CLASSES THROUGH SAN DIEGO COUNTY DESIGNED TO ENHANCE THE PARENTING SKILLS LOW-INCOME WOMEN IN THE COUNTY OF SAN DIEGO WERE ELIGIBLE TO ATTEND ALL CLASSES AT NO CHARGE OR ON A SLIDING FEE SCALE o MAINTAINED THE EXISTING PRENATAL EDUCATION SERVICES IN ALL THE REGIONS OF THE COUNTY ENSURING THAT PROGRAMS CONTINUED TO DEMONSTRATE A GREATER THAN 90 PERCENT SATISFACTION RATING o PROVIDED AND SUPPORTED FIVE WEEKLY BREASTFEEDING SUPPORT GROUPS THROUGHOUT SAN DIEGO COUNTY INCLUDING TWO WITH BILINGUAL SERVICES - OFFERED THE FOLLOWING MATERNAL CHILD HEALTH CLASSES AT THE MENDE WELL BEING CENTER BASIC TRAINING FOR DADS, BREASTFEEDING CLASSES, CHILD BIRTH PREPARATION CLASSES, GETTING READY FOR THE BABY, THE INFANT CPR AND SAFETY PROGRAM, PARENT CONNECTION PROGRAMS, REDIRECTING CHILDREN'S BEHAVIOR AND SIBLING CLASSES (OPERATED BY SCRIPPS MEMORIAL HOSPITAL LA JOLLA, COMMUNITY BENEFIT SERVICES)o NUTRITION SERVICES - ACCORDING TO THE 2006 BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM (BRFSS), MORE THAN 61 PERCENT OF AMERICANS AGES 18 YEARS OR OLDER ARE OVERWEIGHT (36 5 PERCENT) OR OBESE (25 1 PERCENT) OBESITY INCREASES THE HEALTH RISK FOR CHRONIC DISEASES, SUCH AS HEART DISEASE, TYPE 2 DIABETES, HIGH BLOOD PRESSURE, STROKE AND SOME FORMS OF CANCER AT EVEN GREATER RISK ARE THE NATION'S LOW-INCOME MINORITY POPULATIONS IN AN EFFORT TO ADDRESS THIS CRITICAL HEALTH CONCERN, STAFF MEMBERS BASED AT THE CITY HEIGHTS WELLNESS CENTER HAVE ESTABLISHED A VARIETY OF NUTRITION EDUCATION AND COUNSELING SERVICES, DESIGNED SPECIFICALLY TO MEET THE NEEDS OF LOW-INCOME MINORITY POPULATIONS DURING FY09, MORE THAN 3,000 PEOPLE ACCESSED NUTRITION EDUCATION AND COUNSELING SERVICES AT THE CITY HEIGHTS WELLNESS CENTER (INITIATIVE LED BY SCRIPPS MERCY HOSPITAL, COMMUNITY BENEFIT SERVICES) SUBSTANCE ABUSE SUBSTANCE ABUSE HAS A MAJOR IMPACT ON INDIVIDUALS, THEIR FAMILIES, AND THEIR COMMUNITIES THE EFFECTS OF SUBSTANCE ABUSE ARE CUMULATIVE, CONTRIBUTING TO COSTLY SOCIAL, PHYSICAL, MENTAL AND PUBLIC HEALTH PROBLEMS THESE PROBLEMS INCLUDE TEENAGE PREGNANCY, HIV/AIDS, OTHER SEXUALLY TRANSMITTED DISEASES (STDS), DOMESTIC VIOLENCE, CHILD ABUSE, MOTOR VEHICLE CRASHES, PHYSICAL FIGHTS, CRIME, HOMICIDE AND SUICIDE IN AN EFFORT TO ENCOURAGE MORE PEOPLE TO TAKE STEPS TO PREVENT SUBSTANCE ABUSE, SCRIPPS ENGAGED IN THE FOLLOWING ACTIVITIES - EVERY 15 MINUTES - ALCOHOL CAN BE ATTRIBUTED TO MORE THAN 100,000 DEATHS IN THE U S ANNUALLY, INCLUDING 41 PERCENT OF ALL TRAFFIC FATALITIES THE EVERY 15 MINUTES PROGRAM IS A TWO-DAY EVENT THAT EXPOSES HIGH SCHOOL STUDENTS TO THE CONSEQUENCES OF DRINKING AND DRIVING THROUGH A DRAMATIC REENACTMENT OF AN ALCOHOL-RELATED TRAFFIC ACCIDENT THE "INJURED" STUDENTS ARE TAKEN TO SCRIPPS MERCY TRAUMA CENTER AND SCRIPPS LA JOLLA TRAUMA CENTER THIS PROGRAM IS SPONSORED JOINTLY BY LOCAL HIGH SCHOOLS, COUNTY POLICE, SHERIFFS, CHP, EMERGENCY DEPARTMENTS AND AMBULANCE SERVICES DURING FY09, SCRIPPS MEMORIAL HOSPITAL LA JOLLA REACHED MORE THAN 300 HIGH SCHOOL STUDENTS AND SCRIPPS MERCY HOSPITAL PARTICIPATED IN THREE EVERY 15 MINUTES PROGRAMS, REACHING MORE THAN 3,000 HIGH SCHOOL STUDENTS IN SAN DIEGO COUNTY'S EAST AND CENTRAL REGIONS (LED BY SCRIPPS MERCY HOSPITAL SAN DIEGO AND SCRIPPS MEMORIAL HOSPITAL LA JOLLA EMERGENCY DEPARTMENT AND TRAUMA CENTERS) - PARTNERSHIP FOR SMOKE-FREE FAMILIES - CIGARETTE SMOKING HAS BEEN IDENTIFIED AS THE MOST