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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 10-01-2009 and ending 09-30-2010

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

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

C Name of organization
All Children's Hospital Inc
Attn Finance 9010

Doing Business As

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

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

D Employer identification number
59-0683252

E Telephone number
(727) 767-4401

G Gross receipts $ 432,244,738

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

L Year of formation 1967

M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
PROVIDE LEADERSHIP IN CHILD HEALTH THROUGH THREATMENT, EDUCATION, ADVOCACY AND RESEARCH

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

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	24
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	22
5	Total number of employees (Part V, line 2a)	**5**	2,640
6	Total number of volunteers (estimate if necessary)	**6**	648
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	11,114,564	5,414,664
9	Program service revenue (Part VIII, line 2g)	302,331,099	325,219,274
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-918,696	-6,329,872
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	649,370	1,814,264
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	313,176,337	326,118,330
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	148,655,259	166,275,370
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	133,572,932	161,302,862
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	282,228,191	327,578,232
19	Revenue less expenses Subtract line 18 from line 12	30,948,146	-1,459,902

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	864,610,433	874,695,592
21	Total liabilities (Part X, line 26)	349,001,556	340,405,059
22	Net assets or fund balances Subtract line 21 from line 20	515,608,877	534,290,533

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2011-09-14

NANCY TEMPLIN 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

1 Briefly describe the organization's mission

THIS ORGANIZATION'S MISSION IS TO PROVIDE LEADERSHIP IN CHILD HEALTH THROUGH TREATMENT, EDUCATION, ADVOCACY AND RESEARCH THE ORGANIZATION (1) DELIVERS QUALITY INPATIENT AND OUTPATIENT HOSPITAL AND HEALTHCARE SERVICES WITH COMPASSION AND COMMITMENT TO FAMILY-CENTERED CARE, (2) PROVIDES EDUCATIONAL PROGRAMS FOR THE ORGANIZATION'S PATIENTS, FAMILIES, EMPLOYEES, AND HEALTHCARE PROFESSIONALS, (3) PROVIDES LEADERSHIP IN PROMOTING THE WELL-BEING OF CHILDREN AND (4) DEVELOPS, SUPPORTS AND PARTICIPATES IN CLINICAL, BASIC, AND TRANSLATIONAL RESEARCH

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 $ 269,424,053 including grants of $ 0) (Revenue $ 312,082,062)

ALL CHILDREN'S HOSPITAL (THE "HOSPITAL") IS A SEPARATELY-LICENSED 259-BED REGIONAL PEDIATRIC REFERRAL CENTER THE HOSPITAL HAS A 97-BED NEONATAL INTENSIVE CARE UNIT ("NICU") INCLUDING 34 LEVEL THREE NICU BEDS, TWO PEDIATRIC INTENSIVE CARE UNITS TOTALING 26 BEDS, A 22-BED CARDIOVASCULAR INTENSIVE CARE UNIT, AND A 28-BED PEDIATRIC EMERGENCY CENTER IN ADDITION, THE HOSPITAL HAS ONE OF FLORIDA'S BUSIEST PEDIATRIC HEART SURGERY PROGRAMS AND OFFERS PEDIATRIC HEART AND BONE MARROW/STEM CELL TRANSPLANTATION PROGRAMS THE HOSPITAL'S CHILDHOOD CANCER PROGRAM IS ONE OF THE LARGEST IN THE SOUTHEAST UNITED STATES AND THE HOSPITAL IS A NATIONALLY DESIGNATED CYSTIC FIBROSIS CENTER FOR THE TWELVE MONTHS ENDED SEPTEMBER 30, 2010, THE HOSPITAL HAD 9,732 INPATIENT ADMISSIONS AND 62,532 INPATIENT DAYS OF CARE DURING THE SAME PERIOD, THE HOSPITAL HAD 41,781 EMERGENCY CENTER VISITS, PERFORMED 9,734 SURGERIES, AND HAD 250,855 OTHER OUTPATIENT VISITS FOR THE TWELVE MONTHS ENDED SEPTEMBER 30, 2010, THE COST OF CHARITY CARE AND THE UNREIMBURSED COST OF GOVERNMENT SUBSIDIZED INDIGENT CARE WAS $18,848,462 THE COSTS OF SUBSIDIZED HEALTH SERVICES WHICH INCLUDE TRAUMA, ALLERGY AND IMMUNOLOGY, ENDOCRINOLOGY, NEPHROLOGY AND EMERGENCY MEDICAL TRANSPORTATION PROGRAMS TOTALED $3,999,030 TOTAL COMMUNITY BENEFIT FOR THE TWELVE MONTHS ENDED SEPTEMBER 30, 2010 WAS $29,138,082 COMMUNITY BENEFITS ARE REPORTED CONSISTENT WITH INDUSTRY STANDARDS

