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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 10-01-2008 and ending 09-30-2009

B Check if applicable
- [x] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Termination
- [ ] Amended return
- [ ] Application pending

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

C Name of organization
All Children's Hospital Inc

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
ATTN FINANCE 9010 501 SIXTH AVE

City or town, state or country, and ZIP + 4
St Petersburg, FL 33701

D Employer identification number
59-0683252

E Telephone number
(727) 767-4401

G Gross receipts $ 413,123,275

F Name and address of Principal Officer
GARY A CARNES
501 Sixth Avenue South
St Petersburg, FL 33701

H(a) Is this a group return for affiliates? [ ] Yes [x] 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 [x] 501(c) (3) ◀ (insert no) [ ] 4947(a)(1) or [ ] 527

J Web site: ▶ www allkids org

K Type of organization [x] Corporation [ ] trust [ ] association [ ] other ▶

L Year of Formation 1967

M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
Provide leadership in child health through treatment, education, advocacy and research

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	18
5	Total number of employees (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	627
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0
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)	5,447,156	11,114,564
9	Program service revenue (Part VIII, line 2g)	285,262,771	302,331,099
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	15,627,843	-918,696
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	669,976	649,370
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	307,007,746	313,176,337
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	136,513,828	148,655,259
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	(Total fundraising expenses, Part IX, column (D), line 25 0)		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	130,474,771	133,572,932
18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	266,988,599	282,228,191
19	Revenue less expenses Subtract line 18 from line 12	40,019,147	30,948,146

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	756,209,247	864,610,433
21	Total liabilities (Part X, line 26)	266,613,302	349,001,556
22	Net assets or fund balances Subtract line 21 from line 20	489,595,945	515,608,877

Part II Signature Block

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

Please Sign Here

Signature of officer — Date: 2010-08-13

Nancy Templin VP Finance/CFO
Type or print name and title

Paid Preparer's Use Only

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

Firm's name (or yours if self-employed), address, and ZIP + 4
ERNST & YOUNG US LLP
1901 6TH AVE N STE 1200
BIRMINGHAM, AL 35203

EIN ▶

Phone no ▶ (205) 251-2000

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

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

1 Briefly describe the organization's mission

See Additional Data Table

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 232,678,590 including grants of $) (Revenue $ 292,844,673)

All Children's Hospital (the "Hospital") is a separately-licensed 216-bed regional pediatric referral center The Hospital has a 60-bed neonatal intensive care unit ("NICU") including 34 level three NICU beds, two pediatric intensive care units totaling 26 beds, a 15-bed cardiovascular intensive care unit, and a 25-bed pediatric emergency center In addition, the Hospital has one of Florida's busiest pediatric heart surgery programs and offers pediatric heart and bone marrow/stem cell transplantation programs The Hospital's childhood cancer program is one of the largest in the Southeast United States and the Hospital is a nationally designated Cystic Fibrosis Center For the twelve months ended September 30, 2009, the Hospital had 8,642 inpatient admissions and 62,532 inpatient days of care During the same period, the Hospital had 40,780 emergency center visits, performed 10,502 surgeries, and had 232,290 other outpatient visits For the twelve months ended September 30, 2009, the cost of charity care and the unreimbursed cost of government subsidized indigent care was $18,605,297 The costs of subsidized health services which include trauma, allergy and immunology, endocrinology, nephrology and emergency medical transportation programs totaled $3,896,325 Total community benefit for the twelve months ended September 30, 2009 was $27,121,344 Community benefits are reported consistent with industry standards

4b (Code) (Expenses $ 5,454,526 including grants of $) (Revenue $ 2,289,803)

The Hospital provides health professional education through its affiliation with the University of South Florida College of Medicine pediatric and internal medicine residency programs In addition, the Hospital provides formal nursing training through affiliations with various nursing schools The Hospital also provides continuing professional education to its physician and nursing staff through weekly Grand Rounds, sponsorship of several annual professional conferences and other education opportunities The net cost of health professional education is $3,164,723 for the twelve months ended September 30, 2009

4c (Code) (Expenses $ 963,178 including grants of $) (Revenue $ 7,196,623)

The Hospital sponsors and participates in numerous community health services including classes, support programs, screening, community education, and physician referral These include asthma education, infant and toddler health screenings, Sertoma parent support groups, child passenger safety programs, tobacco education, the Fit4Allkids child obesity program, and the Safe Kids program For the twelve months ended September 30, 2009, approximately 750,000 members of the community were served through these programs This includes attendance at classes, support groups, health screenings and informational mailings The cost of providing these services totaled $963,178 for the twelve months ended September 30, 2009

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

4e Total program service expenses $ 239,096,294 *Must equal Part IX, Line 25, column (B).*

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(Continued)*

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	1a	239		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? **Note:** *If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.*	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a			No
b	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22.1,** *Report of Foreign Bank and Financial Accounts.*				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, *Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?*	5c			
6a	Did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	*Organizations that may receive deductible contributions under section 170(c).*				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of $75 or more?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h			
8	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.* Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	*Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.*				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	*Section 501(c)(7) organizations.* Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	*Section 4947(a)(1) non-exempt charitable trusts.* Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			

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

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 20		
b	Enter the number of voting members that are independent . .	1b 18		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	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		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	Yes	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		No
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