IMPORTANT SOURCE OF PREVENTABLE MORBIDITY AND PREMATURE MORTALITY WORLDWIDE WHILE THE PREVALENCE OF SMOKING IN THE UNITED STATES HAS DECLINED 49 PERCENT SINCE 1965, AN ESTIMATED 371 BILLION CIGARETTES WERE CONSUMED IN THE U S DURING 2006 CIGARETTE SMOKING CAUSES HEART DISEASE, SEVERAL KINDS OF CANCER (LUNG, LARYNX, ESOPHAGUS, PHARYNX, MOUTH AND BLADDER) AND CHRONIC LUNG DISEASE IN 2005, THE ESTIMATED DIRECT MEDICAL COSTS RELATED TO SMOKING IN THE U S WERE $75 5 BILLION AND PRODUCTIVITY COSTS WERE $92 BILLION SECOND-HAND SMOKE IS CLEARLY A COMMUNITY HEALTH RISK ATTRIBUTING TO LOW BIRTH WEIGHT IN NEWBORNS, SUDDEN INFANT DEATH SYNDROME (SIDS), RESPIRATORY INFECTIONS, ASTHMA AND MIDDLE-EAR DISEASE IN INFANTS AND CHILDREN THE PARTNERSHIP FOR SMOKE-FREE FAMILIES (PSF) IS A COLLABORATIVE EFFORT SUPPORTED BY SCRIPPS, SHARP HEALTHCARE AND CHILDREN'S HOSPITAL FOCUSED ON IMPROVING THE HEALTH AND WELL BEING OF CHILDREN BY REDUCING THEIR EXPOSURE TO SECOND-HAND SMOKE THE PARTNERSHIP FOR SMOKE-FREE FAMILIES PROGRAM HAS BECOME A STANDARD OF CARE IN SAN DIEGO COUNTY AND A NATIONALLY RECOGNIZED MODEL FOR SYSTEMATICALLY SCREENING AND LINKING PREGNANT WOMEN AND THEIR FAMILIES WITH SMALL CHILDREN EXPOSED TO TOBACCO SMOKE WITH INTERVENTIONS AS OF OCTOBER 2009, MORE THAN 262,000 PREGNANT MOTHERS AND PARENTS OF YOUNG CHILDREN HAVE BEEN SCREENED FOR TOBACCO USE/EXPOSURE AND NEARLY 51,000 PROACTIVELY LINKED TO TARGETED INTERVENTIONS (FUNDED BY SCRIPPS HEALTH SYSTEM, COMMUNITY BENEFIT SERVICES) - YOUTHFUL DRINKING AND DRIVING PROGRAM - CONSIDERING THAT AT LEAST 74 3 PERCENT OF HIGH SCHOOL STUDENTS IN THE U S REPORT DRINKING ALCOHOL, IT IS IMPERATIVE THAT STUDENTS UNDERSTAND THE RISKS ASSOCIATED WITH ALCOHOL ABUSE IN AN EFFORT TO EDUCATE AT-RISK STUDENTS ABOUT THE DANGERS ASSOCIATED WITH DRINKING AND DRIVING, SCRIPPS MERCY HOSPITAL'S EMERGENCY DEPARTMENT AND TRAUMA CENTER PARTICIPATED IN THE CORRECTIVE BEHAVIOR INSTITUTE'S YOUTHFUL DRINKING AND DRIVING PROGRAM, PROVIDING 96 TEENS WITH A TRAUMA CENTER VISITATION EXPERIENCE THIS FOUR-HOUR SUPERVISED TRAUMA VISITATION PROGRAM FOR YOUNG DRIVERS AGES 14 AND OVER TO SHOW THEM THE REALISTIC CONSEQUENCES OF DRIVING UNDER THE INFLUENCE PARTICIPANTS VISIT THE TRAUMA ROOM, ER, ICU, CAT SCAN AND OTHER HOSPITAL AREAS (LED BY SCRIPPS MERCY HOSPITAL'S EMERGENCY DEPARTMENT AND TRAUMA CENTER) FOSTERING VOLUNTEERISM SCRIPPS BELIEVES THAT HEALTH IMPROVEMENT BEGINS WHEN COMMUNITY MEMBERS TAKE AN ACTIVE ROLE IN MAKING A POSITIVE IMPACT ON THEIR COMMUNITY FOR THIS REASON, SCRIPPS SUPPORTS VOLUNTEER PROGRAMS FOR SCRIPPS EMPLOYEES AND AFFILIATED PHYSICIANS WHO WANT TO HELP MAKE EVEN MORE OF A DIFFERENCE IN THE HEALTH OF THEIR COMMUNITY THE SCRIPPSASSISTS EMPLOYEE VOLUNTEER CLUB IS ONE AVENUE THROUGH WHICH SCRIPPS MATCHES THE TALENTS AND INTERESTS OF EMPLOYEES AND PHYSICIANS WITH COMMUNITY NEEDS THIS INCLUDES, BUT IS NOT LIMITED TO, MENTORING PARTNERSHIPS WITH LOCAL SCHOOLS AND EFFORTS TO PROVIDE FREE MEDICAL AND SURGICAL CARE TO PATIENTS IN NEED IN ADDITION TO THE FINANCIAL COMMUNITY BENEFIT CONTRIBUTIONS MADE DURING FY09, SCRIPPS EMPLOYEES AND AFFILIATED PHYSICIANS CONTRIBUTED A SIGNIFICANT PORTION OF THEIR PERSONAL TIME VOLUNTEERING TO SUPPORT SCRIPPS-SPONSORED COMMUNITY BENEFIT PROGRAMS AND SERVICES WITH CLOSE TO 58,093 HOURS OF VOLUNTEER TIME, THE ESTIMATED DOLLAR VALUE OF THIS VOLUNTEER LABOR IS $2,418,783

