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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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 07-01-2009 and ending 06-30-2010

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

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

C Name of organization
Childrens Hospital Los Angeles

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
4650 Sunset Boulevard

City or town, state or country, and ZIP + 4
Los Angeles, CA 900270982

D Employer identification number
95-1690977

E Telephone number
(323) 660-2450

G Gross receipts $ 1,146,354,056

F Name and address of principal officer
Diemlan Lannie Tonnu
4650 Sunset Boulevard
Los Angeles, CA 900270982

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 Website: ▶ WWW CHILDRENSHOSPITALLA ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1901

M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Promotion and advancement of children's health through patient care, research, and education

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	65
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	41
5	Total number of employees (Part V, line 2a)	**5**	4,738
6	Total number of volunteers (estimate if necessary)	**6**	618
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	26,002
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	126,963,348	89,917,517
9	Program service revenue (Part VIII, line 2g)	438,494,883	463,835,925
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-21,056,591	5,956,914
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,591,857	5,077,829
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	546,993,497	564,788,185
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		0
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	296,412,393	305,083,062
16a	Professional fundraising fees (Part IX, column (A), line 11e)	322,112	322,112
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 11,483,985		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	300,350,754	294,048,506
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	597,085,259	599,453,680
19	Revenue less expenses Subtract line 18 from line 12	-50,091,762	-34,665,495

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,397,175,480	1,499,431,801
21	Total liabilities (Part X, line 26)	639,294,792	665,941,137
22	Net assets or fund balances Subtract line 21 from line 20	757,880,688	833,490,664

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 2011-05-13

▶ Diemlan Lannie Tonnu SVP and CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ DELOITTE TAX LLP 655 WEST BROADWAY SUITE 700 SAN DIEGO, CA 921018590		EIN ▶	
		Phone no ▶ (619) 232-6500	

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

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

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 501(c)(4) organizations and section 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 $ 378,767,996 including grants of $) (Revenue $ 440,163,424)

Medical Care provided to childrenIt is the policy of the Hospital to strive to maintain quality health care delivery in a manner that respects the dignity of the individual and family, regardless of the ability to pay Under the Hospital's policy, medical care may be provided without charge or at amounts less than its established rates to people who are uninsured or underinsured and cannot afford to pay for their own medical care The Hospital provides additional community support by providing care to patients who participate in programs, like Medi-Cal, that do not pay full charges Approximately three-fourths of the hospital's patients are covered by Medi-Cal Programs

4b (Code) (Expenses $ 40,043,411 including grants of $) (Revenue $ 20,786,987)

Graduate Medical Education provides training and education to medical students in Los Angeles County who, in turn, provide services to patients at the hospital Also, includes Education Revenue from the Residency and Fellowship programs at CHLA The Hospital subsidizes a large part of the cost of training physicians, allied health professionals, and other health care workers in its emergency room, clinics, inpatient areas, and other parts of its facilities

4c (Code) (Expenses $ 59,052,803 including grants of $) (Revenue $ 2,885,514)

Research revenues further the exempt purpose of CHLA by providing the patients of CHLA access to new technologies, discoveries and medications for treatment Results of this research is disseminated through publications in scientific journals and presentations by the principal investigators The Hospital subsidizes a large part of the cost of medical research taking place in its facilities

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 356,035 including grants of $) (Revenue $ 775,961)

4e **Total program service expenses** ▶ $ 478,220,245

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 similar funds or 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, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A	Yes	
13	Is the organization a school 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 United States?	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 United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *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 U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities 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	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States 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, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *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 line 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	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**	Yes	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *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**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 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% 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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				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**	662		
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**		
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	4,738		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**	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**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		**8**		
9	**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** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body	1a	65		
b	Enter the number of voting members that are independent	1b	41		
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	Yes	
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	Yes	
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	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
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	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	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	Yes	

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (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 ▶

Lawrence Foust
4650 Sunset Blvd
Los Angeles, CA 900270980
(323) 361-2425

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 Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 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 current or former 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-2/1099-MISC)	(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			
See add'l data										

1b Total . . . . . ▶	8,568,260	0	557,285

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 458

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed on line 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**	Yes	

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
Zimmer Gunsul Frasca Architects LLP 320 S Oak St Suite 500 Portland, OR 97204	Architectural Design	5,717,152
Cleo Enterprises LLC 34 Calle Castillo San Clemente, CA 92673	Construction Mgmt	3,387,750
Tiller Constructors Partnership LLC 306 W Katella Ave Orange, CA 92867	Construction Services	1,773,615
Triage Consulting Group 221 Main St Suite 1100 San Francisco, CA 94105	Billing Recovery	972,901
USC Cardiothoracic Surgeons Inc PO Box 50590 Pasadena, CA 911150590	Professional Services	711,792
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 41		

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	169,839			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	39,398,355			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	50,349,323			
	g	Noncash contributions included in lines 1a-1f $ 2,791,932					
	h	**Total.** Add lines 1a-1f		89,917,517			
Program Service Revenue			Business Code				
	2a	Patient Revenue	621,110	440,163,424	440,163,424		
	b	Graduate Medical Educa	900,099	11,629,487	11,629,487		
	c	Education Revenue	900,099	9,157,500	9,157,500		
	d	Research Revenue	900,099	2,885,514	2,885,514		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		463,835,925			
	3	Investment income (including dividends, interest and other similar amounts)		-4,617,291		7,849	-4,625,140
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		883,371			883,371
			(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	592,139,284	792			
	b	Less cost or other basis and sales expenses	581,228,504	337,367			
	c	Gain or (loss)	10,910,780	-336,575			
	d	Net gain or (loss)			10,574,205			10,574,205
Other Revenue	8a	Gross income from fundraising events (not including $ 169,839 of contributions reported on line 1c) See Part IV, line 18	a	4,452			
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events			4,452			4,452
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	Parking Garage	812,930	1,981,380			1,981,380
	b	Child Development Cent	624,410	1,103,947			1,103,947
	c	Resident's Housing	900,099	511,642	511,642		
	d	All other revenue		593,037	264,319	18,153	310,565
	e	**Total.** Add lines 11a–11d		4,190,006			
	12	**Total revenue.** See Instructions		564,788,185	464,611,886	26,002	10,232,780