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

Section C. Disclosure

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

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

Nancy Templin
501 Sixth Avenue South
St Petersburg, FL 33701
(727) 767-2582

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed
* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid

* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations

* List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations

* List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

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

Part VII Continued

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total ▶								5,251,082	430,115	525,491

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 72

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
Brasfield Gorrie LLC 3021 7th Ave S Birmingham, AL 352333502	General Construction	63,506,208
Cerner Corporation 2800 Rockcreek Parkway Kansas City, MO 64117	Information Tech	3,959,620
Cross Country Staffing Inc 6551 Park of Commerce Blvd NW Boca Raton, FL 33487	Prof Staffing	1,848,533
Karlsberger Architecture Inc 99 E Main St Columbus, OH 43215	Architectural Svcs	1,810,277
Sodexho Inc Affiliates 9801 Washingtonian Blvd Gaithersburg, MD 20878	Food/EnviroSvcs Mgmt	1,579,374

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 64

Part VIII Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d	132,235			
	e	Government grants (contributions)	1e	9,719,661			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,262,668			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total (Add lines 1a-1f)**		11,114,564			
Program Service Revenue			Business Code				
	2a	Hospital inpatient & outpatient revenue	621,990	181,251,297	181,251,297		
	b	Medicare/Medicaid payments	621,990	101,982,522	101,982,522		
	c	State of Florida special Medicaid payments	621,990	7,303,846	7,303,846		
	d	Retail pharmacy income	621,990	2,307,008	2,307,008		
	e	Children's hospital graduate medical education pay	621,990	2,289,803	2,289,803		
	f	All other program service revenue		7,196,623	7,196,623		
	g	**Total. Add lines 2a-2f** ▶ $ 302,331,099					
	3	Investment income (including dividends, interest other similar amounts)		5,894,055			5,894,055
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents	649,370				
	b	Less rental expenses					
	c	Rental income or (loss)	649,370				
	d	Net rental income or (loss)		649,370			649,370
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	93,116,380	17,807			
	b	Less cost or other basis and sales expenses	99,753,591	193,347			
	c	Gain or (loss)	-6,637,211	-175,540			
	d	Net gain or (loss)		-6,812,751			-6,812,751
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 *Attach Schedule G if total exceeds $15,000*	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events		0			
	9a	Gross income from gaming activities See part IV, line 19 *Complete Schedule G if total exceeds $15,000*	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory		0			
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total. Add lines 11a-11d**		$ 0			
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		313,176,337	302,331,099	0	-269,326

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	5,662,028		5,662,028	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	112,263,479	97,527,493		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	7,425,981	6,391,308	1,034,673	
9	Other employee benefits	14,984,195	12,932,047	2,052,148	
10	Payroll taxes	8,319,576	7,247,737	1,071,839	
11	Fees for services (non-employees)				
a	Management	1,228,393	621,144	607,249	
b	Legal	493,887	46,022	447,865	
c	Accounting	168,280		168,280	
d	Lobbying	156,927		156,927	
e	Professional fundraising *See Part IV, line 17* . .	0			
f	Investment management fees	504,457		504,457	
g	Other	10,340,467	10,271,410	69,057	
12	Advertising and promotion	569,105		569,105	
13	Office expenses	62,439,874	57,555,905	4,883,969	
14	Information technology	3,491,861	1,626,322	1,865,539	
15	Royalties . .	0			
16	Occupancy	7,366,747	5,241,533	2,125,214	
17	Travel	1,369,542	439,676	929,866	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0			
19	Conferences, conventions and meetings	242,540	191,716	50,824	
20	Interest	2,099,147	2,099,147		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	17,798,179	14,573,149	3,225,030	
23	Insurance	6,497,012	6,169,440	327,572	
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Bad debt	8,420,580	8,420,580		
b	Indigent fee assessment	3,650,928	3,650,928		
c	Other services	3,178,068	3,113,917	64,151	
d	Collection services	1,826,553		1,826,553	
e	Dues & subscriptions	681,795	519,283	162,512	
f	All other expenses	1,048,590	457,537	591,053	
25	**Total functional expenses.** Add lines 1 through 24f	282,228,191	239,096,294	43,131,897	0
26	**Joint Costs.** Check ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	3,109,084	1	2,079,724
	2	Savings and temporary cash investments	36,416,054	2	90,565,517
	3	Pledges and grants receivable, net	2,464,869	3	5,016,608
	4	Accounts receivable, net	36,215,496	4	32,741,296
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) *Complete Part II of Schedule L*		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	6,233,469	8	6,267,704
	9	Prepaid expenses and deferred charges	4,393,343	9	4,946,969
	10a	Land, buildings, and equipment cost basis — 10a: 634,741,862			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* — 10b: 181,316,043	328,747,569	10c	453,425,819
	11	Investments—publicly traded securities	172,626,155	11	161,269,896
	12	Investments—other securities See Part IV, line 11 *Complete Part VII of Schedule D*	1,041,098	12	1,006,811
	13	Investments—program-related See Part IV, line 11 *Complete Part VIII of Schedule D*	85,445,063	13	33,853,211
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11 *Complete Part IX of Schedule D*	79,517,047	15	73,436,878
	16	**Total assets.** *Add lines 1 through 15 (must equal line 34)*	756,209,247	16	864,610,433
Liabilities	17	Accounts payable and accrued expenses	64,832,541	17	88,624,398
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	169,416,955	20	226,159,055
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities *Complete Part X of Schedule D*	32,363,806	25	34,218,103
	26	**Total liabilities.** *Add lines 17 through 25*	266,613,302	26	349,001,556
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	464,913,089	27	486,037,117
	28	Temporarily restricted net assets	12,689,727	28	18,986,064
	29	Permanently restricted net assets	11,993,129	29	10,585,696
		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	489,595,945	33	515,608,877
	34	Total liabilities and net assets/fund balances	756,209,247	34	864,610,433