Identifier	Return Reference	Explanation
FORM 990, PART III, LINE 4A		PROFESSIONAL EDUCATION & HEALTH RESEARCH QUALITY HEALTH CARE IS HIGHLY DEPENDENT UPON HEALTH EDUCATION SYSTEMS AND MEDICAL RESEARCH PROGRAMS WITHOUT THE ABILITY TO TRAIN AND INSPIRE A NEW GENERATION OF HEALTH CARE PROVIDERS OR TO OFFER CONTINUING EDUCATION TO EXISTING HEALTH CARE PROFESSIONALS, THE QUALITY OF HEALTH CARE WOULD BE GREATLY DIMINISHED MEDICAL RESEARCH ALSO PLAYS AN IMPORTANT ROLE IN IMPROVING THE COMMUNITY'S OVERALL HEALTH THROUGH THE DEVELOPMENT OF NEW AND INNOVATIVE TREATMENT OPTIONS EACH YEAR, SCRIPPS ALLOCATES RESOURCES TO THE ADVANCEMENT OF HEALTH CARE SERVICES THROUGH CLINICAL RESEARCH AND MEDICAL EDUCATION PROGRAMS DURING THIS FISCAL YEAR, SCRIPPS INVESTED $39,226,597 IN PROFESSIONAL TRAINING PROGRAMS AND CLINICAL RESEARCH TO ENHANCE SERVICE DELIVERY AND TREATMENT PRACTICES FOR SAN DIEGO COUNTY PROFESSIONAL EDUCATION AND HEALTH RESEARCH REFLECTS CLINICAL RESEARCH AS WELL AS PROFESSIONAL EDUCATION FOR NON-SCRIPPS EMPLOYEES, INCLUDING GRADUATE MEDICAL EDUCATION, NURSING RESOURCE DEVELOPMENT AND OTHER HEALTH CARE PROFESSIONAL EDUCATION RESEARCH TAKES PLACE PRIMARILY AT SCRIPPS CLINICAL RESEARCH SERVICES, SCRIPPS WHITTIER DIABETES INSTITUTE, SCRIPPS GENOMIC MEDICINE AND SCRIPPS TRANSLATIONAL SCIENCE INSTITUTE

