Last year, CHOC Children’s 50th anniversary gave us pause to reflect on our rich history. In five decades, we progressed from an abstract idea to a world-class, premier pediatric health care organization focused on nurturing, advancing and protecting the health and well-being of children. As we leave the celebrations behind us, our 51st year has seen CHOC looking forward, engaged in a bold vision to transform recent advances in research and technology into better care for our patients and families. Without a doubt, we are navigating uncharted territory—from unlocking the secrets of the human genome, to approaching medical treatments in a brand new way, to devoting an unprecedented amount of resources to innovation that most hospitals would only dream to do. In our 2015 Annual Report, you will learn about these pioneering efforts, and how they are changing the way we care for the infants, children, adolescents and young adults of Orange County and beyond. We are seeing children’s health in a new light.
DEAR FRIENDS,

For more than 50 years, CHOC Children’s visionary spirit has driven us to innovate and adapt to both medical advances and economic challenges. Now more than ever, that pioneering spirit is keeping CHOC strong in an industry where the status quo is no longer enough. Our success now depends upon our ability to foster a culture of innovation to take children’s health to new levels.

This past year represents a giant step in this direction. We shined a bright light on the greatest needs in pediatric health and worked hard to address them. From the lack of services for mental illness, to a need for personalized medicine for cancer and rare diseases, to the emotional needs that are often overlooked when treating traumatic injuries, CHOC boldly stepped up to the plate to improve health care delivery.

We are also sparking innovation at CHOC by illuminating new ideas through the Sharon Disney Lund Medical Intelligence Innovations Institute (MI3) and a new collaboration called The Innovation Institute. Taking this initiative one step further, we asked our staff and physicians a bold question they had never been asked before: “How would you profoundly impact the world of pediatric health if you didn’t have constraints of money, time or space?” Physicians, scientists and staff enthusiastically rose to the challenge, presenting close to 40 forward-thinking proposals to the steering committee. They embraced the unparalleled opportunity to create solutions that are bigger than they or we ever thought possible, and we can only begin to imagine what the future may hold.

Many of these ideas involve research, a vital component of an innovative health care organization determined to find answers to even the most stubborn diseases. Even more, we continue to be dedicated to knowledge sharing and this year placed CHOC on an international stage, hosting conferences such as NeoHeart: Cardiovascular Management of the Neonate and the Pediatric Innovation Leadership Forum.

With the support of our dedicated Board of Directors, extraordinary medical staff and clinical leaders, associates and generous donors, we are seeing children’s health in a new light. The future is bright at CHOC Children’s!

Kimberly Chavalas Cripe
President and Chief Executive Officer
CHOC Children’s
A child’s DNA can hold the keys to unlocking secrets about his or her particular type of cancer. The Hyundai Cancer Institute at CHOC Children’s is sequencing the DNA of tumors from children and adolescents, and knowledge gained from this project is starting to yield biological insights that could lead to personalized cancer treatments. Under the leadership of Dr. Leonard Sender, and with support from Hyundai and key partners, CHOC is poised to become a worldwide hub for pediatric cancer genomic data.
HYUNDAI GIFT KEEPS CANCER RESEARCHERS ON LEADING EDGE OF GENOMIC SCIENCE

Thanks to the generous support of a $10 million gift from Hyundai Motor America and Hyundai Hope On Wheels, CHOC Children’s is edging closer to uncovering cancer’s secrets.

Leonard Sender, MD, medical director of the Hyundai Cancer Institute at CHOC Children’s, observes that with the final installment received this past fiscal year, the gift has proved transformational—jumpstarting an ambitious genomic research program.

This pilot project goes beyond looking at the anatomy and history of a disease and instead focuses on the disease’s genomic, molecular, histological and contextual components. CHOC can now sample each patient’s individual tumor and non-tumor (germline) DNA to access critical data containing the key to creating an individualized treatment plan. With this information, CHOC has started building a databank that could eventually include the genomic data of every child diagnosed with cancer in the United States.

“There is so much more to learn about the genome, but the gift from Hyundai has given us an excellent start,” Dr. Sender said. “I compare it to our advances in astronomy. The stars and sky that captured Galileo’s imagination hundreds of years ago are the same stars and sky we see today. What has changed is our understanding of this universe, thanks to the advent of powerful telescopes and sophisticated spacecraft. The same holds true for the human genome: it hasn’t changed, just our understanding of it.”

The catalyst for Hyundai’s Hope On Wheels commitment to cancer research is the startling statistic that only 4% of all federal cancer research funding is designated for pediatrics. Hyundai is determined to help fill this void. Its grants are designed to both create an infrastructure to study cancer as well as a foundation for hospitals like CHOC to foster meaningful partnerships.

Through the Hyundai gift, CHOC has formed several partnerships and affiliations to further its efforts to unlock cancer’s secrets.

For example, a grant from Cisco Systems supported the creation at CHOC of a Virtual Pediatric Network (VPN), which employs the latest in video conference technology to bring together pediatric cancer experts from several leading institutions to share best practices, research and expertise.

Dr. Sender is drawing from the expertise of the VPN in CHOC’s collaboration with Caris Life Sciences®, a leading biotechnology company, to develop tumor profiling guidelines and standards. CHOC is also working with the UC Santa Cruz Treehouse Childhood Cancer Project to identify drugs—including drugs designed for use in adults and drugs that have never been used to treat cancer—that may be effective in a subset of pediatric patients.

“We need to be smarter than the tumor,” Dr. Sender says. “Our focus on sequencing the genome allows us to uncover the mysteries of molecular changes occurring in tumors, and tailor therapies that will be more effective for our young patients.”
A child’s mental health is just as important as his or her physical health. For the one out of every five children who has a mental health condition, early intervention is key—and yet pediatric treatment is hard to find. CHOC has launched an ambitious effort to change that, with plans to drastically expand services and build the new CHOC Children’s Mental Health Inpatient Center, set to open in late 2017.
TRANSFORMATIONAL MENTAL HEALTH INITIATIVE

Approximately 150,000 children living in Orange County suffer from a diagnosable mental health condition—yet there are no psychiatric inpatient beds for patients under age 12 in local hospitals, insufficient beds for adolescents and very few outpatient programs. The mental health system itself is fragmented, which is confusing for families trying to find care.