Part XI Financial Statements and Reporting

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

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
All Children's Hospital Inc

Employer identification number
59-0683252

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

h Provide the following information about the organizations the organization supports

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

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

Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add line 1-3						
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 **Public Support** subtract line 5 from line 4						

Total Support

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

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

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

Computation of Public Support Percentage

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

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

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

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

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total** Add lines 1-5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Total of lines 7a and 7b						
8 **Public Support** (Substract line 7c from line 6)						

Total Support

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

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

Computation of Public Support Percentage

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

Computation of Investment Income Percentage

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

19a **33 1/3% Tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

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

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

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

Facts and Circumstances Test

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SCHEDULE C
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2008

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities)
- Section 501(c)(3) organizations complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations complete Part I-A only

If the organization answered "Yes," to Form 990, Part IV, Line 4, or Form 990EZ, Part VI, line 47 (Lobbying Activities)
- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," to Form 990, Part IV, Line 5 (Proxy Tax)
- Section 501(c)(4), (5), or (6) organizations complete Part III

Name of the organization	Employer identification number
All Children's Hospital Inc	59-0683252

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

1	Provide a description of the organization's direct and indirect political campaign activities in Part IV	
2	Political expenditures	$
3	Volunteer hours	

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

1	Enter the amount of any excise tax incurred by the organization under section 4955	$
2	Enter the amount of any excise tax incurred by organization managers under section 4955	$
3	If the organization incurred in a section 4955 tax, did it file Form 4720 for this year?	☐ Yes ☐ No
4a	Was a correction made?	☐ Yes ☐ No
b	If "Yes," describe in Part IV	

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

1	Enter the amount directly expended by the filing organization for section 527 exempt function activities	$
2	Enter the amount of the filing organization's internal funds contributed to other organizations for section 527 exempt funtion activities	$
3	Total of direct and indirect exempt function expenditures Add lines 1 and 2 and enter here and on Form 1120-POL, line 17b	$
4	Did the filing organization file **Form 1120-POL** for this year?	☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period

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

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines c through i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		156,927
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means?		No	
i	Other activities If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			156,927
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes" enter the amount of any tax incurred under section 4912			
c	If "Yes" enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?		No	

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

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

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

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

Part IV **Supplemental Information**

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

Identifier	Return Reference	Explanation
DIRECT CONTACT WITH LEGISLATORS, STAFFS, GOV OFFICIALS OR LEGISLATIVE BODY	PART II-B, LINE 1G	THE REPORTING ORGANIZATION IS AN ADVOCATE FOR CHILD HEALTHCARE ISSUES DIRECTLY TO STATE AND FEDERAL LEGISLATORS AND THROUGH OTHER CHILD HEALTH ADVOCACY GROUPS AS A MEMBER THE REPORTING ORGANIZATION ADVOCATES FOR CHILDREN WHO ARE GENERALLY UNABLE TO DO SO FOR THEMSELVES EFFORTS INCLUDE COVERAGE AND REIMBURSEMENT ISSUES FOR CHILDREN OF INDIGENT FAMILIES, MEDICAL TRAINING ISSUES OF PEDIATRIC MEDICAL STUDENTS, AND OTHER ISSUES SPECIFIC TO SAFETY NET HOSPITALS DURING THE REPORTING PERIOD, $135,840 WAS SPENT ON THESE EFFORTS

Part IV Supplemental Information

Identifier	Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
All Children's Hospital Inc

Employer identification number
59-0683252

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate Contributions to (during year)		
3	Aggregate Grants from (during year)		
4	Aggregate value at end of year		

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $

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

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

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

b Assets included in Form 990, Part X ▶ $

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

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

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

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

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

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

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

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

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

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

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

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

		(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a	Beginning of year balance	11,993,129				
b	Contributions					
c	Investment earnings or losses	-820,272				
d	Grants or scholarships					
e	Other expenditures for facilities and programs	27,919				
f	Administrative expenses					
g	End of year balance	11,144,938				

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		12,286,332		12,286,332
b Buildings		80,169,975	45,684,240	34,485,735
c Leasehold improvements		2,137,973	1,514,704	623,269
d Equipment		184,086,917	134,117,099	49,969,818
e Other		356,060,665		356,060,665
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				453,425,819

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

(a) Description of security or cateory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
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
Assets limited to use for bond	33,853,211	F
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Due from affiliates, net	6,986,275
INTEREST IN NET ASSETS OF FDN	61,796,237
Debt issuance costs	4,654,366
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	73,436,878

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Professional liability	15,965,600
Interest rate swap agreements	17,234,981
Obligation under capital leases	978,572
Other liabilities	38,950
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	34,218,103

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	313,176,337
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	282,228,191
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	30,948,146
4	Net unrealized gains (losses) on investments	4	2,724,349
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-7,659,563
9	Total adjustments (net) Add lines 4 - 8	9	-4,935,214
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	26,012,932