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				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	2,770,410	301,239	2,119,259	349,912
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	254,871,062	199,336,086	49,589,789	5,945,187
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	4,856,764	4,299,619	416,895	140,250
9 Other employee benefits	24,134,824	20,990,471	2,457,632	686,721
10 Payroll taxes	18,450,002	13,986,315	4,002,933	460,754
11 Fees for services (non-employees)				
a Management	921,410		921,410	
b Legal	643,758	210,137	433,621	
c Accounting	808,618		808,618	
d Lobbying	46,205		46,205	
e Professional fundraising *See Part IV, line 17*	322,112			322,112
f Investment management fees	1,060,492		1,060,492	
g Other	100,499,311	68,166,326	30,854,163	1,478,822
12 Advertising and promotion	1,157,203	1,157,203		
13 Office expenses	85,766,523	81,094,603	4,187,728	484,192
14 Information technology	24,584,409	18,495,100	5,434,034	655,275
15 Royalties	347,738	347,738		
16 Occupancy	4,802,670	2,016,591	2,707,907	78,172
17 Travel	1,878,630	1,296,256	473,857	108,517
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	931,703	387,270	419,981	124,452
20 Interest	13,914,305	13,189,370	724,935	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	25,383,590	24,316,626	1,066,964	
23 Insurance	3,096,291	2,934,974	161,317	
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 Provision for bad debts	9,291,252	9,291,252	0	0
b Utilities	6,970,873	6,614,662	354,505	1,706
c Minor equipment	2,706,653	2,580,342	115,415	10,896
d Licenses and taxes	1,189,485	1,141,150	46,400	1,935
e Dues and subscription	1,127,456	260,898	753,210	113,348
f All other expenses	6,919,931	5,806,017	592,180	521,734
25 **Total functional expenses.** Add lines 1 through 24f	599,453,680	478,220,245	109,749,450	11,483,985
26 **Joint costs.** Check here ▶ ☐ 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		5,000	1	5,000
	2	Savings and temporary cash investments		11,425,103	2	4,275,951
	3	Pledges and grants receivable, net		64,856,451	3	47,769,406
	4	Accounts receivable, net		91,828,385	4	94,519,047
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		135,446	5	112,872
	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		246,787	7	1,208,161
	8	Inventories for sale or use		6,033,419	8	6,432,437
	9	Prepaid expenses and deferred charges		5,811,079	9	5,979,943
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 1,235,793,683			
	b	Less accumulated depreciation	10b 437,369,307	720,692,846	10c	798,424,376
	11	Investments—publicly traded securities		466,849,541	11	493,314,392
	12	Investments—other securities See Part IV, line 11		3,826,449	12	3,769,305
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		25,464,974	15	43,620,911
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		1,397,175,480	16	1,499,431,801
Liabilities	17	Accounts payable and accrued expenses		73,701,573	17	74,307,552
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		498,154,732	20	517,257,301
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables 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			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		67,438,487	25	74,376,284
	26	**Total liabilities.** Add lines 17 through 25		639,294,792	26	665,941,137
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		498,558,348	27	579,056,991
	28	Temporarily restricted net assets		118,339,899	28	111,388,079
	29	Permanently restricted net assets		140,982,441	29	143,045,594
		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		757,880,688	33	833,490,664
	34	Total liabilities and net assets/fund balances		1,397,175,480	34	1,499,431,801

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
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	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separated basis			
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? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	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

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Childrens Hospital Los Angeles

Employer identification number
95-1690977

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **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).**

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 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

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

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 supported organization(s)

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
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** ▶☐

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2008 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2008.** 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—2009.** 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—2008.** 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 a 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 June 30, 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** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b **33 1/3% support tests—2008.** 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.** Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

Additional Data

Software ID:
Software Version:
EIN: 95-1690977
Name: Childrens Hospital Los Angeles

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 356,035 including grants of $) (Revenue $ 775,961)

Other program service revenues also include residents housing and miscellaneous tuition and education income

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
Richard Cordova President & CEO/Trustee	40 00	X		X				782,805	0	118,289
Arnold Kleiner Trustee	10 00	X						0	0	0
Elizabeth Lowe Trustee	10 00	X						0	0	0
Cathy Weiss Trustee	10 00	X						0	0	0
Marion Anderson Trustee	20 00	X						0	0	0
John Jack Pettker Trustee	20 00	X						0	0	0
Theodore Samuels Trustee	10 00	X						0	0	0
Robert Adler Trustee/Faculty Physician	25 00	X						207,829	0	0
Brooke Anderson Trustee	2 00	X						0	0	0
CeCe Baise Trustee	2 00	X						0	0	0
June Banta Trustee	2 00	X						0	0	0
Adele Haggarty Binder Trustee	2 00	X						0	0	0
Otis Booth Trustee	2 00	X						0	0	0
Patricia A Brown Trustee	2 00	X						0	0	0
Alex Chaves Trustee	2 00	X						0	0	0
Peggy Tsiang Cherng Trustee	2 00	X						0	0	0
Maria Contreras-Sweet Trustee	2 00	X						0	0	0
Martha Corbett Trustee	2 00	X						0	0	0
John Delfino Trustee	2 00	X						0	0	0
Margaret D Eberhardt Trustee	2 00	X						0	0	0
Richard Farman Trustee	10 00	X						0	0	0
Giselle Fernandez-Farrand Trustee	2 00	X						0	0	0
Lynda Boone Fetter Trustee	2 00	X						0	0	0
Henri Ford Trustee/Faculty Physician/VP	25 00	X		X				745,601	0	0
Peggy Galbraith Trustee	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
Herbert Gelfand Trustee	2 00	X						0	0	0
Ronald E Gother Trustee	2 00	X						0	0	0
Mary Dee Hacker Trustee/VP Patient Care	40 00	X		X				263,307	0	43,969
Mary Hart Trustee	2 00	X						0	0	0
Marcia Wilson Hobbs Trustee	2 00	X						0	0	0
Linda Joyce Hodge Trustee	2 00	X						0	0	0
Gloria Holden Trustee	2 00	X						0	0	0
James Hunt Trustee	10 00	X						0	0	0
William Hurt Trustee	2 00	X						0	0	0
Francine Kaufman Trustee/Faculty Physician	25 00	X						142,922	0	0
Robert Kay Trustee/Faculty Physician	25 00	X						175,718	0	0
Joseph Lozano Trustee	2 00	X						0	0	0
Susan Mallory Trustee	2 00	X						0	0	0
Carol Mancino Trustee	2 00	X						0	0	0
Gregory Martin Trustee	2 00	X						0	0	0
Bonnie Mcclure Trustee/Fundraising Coordinator	30 00	X						64,000	0	0
Alex Meneses-Simpson Trustee	2 00	X						0	0	0
Caryll Srague Mingst Trustee	2 00	X						0	0	0
Mary Adams O'Connell Trustee	2 00	X						0	0	0
Chester Chet Pipkin Trustee	2 00	X						0	0	0
Brent Polk Trustee/Faculty Physician	30 00	X		X				227,800	0	0
J Kristoffer Popovich Trustee	2 00	X						0	0	0
Ronald Preissman Trustee	2 00	X						0	0	0
Carmen Puliafito Trustee	2 00	X						0	0	0
Alan Purwin Trustee	2 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
Dayle Roath Trustee	2 00	X						0	0	0
Kathy Luppen Rose Trustee	2 00	X						0	0	0
Monica Rosenthal Trustee	2 00	X						0	0	0
Cheryl Saban Trustee	2 00	X						0	0	0
W Scott Sanford Trustee	10 00	X						0	0	0
Paul Schaeffer Trustee	10 00	X						0	0	0
Stuart Siegel Trustee/Faculty Physician	25 00	X						390,234	0	0
Thomas Simms Trustee	10 00	X						0	0	0
Victoria Simms Trustee	2 00	X						0	0	0
Susan Smigel Trustee	2 00	X						0	0	0
Corinna Smith Trustee	2 00	X						0	0	0
Russell Snow Trustee	10 00	X						0	0	0
Lisa Stevens Trustee	2 00	X						0	0	0
James Terrile Trustee	2 00	X						0	0	0
Joyce Bogart Trabulus Trustee	2 00	X						0	0	0
Esther Wachtell Trustee	2 00	X						0	0	0
Michael Whalen Trustee	2 00	X						0	0	0
Roberta Williams Trustee/Faculty Physician	25 00	X						261,502	0	0
Alyce Williamson Trustee	2 00	X						0	0	0
Alan Wilson Trustee	10 00	X						0	0	0
Jeffrey Worthe Trustee	10 00	X						0	0	0
Dick Ziegler Trustee	2 00	X						0	0	0
Diemlan Lannie Tonnu Sr VP/CFO/Treasurer	40 00			X				812,183	0	50,356
Lawrence Foust SVP-General Counsel/Sec	40 00			X				343,852	0	68,998
Michelle Cronkhite Assistant Secretary	40 00			X				63,474	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(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			
Claudia Looney SR VP-Development	40 00				X			314,343	0	50,833
Rodney Hanners SR VP Operations/COO	40 00				X			412,058	0	54,031
Gail Margolis VP-Gov't & Public Policy	40 00					X		267,481	0	36,361
Steven Garske VP/CIO	40 00					X		262,771	0	33,388
Kenneth Wildes Former VP Communications	40 00					X		481,847	0	28,453
Charles Krozek Former Pres/CEO Versant	40 00					X		492,304	0	47,447
Julie Croner VP-Strategic Planning & Bus Dev	40 00					X		404,089	0	25,160
Walter Noce Former Pres and CEO	0 00						X	1,452,140	0	0

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Provision for bad debts	9,291,252	9,291,252	0	0
Utilities	6,970,873	6,614,662	354,505	1,706
Minor equipment	2,706,653	2,580,342	115,415	10,896
Licenses and taxes	1,189,485	1,141,150	46,400	1,935
Dues and subscription	1,127,456	260,898	753,210	113,348

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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

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

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), then

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

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

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

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax) or Form 990-EZ, line 35a (regarding proxy tax), then

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

Name of the organization	Employer identification number
Childrens Hospital Los Angeles	95-1690977

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

Part I-C Complete if the organization is exempt under section 501(c) except section 501(c)(3).