Identifier	Return Reference	Explanation
FORM 990, PART VI, QUESTION 10	DESCRIBE THE PROCESS USED BY MANAGEMENT &/OR GOVERNING BODY TO REVIEW 990	THE FORM 990 WAS PREPARED BY ERNST & YOUNG WITH THE SUPPORT OF THE CORPORATE FINANCE TEAM WITH INPUT FROM HUMAN RESOURCES, FOUNDATION, AND LEGAL OFFICE THE FORM 990 WAS REVIEWED BY THE PRESIDENT, LEGAL COUNSEL, CHIEF FINANCIAL OFFICER, AUDIT COMMITTEE, AND HUMAN RESOURCES AND COMPENSATION COMMITTEE PRIOR TO FILING IN ADDITION, A FULL COPY OF THE 990 WAS PROVIDED TO THE BOARD OF TRUSTEES VIA EMAIL IN ADVANCE OF FILING THE FROM 990 WITH THE IRS

Identifier	Return Reference	Explanation
FORM 990, PART VI, QUESTION 12	COMPLIANCE POLICY MONITORING	WITHIN 60 DAYS OF HIRE AND ANNUALLY THEREAFTER ALL SUPERVISORS AND ABOVE, ALL EMPLOYEES IN THE SUPPLY CHAIN MANAGEMENT DEPARTMENT, AUDIT & COMPLIANCE SERVICES DEPARTMENT, AND CASE MANAGEMENT DEPARTMENT OR FUNCTION, AND ANY OTHER EMPLOYEE WHO IS IN A POSITION TO REFER PATIENTS THAT ARE FEDERALLY FUNDED HEALTHCARE BENEFICIARIES TO OTHER PROVIDERS AND SERVICES, AND OTHERS AS DETERMINED BY THE CONFLICTS AND BUSINESS PRACTICES REVIEW COMMITTEE WILL BE REQUIRED TO COMPLETE AND SIGN THE CONFLICT OF INTEREST COMMITMENT DISCLOSURE FORM IT IS THE RESPONSIBILITY OF ANY EMPLOYEE WHO HAS A CHANGE IN OUTSIDE PROFESSIONAL ACTIVITIES, SIGNIFICANT FINANCIAL INTERESTS, OR POTENTIAL OR ACTUAL CONFLICT OF INTEREST, OR COMMITMENT SITUATIONS THAT ARISE DURING THE YEAR TO DISCLOSE THE INFORMATION TO THEIR SUPERVISOR AS SOON AS THE EMPLOYEE BECOMES AWARE OF THE POTENTIAL OR ACTUAL SITUATION CREATING A POSSIBLE CONFLICT OF INTEREST OR CONFLICT COMMITMENT SUPERVISORS WILL ASSESS THE SITUATION AND REFER TO THEIR BUSINESS UNIT MANAGEMENT AND/OR THE CONFLICTS AND BUSINESS PRACTICES REVIEW COMMITTEE, AS APPROPRIATE IN ADDITION, EACH PERSON ENTRUSTED WITH A POSITION OF RESPONSIBILITY IN THE GOVERNANCE AND MANAGEMENT OF SCRIPPS HEALTH ARE REQUIRED TO COMPLETE AND SUBMIT DISCLOSURE STATEMENTS AS FOLLOWS 1 INITIAL CONFLICT OF INTEREST AND 990 TAX RETURN DISCLOSURE STATEMENT (INITIAL DISCLOSURES) 2 ANNUAL CONFLICT OF INTEREST AND 990 TAX RETURN DISCLOSURE STATEMENT 3 SUBSEQUENT OCCURRENCES REPORTING UPON THE OCCURRENCE OF ANY NEW POTENTIAL CONFLICT OF INTEREST ACTUAL OR POTENTIAL CONFLICT DISCLOSURES REGARDING EMPLOYEES ARE REVIEWED BY THE CONFLICTS AND BUSINESS PRACTICES REVIEW COMMITTEE DISCLOSURES REQUIRING MITIGATION ARE DISCUSSED WITH THE BUSINESS UNITS CHIEF EXECUTIVE AND EMPLOYEE'S SUPERVISOR LEGAL COUNSEL REVIEWS EACH BOARD OF TRUSTEES MEETING AGENDA PRIOR TO THE MEETING AND POTENTIAL CONFLICTS OF INTERESTS ARE IDENTIFIED, CONSIDERED AND AN APPROPRIATE COURSE OF ACTION IS DETERMINED BY THE MEMBER AND LEGAL COUNSEL WITH THE INVOLVEMENT OF THE PRESIDENT AND BOARD CHAIR, WHERE APPROPRIATE COURSE OF ACTION MAY INCLUDE THE CONFLICTED BOARD MEMBER RECUSING THEMSELVES, ABSTAINING FROM VOTING AND/OR READING A STATEMENT INTO THE BOARD MINUTES REGARDING SUCH CONFLICT AS IT RELATES TO BOARD OF TRUSTEES, WHEN A DETERMINATION IS MADE THAT AN ACTUAL CONFLICT OF INTEREST EXISTS AND A COVERED INDIVIDUAL IS AN "INTERESTED PERSON" UNDER CALIFORNIA LAW, THE TRANSACTION BEING CONSIDERED WILL COMPLY WITH APPLICABLE STATUTORY REQUIREMENTS TO AVOID PARTICIPATION IN THE DECISION MAKING PROCESS BY THE COVERED INDIVIDUAL THE MINUTES OF BOARD MEETINGS SHALL DOCUMENT ALL RECUSALS FROM DISCUSSION AND VOTING