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	308,241,123
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	2,724,349		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-7,659,563		
e	Add lines **2a** through **2d**			2e	-4,935,214
3	Subtract line **2e** from line **1**			3	313,176,337
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	313,176,337

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

1	Total expenses and losses per audited financial statements			1	282,228,191
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	282,228,191
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	282,228,191

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
ENDOWMENT FUNDS	PART V, LINE 4	THE INTENDED USE FOR ALL CHILDREN'S HOSPITAL ENDOWMENT FUNDS ARE SPECIFIC TO PROGRAM NEEDS AS DESIGNATED BY THE DONORS
FIN 48	Sch D, Part X	The Parent and its subsidiaries with the exception of ACHPOB are recognized as organizations exempt from tax as described in Section 501(c)(3) of the Internal Revenue Code of 1986 Income earned in furtherance of their tax-exempt purposes is exempt from federal and state income taxes Income taxes for ACHPOB are not considered material to the System The System recognizes uncertain tax positions when it is more likely than not (i e , greater than 50% likelihood of receiving benefit) and records these benefits at the amount most likely to be realized assuming a review by tax authorities having all relevant information and applying current conventions The System has no uncertain tax positions as of September 30, 2009 or 2008
Other adjustments to change in net assets	Part XI reconciliation of net assets & Part XII reconciliation of revenue	Transfer between affiliates $234,314 Change in interest in net assets of Foundation $235,249 Loss on early extinguishment of debt ($974,482) Change in unrealized losses on interest rate swaps ($7,154,644) ---------- Total Other Adjustments to change in Net Assets $7,659,563 ==========

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
All Children's Hospital Inc

Employer identification number
59-0683252

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

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

7 Charity Care and Certain Other Community Benefits at Cost

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

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

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

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

Section A—Bad Debt Expense

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

Section B—Medicare

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

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C—Collection Practices

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

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

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

Part V Facility Information *(Required for 2008)*

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
All Children's Hospital 801 6th St S St Petersburg, FL 337014816	X		X	X			X		
ALL CHILDREN'S SPECIALTY CARE - TAMPA 12220 BRUCE B DOWNS BLVD TAMPA, FL 336129201									HOSPITAL-BASED PEDIATRIC CLINIC
ALL CHILDREN'S SPECIALTY CARE - SARASOTA 5881 RAND BLVD SARASOTA, FL 342385115									HOSPITAL-BASED PEDIATRIC CLINIC
ALL CHILDREN'S SPECIALTY CARE - FT MYERS 4550 COLONIAL BLVD FT MYERS, FL 339661017									HOSPITAL-BASED PEDIATRIC CLINIC
ALL CHILDREN'S SPECIALTY CARE - LAKELAND 3310 LAKELAND HILLS BLVD LAKELAND, FL 338051974									HOSPITAL-BASED PEDIATRIC CLINIC
ALL CHILDREN'S SPECIALTY CARE - BRANDON 885 S PARSONS AVE BRANDON, FL 335116063									HOSPITAL-BASED PEDIATRIC CLINIC
ALL CHILDREN'S SPECIALTY CARE - CARILLON 900 CARILLON PKWY STE 407 ST PETERSBURG, FL 337161121									HOSPITAL-BASED PEDIATRIC CLINIC
ALL CHILDREN'S SPECIALTY CARE - PASCO 4443 ROWAN RD NEW PORT RICHEY, FL 346536198									HOSPITAL-BASED PEDIATRIC CLINIC
ALL CHILDREN'S SPECIALTY CARE - MANATEE 8340 LAKEWOOD RANCH BLVD STE 160 LAKEWOOD RANCH, FL 342025184									HOSPITAL-BASED PEDIATRIC CLINIC
ALL CHILDREN'S THERAPY CTR OF EAST LAKE 3850 TAMPA RD STE 200 PALM HARBOR, FL 346843670									HOSPITAL-BASED THERAPY CENTER
AC SERTOMA THERAPY CTR OF CITRUS COUNTY 538 N LECANTO HWY STE 538 LECANTO, FL 344618457									HOSPITAL-BASED THERAPY CENTER

Part VI Supplemental Information *(Optional for 2008)*

Complete this part to provide the following information

1 Provide the description required for Part I, line 3c, Part I, line 6a, Part I, line 7g, Part I, line 7, column (f), Part I, line 7, Part III, line 4, Part III, line 8, Part III, line 9b, and Part V See Instructions

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

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

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

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

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

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

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

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
All Children's Hospital Inc