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

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

3 Total exempt function expenditures Add lines 1 and 2 Enter here and on Form 1120-POL, line 17b ▶ $ _____

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

5 State the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made For each organization listed, enter the amount paid from the filing organization's funds Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC) If additional space is needed, provide information in Part IV

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

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ☐ if the filing organization belongs to an affiliated group

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)	46,205	
c Total lobbying expenditures (add lines 1a and 1b)	46,205	
d Other exempt purpose expenditures	478,174,040	
e Total exempt purpose expenditures (add lines 1c and 1d)	478,220,245	
f Lobbying nontaxable amount Enter the amount from the following table in both columns	1,000,000	
g Grassroots nontaxable amount (enter 25% of line 1f)	250,000	
h Subtract line 1g from line 1a If zero or less, enter -0-	0	
i Subtract line 1f from line 1c If zero or less, enter -0-	0	

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

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 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount	1,000,000	1,000,000	1,000,000	1,000,000	4,000,000
b Lobbying ceiling amount (150% of line 2a, column(e))					6,000,000
c Total lobbying expenditures	173,028	47,525	129,415	46,205	396,173
d Grassroots non-taxable amount	250,000	250,000	250,000	250,000	1,000,000
e Grassroots ceiling amount (150% of line 2d, column (e))					1,500,000
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(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?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
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 Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes".

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 (see instructions)	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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Childrens Hospital Los Angeles

Employer identification number
95-1690977

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 for any other purpose conferring 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 a 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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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 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 the arrangement 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	471,858,453	592,416,535			
b Contributions	30,649,271	32,922,898			
c Investment earnings or losses	45,036,808	-81,655,753			
d Grants or scholarships					
e Other expenditures for facilities and programs	52,496,127	71,825,227			
f Administrative expenses					
g End of year balance	495,048,405	471,858,453			

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

- a Board designated or quasi-endowment ▶ **67.000 %**
- b Permanent endowment ▶ **30.000 %**
- c Term endowment ▶ **3.000 %**

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) Accumulated depreciation	(d) Book value
1a Land		13,097,826		13,097,826
b Buildings		386,722,556	202,663,757	184,058,799
c Leasehold improvements				
d Equipment		268,112,547	231,313,074	36,799,473
e Other		567,860,754	3,392,476	564,468,278
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				798,424,376

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
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
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
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
Payable under Securities Lending Agreement	18,160,700
Loan Payable	15,000,000
CIP Retention	14,881,306
Interest Rate Swap	8,900,863
Workers Compensation Insurance Reserve	6,749,599
Accrued Executive Benefits	4,124,967
Malpractice Tail Reserve	3,500,000
Other	3,058,849
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	74,376,284

2. Fin 48 Footnote 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	Other losses	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 IV, 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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part V, Line 4	Description of Intended Use of Endowment Funds	Endowment funds are intended to be used according to the donor's wishes which vary from ongoing program support, to specific research, to building or asset acquisition, or support of academic chairs within the organization
Part X	Description of Uncertain Tax Positions Under FIN 48	The Hospital accounts for income taxes in accordance with FASB ASC 740, Income Taxes FASB ASC 740 prescribes a comprehensive model for how a company should recognize, measure, present, and disclose in its consolidated financial statements uncertain tax positions that the company has taken or expects to take on a tax return During the years ended June 30, 2010 and 2009, the Hospital did not record any liability for unrecognized tax benefits

Additional Data

Software ID:
Software Version:
EIN: 95-1690977
Name: Chıldrens Hospıtal Los Angeles

Form 990, Schedule D, Part X, - Other Liabilities

1 **(a)** Descrıptıon of Lıabılıty	**(b)** Amount
Payable under Securities Lending Agreement	18,160,700
Loan Payable	15,000,000
CIP Retention	14,881,306
Interest Rate Swap	8,900,863
Workers Compensation Insurance Reserve	6,749,599
Accrued Executive Benefits	4,124,967
Malpractice Tail Reserve	3,500,000
Other	3,058,849

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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

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No. 1545-0047

2009

Open to Public Inspection

Name of the organization
Childrens Hospital Los Angeles

Employer identification number
95-1690977

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

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

- **a** ☑ Mail solicitations
- **b** ☑ Internet and e-mail 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? Yes	No	**(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
Children's Miracle Network	General fundraising		No	2,267,459	322,112	1,945,347
Total . . . . . ▶				2,267,459	322,112	1,945,347

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

CA

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.

Revenue / Direct Expenses		(a) Event #1 Piolin Radio (event type)	(b) Event #2 Kids on the Run (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	100,959	59,377	13,955	174,291
	2 Less Charitable contributions	96,507	59,377	13,955	169,839
	3 Gross income (line 1 minus line 2)	4,452			4,452
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses				
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				
	11 Net income summary Combine lines 3, column d, and line 10 ▶				4,452

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.

Revenue / Direct Expenses		(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, column d, and line 7 ▶				

			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	Enter 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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Childrens Hospital Los Angeles

Employer identification number
95-1690977

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Does the organization have a charity care policy? If "No," skip to question 6a	1a	Yes	
b	If "Yes," is it a written policy?	1b	Yes	
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	Yes	
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	Yes	
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	Yes	
5a	Does the organization budget amounts for free or discounted care provided under its charity care policy?	5a	Yes	
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Does the organization prepare an annual community benefit report?	6a	Yes	
6b	If "Yes," does the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 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)	1		2,838,239		2,838,239	0 470 %
b Unreimbursed Medicaid (from Worksheet 3, column a)	1		291,534,063	215,938,730	75,595,333	12 610 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)	1					
d **Total** Charity Care and Means-Tested Government Programs	3		294,372,302	215,938,730	78,433,572	13 080 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)	58	3,393,659	4,014,827		4,014,827	0 670 %
f Health professions education (from Worksheet 5)	10	1,524	69,454,744	43,018,369	26,436,375	4 410 %
g Subsidized health services (from Worksheet 6)	2	4,845	4,047,000		4,047,000	0 680 %
h Research (from Worksheet 7)	3		88,293,697	62,479,219	25,814,478	4 310 %
i Cash and in-kind contributions to community groups (from Worksheet 8)	7	82,064	332,754		332,754	0 060 %
j **Total** Other Benefits	80	3,482,092	166,143,022	105,497,588	60,645,434	10 130 %
k **Total.** Add lines 7d and 7j	83	3,482,092	460,515,324	321,436,318	139,079,006	23 210 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support	1		7,495		7,495	0 %
4	Environmental improvements						
5	Leadership development and training for community members	6	6,597	173,492		173,492	0 030 %
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**	7	6,597	180,987		180,987	0 030 %

Part III Bad Debt, Medicare, & Collection Practices

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	Yes	
2	Enter the amount of the organization's bad debt expense (at cost)	2	9,291,252		
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, and 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	928,660
6	Enter Medicare allowable costs of care relating to payments on line 5	6	928,660
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☐ Cost to charge ratio ☑ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?		9a	Yes	
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	Yes	

Part IV Management Companies and Joint Ventures

	(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

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)
Childrens Hospital Los Angeles 4650 Sunset Blvd Los Angeles, CA 90027	X	X	X	X		X	X		