Identifier	Return Reference	Explanation
FORM 990, PART VI, QUESTIONS 15A&15B	OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PROCESS WAS BEGUN	Pursant to procedures required by Tax Equity and Fiscal Responsibility Act of 1983 (TEFRA), Scripps Health's procedures are as follows THE BOARD OF TRUSTEES REVIEWS EXECUTIVE COMPENSATION FOR ALL KEY EMPLOYEES ON AN ANNUAL BASIS UTILIZING COMPARABILITY DATA OBTAINED BY AN EXTERNAL CONSULTANT IT IS THE PHILOSOPHY OF THE SCRIPPS BOARD OF TRUSTEES TO COMPENSATE THE CORPORATION'S EXECUTIVES FAIRLY RELATIVE TO THE MEDIAN COMPENSATION OF PEER ORGANIZATIONS, CONSIDERING AND MAKING APPROPRIATE ADJUSTMENTS FOR THE COST OF LIVING IN SAN DIEGO, CA AND OTHER RELEVANT FACTORS TO ACCOMPLISH THIS, THE BOARD HAS ADOPTED A PHILOSOPHY OF TARGETING EXECUTIVE SALARIES AT APPROXIMATELY THE 65TH PERCENTILE OF A NATIONAL PEER GROUP OF ORGANIZATIONS AS DETERMINED THROUGH AN INDEPENDENT OUTSIDE CONSULTANT ENGAGED BY THE BOARD AND WILL RELY ON THEIR RECOMMENDATIONS USING A DATABASE OF INDEPENDENTLY COLLECTED DATA THE PHILOSOPHY STATES -FOR PURPOSES OF EXECUTIVE COMPENSATION COMPARISONS, SCRIPPS WILL USE A NATIONAL PEER GROUP OF MEDICAL DELIVERY SYSTEMS OF SIMILAR REVENUE SIZE AND COMPLEXITY THE PEER GROUP WILL BE REVIEWED AND APPROVED BY THE HUMAN RESOURCES AND COMPENSATION COMMITTEE -SALARIES ARE TARGETED AT APPROXIMATELY THE 65TH PERCENTILE OF THE PEER GROUP AND WILL REFLECT THE PERFORMANCE OF THE INDIVIDUAL -TOTAL CASH COMPENSATION IS POSITIONED AT APPROXIMATELY THE 75TH PERCENTILE OF THE PEER GROUP WHEN MAXIMUM LEVEL INCENTIVES ARE PAID FOR ACHIEVEMENT OF PREDETERMINED OBJECTIVES AGREED UPON BY THE BOARD -BENEFITS ARE POSITIONED AT THE 65TH PERCENTILE OF THE PEER GROUP -ANNUALLY, TOTAL CASH COMPENSATION FOR EACH POSITION WILL NOT EXCEED THE BASE SALARY ESTABLISHED FOR THE PERIOD PLUS THE MAXIMUM INCENTIVE PERCENTAGE PAYOUT ALLOWABLE AS DETERMINED BY THE SCRIPPS MANAGEMENT INCENTIVE PLAN APPROVED BY THE BOARD OF TRUSTEES FOR THE RESPECTIVE POSITION THE REPORT FROM THE EXTERNAL CONSULTANT ENGAGED TO REVIEW EXECUTIVE COMPENSATION IS PRESENTED TO THE HUMAN RESOURCES AND COMPENSATION COMMITTEE ON AN ANNUAL BASIS AND THE MOST RECENT REPORT WAS REVIEWED IN JANUARY 2010 REVIEW AND DISCUSSION OF SUCH REPORT IS DOCUMENTED IN THE MINUTES

Identifier	Return Reference	Explanation
FORM 990, PART VI, QUESTIONS 16A&16B		SCRIPPS HEALTH HAS MAINTAINED A LONG STANDING PRACTICE OF REVIEWING ALL POTENTIAL JOINT VENTURE OR SIMILAR ARRANGEMENTS TO ENSURE THAT CONTRACT TERMS ARE CONSISTENT WITH THE PROTECTION OF ITS TAX-EXEMPT STATUS

Identifier	Return Reference	Explanation
FORM 990, PART VI, QUESTION 19	AVAILABILITY OF DOCUMENTS TO THE GENERAL PUBLIC	FINANCIAL STATEMENTS ARE POSTED QUARTERLY ON THE DAC (DIGITAL ASSURANCE CERTIFICATION) WEB SITE IN SATISFACTION OF CONTINUING DISCLOSURE REQUIREMENTS RELATING TO THE ORGANIZATION'S TAX-EXEMPT DEBT ISSUANCES SCRIPPS HEALTH CONFLICT OF INTEREST POLICY IS AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
FORM 990, PART X-EQUITY	BALANCE SHEET PRESENTATION	THE BALANCE SHEET IN 2008 INCLUDED INVESTMENT AND EQUITY AMOUNTS FOR SUBSIDIARIES THAT GROSSED UP THE NUMBERS TO THE AUDITED FINANCIAL STATEMENTS ON A CONSOLIDATED LEVEL WE HAVE DETERMINED THAT THE BALANCE SHEET SHOULD BE REPORTING THE FINANCIAL POSITION OF THE OBLIGATED GROUP AND THUS THE BEGINNING BALANCES FOR 2008 WERE RESTATED TO EXCLUDE THE SUBSIDIARY INFORMATION AND 2009 IS ALSO JUST REPORTED ON THE OBLIGATED GROUP FINANCIAL POSITION

Identifier	Return Reference	Explanation
SCHEDULE K, PART I, COLUMN F		LINE A REFUNDING OF PRIOR ISSUES 08/09/2005 LINE B REFUNDING OF PRIOR ISSUES 10/17/1991 & 06/09/1998 LINE C REFUNDING OF PRIOR ISSUES 07/07/2005 LINE D REFUNDING OF PRIOR ISSUES 06/08/1998 THIS BOND ISSUE WAS EXCHANGED 08/14/2008 THE EXCHANGE BOND HAS CUSIP # 13033F5M8