Employer identification number
59-0683252

Part I Questions Regarding Compensation

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

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
Jerry Barbosa MD	(i)	0	0	0	0	0	0	0
	(ii)	350,568	0	22,800	6,084	7,334	386,786	274,690
Gary A Carnes	(i)	1,164,574	0	38,373	26,435	17,874	1,247,256	603,981
	(ii)	0	0	0	0	0	0	0
Arnold T Stenberg Jr	(i)	620,208	0	24,689	26,435	9,355	680,687	361,106
	(ii)	0	0	0	0	0	0	0
Michael Epstein MD	(i)	562,805	0	24,371	26,435	11,028	624,639	343,889
	(ii)	0	0	0	0	0	0	0
Jean Francis	(i)	451,428	0	36,632	26,435	5,355	519,850	298,540
	(ii)	0	0	0	0	0	0	0
Robert Horton	(i)	441,617	0	40,922	26,435	17,154	526,128	225,829
	(ii)	0	0	0	0	0	0	0
Sharon Kimball	(i)	226,327	0	49,738	25,770	8,057	309,892	0
	(ii)	0	0	0	0	0	0	0
Timothy Strouse	(i)	221,555	18,000	27,409	26,432	12,228	305,624	192,844
	(ii)	0	0	0	0	0	0	0
Calvin Popovich	(i)	233,713	0	28,752	26,435	13,068	301,968	205,807
	(ii)	0	0	0	0	0	0	0
John Harding III	(i)	211,470	0	14,849	25,809	20,674	272,802	0
	(ii)	0	0	0	0	0	0	0
Jack Hutto MD	(i)	64,039	0	107,475	19,331	6,714	197,559	0
	(ii)	0	0	0	0	0	0	0
Hossein Izadi	(i)	142,435	0	28,899	17,034	16,674	205,042	0
	(ii)	0	0	0	0	0	0	0
Evelyn Bothwell	(i)	133,099	0	25,621	15,939	0	174,659	0
	(ii)	0	0	0	0	0	0	0
Dipti Amin MD	(i)	145,372	0	13,269	16,380	18,674	193,695	0
	(ii)	0	0	0	0	0	0	0
Seyed Kazerounian	(i)	132,199	0	21,242	16,651	18,474	188,566	0
	(ii)	0	0	0	0	0	0	0
	(ii)							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
ORGANIZATION PROVIDED BENEFITS	FORM 990, SCHEDULE J, PART I, QUESTION 1A	THE REPORTING ORGANIZATION'S TRAVEL AND BUSINESS EXPENSE REIMBURSEMENT POLICY DOES NOT ALLOW FOR FIRST CLASS, CHARTER TRAVEL OR TRAVEL FOR COMPANIONS ADDITIONALLY, THERE ARE NO DISCRETIONARY SPENDING ACCOUNTS, PAYMENTS FOR BUSINESS USAGE OF A PERSONAL RESIDENCE, OR PAYMENTS OR REIMBURSEMENTS OF HEALTH CLUB DUES, SOCIAL CLUB DUES OR PERSONAL SERVICES THE NON-SUBSTANTIATED PORTION OF MONTHLY AUTOMOBILE ALLOWANCES ARE GROSSED UP FOR FICA TAXES ONLY HOUSING ALLOWANCES ARE PROVIDED ONLY IN LIMITED CIRCUMSTANCES AND FOR FINITE PERIODS OF TIME AS PART OF SOME EMPLOYEE RELOCATION AGREEMENTS
Supplemental Compensation Information	FORM 990, SCHEDULE J, PART I, QUESTION 3	SEE SCHEDULE O DISCLOSURE FOR FORM 990, PART VI, LINES 15(A) &(B) REGARDING THE PROCESS USED BY ALL CHILDREN'S HOSPITAL SYSTEM, INC TO DETERMINE EXECUTIVE COMPENSATION WHICH IS RELIED UPON BY ALL CHILDREN'S HOSPITAL
PAYMENT OF NON-FIXED PAYMENTS NOT DESCRIBED PREVIOUSLY	SCHEDULE J, PART I, QUESTION 7	TIMOTHY STROUSE WAS PAID A BONUS OF $18,000, RELATED TO PERFORMANCE TARGETS FOR THE MAJOR CONSTRUCTION PROJECTS OF THE HOSPITAL, THAT INCLUDED THE REPLACEMENT HOSPITAL, OUTPATIENT CARE CENTER, CENTRAL ENERGY PLANT AND PARKING GARAGE THE TOTAL COST OF THESE PROJECTS EXCEEDED $402 MILLION AND MR STROUSE'S BONUS PAYMENT WAS APPROVED BY THE PARENT BOARD

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 59-0683252
Name: All Children's Hospital Inc

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				
Jerry Barbosa MD	(I)	0	0	0	0	0	0	0
	(II)	350,568	0	22,800	6,084	7,334	386,786	274,690
Gary A Carnes	(I)	1,164,574	0	38,373	26,435	17,874	1,247,256	603,981
	(II)	0	0	0	0	0	0	0
Arnold T Stenberg Jr	(I)	620,208	0	24,689	26,435	9,355	680,687	361,106
	(II)	0	0	0	0	0	0	0
Michael Epstein MD	(I)	562,805	0	24,371	26,435	11,028	624,639	343,889
	(II)	0	0	0	0	0	0	0
Jean Francis	(I)	451,428	0	36,632	26,435	5,355	519,850	298,540
	(II)	0	0	0	0	0	0	0
Robert Horton	(I)	441,617	0	40,922	26,435	17,154	526,128	225,829
	(II)	0	0	0	0	0	0	0
Sharon Kimball	(I)	226,327	0	49,738	25,770	8,057	309,892	0
	(II)	0	0	0	0	0	0	0
Timothy Strouse	(I)	221,555	18,000	27,409	26,432	12,228	305,624	192,844
	(II)	0	0	0	0	0	0	0
Calvin Popovich	(I)	233,713	0	28,752	26,435	13,068	301,968	205,807
	(II)	0	0	0	0	0	0	0
John Harding III	(I)	211,470	0	14,849	25,809	20,674	272,802	0
	(II)	0	0	0	0	0	0	0
Jack Hutto MD	(I)	64,039	0	107,475	19,331	6,714	197,559	0
	(II)	0	0	0	0	0	0	0
Hossein Izadi	(I)	142,435	0	28,899	17,034	16,674	205,042	0
	(II)	0	0	0	0	0	0	0
Evelyn Bothwell	(I)	133,099	0	25,621	15,939	0	174,659	0
	(II)	0	0	0	0	0	0	0
Dipti Amin MD	(I)	145,372	0	13,269	16,380	18,674	193,695	0
	(II)	0	0	0	0	0	0	0
Seyed Kazerounian	(I)	132,199	0	21,242	16,651	18,474	188,566	0
	(II)	0	0	0	0	0	0	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
All Children's Hospital Inc