Part VI Supplemental Information

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

See additional data

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

See additional data

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

See additional data

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

Part VI, Line 4 Community InformationLos Angeles County is the most populous county in the United States, with close to 10 million people residing in dense urban communities, suburban towns and rural neighborhoods stretched across 4,752 square miles The county is divided into eight Service Planning Areas (SPA) for health care delivery and planning purposes Childrens Hospital Los Angeles is a regional, tertiary health care facility that serves patients throughout L A County and beyond and is the only level 1 trauma center between San Francisco and San Diego

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

See additional data

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)

See additional data

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

CA

Additional Data

Software ID:
Software Version:
EIN: 95-1690977
Name: Chıldrens Hospıtal Los Angeles

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part I, Lıne 3c

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 4 Bad debts are NOT included as community benefits and contain -0- charity cost Bad debts are calculated based on uncollectible accounts net of contractuals

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 8 CHLA is not including any Medicare shortfall as part of its community benefit Further, CHLA uses federal Medicare cost allocation methodology, as reported in its Medicare Cost report, to determine the allowable costs of care relating to Medicare payments received

Form 990 Schedule H, Part VI - Supplemental Information, Line 1

Part III, Line 9b The hospital's policy states that if the patient/guarantor is unable to pay for services due to their current financial situation, they could be eligible for uncompensated care, in which case the hospital's applicable policy and procedure is further referenced If the patient/guarantor does not qualify, the hospital follows all applicable federal and state guidelines for debt collection, including the requirement of fair treatment, the prohibition of making false statements and restrictions on the time of day that debt collectors may contact the debtor

Form 990 Schedule H, Part VI - Supplemental Information, Line 2

Part VI, Line 2 Community NeedsLos Angeles County is the most populous county in the United States, with close to 10 million people residing in dense urban communities, suburban towns and rural neighborhoods stretched across 4,752 square miles The county is divided into eight Service Planning Areas (SPA) for health care delivery and planning purposes Childrens Hospital Los Angeles is a regional, tertiary health care facility that serves patients throughout L A County and beyond Childrens Hospital Los Angeles recognizes the importance of knowing and understanding the key indicators of its community's health and the issues that affect patients, parents, and community organizations The Community Needs Assessment serves as the basis for the planning of programs and services that promote the well-being of our surrounding communities Childrens Hospital Los Angeles works collaboratively on the assessment with four other area hospitals California Hospital Medical Center, Good Samaritan Hospital, Kaiser Permanente Los Angeles Medical Center and St Vincent's Medical Center Childrens Hospital Los Angeles is located within SPA 4-Metro, home to 331,217 children and adolescents SPA 4 Source Nielsen Claritas

Form 990 Schedule H, Part VI - Supplemental Information, Line 3

Part VI, Line 3 Access to CareWith the recent economic volatility, the number of uninsured continues to rise Lack of adequate, affordable health insurance coverage has been identified as the single most important barrier to accessing quality health care services for children in Los Angeles Childrens Hospital Los Angeles recognizes the importance of health insurance coverage for children and works with local community coalitions to get the word out about various health access initiatives and programs Program Application Assistance The Office of Community Affairs helps families access available health insurance coverage by assisting with applications for health programs and referrals to other community health resources In FY 2010, more than 190 children accessed new health insurance coverage, and more than 10,000 families were reached through awareness campaigns Statewide Pediatrics Advocacy Collaborative General pediatric residents at Childrens Hospital Los Angeles participate in a statewide pediatrics advocacy collaborative In 2010, 28 pediatric residents and faculty visited local city, state and federal legislative offices advocating for children's health issues, including access to vaccines, health insurance coverage and obesity prevention programs The advocacy work brings together residents and practicing pediatricians from throughout Los Angeles County to promote access to quality health care Childrens Hospital Los Angeles is a partner in the Healthy City Project Through its online portal, HealthyCity org, this program provides the community with information regarding access to services and community health data

Form 990 Schedule H, Part VI - Supplemental Information, Line 5

Part VI, Line 5 Healthy CommunitiesAt Childrens Hospital Los Angeles, providing health care to patients and their families doesn't stop at the hospital's walls Reaching out to communities through education, outreach and advocacy is a priority for the hospital The staff is actively engaged within the community, providing preventive services and access to health care Emergency Medicine and Transport The Division of Emergency Medicine and Transport at Childrens Hospital Los Angeles is an invaluable resource for families and community physicians throughout the region As the only freestanding Level I Pediatric Trauma Center in L A County approved by the County Department of Health Services and accredited by the Committee on Trauma of the American College of Surgeons, Childrens Hospital Los Angeles provides the highest level of emergency care for children The Emergency Transport Program is a life-saving resource for children throughout Southern California and beyond In addition, Kids Care/Urgent Care, a fast-track clinic for children with acute but non-emergent conditions, expands access to care for children during evenings and weekends The Emergency Department at Childrens Hospital Los Angeles sees more than 66,000 infants, children and adolescents a year Other Departments and Divisions The Division of Cardiology at Childrens Hospital, in partnership with the Chad Foundation for Athletes and Artists, conducted heart screenings for 45 student athletes in 2010 to promote early diagnosis of heart disease and heart-muscle abnormalities The Division of Dentistry and Orthodontics' Oral Health Program provided 80 children with access to appropriate dental care in FY 2010 The Children's Orthopaedic Center conducted scoliosis screenings at more than 135 schools in FY 2010 The Vision Center provided eye screenings and educational information at several community sites Through the Department of Patient Care Services, 602 nurses participated in various community services in FY 2010 Their efforts reached more than 6,000 children and families The Baby Sound Check initiative, through the Division of General Pediatrics, screened 2,167 infants and toddlers for hearing loss in FY 2010 Educating CommunitiesChildrens Hospital Los Angeles is committed to educating and empowering members of the communities it serves Informed patients and families are more likely to make healthier decisions This is especially true when it comes to keeping up-to-date with immunizations, general health, nutrition and physical fitness Childrens Hospital Los Angeles conducts community outreach throughout the region to educate and inform residents on issues affecting their health and health care choices Parent University Childrens Hospital Los Angeles' Parent University provides education and empowers parents about matters concerning their child's health Classes are held, free-of-charge, on an assortment of topics, from nutrition to child safety to talking with adolescents Each session is offered in English and Spanish and is available to all parents and parents-to-be - Ninety six parents and parents-to-be attended Parent University classes in FY 2010 The Office of Community Affairs The Office of Community Affairs works in collaboration with local organizations to improve the health of children and families - Through outreach, education and advocacy services, 54,913 children and families were reached at 123 events in FY 2010 Outreach Highlights - One hundred seventeen Childrens Hospital nurses participated in community education programs, reaching 1,170 people - The Literally Healing Program distributed books at no cost to 25,000 families and children - The HOPE Portal, an online educational resource for children with cancer and their families, was accessed by more than 126,000 users - The Blood Donor Center reached 7,200 people with outreach and education through its mobile blood unit, nicknamed "the MaxMobile " - Clinical dietitians reached more than 7,800 people with nutritional outreach and education - The Center for Endocrinology, Diabetes and Metabolism hosts College Night for young adults with Type 1 diabetes and their families The sessions offer education and preparation for applying and transitioning to college In addition to test preparation materials, presentations from a Childrens Hospital Los Angeles staff member and a current college student with Type 1 diabetes address various aspects of college life Other Educational Efforts Many Childrens Hospital Los Angeles physicians, nurses and other health care professionals give lectures and presentations at Los Angeles Unified School District schools and universities, as well as at professional conferences In addition, Childrens Hospital Los Angeles is well represented at health fairs and community events all over L A County

