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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

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

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

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

C Name of organization
All Children's Hospital Foundation

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
501 Sixth Avenue South Finance 90

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

D Employer identification number
59-2481738

E Telephone number
(727) 767-4401

G Gross receipts $ 69,904,736

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 ☑ No

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

H(c) Group exemption number ▶

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

J Website: ▶ www allkids org

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

L Year of formation 1984

M State of legal domicile FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities
To support the mission of All Children's Hospital, Inc through philanthropic and volunteer support by working with individual donors, charitable foundations and corporations

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	23
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5	Total number of employees (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	10
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	

		Prior Year	Current Year
Revenue 8	Contributions and grants (Part VIII, line 1h)	11,244,954	7,294,684
9	Program service revenue (Part VIII, line 2g)	429,789	429,387
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	8,738,032	-997,831
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	221,079	-704,602
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	20,633,854	6,021,638
Expenses 13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	16,767,612	16,924,303
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)	1,549,722	1,162,476
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	17,309
b	Total fundraising expenses (Part IX, column (D), line 25) ▶2,820,613		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	2,902,086	2,641,687
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	21,219,420	20,745,775
19	Revenue less expenses Subtract line 18 from line 12	-585,566	-14,724,137
Net Assets or Fund Balances		**Beginning of Year**	**End of Year**
20	Total assets (Part X, line 16)	147,969,326	136,018,340
21	Total liabilities (Part X, line 26)	511,827	1,635,685
22	Net assets or fund balances Subtract line 21 from line 20	147,457,499	134,382,655

Part II Signature Block

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

Sign Here

▶ Signature of officer — Date: 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 identifying number (see instructions)
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 instructions.)

1 Briefly describe the organization's mission

All Children's Hospital Foundation, Inc supports the mission of All Children's Hospital, Inc , All Children's Health System, Inc , All Children's Research Institute, Inc and other 501(c)(3) organizations through philantropic and volunteer support All Children's Hospital Foundation works with individual donors, charitable foundations and corporations to enhance medical services and programs for its pediatric patient population

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

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

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

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 445,721 including grants of $ 1,924,303) (Revenue $ 445,924)

All Children's Hospital Foundation, Inc is a member of the controlling entity All Children's Health System, Inc which supports and coordinates all the activities of the following entities All Children's Hospital, Inc All Children's Research Institute, Inc West Coast Neonatology, Inc Pediatric Physician Services, Inc Kids Home Care, Inc Surgikid of Florida, Inc All Children's Hospital Foundation encompasses fundraising and friend raising activities to solicit community philanthropic support for programs and capital needs of the All Children's Health System Fundraising programs are focused in three core areas planned, annual, and major giving In addition, during this expansion period of All Children's Hospital, the Foundation is engaged in a capital campaign Planned gifts are future gifts that are made through many estate-planning vehicles, such as wills, charitable or living trusts, life insurance policies, charitable gift annuities, a life estate, and/or pooled income fund Dependent upon the vehicle used, these future gifts are not often recorded or realized by the Foundation until a future time Donors who have notified the Foundation of a future gift are recognized as Dream Builders with the Foundation recognition program Each Dream Builder completes a planned gift commitment form for recordkeeping The planned gifts staff works with over 2,000 estate planning professionals throughout the greater Tampa Bay community This group of professionals includes trust officers, attorneys, certified financial advisors, life insurance professionals, certified public accountants, brokers and other advisors Annually, the Foundation conducts a large estate and tax planning seminar and several mini-seminars for these professionals to provide continuing education credits, networking opportunities, and further the awareness of All Children's Hospital The annual giving program engages constituents who give on an annual basis With the exception of the Telethon corporate donors, these contributions are generally up to $10,000 a year This program consists of the following fundraising and friend raising programs All Children's Hospital is a member of Children's Miracle Network (CMN), representing over 174 children's hospitals across North America, the ACH Telethon began 26 years ago and is a major community awareness and cause-related marketing/fundraiser for the Foundation Held the weekend after Memorial Day of each year, the ACH Telethon is a 22-hour live broadcast from the Hospital campus on Tampa's WFLA News Channel 8 and a five-hour pre-taped broadcast on WXCX WB 6 in Ft Myers/Naples In addition to the live broadcast with phone banks to accept pledges, three additional events are held during the weekend in support of the Telethon They are A Taste of Pinellas, which is a music and food festival open to the public in downtown St Petersburg, an invitation-only VIP Auction to engage major donors, physicians, trustees, and community leaders, and a patient reunion for former patients and their families from hospital programs such as Oncology, Neonatal Care, Rehabilitative Services, Cardiology, etc The ACH Telethon is consistently among the most successful telethons of CMN The Foundation also conducts US 103 5 FM Cares for Kids Radiothon broadcast during the Tampa Bay Buccaneers' bye-week in association with CMN Tribute and Giving Clubs the Foundation has an active tribute giving program where constituents give small contributions in memory or honor of someone special These include a birthday giving club, mother's day program, and a legacy program Direct Mail and periodic solicitations are mailed to supporters and prospective donors to generate unrestricted gifts to the Foundation This includes pre-Telethon mailings, and the All Children's publications, Tender Loving Care and Miracle Builders The Foundation receives numerous in-kind gifts throughout the year, primarily for the Child Life program and the Neonatal Intensive Care Unit These gifts are often in the form of toys, games, and books for Child Life and knitted booties, caps, and blankets for the newborn infants Since 1987 employees of All Children's Health System have made annual pledges to support the mission of All Children's Hospital Through the employees' generosity, they gave given over $2 million to All Children's and recently finished $1 million commitment to the new replacement hospital scheduled to open January 2010