Employer identification number
59-0683252

Part I Bond Issues *(Required for 2008)*

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	CITY OF ST PETERSBURG HEALTH FACILITIES AUTHORITY	59-6000424	793309JK2	04-23-2009	62,609,540	SEE SCHEDULE O		X		X
B	CITY OF ST PETERSBURG HEALTH FACILITIES AUTHORITY	59-6000424	793309HR9	10-01-2007	30,625,000	SEE SCHEDULE O		X		X
C	CITY OF ST PETERSBURG HEALTH FACILITIES AUTHORITY	59-6000424	793309HU2	04-20-2005	140,000,000	SEE SCHEDULE O		X		X

Part II Proceeds *(Optional for 2008)*

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

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

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

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

Part III Private Business Use *(Continued)*

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

Part IV Arbitrage *(Optional for 2008)*

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

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
All Children's Hospital Inc

Employer identification number
59-0683252

Identifier	Return Reference	Explanation
COMMON PAYMASTER	FORM 990, PART V, QUESTION 2A	ALL COMPENSATION OF ALL CHILDREN'S HOSPITAL EMPLOYEES IS PAID THROUGH ALL CHILDREN'S HEALTH SYSTEM, INC USING ITS FEDERAL TAX ID NUMBER THIS IS KNOWN AS A COMMON PAYMASTER ARRANGEMENT EMPLOYEES OF ALL CHILDREN'S HEALTH SYSTEM AND ITS OTHER SUBSIDIARIES ARE ALSO PAID THROUGH THE SAME ARRANGEMENT

Identifier	Return Reference	Explanation
Description of Relationships	form 990, part vi, line 2	Brent Sembler and Craig Sher, both trustees of All Children's Hospital, are officers of the Sembler Company and have a business relationship

Identifier	Return Reference	Explanation
organization members or stockholders	form 990, part vi, line 6	All Childrens Health System, Inc is classified as the sole member of All Childrens Hospital, Inc members may elect one or more members of the governing body form 990, part vi, line 7a At the annual meeting of the Member, the Member elects the Board of Trustees of All Childrens Hospital, Inc At any Board meeting of the Member throughout the year, as vacancies arise, the Member may elect individuals to fill the then-existing vacancies on the Board

Identifier	Return Reference	Explanation
member approval of governing body decisions	form 990, part vi, line 7b	As the sole Member, All Children's Health System, Inc has the right to approve or ratify decisions of All Children's Hospital, Inc , with respect to the following 1 The adoption of any strategic plan developed for the corporation, 2 Approval of the annual operating budget, 3 Approval of the capital budget, 4 Major financing, refinancing and debt prepayments, 5 Real estate acquisitions and sales, 6 Transfer of any assets to other entities or individuals, 7 Any transaction which can reasonably be expected to have a material impact on the financial position or operations of the corporation, 8 Any voluntary dissolution, merger or consolidation of the corporation or the sale or transfer of all or substantially all of the corporation's assets, or the creation or acquisition of any subsidiary or affiliate corporation of the corporation or of any auxiliary organization, 9 Addition and deletion of services, and 10 Approval of any Certificate of Need applications In addition, any elected or appointed trustee of All Children's Hospital, Inc Board of Trustees may be removed, with or without cause, at a meeting of the Member (All Children's Health System) called expressly for that purpose

Identifier	Return Reference	Explanation
COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNING BODY	FORM 990, PART VI, QUESTION 8B	ALL CHILDREN'S HOSPITAL BYLAWS ALLOW FOR FINANCE, EXECUTIVE, NOMINATING AND SEVERAL OTHER COMMITTEES FOR COMMITTEES THAT EXIST AT THE HEALTH SYSTEM LEVEL, ALL CHILDREN'S HOSPITAL RELIES ON THESE COMMITTEES RATHER THAN HAVING A SEPARATE COMMITTEE THE PRIMARY COMMITTEES OF ALL CHILDREN'S HEALTH SYSTEM ARE COMPENSATION, AUDIT, INVESTMENT, CORPORATE COMPLIANCE AND PLAN OF FINANCE ALL COMMITTEES DOCUMENT ITS MEETINGS AND ACTIONS

Identifier	Return Reference	Explanation
Process for 990 Review	form 990, part vi, question 10	The Chief Financial Officer presents an overview of the Form 990 preparation process and selected information from the returns to the Audit Committee of the Board of Directors of All Children's Health System, Inc (the parent) The members of this committee have an opportunity to review the returns and ask questions The Chairman of the Audit Committee, in turn makes a formal report to the full Board at its next regularly scheduled meeting