The ramifications are devastating. Without designated space and dedicated outpatient programs to treat these young patients, children with serious mental health episodes can remain in emergency departments for days at a time. And without early, timely and appropriate treatment, children who are anxious, depressed, withdrawn, experiencing hallucinations, harming family members and pets, or injuring themselves are unlikely to make full recoveries. Early intervention, however, can have a remarkable effect on a child’s health and well-being.

Where can these children go for help? Currently, there is no coordinated system of care for these children, either nationally or regionally. CHOC Children’s is determined to change that, launching an initiative to transform the delivery of pediatric mental health services.

The effort began in July 2014 when CHOC CEO Kim Cripe and Pastor Rick and Kay Warren, co-founders of Saddleback Church, hosted an exploratory luncheon with Orange County leaders. From that beginning, a task force was formed to include key representatives for pediatric mental health from throughout the county. Led by CHOC chief medical officer Dr. Maria Minon and chief psychologist Dr. Heather Huszti, the task force brings together Orange County community leaders, educators and faith-based advisers.

The task force’s extensive work, in collaboration with teams at CHOC, has resulted in the creation of an ambitious and life-saving plan in line with CHOC’s mission to “nurture, advance and protect the health and well-being of children.”

The plan encompasses outpatient and inpatient services. On the outpatient front, CHOC plans to embed mental health services into its primary and specialty care clinics as well as expand outpatient psychology and psychiatry services.

Inpatient plans include establishing the CHOC Children’s Mental Health Inpatient Center, designed to provide a safe, nurturing place for children ages 3 to 18. In 2016, the hospital will begin an extensive remodel of the third floor of CHOC’s research building, creating an 18-bed secured environment with an outdoor recreation area. It is projected to open in late 2017.

Making this inpatient center a reality requires vision and passion, and both traits describe children’s advocate Sandy Segerstrom Daniels, managing partner, C.J. Segerstrom & Sons, who donated a $5 million lead gift in May 2015 to launch this project. “I had my own issues growing up. I think that we all have had struggles. But I was blessed to be able work through mine. That is not the case with most,” Sandy said. “When I heard what CHOC was doing to address the drastic lack of services available for kids and families battling depression, anxiety and other forms of mental illness, I knew that I had to help.”

CHOC’s plans also call for enhancing outpatient mental health services throughout Orange County, developing enhanced communication systems among providers, training medical personnel to identify and manage care for young people with mental health needs, and supporting research to improve early identification of children with mental health disorders.

“It takes an entire village, in this case Orange County, to create a new system of care,” says Dr. Huszti. “It’s been a daunting undertaking, with some challenges along the way, but it is so needed and so important for the families of our community. We hope that it will one day serve as a national model for pediatric mental health service delivery.”
Traumatic injuries from falls are among the most common reasons that children are seen at the new CHOC Children’s pediatric trauma center. The center’s team stands ready 24 hours a day to treat these injuries and more, with expertise in the unique physiological, anatomical and emotional needs of kids. Matthew Gallegos was one of the first patients seen at the trauma center after falling from a second-story landing.
PEDIATRIC TRAUMA CENTER OPENS ITS DOORS

Traumatic injuries in children are frightening and can happen at any time. Some children are seriously injured in falls—from windows, playground equipment or stairs. Others are gravely hurt in automobile accidents, or by being hit walking across busy streets, or in accidents around the house or in their backyards or pools.

Previously, the only choice for Orange County children sustaining these traumatic injuries involved transportation to adult trauma centers that also treat children.

This situation changed in October 2014 when CHOC was designated a Level II pediatric trauma center—the first in Orange County dedicated exclusively to treating kids.

CHOC’s new trauma center, under the direction of David Gibbs, MD, medical director of trauma, and Amy Waunch, RN, trauma program manager, provides immediate evaluation, stabilization and state-of-the-art emergency treatment to patients up to age 14. All of the staff and services involved in the trauma center, including the physicians, nurses, specialists, respiratory therapists, pharmacists, X-ray techs, social workers, chaplain and child life specialists, have extensive expertise caring for children. And that makes a difference. Research has shown that pediatric trauma patients treated in a children’s hospital experience better outcomes, with shorter lengths of stay and higher survival rates.

It certainly made a difference for 11-year-old Matthew Gallegos, who in February fell off a second-floor outside landing. The extent of his injuries was not obvious, so his mother, Alicia, took him to urgent care. They could not treat the injuries and suggested Alicia take Matthew to the CHOC trauma center, where the trauma team provided “organized, seamless and timely care,” Alicia said. “Matthew was immediately placed in a bed, hooked up to machines and underwent a series of tests including a CT scan. It turned out Matthew had broken his wrist and fractured three bones in his cheek.”

What impressed Alicia the most, however, was that throughout the entire ordeal, Matthew wasn’t scared. “A wonderful nurse kept Matthew laughing the entire time, which made such a difference,” Alicia said. “CHOC Children’s is a comforting place and everyone is so nice. Instead of being a scary experience, it turned into a good one.”

Making the experience as stress-free as possible is crucial because with pediatric trauma, children must heal from both the physical injury and the emotional/psychological issues that accompany the experience. “Children may have trouble in their family relationships, with sleeping or with their school performance long after the physical injuries heal,” notes Dr. Gibbs. “This is an underappreciated and underdetected aspect of trauma care.”

The trauma center is embarking on a research effort to study this post-trauma phenomenon in an attempt to better understand how emergency care impacts the psychological well-being of the child and family after a traumatic event. “There is a huge need for this research, and CHOC Children’s is uniquely positioned to conduct it,” Dr. Gibbs said. “We can do a lot of good for a lot of young people.”
Jose Abdenur, MD, first crossed paths with Miriama Brown and her husband, Bobby, in 2004, when two of their sons, Toalii, then 3-1/2, and Bobby, then 2, had been transferred to CHOC Children’s pediatric intensive care unit for vomiting and dehydration. Both boys were unconscious, and physicians were doing everything possible to save them.

**A Family’s Journey**

For the Brown family, the hospitalization represented yet another challenge in the perilous journey of their sons’ young lives. After an apparently healthy first year of life, Toalii started to exhibit signs of fatigue after crawling and playing. He was originally misdiagnosed with seizures and put on medication. When that treatment did not help, he was taken off the medication and later diagnosed with severe muscle spasticity.