4b (Code) (Expenses $ 15,000,000 including grants of $ 15,000,000) (Revenue $)

Major gifts are contributions from individuals, corporations, family and community foundation that are $10,000 or more These gifts may be unrestricted or restricted to support a specific program or need by the hospital Currently, the Foundation is a member of the Woodmark Group, an association of the top 23 children's hospitals across North America, and all non-corporate major donors are recognized amongst their peers through this organization via the Children's Circle of Care In support of the new hospital construction project, the major gifts staff are in the midst of a $75 million comprehensive capital campaign with the specific task of raising $40 million in new philanthropic support Donors making major gifts to "Building Miracles, The Campaign for All Children" are helping to grow and expand the services of All Children's through the new hospital and outpatient care center Many activities are held by the Major Gifts team to generate support for these gifts including one-on-one appointments, small awareness events at donors' homes, hospital tours, community rounds (a white coat shadowing program), and group presentations These activities are supported through a base of volunteers comprised of All Children's trustees/directors and other campaign donors

4c (Code) (Expenses $ 1,924,303 including grants of $ 0) (Revenue $ 29,015)

Many activities are held by the Major Gifts team to generate support for these gifts including one-on-one appointments, small awareness events at donors' homes, hospital tours, community rounds (a white coat shadowing program), and group presentations These activities are supported through a base of volunteers comprised of All Children's trustees/directors and other campaign donors The Foundation has four volunteer groups with whom it works to engage support and further the fundraising and friend raising support throughout the Greater Tampa Bay Community The All Children's Hospital Foundation Development Council The Council is an ad-hoc group of volunteers whose sole purpose is to raise friends and funds for All Children's With a membership of 150+ professional men and women, primarily from St Petersburg, Clearwater and Tampa, the group holds periodic membership meetings for education, networking, and membership recruitment, cooks dinner for hospital families at the Ronald McDonald House, assists with advocacy needs as directed by the hospital, supports community education events as day of volunteers, and holds three premier fundraising events on an annual basis the VIP Auction during Telethon weekend and a Pro-Am Charity Tennis Tournament in the fall An Executive Committee governs the Council and the President of the Council serves as an ex-officio member of the Foundation Board of Trustees The All Children's Hospital Guild is a separate 501(c)3 that raises charitable support for All Children's Hospital Foundation Supported by 2 staff members of the Foundation, this group of 800+ women and men and has 8 branches throughout the Tampa Bay Community Each branch has its own fundraising programs and is governed by officers within each branch Each branch then has representation on the Guild Council, which is the overall governing board of the Guild The Chairperson of the Guild serves as an ex-officio member of the All Children's Hospital and Foundation Boards of Trustees The Planned Gift Advisory Council (PGAC) is the group of 2,000+ estate planning professionals This is a loosely formed group who are invited to participate in seminars and lunch and learn programs throughout the year, but also receive weekly and periodically communications from the Foundation There is no governing entity for the PGAC TYPES OF GIFTS The most common forms of gifts accepted by the All Children's Hospital Foundation are cash, appreciated assets and real estate (personal or commercial property) Other accepted forms of gifts include gifts-in-kind, commercial annuities, life insurance policies, personal property, and income from charitable trusts Gifts may be made outright, pledged over a period of time or deferred, i e planned gifts Gifts may be unrestricted, which will be used under the direction of the Foundation Board of Trustees, or restricted for a specific use, such as programs, research, education, or capital expenditures