Identifier	Return Reference	Explanation
SCHEDULE L, PART IV		MARTIN DICKINSON BOARD MEMBER OF H G FENTON COMPANY, INC , REAL ESTATE COMPANY, FROM WHICH ORGANIZATION LEASES LAND AND BUILDINGS AND HAS ENTERED INTO A DEVELOPMENT AGREEMENT ERNEST RADY DIRECTOR OF WACHOVIA BANK WHICH PROVIDED A 5 YEAR CREDIT FACILITY, COMMENCING IN JULY 2008, TO THE ORGANIZATION

Identifier	Return Reference	Explanation
SCHEDULE R, PART III		SCRIPPS MERCY AMBULATORY SURGERY CENTER 45-0503246 4275 CAMPUS POINT COURT, SAN DIEGO, CA 92121 SCRIPPS ENCINITAS SURGERY CENTER 20-5942958 4275 CAMPUS POINT COURT, SAN DIEGO, CA 92121

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493222020000

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
Scripps Health

Employer identification number
95-1684089

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
SCRIPPS CARDIO&THORACIC SURGERY BILLING 4275 CAMPUS POINT COURT SAN DIEGO, CA 92121 27-0602996	HLTHCR ADMIN	CA	895,403	0	
SCRIPPS CLINIC BILLING LLC 4275 CAMPUS POINT COURT SAN DIEGO, CA 92121 87-0737749	HLTHCR ADMIN	CA	512,759,290	0	
SCRIPPS MERCY BILLING LLC 4275 CAMPUS POINT COURT SAN DIEGO, CA 92121 87-0737748	HLTHCR ADMIN	CA	52,514,910	0	

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
THE WHITTIER INSTITUTE 9894 GENESEE AVENUE LA JOLLA, CA92037 95-3621314	RSRCH & EDU	CA	501(C)(3)	4	NA
SCRIPPS CLINICAL SCIENCE CENTER 4275 CAMPUS POINT COURT SAN DIEGO, CA92121 26-4479543	RESEARCH	CA	501(C)(3)	4	NA
MERCY HOSPITAL FOUNDATION 4275 CAMPUS POINT COURT SAN DIEGO, CA92121 94-2958094	FUNDRAISING	CA	501(C)(3)	11A-TYPE I	NA

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
SCRIPPS MERCY AMBULATORY SURGERY CENTER 4275 CAMPUS POINT COURT SAN DIEGO, CA92121 45-0503246	AMBUL SURGER CTR	CA	NA	RELATED	451,030	2,207,844		No	0	Yes	
SCRIPPS ENCINITAS SURGERY CENTER LLC 4275 CAMPUS POINT COURT SAN DIEGO, CA92121 20-5942958	HOSPITAL	CA	NA	RELATED	648,797	-1,039,286		No	0		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
SC PHYSICIANS ORGANIZATION INC 4275 CAMPUS POINT COURT SAN DIEGO, CA92121 33-0796247	HOLDING COMPANY	CA	NA	C CORP	0	420,432	100 %
SCRIPPS MEDICAL LABORATORY 4275 CAMPUS POINT COURT SAN DIEGO, CA92121 91-2156239	LABORATORY SRVCS	CA	NA	C CORP	0	0	100 %
SCRIPPS HEALTH & HEALING 4275 CAMPUS POINT COURT SAN DIEGO, CA92121 20-5156965	PATIENT EDUCATION	CA	NA	C CORP	0	0	100 %
SCRIPPS HEALTH PLAN SERVICES (SHPS) 4275 CAMPUS POINT COURT SAN DIEGO, CA92191 33-0782099	HLTHCARE SVC PLAN	CA	NA	C CORP	215,319,022	34,950,386	100 %

Part V Transactions with Related Organizations

			Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV				
1 During the tax year, did the orgranization 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**	Yes		
b Gift, grant, or capital contribution to other organization(s)	**1b**	Yes		
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**		No	
i Lease of facilities, equipment, or other assets to other organization(s)	**1i**		No	
j Lease of facilities, equipment, or other assets from other organization(s)	**1j**		No	
k Performance of services or membership or fundraising solicitations for other organization(s)	**1k**	Yes		
l Performance of services or membership or fundraising solicitations by other organization(s)	**1l**	Yes		
m Sharing of facilities, equipment, mailing lists, or other assets	**1m**		No	
n Sharing of paid employees	**1n**		No	
o Reimbursement paid to other organization for expenses	**1o**		No	
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**		No	

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

	(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)	Scripps Health Plan Services (SHPS)	K	68,090,730
(2)	Scripps Health Plan Services (SHPS)	L	10,967,983
(3)	Scripps Health Plan Services (SHPS)	Q	1,760,000
(4)	Whittier Institute for Diabetes	P	4,554,956
(5)	Scripps Mercy Ambulatory Surgery Center	A(IV)	502,845
(6)	SCRIPPS ENCINITAS SURGERY CENTER LLC	A(IV)	337,248

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)	Scripps Health Plan Services (SHPS)	K	68,090,730
(2)	Scripps Health Plan Services (SHPS)	L	10,967,983
(3)	Scripps Health Plan Services (SHPS)	Q	1,760,000
(4)	Whittier Institute for Diabetes	P	4,554,956
(5)	Scripps Mercy Ambulatory Surgery Center	A(IV)	502,845
(6)	SCRIPPS ENCINITAS SURGERY CENTER LLC	A(IV)	337,248