Form 990 Schedule H, Part VI - Supplemental Information, Line 6

Part VI, Line 6 CEO LetterThroughout our history, the staff at Childrens Hospital Los Angeles has been recognized for providing state-of-the-art care to children from all walks of life As we prepare to celebrate our 110th anniversary, I have never been more energized about the positive impact our collaborative efforts are having on the health and well-being of the children in our community Our commitment to our patients and their families extends well beyond the walls of our hospital We are actively involved in efforts to improve the quality of life for the communities we serve, and nowhere is that passion and commitment to continuous improvement more visible than in this Community Benefit Report This year, our programs and initiatives served thousands of children in our communities through outreach, education, and advocacy From community health improvement services to education and research-at Childrens Hospital Los Angeles, we work with families, civic and community organizations, government agencies, educators, researchers, child advocates and policymakers to improve the health of the children and adolescents in our local communities and across the region I invite you to review this report and learn more about the important work Childrens Hospital Los Angeles is doing to improve the lives of children and their families As we transform our hospital in preparation for the next 110 years and beyond, our commitment to the diverse communities we serve remains a priority - as well as a great source of pride for me and the rest of the staff at Childrens Hospital Los Angeles Sincerely, Richard D Cordova, FACHE President and Chief Executive Officer Childrens Hospital Los AngelesAdditional information on the organizations programs is provided in the community benefit report (which is available upon request) and includes detailed information on the following programs A New Era of CareResearch Access to CareChildren with Special NeedsSafe ChildrenHealthy TeensHealthy CommunitiesHealthy FamiliesFuture ProvidersEducating CommunitiesDeveloping Youth Our NeighborhoodsCommunity Partners

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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
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Childrens Hospital Los Angeles

Employer identification number
95-1690977

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 any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision 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 with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	Yes	
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
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**	Yes	
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
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use 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)** Retirement and other 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 reportable compensation				
See Additional Data Table							

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
	Part I, Line 1a	Henri Ford received a housing allowance of $121,406 which was treated as taxable compensation and reported on his 2009 Form W-2 Richard Cordova has a discretionary spending account of $36,000 for calendar year 2009, which is to be used for CHLA business activities in his role as CEO This amount was reported as taxable income on his Form W-2
	Part I, Line 4a	Julie Croner received a severance payment of $198,248 during calendar year 2009 Ken Wildes received a severance payment of $30,000 during calendar year 2009 Part I, Line 4b The following individuals participated in CHLA's 457(f) plan, a supplemental nonqualified retirement plan Amounts deferred under Section 457(f) plan are subject to substantial risk of forfeiture These amounts will be reported as compensation for the year paid Amounts recognized as taxable compensation on the employee's 2009 Form W-2 reflect payments received by the employee during calendar year 2009 that were previously reported as deferred compensation in prior year Form 990s Richard Cordova - $88,689 Diemlan (Lannie) Tonnu - $39,228 Steve Garske - $30,864 Walter Noce - $1,120,117 Kenneth Wildes - $26,010 Julie Croner - $23,131
	Part I, Line 7	CHLA maintains an executive bonus program that awards incentive compensation based upon achievement of organizational objectives including health outcomes, quality improvement, level of community benefit provided and other measures as determined annually by the Compensation Committee Although the amount of bonus incentives that each employee may be granted is based on a fixed formula, the Compensation Committee has the discretion to determine the extent of the goals that have been met by each employee However, no award is payable under this program unless designated minimum operating margin levels are achieved by the Hospital
Supplemental Information	Part III	Part VII, Line 5 Pursuant to the affiliate agreement with the University of Southern California ("USC"), an unrelated organization, the following compensation amounts were paid to the following listed individuals by USC USC was subsequently reimbursed by CHLA for the amounts Robert Adler M D - $207,829 Henri R Ford M D - $624,195 Francine Kaufman M D - $74,299 Brent Polk, M D - $227,800 Stuart E Siegel M D - $390,234 Roberta G Williams - $261,502 Additionally, CHLA paid housing relocation costs of $121,406 to Dr Henri Ford to fulfill his administrative duties CHLA directly paid $68,623 to Dr Francine Kaufman as inventor royalties pursuant to the Hospital's intellectual property policy Mrs Bonnie McClure is the director of Associates & Affiliates Group that supports and is involved in fund raising programs to generate revenue support for CHLA She was compensated $64,000 for the services, for which she received Form 1099 Mr Walter Noce, Jr retired on December 31, 2007 as President of CHLA, after 12 years of service During his tenure, Mr Noce participated in CHLA's 457(f) plan, a supplemental nonqualified retirement plan, which was subject to substantial risk of forfeiture Mr Noce was also involved in a split-dollar life insurance policy with CHLA The amount reported in Schedule J-1, Part I, column (B)(iii) reflects both the calendar year 2009 payout of the $1,120,117 balance that had accumulated in Mr Noce's 457(f) plan as well as the amount taxable to Mr Noce during calendar year 2009 as related to his split-dollar life insurance policy Both of these amounts have already been reported as deferred compensation on CHLA's prior year Form 990s Part II, Column B (ii) for Lannie Tonnu The amount reported in Column B(ii) represents a one-time mandatory pay-out of a retention bonus established in 2004 that would be paid out if the participating employee remains employed with CHLA for 5 subsequent years The Retention Plan consisted of a Retention Bonus to be paid if Ms Tonnu was still employed by CHLA at the vesting date of December 31, 2008 Prior to the 2009 tax year, the Retention Bonus deferral amounts were subject to substantial risk of forfeiture and have been reported as deferred compensation on CHLA's Form 990 Ms Tonnu received the Retention Bonus in 2009 after 18 years of service with CHLA and, hence, the amounts are being reported as compensation to the employee

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 95-1690977
Name: Childrens Hospital Los Angeles

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				
Richard Cordova	(I)	663,521	0	119,284	112,547	5,742	901,094	88,689
	(II)	0	0	0	0	0	0	0
Robert Adler	(I)	207,829	0	0	0	0	207,829	0
	(II)	0	0	0	0	0	0	0
Henri Ford	(I)	624,195	0	121,406	0	0	745,601	0
	(II)	0	0	0	0	0	0	0
Mary Dee Hacker	(I)	236,463	0	26,844	24,826	19,143	307,276	0
	(II)	0	0	0	0	0	0	0
Robert Kay	(I)	175,718	0	0	0	0	175,718	0
	(II)	0	0	0	0	0	0	0
Brent Polk	(I)	227,800	0	0	0	0	227,800	0
	(II)	0	0	0	0	0	0	0
Stuart Siegel	(I)	390,234	0	0	0	0	390,234	0
	(II)	0	0	0	0	0	0	0
Roberta Williams	(I)	261,502	0	0	0	0	261,502	0
	(II)	0	0	0	0	0	0	0
Diemlan (Lannie) Tonnu	(I)	343,366	405,365	63,452	37,656	12,700	862,539	444,593
	(II)	0	0	0	0	0	0	0
Lawrence Foust	(I)	327,352	0	16,500	52,591	16,407	412,850	0
	(II)	0	0	0	0	0	0	0
Claudia Looney	(I)	297,843	0	16,500	30,903	19,930	365,176	0
	(II)	0	0	0	0	0	0	0
Rodney Hanners	(I)	393,240	0	18,818	38,949	15,082	466,089	0
	(II)	0	0	0	0	0	0	0
Gail Margolis	(I)	246,822	0	20,659	31,523	4,838	303,842	0
	(II)	0	0	0	0	0	0	0
Steven Garske	(I)	231,907	0	30,864	26,581	6,807	296,159	30,864
	(II)	0	0	0	0	0	0	0
Kenneth Wildes	(I)	387,627	0	94,220	24,632	3,821	510,300	26,010
	(II)	0	0	0	0	0	0	0
Charles Krozek	(I)	369,746	78,600	43,958	39,300	8,147	539,751	0
	(II)	0	0	0	0	0	0	0
Julie Croner	(I)	147,855	0	256,234	23,006	2,154	429,249	23,131
	(II)	0	0	0	0	0	0	0
Walter Noce	(I)	0	0	1,452,140	0	0	1,452,140	1,452,140
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
Childrens Hospital Los Angeles