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

4e **Total program service expenses** ▶ $ 17,370,024 *(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		No
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 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	Yes	
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26	Yes	
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		No

Part IV Checklist of Required Schedules *(Continued)*

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

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	23		
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 on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)	2b		Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a			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 question 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 more than $75?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g			
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 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 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, process, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body . .	1a 23		
b	Enter the number of voting members that are independent . .	1b 21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . .	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6	Yes	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	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		No
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 (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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), 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- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		☒ Individual Trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Timothy R Barber Chair, Board of Trustees	3 0	X		X				0	0	0
Stephanie Goforth Vice Chair, Board of Trustees	3 0	X		X				0	0	0
Michael Barody Treasurer, Board of Trustees	3 0	X		X				0	0	0
Darlene Grayson Secretary, Board of Trustees	3 0	X		X				0	0	0
Harriet E Dyer Trustee	1 0	X						0	0	0
Millard Gamble Trustee	1 0	X						0	0	0
Michael Geldart Trustee	1 0	X						0	0	0
Kris Grant Trustee	1 0	X						0	0	0
Bobby Gross Trustee	1 0	X						0	0	0
Troy W Holland Trustee	1 0	X						0	0	0
Marc Jacobson Trustee	1 0	X						0	0	0
Ron Koepsel Trustee	1 0	X						0	0	0
Mark LaPrade Trustee	1 0	X						0	0	0
Carole Merritt Trustee	1 0	X						0	0	0
Dan Prasatthong Trustee	1 0	X						0	0	0
Tim Ramsberger Trustee	1 0	X						0	0	0
Roberto Sosa MD Trustee	1 0	X						0	483,036	39,800

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply) ☒ Individual trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Nancy Swart Trustee	1 0	X						0	0	0
Gary A Carnes President/CEO	7 0	X		X				0	1,202,947	44,309
Joseph W Fleece III Trustee	1 0	X						0	0	0
Martha Little Trustee	1 0	X						0	0	0
Robert M Nelson Jr MD Trustee	1 0	X						0	0	0
Wendy Wood Trustee	1 0	X						0	0	0
Arnold T Stenberg Jr Exec VP/Chief Admin Officer	4 0			X				0	644,897	35,790
Thomas Mundell Exec VP - 8/1/10 to Present	60 0			X				0	0	0
Joel Momberg Fdn Exec VP 10/1/08 - 2/1/09	60 0						X	374,789	0	37,463
1b Total ▶								374,789	2,330,880	157,362

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

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

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	3,657,458			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	3,637,226			
	g	Noncash contributions included in lines 1a-1f $ 112,758					
	h	**Total.** Add lines 1a-1f		7,294,684			
			Business Code				
Program Service Revenue	2a	Rental income or (loss)	532,000	429,387	429,387		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		429,387			
	3	Investment income (including dividends, interest and other similar amounts)		3,193,893			3,193,893
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents	61,531				
	b	Less rental expenses	5,772				
	c	Rental income or (loss)	55,759				
	d	Net rental income or (loss)		55,759			55,759
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	58,807,553				
	b	Less cost or other basis and sales expenses	62,999,277				
	c	Gain or (loss)	-4,191,724				
	d	Net gain or (loss)		-4,191,724			-4,191,724
Other Revenue	8a	Gross income from fundraising events (not including $ 3,657,458 of contributions reported on line 1c) See Part IV, line 18	a 72,136				
	b	Less direct expenses	b 878,049				
	c	Net income or (loss) from fundraising events		-805,913			-805,913
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities		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	TELETHON/E-STORE SALES	454,110	16,447	16,447		
	b	MISCELLANEOUS REVENUE	900,099	29,105	29,105		
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		45,552			
	12	**Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		6,021,638	474,939	0	-1,747,985