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493222020000

Form **4562**
Department of the Treasury
Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2008

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
Scripps Health	GENERAL DEPRECIATION	95-1684089

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount See the instructions for a higher limit for certain businesses	**1**	$ 250,000
2 Total cost of section 179 property placed in service (see instructions)	**2**	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	**3**	$ 800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	**4**	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	**5**	

(a) Description of property	**(b)** Cost (business use only)	**(c)** Elected cost
6		

7 Listed property Enter the amount from line 29	**7**		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7		**8**	
9 Tentative deduction Enter the **smaller** of line 5 or line 8		**9**	
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562		**10**	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)		**11**	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11		**12**	
13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 ▶	**13**		

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	**14**	
15 Property subject to section 168(f)(1) election	**15**	
16 Other depreciation (including ACRS)	**16**	73,999

Part III **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2008	**17**	
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	**(b)** Month and year placed in service	**(c)** Basis for depreciation (business/investment use only—see instructions)	**(d)** Recovery period	**(e)** Convention	**(f)** Method	**(g)** Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV **Summary** (See instructions)

21 Listed property Enter amount from line 28	**21**	
22 **Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr	**22**	73,999
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	**23**	

Part V **Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☑ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☑ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1						**29**		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2008 tax year (see instructions)					
43 Amortization of costs that began before your 2008 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	

Additional Data

Software ID:
Software Version:
EIN: 95-1684089
Name: Scripps Health

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			
CHRISTOPHER VAN GORDER , PRESIDENT & CEO	40 0	X		X				1,336,925	0	477,323
MARY JO ANDERSON CHS , TRUSTEE	5 0	X						0	0	0
DOUGLAS A BINGHAM ESQ , TRUSTEE	5 0	X						0	0	0
JEFF BOWMAN , TRUSTEE	5 0	X						0	0	0
JUDY CHURCHILL PHD , TRUSTEE	5 0	X						0	0	0
GORDON R CLARK , TRUSTEE	5 0	X						0	0	0
MARTIN C DICKINSON , TRUSTEE	5 0	X						0	0	0
VIRGINIA GILLIS RSM EDD , TRUSTEE	5 0	X						0	0	0
RICHARD L HALL MD , TRUSTEE	5 0	X						0	0	0
ERNEST S RADY , TRUSTEE	5 0	X						0	0	0
ABBY SILVERMAN WEISS , TRUSTEE	5 0	X						0	0	0
MAUREEN STAPLETON , TRUSTEE	5 0	X						0	0	0
ROBERT TJOSVOLD , TRUSTEE	5 0	X						0	0	0
RICHARD VORTMANN , TRUSTEE	5 0	X						0	0	0
WESTCOTT W PRICE III , TRUSTEE	5 0	X						0	0	0
RICHARD ROTHBERGER , CORP, EXEC VP, CFO	40 0			X				788,310	0	142,510
RICHARD SHERIDAN , CORP SR VP GENERAL COUNSEL	40 0			X				506,422	0	148,189
GALE KEEL , ASST SEC TO SCRIPPS BOARD	40 0			X				79,869	0	14,257
VIRGINIA LEARY , EXEC SECRETARY TO CEO	40 0			X				86,593	0	18,570
ARNOLD BRENT EASTMAN MD , CORP SR VP, CHIEF MED OFFICER	40 0				X			690,536	0	786,772
VICTOR V BUZACHERO , CORP, SR VP	40 0				X			626,545	0	99,589
JUNE KOMAR , CORP SR VP, STRATEGIC PLANNING	40 0				X			571,144	0	342,483
LARRY HARRISON , CHIEF EXECUTIVE, SR VP	40 0				X			570,741	0	103,138
THOMAS GAMMIERE , CHIEF EXECUTIVE, SR VP	40 0				X			567,054	0	115,105
GARY FYBEL , CHIEF EXECUTIVE, SR VP	40 0				X			566,703	0	106,701
ROBIN BROWN , CHIEF EXECUTIVE, SR VP	40 0				X			523,249	0	239,569
CARL ETTER , CHIEF EXECUTIVE, SR VP	40 0				X			497,593	0	89,451
JOHN ENGLE , CORP SR VP, CHIEF DVLP OFFICER	40 0				X			450,307	0	83,832
MARY L CARRAHER , CHIEF EXECUTIVE, SR VP	40 0				X			345,540	0	30,048
BARBARA PRICE , CORP VP, PROJECT MGMT	40 0				X			444,793	0	85,442