Employer identification number
95-1690977

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	California Statewide Communities Development Authority	68-0164610	130795CQ8	04-24-2007	170,792,342	Financed the Costs of Major Expansion and Modernization of the Hospital		X		X
B	California Statewide Communities Development Authority	68-0164610		12-18-2009	29,865,000	Refund bonds issued 7/24/2008		X		X
C	California Health Facilities Financing Authority	52-1643828	13033LHC4	05-20-2010	186,024,080	Refund bonds issued 5/26/99, 9/8/04 and 7/24/08		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	170,792,342	29,865,000	186,024,080		
2	Gross proceeds in reserve funds					
3	Proceeds in refunding or defeasance escrows					
4	Other unspent proceeds					
5	Issuance costs from proceeds	1,500,000		7,858,221		
6	Working capital expenditures from proceeds	9,301,225				
7	Capital expenditures from proceeds	159,991,117				
8	Year of substantial completion	2009	2010	2011		

		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?		X	X		X					
10	Were the bonds issued as part of an advance refunding issue?		X		X		X				
11	Has the final allocation of proceeds been made?		X	X			X				
12	Does the organization maintain adequate books and records to support the final allocation of proceeds?	X		X		X					

Part III Private Business Use

		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?		X		X		X				
2	Are there any lease arrangements with respect to the financed property which may result in private business use?		X		X		X				

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?		X		X		X				
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X		X				
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?		X		X		X				
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 %		0 %		0 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %					
6	Total of lines 4 and 5	0 %		0 %		0 %					
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X					

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X		X				
2	Is the bond issue a variable rate issue?		X	X		X					
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X			X		X				
b	Name of provider	Goldman Sachs & Co									
c	Term of hedge	0 100000000000									
4a	Were gross proceeds invested in a GIC?	X			X		X				
b	Name of provider	AIG Matched Funding Corp									
c	Term of GIC	1 400000000000									
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?	X									
5	Were any gross proceeds invested beyond an available temporary period?		X		X		X				
6	Did the bond issue qualify for an exception to rebate?	X		X		X					

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.

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

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

Complete if the organization 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	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.

Complete if the organization 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	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
Henri Ford Housing assistance		X	237,495	112,872		No	Yes		Yes	
Total . . . . . ▶ $				112,872						

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization 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.

Complete if the organization 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	No
See Additional Data Table					

Additional Data

Software ID:
Software Version:
EIN: 95-1690977
Name: Childrens Hospital Los Angeles

Form 990, Schedule L, Part IV - Business Transactions Involving Interested Persons

(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	**No**
Mr William H Hurt Trustee	Chairman of Capital Strategy Research, Inc (an affiliate of CGT)	348,644	The Hospital has investment accounts with Capital Guardian Trust (CGT)		No
Mr Alan Purwin Trustee	President of Helinet Aviation	153,501	Provides transportation services for patients of the Hospital		No
Mr Alex Chaves Sr Trustee	Owner of Parking Company of America	3,390,278	Provides parking services for the Hospital		No
Robert Adler MD Trustee	President for Children's Hospital Los Angeles Medical Group ("CHLAMG")	5,235,357	CHLAMG is the pediatric faculty physician plan for the University of Southern California at CHLA Payment is for administrative and coverage services provided by faculty physicians		No
Francine Kaufman MD Trustee	Key employee of Children's Hospital Los Angeles Medical Group ("CHLAMG")	5,235,357	CHLAMG is the pediatric faculty physician plan for the University of Southern California at CHLA Payment is for administrative and coverage services provided by faculty physicians		No
Henri R Ford MD Trustee	Director for Children's Hospital Los Angeles Medical Group ("CHLAMG")	5,235,357	CHLAMG is the pediatric faculty physician plan for the University of Southern California at CHLA Payment is for administrative and coverage services provided by faculty physicians		No
Arnold J Kleiner Trustee	President of local ABC affiliate	203,150	CHLA purchased advertisements on ABC radio stations as well as on ABC local affiliate TV stations		No
Theodore R Samuels Trustee	Sr VP and Director of Capital Guardian Trust Co	348,644	Payment for investment services to the Hospital		No
Lisa Stevens Trustee	Executive VP and Regional President of Wells Fargo Bank	271,145	Payment for banking services as well as repayment of housing mortgage		No
James Terrile Trustee	Sr VP of Capital Research Global Investors	348,644	Payment for investment services to the Hospital		No
Alan J Willson Trustee	Sr VP of Capital Guardian Trust Company	348,644	Payment for investment services to the Hospital		No
Richard Zeigler Trustee	Sr VP of Investment Services of Bank of America	1,816,927	Payment for banking services to the Hospital and fees for letters of credit provided to the hospital		No
Stuart E Siegel MD Trustee	Key employee of Children's Hospital Los Angeles Medical Group ("CHLAMG")	5,235,357	CHLAMG is the pediatric faculty physician plan for the University of Southern California at CHLA Payment is for administrative and coverage services provided by faculty physicians		No
Roberta G Williams Trustee	Key employee of Children's Hospital Los Angeles Medical Group ("CHLAMG")	5,235,357	CHLAMG is the pediatric faculty physician plan for the University of Southern California at CHLA Payment is for administrative and coverage services provided by faculty physicians		No
J Kristoffer Popovich	His wife is a trustee of University of Southern California	0	Reimbursement of Faculty salaries to USC by CHLA Zero amount reflects reimbursement nature of transaction, rather than sales of service		No
Robert Kay Trustee	Key Employee of Children's Hospital Los Angeles Medical Group ("CHLAMG")	5,235,357	CHLAMG is the pediatric faculty physician plan for the University of Southern California at CHLA Payment is for administrative and coverage services provided by faculty physicians		No
Susan Mallory	President of Southern California and Nevada for Northern Trust	426,532	Payment for banking services		No
Jeff Worthe	Owner of Worthe Real Estate Group	133,175	Payment for real estate commission		No
Elizabeth Lowe	Husband operates Terranea Resort in Palo Verdes	178,126	Payment for retreat/hotel services		No
Martha Corbett	Partner at Price Waterhouse Coopers	1,331,733	Payment for consulting services related to revenue enhancements		No
Carmen Puliafito	Key Employee of University of Southern California	0	Reimbursement of Faculty salaries to USC by CHLA Zero amount reflects reimbursement nature of transaction, rather than sales of service		No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

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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	X	1		OTHER
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	57	2,791,932	Cost or 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				
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 ▶ (_____)				
26	Other ▶ (_____)				
27	Other ▶ (_____)				
28	Other ▶ (_____)				

			Yes	No
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	1	
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	Return Reference	Explanation
Third Party Use	Part I, Line 32b	The hospital uses brokerage houses to sell non-cash contributions
Non Reporting of Revenue	Part I, Line 33	The hospital received an oil painting valued by the donor at $19,000, but will not include it in income until it is sold

Additional Data

Software ID:
Software Version:
EIN: 95-1690977
Name: Childrens Hospital Los Angeles

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

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

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Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 1		The Executive Committee consists of only active, voting members of the Board of Trustees and is composed of the Co-Chairpersons of the Board, the Vice Chairpersons of the Board, the President and Chief Executive Officer of the Hospital, the Chairpersons of the Board's Finance, Audit, Safety, Quality and Service, Compensation, Government Relations, Investment, Governance, Nominating, and Research Institute Committees and several other Trustees elected by the Board of Trustees The Executive Committee may act with the full authority of the Board of Trustees except on those matters that are required by law or the Bylaws to be decided by the full Board of Trustees All actions of the Executive Committee are reflected in minutes of the Committee, contemporaneously documented and reported to both the Executive Committee and the full Board of Trustees at their next meetings