Identifier	Return Reference	Explanation
conflict of interest monitoring process	form 990, part vi, question 12c	All Children's Hospital, Inc has an annual conflict of interest disclosure process that has been formally documented in policy The process is facilitated by the Compliance Officer with oversight from the All Children's Health System (Parent) Board's Compliance Committee Disclosures are requested from key employees, key contractors, board members and officers, and designated medical staff All disclosures are reviewed by the Compliance Officer Selected disclosures are reviewed by the President/Chief Executive Officer A formal report is made annually to the Compliance Committee where conflict management is addressed for employees, contractors, and physicians Board member disclosures are reviewed by the respective board presidents for conflict management Board members are required to declare any potential conflicts prior to conducting business at each meeting

Identifier	Return Reference	Explanation
Offices & positions for which process was used, & year process was begun	form 990, part vi, question 15a & 15b	The All Children's Health System Board of Directors (the "Parent") has a Compensation Committee that is responsible for the annual review of executive compensation The Committee has developed a formal compensation and benefit philosophy document with the assistance of a national independent consulting firm The Committee engages an independent consulting firm each year to conduct market surveys for all of the management team members The Committee reports it's findings and recommendations to the full Health System Board for final approval

Identifier	Return Reference	Explanation
AVAILABILITY OF GOVERNING DOCS, FIN STATEMENTS	FORM 990, PART VI, LINE 19	All Children's Hospital, Inc does not make its governing documents or conflict of interest policy available to the public Financial statements are available to the public through www dacbond com

Identifier	Return Reference	Explanation
ALLOCATION OF BOARD & EMPLOYEE HOURS AMONG SYSTEM MEMBERS	FORM 990, PART VII, COLUMN (A)	THE OFFICERS LISTED IN PART VII WORK AN AVERAGE OF 50 HOURS PER WEEK FOR THE REPORTING ORGANIZATION AND OTHER RELATED ORGANIZATIONS LISTED IN SCHEDULE R

Identifier	Return Reference	Explanation
TAX-EXEMPT BOND ISSUES	SCH K	THE SERIES 2009A BONDS ISSUED ON 04/23/2009 REFUNDED THE SERIES 2007A BONDS IN THE AMOUNT OF $61,575,000 AND PAID COSTS OF ISSUANCE THE SERIES 2007A BONDS ISSUED 10/01/2007 FUNDED THE CONSTRUCTION OF A NEW HOSPITAL FACILITY THE SERIES 2007B BONDS ISSUED 10/01/20070 REFUNDED THE SERIES 2005C BONDS THAT WERE ORIGINALLY ISSUED ON 04/20/2005 THE SERIES 2005C BONDS FUNDED THE CONSTRUCTION OF A NEW HOSPITAL FACILITY THE SERIES 2005A AND 2005B BONDS ISSUED ON 04/20/2005 FUNDED THE CONSTRUCTION OF A NEW HOSPITAL FACILITY

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
All Children's Hospital Inc

Employer identification number
59-0683252

Part I Identification of Disregarded Entities

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

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
Surgikid of Florida Inc 12220 Bruce B Downs Blvd Tampa, FL336129201 59-3441883	medical svcs	FL	501(c)(3)	9	na
All Children's Health System Inc 500 7th Avenue South FL 6 Saint Petersburg, FL337014820 59-2481740	mgmt services	FL	501(c)(3)	11C	NA
All Children's Hospital Foundation Inc 500 7th Avenue South FL 6 Saint Petersburg, FL337014820 59-2481738	foundation	FL	501(c)(3)	7	na
West Coast Neonatology Inc 601 5th Street South Floor 5 Saint Petersburg, FL337014804 59-3398308	neonatal care	FL	501(c)(3)	9	na
All Children's Research Institute Inc 550 9th Avenue South FL 1 Saint Petersburg, FL337015210 59-2481742	research	FL	501(c)(3)	4	na
Kids Home Care Inc 550 9th Avenue South FL 1 Saint Petersburg, FL337015210 59-3476049	home health	FL	501(c)(3)	9	na
Pediatric Physician Services Inc 601 5th Street South Floor 5 Saint Petersburg, FL337014804 59-3425191	pediatrics	FL	501(c)(3)	9	na

Part III Identification of Related Organizations Taxable as a Partnership

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

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

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
ACHPOB Inc 501 6th Avenue South Saint Petersburg, FL337014634 59-2924779	MED OFC BLDG MGMT	FL	na	C Corp	312,245	5,721,560	100 %

Part V Transactions with Related Organizations

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

		Yes	No
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	**1a**		**No**
b	Gift, grant, or capital contribution to other organization(s)	**1b**	**Yes**	
c	Gift, grant, or capital contribution from other organization(s)	**1c**	**Yes**	
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**	**Yes**	
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**	**Yes**	
m	Sharing of facilities, equipment, mailing lists, or other assets	**1m**		**No**
n	Sharing of paid employees	**1n**		**No**
o	Reimbursement paid to other organization for expenses	**1o**		**No**
p	Reimbursement paid by other organization for expenses	**1p**		**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**	**Yes**	

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

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

Part VI Unrelated Organizations Taxable as a Partnership

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

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

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 59-0683252
Name: All Children's Hospital Inc