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			
DAVID M COHN , CORP VP, REVENUE CYCLE	40 0				X			373,916	0	68,213
MARC A REYNOLDS , CORP SR VP, PAYOR RELATIONS	40 0				X			373,482	0	76,518
JOHN E ARMSTRONG , Corp VP, Supply Chain MGMT	40 0				X			325,982	0	63,947
GLEN MUELLER , Corp VP Audit and Compliance	40 0				X			345,633	0	67,092
PATRIC THOMAS , Corp VP, Information Systems	40 0				X			259,319	0	14,659
BRIAN ISSELL MD , CORP VP, CLINICAL RESEARCH	40 0					X		519,240	0	142,131
WILLIAM GABLE , VP, Chief Operating Exec	40 0					X		374,057	0	63,255
ROBERT T HOFF , VP, Chief Operating Exec	40 0					X		354,471	0	54,665
JEAN HITCHCOCK , CORP VP MRKTING/COMMUNICATIONS	40 0					X		336,676	0	48,717
LAURENCE D CRACROFT MD , Sr Director Medical Affairs	40 0					X		333,807	0	22,643

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 HEALTHCARE DELIVERY	900,099	1,910,410,254	1,909,622,243	788,011	0
b CAPITATION PREMIUM	900,099	67,505,293	67,505,293	0	0
c RESEARCH REVENUE	541,700	7,323,876	6,916,996	406,880	0
d JOINT VENTURE - CHILDREN'S HOSPITAL	900,099	5,160,776	5,160,776	0	0
e RENTAL INCOME - MEDICAL OFFICE BLDGS	900,099	13,046,873	13,046,873	0	0

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 95-1684089
Name: Scripps Health

Form 990 Schedule F Part II - Grants and Other Assistance to Organizations or Entities Outside The United States

(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 95-1684089
Name: Scripps Health

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				
CHRISTOPHER VAN GORDER	(I)	906,954	355,746	74,225	431,220	46,103	1,814,248	1,031,827
	(II)	0	0	0	0	0	0	0
RICHARD ROTHBERGER	(I)	538,257	188,992	61,061	115,919	26,591	930,820	615,931
	(II)	0	0	0	0	0	0	0
RICHARD SHERIDAN	(I)	371,060	108,938	26,424	125,288	22,901	654,611	400,745
	(II)	0	0	0	0	0	0	0
ARNOLD BRENT EASTMAN MD	(I)	473,378	143,179	73,979	762,278	24,494	1,477,308	523,777
	(II)	0	0	0	0	0	0	0
VICTOR V BUZACHERO	(I)	365,682	138,937	121,926	64,593	34,996	726,134	506,402
	(II)	0	0	0	0	0	0	0
JUNE KOMAR	(I)	402,953	119,834	48,357	318,206	24,277	913,627	452,888
	(II)	0	0	0	0	0	0	0
LARRY HARRISON	(I)	394,063	94,556	82,122	65,212	37,926	673,879	449,131
	(II)	0	0	0	0	0	0	0
THOMAS GAMMIERE	(I)	429,022	91,316	46,716	85,671	29,434	682,159	439,289
	(II)	0	0	0	0	0	0	0
GARY FYBEL	(I)	396,497	98,303	71,903	66,393	40,308	673,404	0
	(II)	0	0	0	0	0	0	0
ROBIN BROWN	(I)	372,773	82,148	68,328	202,377	37,192	762,818	0
	(II)	0	0	0	0	0	0	0
CARL ETTER	(I)	329,628	78,121	89,844	58,100	31,351	587,044	0
	(II)	0	0	0	0	0	0	0
JOHN ENGLE	(I)	285,114	82,485	82,708	60,926	22,906	534,139	0
	(II)	0	0	0	0	0	0	0
MARY L CARRAHER	(I)	215,014	28,909	101,617	17,898	12,150	375,588	0
	(II)	0	0	0	0	0	0	0
BRIAN ISSELL MD	(I)	368,789	99,601	50,850	120,508	21,623	661,371	0
	(II)	0	0	0	0	0	0	0
BARBARA PRICE	(I)	302,157	71,716	70,920	58,587	26,855	530,235	0
	(II)	0	0	0	0	0	0	0
WILLIAM GABLE	(I)	260,221	39,195	74,641	45,287	17,968	437,312	0
	(II)	0	0	0	0	0	0	0
DAVID M COHN	(I)	262,223	57,272	54,421	43,971	24,242	442,129	0
	(II)	0	0	0	0	0	0	0
MARC A REYNOLDS	(I)	257,647	77,817	38,018	58,352	18,166	450,000	0
	(II)	0	0	0	0	0	0	0
ROBERT T HOFF	(I)	244,265	55,047	55,159	28,829	25,836	409,136	0
	(II)	0	0	0	0	0	0	0
JEAN HITCHCOCK	(I)	220,936	60,260	55,480	12,040	36,677	385,393	0
	(II)	0	0	0	0	0	0	0
LAURENCE D CRACROFT MD	(I)	290,966	40,924	1,917	2,300	20,343	356,450	0
	(II)	0	0	0	0	0	0	0
JOHN E ARMSTRONG	(I)	208,827	51,792	65,363	37,567	26,380	389,929	0
	(II)	0	0	0	0	0	0	0
GLEN MUELLER	(I)	235,759	59,763	50,111	4,996	62,096	412,725	0
	(II)	0	0	0	0	0	0	0
PATRIC THOMAS	(I)	205,842	26,987	26,490	6,900	7,759	273,978	0
	(II)	0	0	0	0	0	0	0