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 2		Francine Kaufman, MD (Trustee) - business relationship with Cathy Weiss (Trustee) Alan Wilson (Trustee) - business relationships among Ted Samuels (Trustee), Bill Hurt (Trustee), and James Terrile (Trustee)

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 4		During the fiscal year ended June 30, 2010 CHLA made changes to its organizational documents CHLA amended its bylaws and made the following significant changes - To reduce the required number of members of the Government Relations Committee to 5 from 10 - To amend the name of the Professional Affairs Committee to the Safety, Quality and Service Committee - To alter the reference to the University Childrens Medical Group to the Childrens Hospital Los Angeles Medical Group - To clarify that the five term limit for elected members of the Board shall be counted from a trustee's first full term to begin on or after February 11, 2003 - To delete the concept of "independence" from the Bylaws, administer it as a function of the Governance and Nominating Committees, and update the definition to current IRS and California state law standards

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 11		The Form 990 is prepared by Deloitte Tax LLP, working in conjunction with CHLA's finance department CHLA's Director of Accounting has direct responsibility for this effort, subject to supervision by the Chief Financial Officer After an initial draft of the Form 990 is prepared, it is circulated for review and comment by relevant members of the executive team who have responsibility and/or knowledge about the various matters disclosed and/or described in the Form The Chief Financial Officer and General Counsel, in particular, review the Form 990 and ensures accuracy of descriptions and that disclosure is complete The draft Form 990 is reviewed by the Audit Committee of CHLA, acting on behalf of the Board of Trustees of CHLA Once the draft Form 990 has been reviewed and discussed by the Audit Committee, any changes resulting from their review is incorporated into the final draft of the Form 990 The final draft of the Form 990 is then distributed to the Board of Trustees via a secure web site for their review and comments prior to the filing of the Form 990

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		CHLA regularly and consistently monitors and enforces compliance with its conflict of interest policy through annual circulation of a conflict of interest questionnaire which is required to be answered by all members of the Board of Trustees and officers These annual disclosures are reviewed by a combination of CHLA's General Counsel, Compliance Officer, Chief Executive Officer, Governance Committee of the Board and the full Board of Trustees, depending on the individual making the disclosure Additionally, the Legal Department of CHLA reviews contractual relationships entered into by CHLA Furthermore, Board members and officers are asked to disclose any potential conflicts of interest on a continuous basis throughout the year This request is reinforced at the beginning of each board or committee meeting If a potential conflict exists, the board or committee determines whether the board member or officer should be excluded from voting on that particular matter

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		15 a The process for determining the compensation of the Chief Executive Officer of CHLA is conducted by the Compensation Committee of the Board of Trustees of CHLA, acting on behalf of the Board of Trustees of the organization The Compensation Committee reported its deliberations and decisions to the Executive Committee of the Board of Trustees In determining the Chief Executive Officer's compensation during the tax period of this information return the Compensation Committee worked with and relied upon the counsel and expertise of Integrated Healthcare Services and Mercer Consulting, firms with experience and expertise in the area of non-profit organization executive compensation These consultants provided reports to the Compensation Committee, which furnished the basis for the establishment of the Chief Executive Officer's compensation package Their reports were based on a review of the executive compensation practices of a variety of organizations that are considered comparable to CHLA based on various metrics such as hospital type and revenue The Compensation Committee deliberated on the issue of the Chief Executive Officer's compensation package in light of these reports and questions were asked of, and answered by, Integrated Healthcare Services and Mercer regarding such reports and other relevant matters Based on such deliberations, the Compensation Committee negotiated a written contract with the CEO 15 b The process for determining the compensation of officers and other key employees of CHLA is conducted by the Human Resources Department of CHLA, and the Compensation Committee of the Board of Trustees of CHLA, acting on behalf of the Board of Trustees of the organization In determining such employee's compensation, during the 2009 compensation season the Human Resources Department and Compensation Committee worked with and relied upon the counsel and expertise of Mercer Consulting, a firm with experience and expertise in the area of non-profit organization executive compensation Mercer provided an executive compensation report to the Human Resources Department and Compensation Committee which furnished the basis for the establishment of such employees' compensation package during the following year Mercer's report was based on a review of executive compensation practices of a variety of organizations that are considered comparable to CHLA based on various metrics such as hospital type and revenue In addition, the Chief Executive Officer made a recommendation to the Compensation Committee with respect to each of such employees' compensation package in light of the Mercer report and in light of the executive's performance At the Compensation Committee meeting addressing such matters, questions were asked of, and answered by, Mercer regarding such report and other relevant matters Based on such deliberations, the Compensation Committee made a decision regarding the compensation package for such employees for the following year

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		Form 990, Part VI, Section C, Line 19 CHLA does not make its governing documents and conflict of interest policy available to the public CHLA's financial statements are contained in its Form 990, which is available for public inspection during business hours

Identifier	Return Reference	Explanation
Schedule G, Part I, Line 2b, Column (v)	Explanation of Fundraising Payments	Funds submitted directly to Children's Miracle Network by sponsor partners are remitted to member hospitals on a quarterly basis by Children's Miracle Network Funds remitted directly to member hospitals as a result of a Children's Miracle Network fundraising program are reported back to Children's Miracle Network for the purposes tracking fundraising results but those funds are deposited directly by the member hospital Member hospitals pay an annual membership fee, which differs for each member hospital and depends largely on its market territory population These fees are analogous to franchise fees, where hospitals "own" market territory in which they fundraise using the Children's Miracle Network brand Children's Miracle Network furnishes fundraising materials that are essential to the campaigns Such materials include the paper icons, collateral materials, and coin canisters Materials are sent directly to locations of sponsor partners (such as an individual Costco warehouse) It is the responsibility of each hospital to pay for the cost of these materials Materials costs are billed separate from the annual membership fee and are sent intermittently depending on the frequency of the campaigns

Identifier	Return Reference	Explanation
Schedule K Supplental Information		Part III, line 3c While CHLA does not routinely engage bond counsel or other outside counsel to review any contracts or agreements relating to tax-exempt bond-financed property, CHLA utilizes its full- time in-house legal department to review any such contracts CHLA's General Counsel's office has developed internal procedures for reviewing contracts relating to tax-exempt bond financed properties to ensure compliance with proper safe harbors Schedule K, Part II, line 5, column C Of the $7,858,221 shown, $2,644,798 is costs of issuance and $5,213,423 is credit enhancement costs Schedule K, Part IV, line 4c, column A There were two contracts with the provider, one with a term of 1 3 years, the other with a term of 2 3 years

Identifier	Return Reference	Explanation
Schedule G, Part II		For its 2009 Form 990, CHLA adopted an updated interpretation of the definition of what constitutes a "Fundraising Event" for Form 990 reporting purposes, pursuant to guidelines provided by the Form's instructions CHLA is reporting "Revenue from Fundraising Events" solely from events where CHLA had an active involvement in the production and administration of the event, rather than just the dedicated beneficiary of the event's donations Accordingly, there was a decline in the number of "CHLA Fundraising Events" being reported on CHLA's 2009 Form 990 as compared to its 2008 Form 990 These events, while operated by CHLA, did not incur any direct expenses

Identifier	Return Reference	Explanation
Part VII, column B		The hours reported for each of the faculty physicians relates only to their administrative time and does not include clinical time

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

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Employer identification number
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Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
See Additional Data Table					

Part III **Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, or 36.)