In the meantime, the family welcomed another child. Born 15 months after his big brother, “lil Bobby” also experienced a happy, normal infancy until he suddenly started vomiting like his big brother and was transferred to CHOC. “The boys were seen by every specialist at CHOC,” she recalls. Dr. Abdenur was one of them.

“We discovered the boys were experiencing a severe metabolic crisis,” said Dr. Abdenur, who serves as division chief of metabolic disorders at CHOC and is the director of CHOC’s metabolic laboratory—one of only a few such labs in the United States. Under Dr. Abdenur’s care, the boys recovered, though he could not identify the exact cause of their rare condition.

Throughout the next decade, the family made numerous trips to CHOC, traveling all the way from Santa Maria and then Victorville to receive care. The boys experienced several health crises due to their metabolic condition, which caused severe muscle spasticity, acidosis and feeding difficulties. Bobby eventually needed a feeding tube and lost the ability to speak, but his joyful spirit could not be contained. “His massive smile and two big dimples earned him the nickname ‘Double Ds’ or ‘DJ Dimples’ around CHOC,” Miriama said.
When the boys stabilized in 2009, Miriama and Bobby Sr. “added to the pack.” After Dino was born, the family learned he shared his brothers’ metabolic disorder. At age 3, Dino was rushed to CHOC after getting severely sick. He, too, lost his abilities to speak and eat by mouth and needed a feeding tube.

In the midst of these challenges, Miriama and Bobby Sr. experienced the surprise of their lives: little Callen Brown. Their fourth boy was born in 2010. And even more surprising, Callen did not have the metabolic disorder.

In 2012, Bobby got severely ill and was re-admitted to CHOC. Despite being stabilized and spending a week back at home to be close to his loved ones, he returned to CHOC when he had trouble breathing. Four days later, Bobby passed at the age of 9. The tremendous impact he had on the CHOC staff was reflected in the huge turnout for his memorial service, many of whom Miriama had never met. “Everyone from CHOC hugged us and thanked us for sharing him. It meant the world to us to see this support,” she said.

**Detective Work**

While Miriama and Bobby Sr. coped on the frontlines of their children’s illness, Dr. Abdenur and his team resolved to unlock the genetic secrets of the disease. If the disorder could be identified, they could begin work toward a cure.

“My heart goes out to Dr. Abdenur. You could see how his heartstrings were pulled trying to figure out what was wrong with the boys,” Miriama said.

Over time, Dr. Abdenur and his team conducted extensive testing on the boys’ blood, urine, spinal fluid and skin. “In 2012, a new technology called whole exome sequencing (WES) became available, which allowed us to look at thousands of genes at the same time,” he said. “Based on the clinical and biochemistry information, I could determine which pathway was not working, but even with the WES data from commercial laboratories, we could not find the problem.”

Enter research scientist Mariella Simon from the University of California, Irvine, who joined CHOC in 2014, bringing a background in mitochondrial genetics. Mariella reprocessed the massive amounts of data and, after “hours upon hours of looking for clues,” identified the candidate gene causing the rare metabolic problem.

They finally had an answer.

“The beauty of working at CHOC Children’s is that we collaborate with clinicians and families to solve problems, rather than just working alone in the laboratory environment,” Mariella said. “This connection is vital as we sift through the data and hundreds of variants to pinpoint the problem. It is like being a detective.”

Now the metabolic team at CHOC faces a new challenge: to develop a treatment that can help Toalii, Dino and other children with this rare disease.

For the Brown family, the knowledge brings peace of mind. “Just the identification of the specific gene that is miscoded in the boys has given me great insight into their illness,” Miriama said. “And while there still isn’t a cure for my boys, this information is opening doors for a better life for children with these rare metabolic disorders.”

The Brown family has persevered together in search of answers for their young boys Toalii, Dino and “lil Bobby,” who passed away at age 9.
Bold Ideas + Visionary Donors = Innovation

Innovation requires two key ingredients: bold ideas and courage. CHOC Children’s is fortunate to have both renowned thought leaders in pediatric medicine and courageous donors with a vision to truly transform children’s health.

The Sharon D. Lund Foundation is one such forward-thinking donor. In keeping with the generous spirit of Walt Disney's daughter Sharon, the Foundation supports projects that not only impact children in Orange County but globally. It was with a $5 million donation from the Foundation that CHOC founded the Sharon Disney Lund Medical Intelligence Innovations Institute (MI3), bringing together key people from within the hospital and beyond to foster creativity.

“After meeting with CHOC representatives, the biggest thing that grabbed us was the future of medicine, and where medicine is going for children, how quickly it’s changing,” board member Michelle Lund said. “Being part of the Disney family, I think it’s important for us to embrace innovations that are coming our way. My grandfather, Walt Disney, was a foreseer of the future so we are very excited to help continue that.”
CREATING A CULTURE OF INNOVATION

CHOC Children’s pediatric neurologist Sharief Taraman, MD, is dissatisfied with the lack of therapeutic options for children who suffer from traumatic brain injury. Yet instead of waiting on the sidelines for a new treatment to come along, he is transforming this frustration into innovation, exploring novel ways to heal the injured brain.

Dr. Taraman is studying nanotechnology and how tiny nanoparticles, which are even smaller than microscopic cells, can prevent further tissue damage from occurring after brain injury and also protect nearby brain cells from additional injury. The ultimate goal is to improve functional recovery in these young patients.

This innovative strategy is made possible through the establishment of the Sharon Disney Lund Medical Intelligence Innovations Institute, known as MI3. Pediatric cardiologist Anthony Chang, MD, chief intelligence and innovation officer at CHOC, is the visionary behind MI3. The leadership team includes CHOC Pediatrician-in-Chief Nick Anas, MD, executive clinical adviser, and scientist Spyro Mousses, PhD, executive scientific adviser.

In the past year, MI3 has fostered an inherent culture of innovation at CHOC, providing grants to physicians and associates for “protected innovation time” to seek creative solutions to problems and holding open monthly meetings to share their ideas.

Knowledge gained from studies does not change the world. It is the transformation of this knowledge—taking an idea and turning it into something useful—that makes the greatest impact in pediatric medicine.