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	16,924,303	16,924,303		
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	0			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7	Other salaries and wages	1,036,198		104,591	931,607
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	38,330		3,298	35,032
9	Other employee benefits	21,307		19,906	1,401
10	Payroll taxes	66,641		6,277	60,364
11	Fees for services (non-employees)				
a	Management	607,445		6,515	600,930
b	Legal	7,509		7,509	
c	Accounting	20,000		20,000	
d	Lobbying	0			
e	Professional fundraising *See Part IV, line 17*	17,309			17,309
f	Investment management fees	0			
g	Other	107,060		16,059	91,001
12	Advertising and promotion	0			
13	Office expenses	325,478		97,999	227,479
14	Information technology	28,489		4,273	24,216
15	Royalties	0			
16	Occupancy	62,187		9,328	52,859
17	Travel	32,529		2,688	29,841
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	415		62	353
20	Interest	69,518			69,518
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	445,721	445,721		
23	Insurance	18,608			18,608
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	Cultivation, recognition, and	200,213		2,252	197,961
b	Bad debt	383,288			383,288
c	Allocated expense	249,552		249,552	
d	Other communication costs	73,025			73,025
e	All other expenses	10,650		4,829	5,821
f	All other expenses				
25	**Total functional expenses.** Add lines 1 through 24f	20,745,775	17,370,024	555,138	2,820,613
26	**Joint Costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing	68,667	1	48,734
	2	Savings and temporary cash investments	3,042,992	2	8,445,039
	3	Pledges and grants receivable, net	3,249,318	3	1,701,977
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties *Complete Part II of Schedule L*	0	5	3,500
	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		8	
	9	Prepaid expenses and deferred charges	247,002	9	226,308
	10a	Land, buildings, and equipment cost basis — 10a: 28,082,126			
	b	Less accumulated depreciation *Complete Part VI of Schedule D* — 10b: 5,749,054	22,220,597	10c	22,333,072
	11	Investments—publicly traded securities	110,000,026	11	97,263,270
	12	Investments—other securities See Part IV, line 11	4,254,635	12	1,567,601
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	4,886,089	15	4,428,839
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	147,969,326	16	136,018,340
Liabilities	17	Accounts payable and accrued expenses	163,456	17	99,040
	18	Grants payable		18	
	19	Deferred revenue	348,371	19	293,023
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability *Complete Part IV of Schedule D*		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities Complete Part X of Schedule D	0	25	1,243,622
	26	**Total liabilities.** Add lines 17 through 25	511,827	26	1,635,685
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	67,518,923	27	53,959,077
	28	Temporarily restricted net assets	62,785,927	28	64,914,396
	29	Permanently restricted net assets	17,152,649	29	15,509,182
		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	147,457,499	33	134,382,655
	34	Total liabilities and net assets/fund balances	147,969,326	34	136,018,340

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 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		No
b	If "Yes," did the organization undergo the required audit or audits?		3b		

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
All Children's Hospital Foundation

Employer identification number
59-2481738

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 ")	15,802,461	14,685,273	8,427,232	11,244,954	7,294,684	57,454,604
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	15,802,461	14,685,273	8,427,232	11,244,954	7,294,684	57,454,604
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)						5,491,127
6 **Public Support** subtract line 5 from line 4						51,963,477

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	15,802,461	3,253,723	8,427,232	11,244,954	7,294,684	57,454,604
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,267,981	3,253,723	3,573,558	3,339,690	3,255,424	15,690,376
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)						73,144,980

12	Gross receipts from related activities, etc (See instructions)	12	3,464,181

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	**71.042 %**
15	Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	**61.88 %**

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

Additional Data

Software ID:
Software Version:
EIN: 59-2481738
Name: All Children's Hospital Foundation

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

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Cultivation, recognition, and	200,213		2,252	197,961
Bad debt	383,288			383,288
Allocated expense	249,552		249,552	
Other communication costs	73,025			73,025
All other expenses	10,650		4,829	5,821

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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 Foundation

Employer identification number
59-2481738

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	18,097,700				
b	Contributions	14,309				
c	Investment earnings or losses	-803,813				
d	Grants or scholarships					
e	Other expenditures for facilities and programs	73,650				
f	Administrative expenses					
g	End of year balance	17,234,546				

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		17,078,959		17,078,959
b Buildings		9,162,599	4,765,600	4,396,999
c Leasehold improvements				
d Equipment		1,783,282	983,454	799,828
e Other		57,286		57,286
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				22,333,072

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

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

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
Estates and trusts receivable	4,176,762
Miscellaneous accounts receiva	19,488
Interest and dividend receivab	2,252
Cash surrender value of life i	230,337
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Due to affiliates	1,243,622
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	1,243,622

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	6,021,638
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	20,745,775
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-14,724,137
4	Net unrealized gains (losses) on investments	4	1,649,293
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	1,649,293
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-13,074,844