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
Surgikid of Florida Inc 12220 Bruce B Downs Blvd Tampa, FL336129201 59-3441883	medical svcs	FL	501(c)(3)	9	na
All Children's Health System Inc 500 7th Avenue South FL 6 Saint Petersburg, FL337014820 59-2481740	mgmt services	FL	501(c)(3)	11C	NA
All Children's Hospital Foundation Inc 500 7th Avenue South FL 6 Saint Petersburg, FL337014820 59-2481738	foundation	FL	501(c)(3)	7	na
West Coast Neonatology Inc 601 5th Street South Floor 5 Saint Petersburg, FL337014804 59-3398308	neonatal care	FL	501(c)(3)	9	na
All Children's Research Institute Inc 550 9th Avenue South FL 1 Saint Petersburg, FL337015210 59-2481742	research	FL	501(c)(3)	4	na
Kids Home Care Inc 550 9th Avenue South FL 1 Saint Petersburg, FL337015210 59-3476049	home health	FL	501(c)(3)	9	na
Pediatric Physician Services Inc 601 5th Street South Floor 5 Saint Petersburg, FL337014804 59-3425191	pediatrics	FL	501(c)(3)	9	na

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

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved ($)
(1)	Kids Home Care Inc	J	66,077
(2)	All Children's Hospital Foundation Inc	J	93,449
(3)	All Children's Hospital Foundation Inc	J	162,000
(4)	All Children's Hospital Foundation Inc	J	119,930
(5)	West Coast Neonatology Inc	I	218,960
(6)	Pediatric Physician Services Inc	I	413,506
(7)	Pediatric Physician Services Inc	I	83,333
(8)	All Children's Hospital Foundation Inc	c	15,000,000
(9)	All Children's Hospital Foundation Inc	c	55,210
(10)	All Children's Hospital Foundation Inc	R	58,174
(11)	All Children's Hospital Foundation Inc	c	83,195

Additional Data

Software ID:
Software Version:
EIN: 59-0683252
Name: All Children's Hospital Inc

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Van Sayler , Chairman, Board of Trustees	30	X		X				0	0	0
Joseph Fleece , Vice Chm, Board of Directors	30	X		X				0	0	0
Mark Lettelleir , Treasurer, Board of Trustees	30	X		X				0	0	0
Kenneth Coppedge , Secretary, Board of Trustees	30	X		X				0	0	0
Jerry Barbosa MD , Trustee	10	X						0	373,368	13,418
Kimberly Berfield , Trustee	10	X						0	0	0
Michael Cannova , Trustee	10	X						0	0	0
Steve Freedman PhD , Trustee	10	X						0	0	0
Edward Kuehnle , Trustee	10	X						0	0	0
Mark Mondello , Trustee	10	X						0	0	0
John Ransom , Trustee	10	X						0	0	0
Brent Sembler , Trustee	10	X						0	0	0
Craig Sher , Trustee	10	X						0	0	0
George Van Buren MD , Trustee	10	X						0	0	0
Gary A Carnes , President/CEO	150	X		X				1,202,947	0	44,309
Stephanie Goforth , Trustee	10	X						0	0	0
William H Horner , Trustee	10	X						0	0	0
Robert M Nelson Jr MD , Trustee	10	X						0	0	0
Sharon Perlman MD , Trustee	10	X						0	0	0
Wendy Wood , Trustee	10	X						0	0	0
Arnold T Stenberg Jr , Exec VP/Chief Admin Officer	400			X				644,897	0	35,790
Helene Marra , Assistant Secretary	10			X				0	56,747	14,788
Michael Epstein MD , Senior VP/Medical Affairs	330				X			587,176	0	37,463
Jean Francis , Senior VP/Operations	580				X			488,060	0	31,790
Robert Horton , Senior VP/Strategic Bus Svcs	100				X			482,539	0	43,589
Timothy Strouse , VP/Facilities and Plant Ops	300				X			266,964	0	38,660
Calvin Popovich , VP/Information Technology	400				X			262,465	0	39,503
John Harding III , VP/Ambulatory & Diagnostic Svc	520				X			226,319	0	46,483
Hossein Izadi , Registered Pharmacist	530					X		171,334	0	33,708
Evelyn Bothwell , Registered Nurse	590					X		158,720	0	15,939

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Dipti Amin MD , Medical Informatics Director	48 0					X		158,641	0	35,054
Seyed Kazerounian , Registered Pharmacist	53 0					X		153,441	0	35,125
Sharon Kimball , VP/Chief Nursing Officer	50 0						X	276,065	0	33,827
Jack Hutto MD , VP/Quality Imprv & Outcomes	40 0						X	171,514	0	26,045

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

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a Hospital inpatient & outpatient revenue	621,990	181,251,297	181,251,297		
b Medicare/Medicaid payments	621,990	101,982,522	101,982,522		
c State of Florida special Medicaid payments	621,990	7,303,846	7,303,846		
d Retail pharmacy income	621,990	2,307,008	2,307,008		
e Children's hospital graduate medical education pay	621,990	2,289,803	2,289,803		

Form 990, Part III, Line 1 - Briefly describe the organization's mission:

This organization's mission is to provide leadership in child health through treatment, education, advocacy and research. The organization (1) delivers quality inpatient and outpatient hospital and healthcare services with compassion and commitment to family-centered care, (2) provides educational programs for the organization's patients, families, employees, and healthcare professionals, (3) provides leadership in promoting the well-being of children and (4) develops, supports and participates in clinical, basic, and translational research.