One of the MI3 goals is for CHOC to be a driving force in using artificial intelligence to improve the health of children on a global scale. “Artificial intelligence in this context is using algorithms, predictive analytics and data mining to process the vast amount of information collected worldwide and unlock medical answers that can save lives,” Dr. Chang said.

The creation of MI3 has also served as the catalyst of a global pediatric health care innovation movement, the international Society for Pediatric Innovation, called iSPI. CHOC has hosted iSPI conferences in 2014 and 2015 to bring together leaders from a network of close to 50 pediatric hospitals worldwide to share ideas that drive innovation. The next conference, the second biennial “Pediatrics 2040,” will be held in 2016.

Dr. Mousses notes MI3’s focus on developing a culture of innovation will uniquely poise CHOC to make an impact in pediatric health care. “Knowledge gained from studies does not change the world,” he explains. “It is the transformation of this knowledge—taking an idea and turning it into something useful—that makes the greatest impact in pediatric medicine.”

Turning innovative ideas into reality served as the impetus for CHOC’s decision to become a partner of The Innovation Institute, a health care “incubator” based in Orange County that helps nurture ideas and bring them to market. CHOC staff and physicians have access to the space and expertise offered through The Innovation Institute, giving them the opportunity to see their results brought to the health care marketplace.

“Innovation and transforming ideas into reality doesn’t happen in a vacuum, especially in pediatric medicine,” Dr. Taraman says. “It takes combining resources through partnerships and then access to these resources, which both MI3 and The Innovation Institute afford us.”
FOUNDATION NEWS

CHOC Children’s commitment to innovate simply would not be possible without the generosity of our supporters. This year, individuals, foundations, community organizations and corporations joined forces to raise a total of $26.5 million to support our mission.

Our distinct gratitude is given to Sandy Segerstrom Daniels, who gave a lead gift of $5 million to spark a community-wide initiative that will expand mental health services, and to Ralph and Sue Stern, whose pledge established a new program called Clown Care that will bring smiles to our patients’ faces. Children’s Miracle Network Hospitals (CMNH) partners raised nearly $2.5 million; our thanks to Costco Wholesale and Credit Unions for Kids as our largest CMNH fundraisers of the year. Our Guilds deserve recognition for collectively raising $1.35 million, and special thanks to our highest fundraising guild of the year, the CHOC Glass Slipper Guild.

This year marked the 24th annual CHOC Walk in the Park, which drew an incredible 16,600 walkers and 900 teams. Together, they raised more than $2.1 million. We also held the CHOC Cherishes Children Gala, which raised $1.6 million and had a record 535 guests in attendance. The evening was highlighted by guest performer and Grammy-Award winning artist John Legend.

To our many donors and friends, thank you for making a significant difference at CHOC, allowing us to take pediatric health care to a new level.
FINANCIALS

CHOC Children’s Foundation

For Fiscal Year Ending June 30,

GROSS REVENUE
FY2013 – FY2015

Three year total - $114.6 million

EXPENSE BREAKDOWN

- Program Expenses – $16.7
- Administrative Expenses – $2.62
- Fundraising Expenses – $3.48

(in millions)

GIVING BY AREA

- Endowment – 8.27%
- Capital/Equipment – 6.35%
- Education – 1.01%
- Patient Care – 7.53%
- Program Support – 31.1%
- Research – 9.24%
- Unrestricted – 36.49%

GIVING BY SOURCE

- Individual – 49.82%
- Planned Giving – 5.21%
- Associate Giving – 0.92%
- Corporations – 29.56%
- Organizations – 7.61%
- Foundations – 6.87%

THREE YEARS OF GIVING

Gross Revenue
FY2013 – FY2015

- FY2013: $32.3
- FY2014: $26.6
- FY2015: $55.7

(in millions)

ENDOWMENT – 8.27%
CAPITAL/EQUIPMENT – 6.35%
EDUCATION – 1.01%
PATIENT CARE – 7.53%
PROGRAM SUPPORT – 31.1%
RESEARCH – 9.24%
UNRESTRICTED – 36.49%
FINANCIALS

CHOC Children’s Orange Statistical Review
For Fiscal Year Ending June 30,

CHOC Children’s Orange
Sources of Revenue FY 2015

- Health Plans – 33.6%
- Medi-Cal / CalOptima – 20.9%
- California Children’s Services (CCS) – 42.7%
- Other Third Party – 1.4%
- All Other – 1.3%

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<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
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<tr>
<td>Total patient days</td>
<td>59,515</td>
<td>59,397</td>
<td>58,087</td>
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<tr>
<td>Total inpatient discharges</td>
<td>11,787</td>
<td>11,515</td>
<td>11,469</td>
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<tr>
<td>Average length of stay</td>
<td>5.0</td>
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<td>Day Health Unit/Infusion Center visits</td>
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<td>7,672</td>
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<td>Inpatient surgeries</td>
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<td>3,635</td>
<td>3,280</td>
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<td>Outpatient surgeries</td>
<td>4,746</td>
<td>4,612</td>
<td>4,636</td>
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<td>Emergency Room visits</td>
<td>54,553</td>
<td>50,992</td>
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<td>Admissions via ER</td>
<td>5,706</td>
<td>5,482</td>
<td>5,581</td>
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<td>Clinic visits - Primary Care and Specialty</td>
<td>146,425</td>
<td>142,863</td>
<td>135,957</td>
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<td>Transports to CHOC</td>
<td>4,001</td>
<td>4,203</td>
<td>4,268</td>
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<td>Pediatric capitated lives</td>
<td>20,083</td>
<td>136,369</td>
<td>144,237</td>
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<td>Medical staff</td>
<td>586</td>
<td>595</td>
<td>611</td>
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<td>CHOC full-time equivalent associates</td>
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<td>1,995</td>
<td>2,220</td>
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<td>Licensed beds</td>
<td>238</td>
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<td>279</td>
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Source: Internal Records
### CHOC Children’s Orange Summary Statement of Financial Position

(As of June 30, 2015)