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

		Yes	No
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**	**No**
b	Gift, grant, or capital contribution to other organization(s)	**1b**	**No**
c	Gift, grant, or capital contribution from other organization(s)	**1c**	**No**
d	Loans or loan guarantees to or for other organization(s)	**1d**	**No**
e	Loans or loan guarantees by other organization(s)	**1e**	**No**
f	Sale of assets to other organization(s)	**1f**	**No**
g	Purchase of assets from other organization(s)	**1g**	**No**
h	Exchange of assets	**1h**	**No**
i	Lease of facilities, equipment, or other assets to other organization(s)	**1i**	**No**
j	Lease of facilities, equipment, or other assets from other organization(s)	**1j**	**No**
k	Performance of services or membership or fundraising solicitations for other organization(s)	**1k**	**No**
l	Performance of services or membership or fundraising solicitations by other organization(s)	**1l**	**No**
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**	**No**
n	Sharing of paid employees	**1n**	**No**
o	Reimbursement paid to other organization for expenses	**1o**	**No**
p	Reimbursement paid by other organization for expenses	**1p**	**No**
q	Other transfer of cash or property to other organization(s)	**1q**	**No**
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	(b) Transaction type(a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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 in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 95-1690977
Name: Childrens Hospital Los Angeles

Form 990, Schedule R, 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 501(c)(3))	(f) Direct Controlling Entity
Versant Advantage Inc 4650 Sunset Blvd MS 70 Los Angeles, CA90027 73-1718240	Nurse residency training	CA	501(C)(3)	2	N/A
Anchors Guild of Children's Hospital Los Angeles 4650 Sunset Blvd MS 4 Los Angeles, CA90027 95-6118986	Fundraising	CA	501(C)(3)	11	N/A
Antelope Valley Guild of Children's Hospital Los Angeles 4650 Sunset Blvd MS 4 Los Angeles, CA90027 95-6118987	Fundraising	CA	501(C)(3)	11	N/A
BelAir Guild of Children's Hospital Los Angeles 4650 Sunset Blvd MS 4 Los Angeles, CA90027 95-6118835	Fundraising	CA	501(C)(3)	11	N/A
Centennial Guild of Children's Hospital Los Angeles 4650 Sunset Blvd MS 4 Los Angeles, CA90027 14-1878642	Fundraising	CA	501(C)(3)	11	N/A
Children's Chain of Children's Hospital Los Angeles 4650 Sunset Blvd MS 4 Los Angeles, CA90027 95-4559789	Fundraising	CA	501(C)(3)	11	N/A
Della Robbia Guild of Children's Hospital Los Angeles 4650 Sunset Blvd MS 4 Los Angeles, CA90027 95-6118990	Fundraising	CA	501(C)(3)	11	N/A
Delat Delta Delta for Children's Hospital Los Angeles 4650 Sunset Blvd MS 4 Los Angeles, CA90027 23-7294093	Fundraising	CA	501(C)(3)	11	N/A
El Segundo Auxiliary of Children's Hospital Los Angeles 4650 Sunset Blvd MS 4 Los Angeles, CA90027 95-6118991	Fundraising	CA	501(C)(3)	11	N/A
Flintridge Guild of Children's Hospital Los Angeles 4650 Sunset Blvd MS 4 Los Angeles, CA90027 95-6118993	Fundraising	CA	501(C)(3)	11	N/A
FOCUS 4650 Sunset Blvd MS 4 Los Angeles, CA90027 80-0290181	Fundraising	CA	501(C)(3)	11	N/A
Friends of Childrens Hospital Los Angeles 4650 Sunset Blvd MS 4 Los Angeles, CA90027 14-1878647	Fundraising	CA	501(C)(3)	11	N/A
Glendale Auxiliary of Childrens Hospital Los Angeles 4650 Sunset Blvd MS 4 Los Angeles, CA90027 95-6118994	Fundraising	CA	501(C)(3)	11	N/A
Green House 4650 Sunset Blvd MS 4 Los Angeles, CA90027 23-7215226	Fundraising	CA	501(C)(3)	11	N/A
Healing Arts Reaching Kids (HARK) 4650 Sunset Blvd MS 4 Los Angeles, CA90027 20-4459362	Fundraising	CA	501(C)(3)	11	N/A
La Providencia Guild of Childrens Hospital Los Angeles 4650 Sunset Blvd MS 4 Los Angeles, CA90027 95-6128178	Fundraising	CA	501(C)(3)	11	N/A
Las Hermanas Guild of Childrens Hospital Los Angeles 4650 Sunset Blvd MS 4 Los Angeles, CA90027 95-6128176	Fundraising	CA	501(C)(3)	11	N/A
Las Madrinas Inc 4650 Sunset Blvd MS 4 Los Angeles, CA90027 95-1959907	Fundraising	CA	501(C)(3)	11	N/A
Las Primeras Guild of Childrens Hospital Los Angeles 4650 Sunset Blvd MS 4 Los Angeles, CA90027 95-6121928	Fundraising	CA	501(C)(3)	11	N/A
Mary Duque of Childrens Hospital Los Angeles 4650 Sunset Blvd MS 4 Los Angeles, CA90027 95-6121921	Fundraising	CA	501(C)(3)	11	N/A
Mary Duque Juniors of Childrens Hospital Los Angeles 4650 Sunset Blvd MS 4 Los Angeles, CA90027 95-3786303	Fundraising	CA	501(C)(3)	11	N/A
Men's Guild of Childrens Hospital Los Angeles 4650 Sunset Blvd MS 4 Los Angeles, CA90027 26-0109744	Fundraising	CA	501(C)(3)	11	N/A
Monrovia Guild of Childrens Hospital Los Angeles 4650 Sunset Blvd MS 4 Los Angeles, CA90027 95-6121929	Fundraising	CA	501(C)(3)	11	N/A
Northridge Guild of Childrens Hospital Los Angeles 4650 Sunset Blvd MS 4 LOs Angeles, CA90027 95-6121930	Fundraising	CA	501(C)(3)	11	N/A
Pasadena Guild of Childrens Hospital Los Angeles 4650 Sunset Blvd MS 4 Los Angeles, CA90027 95-6121932	Fundraising	CA	501(C)(3)	11	N/A
Peninsula Committee 4650 Sunset Blvd MS 4 Los Angeles, CA90027 23-7091175	Fundraising	CA	501(C)(3)	11	N/A
Project CHLA 4650 Sunset Blvd MS 4 Los Angeles, CA90027 95-4524737	Fundraising	CA	501(C)(3)	11	N/A
San Antonio Guild of Childrens Hospital Los Angeles 4650 Sunset Blvd MS 4 Los Angeles, CA90027 95-6121934	Fundraising	CA	501(C)(3)	11	N/A
Santa Monica Bay Auxiliary of Childrens Hospital Los Angeles 4650 Sunset Blvd MS 4 Los Angeles, CA90027 23-7293607	Fundraising	CA	501(C)(3)	11	N/A
Sierra Guild of Childrens Hospital Los Angeles 4650 Sunset Blvd MS 4 Los Angeles, CA90027 95-6121935	Fundraising	CA	501(C)(3)	11	N/A

Form 990, Schedule R, 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 501(c)(3))	(f) Direct Controlling Entity
South Bay Auxiliary of Childrens Hospital Los Angeles 4650 Sunset Blvd MS 4 Los Angeles, CA90027 95-6118996	Fundraising	CA	501(C)(3)	11	N/A
Spiritual Care of Childrens Hospital Los Angeles 4650 Sunset Blvd MS 4 Los Angeles, CA90027 20-0872821	Fundraising	CA	501(C)(3)	11	N/A
This Little Light of Childrens Hospital Los Angeles 4650 Sunset Blvd MS 4 Los Angeles, CA90027 95-4445549	Fundraising	CA	501(C)(3)	11	N/A
Toluca Guild of Childrens Hospital Los Angeles 4650 Sunset Blvd MS 4 Los Angeles, CA90027 95-6098666	Fundraising	CA	501(C)(3)	11	N/A
Westside Guild of Childrens Hospital Los Angeles 4650 Sunset Blvd MS 4 Los Angeles, CA90027 95-6059321	Fundraising	CA	501(C)(3)	11	N/A
Whittier Guild of Childrens Hospital Los Angeles 4650 Sunset Blvd MS 4 Los Angeles, CA90027 95-6121939	Fundraising	CA	501(C)(3)	11	N/A