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	8,595,424
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	1,649,293		
b	Donated services and use of facilities	2b	40,672		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	883,821		
e	Add lines **2a** through **2d**			2e	2,573,786
3	Subtract line **2e** from line **1**			3	6,021,638
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	6,021,638

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

1	Total expenses and losses per audited financial statements			1	21,670,268
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	40,672		
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d	883,821		
e	Add lines **2a** through **2d**			2e	924,493
3	Subtract line **2e** from line **1**			3	20,745,775
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	20,745,775

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
USE OF ENDOWMENT FUNDS	SCHEDULE D, PART V, QUESTION 4	THE ENDOWMENTS HELD BY THE FOUNDATION ARE USED AS DESIGNATED BY DONORS FOR SPECIFIC PROGRAM NEEDS
Special events & activities expense & rental expense		special events & activities expense $878,049 rental expense $5,772 ------- Total $883,8321

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

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Open to Public Inspection

Name of the organization
All Children's Hospital Foundation

Employer identification number
59-2481738

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

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

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

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

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

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

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

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

		(a) Event #1 TELETHON (event type)	(b) Event #2 RADIOTHON (event type)	(c) Other Events 1 (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	3,568,054	89,404	72,136	3,729,594
	2 Less Charitable contributions	3,568,054	89,404		3,657,458
	3 Gross revenue (line 1 minus line 2)			72,136	72,136
Direct Expenses	4 Cash Prizes				
	5 Non-cash Prizes				
	6 Rent/Facility costs				
	7 Other direct expenses	835,838	25,557	16,654	878,049
	8 Direct expense summary Add lines 4 through 7 in column (d) ▶				878,049
	9 Net income summary Combine lines 3 and 8 in column (d) ▶				-805,913

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

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

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

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

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

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2008

Open to Public Inspection

Name of the organization
All Children's Hospital Foundation

Employer identification number
59-2481738

Part I General Information on Grants and Assistance

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

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

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

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

1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
All Children's Hospital501 6th Avenue South ATTN Finance 9010 St Petersburg, FL 33701	59-0683252	501(c)(3)	15,196,579				Hospital construction
All children's Research Institute Inc550 9th Avenue South FL 1 St Petersburg, FL 33701	59-2481742	501(c)(3)	1,252,557				General Use
RONALD MCDONALD HOUSE CHARITIES280 COLUMBIA DRIVE TAMPA, FL 33606	59-1835985	501(C)(3)	30,000				GENERAL USE

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

3 Enter total number of other organizations . . . ▶

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

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

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

See Additional Data Table

Identifier	Return Reference	Explanation
Form 990, Schedule I	Description of Organization's Procedures for Monitoring the Use of Grants	All Children's Hospital Foundation has an institutional grant funding program which requires progression and expense documentation presented to the committee monthly Most assistance given by the Foundation is unrestricted and to affiliate organizations

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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

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Name of the organization
All Children's Hospital Foundation

Employer identification number
59-2481738

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				
Roberto Sosa MD	(i)	0	0	0	0	0	0	0
	(ii)	448,036	35,000	0	26,435	13,365	522,836	326,468
Gary A Carnes	(i)	0	0	0	0	0	0	0
	(ii)	1,164,574	0	38,373	26,435	17,874	1,247,256	603,981
Arnold T Stenberg Jr	(i)	0	0	0	0	0	0	0
	(ii)	620,208	0	24,689	26,435	9,355	680,687	361,106
Joel Momberg	(i)	339,685	0	35,104	26,435	11,028	412,252	214,923
	(ii)	0	0	0	0	0	0	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
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 FOUNDATION THE COMPENSATION OF THE ORGANIZATION'S CEO/EXECUTIVE DIRECTOR IS ESTABLISHED BY THE BOARD OF DIRECTORS OF ALL CHILDREN'S HEALTH SYSTEM, INC (THE PARENT) THE PARENT BOARD HAS A COMPENSATION COMMITTEE, UTILIZES AN INDEPENDENT COMPENSATION CONSULTANT AND COMPENSATION SURVEYS AND STUDIES ADDITIONALLY, THE COMPENSATION OF THE ORGANIZATION'S CEO/EXECUTIVE DIRECTOR MUST BE APPROVED BY THE BOARD OF DIRECTORS AND THERE IS ALSO A WRITTEN EMPLOYMENT CONTRACT IN PLACE
Non-fixed payments	Form 990, Sch J, Part I, Line 7	Roberto Sosa was paid a bonus of $35,000 by All Children's Health System related to job performance

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
All Children's Hospital Foundation