#### Assets:

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<th></th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
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</thead>
<tbody>
<tr>
<td>Current Assets</td>
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<tr>
<td>Cash and short term investments</td>
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<td>$143,898</td>
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<tr>
<td>Patient accounts receivable, net</td>
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<tr>
<td>Inventory</td>
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<td>Other receivables</td>
<td>37,913</td>
<td>15,638</td>
<td>46,673</td>
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<td>Other current assets</td>
<td>44,483</td>
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<td><strong>Total current assets</strong></td>
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<tr>
<td>Assets whose use is limited</td>
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<td>17,167</td>
<td>18,397</td>
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<tr>
<td>Property and equipment, net</td>
<td>701,746</td>
<td>681,046</td>
<td>656,677</td>
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<td>Receivables long term</td>
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<td>Other assets</td>
<td>9,332</td>
<td>10,876</td>
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<td><strong>$1,058,495</strong></td>
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#### Liabilities and Net Assets:

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<th></th>
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<th>2015</th>
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</thead>
<tbody>
<tr>
<td>Current liabilities</td>
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<td></td>
<td></td>
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<tr>
<td>Current portion of long-term debt and capital lease obligation</td>
<td>$7,302</td>
<td>$7,472</td>
<td>$8,159</td>
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<td>Accounts payable and accrued liabilities</td>
<td>66,583</td>
<td>58,568</td>
<td>61,587</td>
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<td>Other current liabilities</td>
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<td>9,975</td>
<td>6,501</td>
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<td><strong>Total current liabilities</strong></td>
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<td><strong>76,015</strong></td>
<td><strong>76,247</strong></td>
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<td>361,971</td>
<td>353,977</td>
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<tr>
<td>Derivative financial instruments</td>
<td>41,949</td>
<td>41,607</td>
<td>47,921</td>
</tr>
<tr>
<td>Other liabilities</td>
<td>17,681</td>
<td>17,385</td>
<td>16,145</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td><strong>514,185</strong></td>
<td><strong>496,978</strong></td>
<td><strong>494,290</strong></td>
</tr>
<tr>
<td>Net assets:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>500,937</td>
<td>473,156</td>
<td>498,629</td>
</tr>
<tr>
<td>Temporarily restricted</td>
<td>42,687</td>
<td>51,261</td>
<td>53,376</td>
</tr>
<tr>
<td>Permanently restricted</td>
<td>686</td>
<td>686</td>
<td>686</td>
</tr>
<tr>
<td><strong>Total net assets</strong></td>
<td><strong>544,310</strong></td>
<td><strong>525,103</strong></td>
<td><strong>552,691</strong></td>
</tr>
<tr>
<td><strong>Total liabilities and net assets</strong></td>
<td><strong>$1,058,495</strong></td>
<td><strong>$1,022,081</strong></td>
<td><strong>$1,046,981</strong></td>
</tr>
</tbody>
</table>

### CHOC Children’s Orange Summary Statement of Operations

(For Fiscal Year Ending June 30, 2015)

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Net patient service revenue</td>
<td>$440,685</td>
<td>$399,609</td>
<td>$497,892</td>
</tr>
<tr>
<td>Premium revenue</td>
<td>39,295</td>
<td>47,627</td>
<td>48,028</td>
</tr>
<tr>
<td>Other revenue</td>
<td>44,495</td>
<td>50,288</td>
<td>50,054</td>
</tr>
<tr>
<td>Net assets released from restrictions used for operations</td>
<td>11,696</td>
<td>8,750</td>
<td>12,379</td>
</tr>
<tr>
<td><strong>Total operating revenue</strong></td>
<td><strong>$536,171</strong></td>
<td><strong>$506,274</strong></td>
<td><strong>$608,803</strong></td>
</tr>
</tbody>
</table>

#### Expenses:

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries, benefits, supplies and other</td>
<td>472,909</td>
<td>471,599</td>
<td>516,116</td>
</tr>
<tr>
<td>Interest expense</td>
<td>8,926</td>
<td>16,043</td>
<td>15,702</td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>25,254</td>
<td>42,660</td>
<td>41,589</td>
</tr>
<tr>
<td><strong>Total operating expenses</strong></td>
<td><strong>$507,359</strong></td>
<td><strong>$530,302</strong></td>
<td><strong>$573,677</strong></td>
</tr>
<tr>
<td>Income (loss) from operations</td>
<td>28,812</td>
<td>(24,028)</td>
<td>35,126</td>
</tr>
<tr>
<td>Nonoperating gains/losses</td>
<td>5,612</td>
<td>(8,282)</td>
<td>(14,987)</td>
</tr>
<tr>
<td><strong>Revenues and gains in excess of (less than) expenses and losses</strong></td>
<td><strong>$34,424</strong></td>
<td><strong>$32,310</strong></td>
<td><strong>$20,139</strong></td>
</tr>
<tr>
<td>Operating Margin</td>
<td>5.4%</td>
<td>-4.7%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Net Profit Margin</td>
<td>6.4%</td>
<td>-6.4%</td>
<td>3.3%</td>
</tr>
</tbody>
</table>

**Included in income from operations and revenues and gains in excess of expenses and losses is net provider fees of:**

<table>
<thead>
<tr>
<th></th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>$50,011</td>
<td>$8,023</td>
<td>$60,402</td>
<td></td>
</tr>
</tbody>
</table>

Source: Audited Financial Statements
CHOC Children’s at Mission Hospital Statistical Review
For Fiscal Year Ending June 30,

<table>
<thead>
<tr>
<th>Source: Internal Records</th>
</tr>
</thead>
</table>

FINANCIALS

CHOC Children’s at Mission Hospital Sources of Revenue FY 2015

- Health Plans – 57.6%
- Medi-Cal / CalOptima – 29.6%
- California Children’s Services (CCS) – 8.4%
- Other Third Party – 2.2%
- All Other – 2.2%

<table>
<thead>
<tr>
<th>Source</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total patient days</td>
<td>9,203</td>
<td>7,743</td>
<td>7,821</td>
<td>7,604</td>
<td>7,594</td>
</tr>
<tr>
<td>Total inpatient discharges</td>
<td>1,923</td>
<td>1,846</td>
<td>1,832</td>
<td>1,821</td>
<td>2,201</td>
</tr>
<tr>
<td>Average length of stay</td>
<td>4.8</td>
<td>4.2</td>
<td>4.3</td>
<td>4.2</td>
<td>3.5</td>
</tr>
<tr>
<td>Inpatient surgeries</td>
<td>338</td>
<td>362</td>
<td>311</td>
<td>305</td>
<td>294</td>
</tr>
<tr>
<td>Outpatient surgeries</td>
<td>653</td>
<td>465</td>
<td>354</td>
<td>441</td>
<td>337</td>
</tr>
<tr>
<td>Emergency Room visits</td>
<td>17,337</td>
<td>17,075</td>
<td>16,804</td>
<td>15,759</td>
<td>15,807</td>
</tr>
<tr>
<td>Medical staff</td>
<td>366</td>
<td>366</td>
<td>378</td>
<td>230</td>
<td>427</td>
</tr>
<tr>
<td>CCMH full-time equivalent associates</td>
<td>104</td>
<td>94</td>
<td>93</td>
<td>96</td>
<td>94</td>
</tr>
<tr>
<td>Licensed beds</td>
<td>48</td>
<td>48</td>
<td>54</td>
<td>54</td>
<td>54</td>
</tr>
</tbody>
</table>
CHOC Children’s at Mission Hospital Summary Statement of Financial Position

(In thousands)

**Assets:**

<table>
<thead>
<tr>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash and short term investments</td>
<td>$12,151</td>
<td>$9,592</td>
</tr>
<tr>
<td>Patient accounts receivable, net</td>
<td>13,170</td>
<td>11,641</td>
</tr>
<tr>
<td>Other receivables</td>
<td>2,013</td>
<td>10</td>
</tr>
<tr>
<td>Other current assets</td>
<td>336</td>
<td>843</td>
</tr>
<tr>
<td><strong>Total current assets</strong></td>
<td><strong>27,670</strong></td>
<td><strong>22,106</strong></td>
</tr>
<tr>
<td>Property and equipment, net</td>
<td>7,835</td>
<td>8,151</td>
</tr>
<tr>
<td>Receivables long term</td>
<td>251</td>
<td>126</td>
</tr>
<tr>
<td>Other assets</td>
<td>6,296</td>
<td>6,490</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td><strong>$42,052</strong></td>
<td><strong>$36,792</strong></td>
</tr>
</tbody>
</table>

**Liabilities and Net Assets:**

<table>
<thead>
<tr>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accounts payable and accrued liabilities</td>
<td>$1,362</td>
<td>$1,763</td>
</tr>
<tr>
<td>Other current liabilities</td>
<td>4,616</td>
<td>4,703</td>
</tr>
<tr>
<td><strong>Total current liabilities</strong></td>
<td><strong>5,978</strong></td>
<td><strong>6,466</strong></td>
</tr>
<tr>
<td>Other liabilities</td>
<td>235</td>
<td>235</td>
</tr>
<tr>
<td><strong>Total liabilities</strong></td>
<td><strong>6,213</strong></td>
<td><strong>6,701</strong></td>
</tr>
<tr>
<td>Net assets:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrestricted</td>
<td>34,627</td>
<td>29,063</td>
</tr>
<tr>
<td>Temporarily restricted</td>
<td>1,212</td>
<td>1,028</td>
</tr>
<tr>
<td><strong>Total net assets</strong></td>
<td><strong>35,839</strong></td>
<td><strong>30,092</strong></td>
</tr>
<tr>
<td><strong>Total liabilities and net assets</strong></td>
<td><strong>$42,052</strong></td>
<td><strong>$36,792</strong></td>
</tr>
</tbody>
</table>

**Revenue:**

<table>
<thead>
<tr>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Net patient service revenue</td>
<td>$56,852</td>
<td>$48,877</td>
</tr>
<tr>
<td>Other revenue</td>
<td>207</td>
<td>275</td>
</tr>
<tr>
<td>Net assets released from restrictions used for operations</td>
<td>60</td>
<td>356</td>
</tr>
<tr>
<td><strong>Total operating revenue</strong></td>
<td><strong>57,119</strong></td>
<td><strong>49,508</strong></td>
</tr>
</tbody>
</table>

**Expenses:**

<table>
<thead>
<tr>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries, benefits, supplies and other</td>
<td>46,229</td>
<td>45,940</td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>913</td>
<td>920</td>
</tr>
<tr>
<td><strong>Total operating expenses</strong></td>
<td><strong>47,142</strong></td>
<td><strong>46,860</strong></td>
</tr>
<tr>
<td>Income from operations</td>
<td>9,977</td>
<td>2,648</td>
</tr>
<tr>
<td><strong>Nonoperating gains</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revenues and gains in excess of expenses and losses</td>
<td>$10,212</td>
<td>$2,847</td>
</tr>
<tr>
<td><strong>Operating Margin</strong></td>
<td>17.5%</td>
<td>5.3%</td>
</tr>
<tr>
<td><strong>Net Profit Margin</strong></td>
<td>17.9%</td>
<td>5.8%</td>
</tr>
</tbody>
</table>

**Included in income from operations and revenues and gains in excess of expenses and losses is net provider fees of:**

<table>
<thead>
<tr>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>$2,330</td>
<td>$265</td>
<td>$3,170</td>
</tr>
</tbody>
</table>

Source: Audited Financial Statements
BOARD OF DIRECTORS

Mark Stevens—Chair
CHOC Children’s Orange/
CHOC Children’s at Mission Hospital
Children’s HealthCare of California

Barry T. Ryan, J.D., Ph.D.—Chair
CHOC Children’s Foundation

Marshall Rowen, M.D.—Chair
CRC Real Estate Corporation

CHOC Children’s Orange / CHOC Children’s at Mission Hospital

Richard Ackerman
Sam Auriemma
Michael Colglazier
Kimberly Cripe - President & CEO
Janet Davidson
Vijay Dhar, M.D.
David Dukes - 1st Vice Chair
Chancellor Howard Gillman

Doug McCombs - 2nd Vice Chair
Phillip Richardson, M.D.
Tim Ristoff
Roger Steinert, M.D
Mark Stevens - Chair
Thomas Tierney

Invited Members of Affiliate Boards,
Administrative & Medical Staff:
Antonio Arrieta, M.D.
Marcia Follri
Jay Gabriel - Secretary
Matthew Geilach - EVP/COO
Paul Lubinsky, M.D.
Maria Minon, M.D.
Melanie Fatterson
Barry Ryan, J.D., Ph.D.
Kerri Schiller - CFO/Assistant Secretary
Jacqueline Winkelmann, M.D.