Employer identification number
59-2481738

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

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

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

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

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

Part II Loans to and/or From Interested Persons

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

(a) Name of interested person and purpose	(b) Loan to or from the organization? To	From	(c) Original principal amount	(d) Balance due	(e) In default? Yes	No	(f) Approved by board or committee? Yes	No	(g) Written agreement? Yes	No
THOMAS MUNDELL SECURITY DEPOSIT		X	3,500	3,500		No		No		No
Total . . . . . ▶ $				3,500						

Part III Grants or Assistance Benefitting Interested Persons

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

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

Part IV Business Transactions Involving Interested Persons

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues? Yes	No

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

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

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
All Children's Hospital Foundation

Employer identification number
59-2481738

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded	X	4	112,758	FMV
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (describe _____)				
26	Other (describe _____)				
27	Other (describe _____)				
28	Other (describe _____)				

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

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

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

Identifier	ReturnReference	Explanation

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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 Foundation

Employer identification number
59-2481738

Identifier	Return Reference	Explanation
COMMON PAYMASTER	FORM 990, PART V, QUESTION 2A	ALL COMPENSATION OF ALL CHILDREN'S HOSPITAL FOUNDATION 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
ORGANIZATION MEMBER	Form 990, Part VI, line 6	All Childrens Health System, Inc is classified as the sole member of All Childrens Hospital Foundation, 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 Foundation, 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 Childrens Health System, Inc has the right to approve or ratify decisions of All Childrens Hospital Foundation, 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 corporations 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 Childrens Hospital Foundation, Inc Board of Trustees may be removed, with or without cause, at a meeting of the Member (All Childrens 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 FOUNDATION DOES NOT HAVE ITS OWN COMMITTEES BUT RELIES ON THE COMMITTEES OF ALL CHILDREN'S HEALTH SYSTEM, INC (PARENT) THE FINANCE COMMITTEE IS A COMMITTEE OF ALL CHILDREN'S HOSPITAL AND THE FILING ENTITY RELIES ON THIS COMMITTEE IN ADDITION TO THE HEALTH SYSTEM COMMITTEES THE COMMITTEES OF THE HEALTH SYSTEM HAVE DOCUMENTED 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 policy	form 990, part vi, question 12c	All Children's Hospital Foundation, Inc has an annual conflict of interest disclosure process that has been formally documented in policy since May 2002 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 its findings and recommendations to the full Health System Board for final approval

Identifier	Return Reference	Explanation
Availability of Gov Docs, Fin Stmts	Form 990, Part VI, line 19	All Childrens Hospital Foundation does not make its governing documents, conflict of interest policy, or financial statements available to the public

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
FUNDRAISING EVENTS EXPENSES	SCH G, PART II, LINE 7	ALL DIRECT EXPENSES THAT ARE READILY IDENTIFIABLE FOR THE TELETHON AND RADIOTHON HAVE BEEN INCLUDED IN SCHEDULE G SOME EXPENSES THAT ARE SHARED FUNDRAISING EXPENSES ARE INCLUDED IN PART IX, STATEMENT OF FUNCTIONAL EXPENSES, COLUMN (D)

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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 Foundation

Employer identification number
59-2481738

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 Inc 501 6th Avenue South FL 6 Saint Petersburg, FL337014820 59-0683252	HOSPITAL	FL	501(c)(3)	3	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			

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		No
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i		No
j Lease of facilities, equipment, or other assets from other organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets	1m		No
n Sharing of paid employees	1n		No
o Reimbursement paid to other organization for expenses	1o		No
p Reimbursement paid by other organization for expenses	1p		No
q Other transfer of cash or property to other organization(s)	1q		No
r Other transfer of cash or property from other organization(s)	1r		No

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

(A) Name of other organization(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: 59-2481738
Name: All Children's Hospital Foundation

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 Inc 501 6th Avenue South FL 6 Saint Petersburg, FL337014820 59-0683252	HOSPITAL	FL	501(c)(3)	3	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)	All Children's Hospital	B	15,000,000
(2)	All Children's Hospital	B	55,210
(3)	All Children's Hospital	J	83,195
(4)	All Children's Hospital	J	162,000
(5)	All Children's Hospital	J	119,930
(6)	All Children's Hospital	J	58,174
(7)	All Children's Hospital	K	1,119,000
(8)	All Children's Research Institute Inc	B	1,200,000
(9)	All Children's Research Institute Inc	B	87,886
(10)	All Children's Research Institute Inc	K	252,000