CHOC Children’s Foundation

Stephanie Argyros
Christine Bren, Psy.D.
John Carpino
Rob Colby
Kimberly Cripe - President & CEO
Jeff Elghananyan
Gregory Gluchowski, Jr
Michael Gritters
Steve Holley
Ali Kavianian, M.D.
Jason Knight, M.D.
Gigi Kroll, M.D.

Delphine Lee
Caroline Marchant
Adrienne Matros, Psy.D.-Secretary
Shruti Miyashiro
Chris Rommel
Barry T. Ryan, J.D., Ph.D. - Chair
Kimberly Sentovich - Vice Chair
Steve Solomon
Jon Storbeck
David Sugden
David Willis

Invited Members of Affiliate Boards,
Administrative & Medical Staff:
Susan Dill-Guild’s Representative
Jan Lansing - Interim Vice President
Marshall Rowen, M.D.-CHC Finance
Committee Chair
Kerri Schiller - CFO/Assistant Secretary
Mark Stevens - CCO, CCMH &
CHC Chair (s)

CHOC Children’s HealthCare of California

Kimberly Cripe - President & CEO
Janet Davidson
David Dukes
Jeff Elghananyan
Chancellor Howard Gillman

Tim Ristoff
Marshall Rowen, M.D.-Vice Chair
Roger Steinert, M.D.
Mark Stevens - Chair
Thomas Tierney

Administrative Staff:
Jay Gabriel - Secretary
Matthew Geilach
Kerri Schiller - CFO/Assistant Secretary

CRC Real Estate Corporation

Kimberly Cripe - President & CEO
Janet Davidson - Vice Chair
Jeff Elghananyan

Marshall Rowen, M.D.-Chair
Pat Salas
Mark Stevens - Secretary

Administrative Staff:
Kerri Schiller - CFO/Assistant Secretary
MIRACLE MAKERS
Donors who have made a cumulative gift of $1,000,000- $999,999.

Anonymous (13)

The Argus Foundation
The Bandai Foundation
Barbara and Marty Auslander
Blue Cross of California
Blue Shield of California Foundation
Estate of Louise Bowman
CHOC Children’s Volunteers
CHOC Padronis
Cinnibarrella Guild
Cisco Systems
Costco Wholesale Members,
Employees & Vendors
Credit Unions for Kids
The Cream Foundation
Sandy Segerstrom Daniels
Dhont Family Foundation
Disneyland® Resort
Estate of Walter D. Douglas II
Estate of Mary W. Flippin
Jean M. Fox
The Orange County Register/Registration Freedom Communications, Inc
Fry Family Foundation
Glass Slipper Guild
The HealthCare Foundation For Orange County
Nora and Charles Hester
Hoag Memorial Hospital Presbyterian Bill Holmes
Sophee and Lars Holmquist
Hyundai Hope On Wheels
The James Irvine Foundation
Jack & Jill Guild
Howard A. and Shirley V. Jones
Family Foundation
The Shannon and Amy Ko Foundation
Kohl’s Cares
Lamp Lighter Guild
Robert M. and Diana Leaverton Family
Humphrey and Henrietta Lee Estate
Josie Y. S. Lee
Little Mermaid Guild
Littlest Angel Guild
Los Ninos Guild
The Sharon D. Lund Foundation
Mad Hatter Guild
Kathryn T. McCarty
Mother Goose Guild
P.A.D.R.E. Foundation
Pediatric Cancer Research Foundation
Pediatric Subspecialty Faculty, Inc.
Queen of Hearts Guild
Rite Aid Corporation
The Walden W. and Jean Young Shaw Foundation
Small World Guild
Estate of Margaret Lorraine Sprague
Harry and Grace Steele Foundation
Mark and Dinah Stevens
Jim and Susan Swenson
Estate of Luther E. Swink
Estate of Robert L. Tidwell
Tres Ojos Guild
UnIfiHealth Foundation
United Way of Orange County
Wal-Mart Stores and Sam’s Club Associates and Members
Wegiart Foundation
West Coast University

CIRCLE OF HEROES
Donors who have made a cumulative gift of $100,000 - $999,999.

Anonymous (2)

Anaheim Ducks Foundation
The Argus Foundation
Hugh M. Atchley
Annenberg Foundation
The Allergan Foundation
Anonymous (13)

Bank of America
Elwood & Shirley Banning Trust
Barney & Bamey LLC
Mary Lee and William H. Beck
Tom Beeghly
Virginia Knott Bender
Estate of Arthur Benn
Bergelectric
Mr. and Mrs. Richard Bettea
Mr. and Mrs. Michael T. Binye
Mr. and Mrs. Richard Bettea
Mr. and Mrs. Michael T. Binye
Mr. and Mrs. Richard Bettea
Mr. and Mrs. Michael T. Binye
Mr. and Mrs. Thomas N. Braly
Ruth and Paul Braunger
Christine Breen, PsyD
Esther V. Bruggere
George Burgess
Audrey S. Burnand
Alice and Maurice Burns
California Health Facilities Financing Authority
The California Wellness Foundation
Donald W. Callender Family Trust
Caloptima
Mr. and Mrs. Larry D. Cancellierri
Estate of John D. Cashman
Carol A. and Louis P. Castellana
Estate of John and Carol Cazner
Anthony C. Chang, MD, MBA, MPH
Change a Life Foundation
Chevron Corporation
CHOC Medical Staff
CHOC Kids’ Cards
Brian and Caron Chan Family Foundation
Jerry Clark
Estate of Jean C. Cleary
The Coalition of Orange County
Community Clinics
Costa Iron & Steel Co
Dolores and Claude Cohr
Commercial Capital Bank
Community Foundation
Michael J. Connell Foundation
Conselman Family Trust
Mr. and Mrs. Leo C. Cook
Estate of Faith A. Coney
Estate of Ruth Corryell
The C.M. and Edna Peyton Cotton
Family Foundation
County of Orange Health Care Agency
Estate of Maryjett S. Craig
Mr. and Mrs. Michael Craig
Kimberly and Glenn Criper
Janet Davidson and Richard Plat
Deloitte & Touche, LLP
Larry and Kim Dickson
Down Syndrome Association of Orange County
Maureen C. Downes, MD
Tracey and John Dudden
May A. Dudley
Eastwood Insurance Services
Eедак International Employee Contributions Campaign
The Eisen Foundation
The Elghanian Family
Emergency Medicine Specialists of Orange County
Estate of Margaret L. Emrick
Bob and Mary Jane Engman
Entravision
Estate of Evan Evans
Experian
Extra Life
Mrs. Sandy Fainbarg
Fairchild Martinale Foundation
Fire Safety First
First Interstate Bank
The Fluer Foundation
Roy Ford
The Louis W. Foster & Gladys L. Foster Family Foundation
Karen and Gary Frailing
Estate of Corinne Franklin
Mrs. Marilyn J. French
Irene and Jack Frost
Monica & Chris Furman
Mr. and Mrs. Owen B. Garrett
Anne and Kel Geddes
Gemini Resources and Marybelle and Sebastian Paul Musco
Estate of Leslie Gilling
Estate of Marla S. Gitterman
Give Blood Play Hockey
Glaucoma Research
Jim and Sharon Goodwin
Bill and Chris Griffith
Henry L. Guenther Foundation
Mr. Shiree Guggenheim
Emine and Dina Haddad
O. L. Haisel Foundation
Estate of Edeline Haltier
Teddy Lee Hamann
Estate of Helen George Harding
Mr. and Mrs. John Haretakis
Harry Winston
Evelyn McFarland Hayden
Estate of Frances A. Haymond
Mr. and Mrs. Mark Headland
HeeilsSheale, Orange County
Mr. John K. Hektor
Dr. and Mrs. L. Kenneth Heuler
George Hoag Family Foundation
The Hoag Foundation
Estate of Magdelene G. Hobson
American Honda Motor Co, Inc
Estate of Dora Hooker Adams
House of Imports
HUB International
Maxine Huber
Hughes Aircraft Company
Hughes Electronics
Judith and Robert Hultine
Wendy R. Hurlbut
Estate of Elmer Stewart Hurlbut
IKARI
The Irvine Company
Irvinic Everest Foundation, Inc
Herbert Issett Trust
Jay and Kelly Jacobs Family Chantable Fund
Janssen Pharmaceuticals
Jeanette Berta Hennings Foundation
Mr. and Mrs. Albert A. Johnson
Mark Chapin Johnson Foundation
Mac Cameron Jones
W. M. Keck Foundation
Kent-Detwiler Untrust
Kent-Mckelvey Untrust
Estate of Ernest Kessler
Gutty and Mahmood Khayami
Kia Motors America
Kiewit Infrastructure Group
Estate of Elizabeth Jane Kincaid
The Karl Kirchgesenner Foundation
Kiwanis Family
The Lloyd E. and Elisabeth H. Klein Family Foundation
Estate of Donald Kocher
Dean and Gerda Koontz Foundation
Estate of Mary Jo Kratz
Kystral Enterprises, Inc
Lance Armstrong Foundation
The Guang Lauhlerhe Foundation
Delphine Lee and Ron Ainsworth
Legacy Foundation
Ms. Michelle Lavers
The Linden Family Foundation
Little Red Wagon Guild
The Lockey Family Trust
Los Alamitos Charities Foundation
Estate of Dorothy F. Lytle
Heather and Jim Madden
Doug and Debra Maniaci Family
Estate of Camille H. Marcan
Marrill International
Marrill Vacation Club Newport
Coast Villas
Maximos Americas, Inc
Maximo Foundation
Massiah Foundation, Inc
Adrienne and Rick Matsos
Estate of Lillian B. May
The McBeth Foundation
McCarthy Building Companies, Inc
Stew & Vera McDonald Untrust
Annie and Martin McDonald
Cindy & Ron MacCladin
Medtronic Philanthropy through Medtronic Foundation
Miles Charitable Unitrust
Estate of Ruth Miller
Estate of Ruth E. Miller
Estate of Ronald Miller
Maria El, Minon, MD
Miracles for Kids
Darlene M. Moore
Russell & Ruth Morgan Trust
Ruth Ann Munary
Mark D. Moses
Richard W. Movius
Mr. and Mrs. Allen R. Muesse
Muhsen Family
Sandy Munson
Mara and Keith Murray
Dorothy Myers
Estate of Dagmar Nannfeldt
National Childhood Cancer Foundation
New Century Mortgage
Newman’s Own Foundation
The Nicholas Endowment
Nordstrom
The Kenneth T. and Eileen L. Norris Foundation
Nordstrom
The Nicholas Endowment
Nordstrom
The Kenneth T. and Eileen L. Norris Foundation
Orange County Community Foundation
Orange County’s Credit Union
Mr. Griffin Ordway and Mrs. Yulia Vasileva
Louise Orey Trust
Margaret E. Osland Foundation
Panda Restaurant Group, Inc
The Patton Family
Estate of Donalda Adrien Pelletier
Mr. & Mrs. Andy Peykoff
Estate of Donalda Adrien Pelletier
The PIMCO Foundation
Rancho Mission Viejo
PipeVine, Inc
The Robert and Helga Pratt Family Foundation
Estate of Ruth A. Pruitt
Punch & Judy Gold
Ralph’s/Food 4 Less
Rancho Mission Viejo Rodeo
Rappport Family Trust
Ruth Reich Trust
RE/MAX
Resource Management Services, Inc
Ms. Mary T. Reuland
Ribbons Family Trust
Estate of Edna O. Rinde
Riverside Community Health Foundation
Marilyn Hester Robbins and William Robbins
Rocking Horse Guild
Ronald McDonald House Charities of Southern California
Ronald McDonald House of Orange County
Carmen and Tanya Rosborough
Dr. and Mrs. Marshall Rowen
Helena L. Russell
Patricia and Frank J. Saenz
Margorie B. Salter
Samuel Foundation
Schaller Anderson An Aetna Company
Kern and Andrew Schiller
SchoolsFirst Federal Credit Union
Estate of O. Carl Schull
Estate of Catherine A. Scrafield
Ryan Seacrest Foundation
Seagull Golf Classic honoring Kaitlyn Santala
Estate of Sam, Jean, C.J. Segreston & Sons
Ms. Sally E. Segreston
Evelyn and David Shveykin
Slovene Rest Home Association
Lon V. Smith Foundation
Estate of Helen G. Smith
Soccer for Hope
Society For The Promotion of Japanese Animation/Anime Expo
Estate of Halsey H. Soderberg
Nancy Sommerville
South Coast Plaza
Southern California Building Funds
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