4b (Code) (Expenses $ 4,629,199 including grants of $ 0) (Revenue $ 2,140,723)

THE HOSPITAL PROVIDES HEALTH PROFESSIONAL EDUCATION THROUGH ITS AFFILIATION WITH THE UNIVERSITY OF SOUTH FLORIDA COLLEGE OF MEDICINE PEDIATRIC AND INTERNAL MEDICINE RESIDENCY PROGRAMS IN ADDITION, THE HOSPITAL PROVIDES FORMAL NURSING TRAINING THROUGH AFFILIATIONS WITH VARIOUS NURSING SCHOOLS THE HOSPITAL ALSO PROVIDES CONTINUING PROFESSIONAL EDUCATION TO ITS PHYSICIAN AND NURSING STAFF THROUGH WEEKLY GRAND ROUNDS, SPONSORSHIP OF SEVERAL ANNUAL PROFESSIONAL CONFERENCES AND OTHER EDUCATION OPPORTUNITIES THE NET COST OF HEALTH PROFESSIONAL EDUCATION IS $3,781,549 FOR THE TWELVE MONTHS ENDED SEPTEMBER 30, 2010

4c (Code) (Expenses $ 1,859,137 including grants of $ 0) (Revenue $ 10,996,489)

THE HOSPITAL SPONSORS AND PARTICIPATES IN NUMEROUS COMMUNITY HEALTH SERVICES INCLUDING CLASSES, SUPPORT PROGRAMS, SCREENING, COMMUNITY EDUCATION, AND PHYSICIAN REFERRAL THESE INCLUDE ASTHMA EDUCATION, INFANT AND TODDLER HEALTH SCREENINGS, SERTOMA PARENT SUPPORT GROUPS, CHILD PASSENGER SAFETY PROGRAMS, TOBACCO EDUCATION, THE FIT4ALLKIDS CHILD OBESITY PROGRAM, AND THE SAFE KIDS PROGRAM FOR THE TWELVE MONTHS ENDED SEPTEMBER 30, 2010, APPROXIMATELY 750,000 MEMBERS OF THE COMMUNITY WERE SERVED THROUGH THESE PROGRAMS THIS INCLUDES ATTENDANCE AT CLASSES, SUPPORT GROUPS, HEALTH SCREENINGS AND INFORMATIONAL MAILINGS THE COST OF PROVIDING THESE SERVICES TOTALED $1,859,137 FOR THE TWELVE MONTHS ENDED SEPTEMBER 30, 2010

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 275,912,389

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional*	12A	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**	Yes	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**	Yes	
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35**	Yes	
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, *Annual Summary and Transmittal of U.S. Information Returns. Enter -0-* if not applicable	**1a**	265		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	**1c**			
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	2,640		
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 line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	**5c**			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	**6a**			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	**6b**			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	**7a**			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	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	**8**			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	**9a**			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	**9b**			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	**12a**			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 24		
b	Enter the number of voting members that are independent . .	1b 22		
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	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		No
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		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 Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

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

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

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

1b Total . . . . . ▶	5,061,017	439,914	534,411

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 95

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed 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
Brasfield Gorrie LLC 3021 7th Ave S BIRMINGHAM, AL 352333502	General Construction	31,593,151
Cerner Corporation 2800 Rockcreek Parkway KANSAS CITY, MO 64117	Information Tech	3,946,519
Sodexo Inc Affiliates 9801 Washingtonian Blvd GAITHERSBURG, MD 20878	Food/Enviro Svc Mgmt	2,960,071
Bay Area Building Solution Inc 3565 126th Ave N CLEARWATER, FL 33762	General Contractor	2,383,748
Humana Health Plan Inc 6428 Bandera Road SAN ANTONIO, TX 782381511	Hospital/Medical Svc	1,789,807
2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 58		

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				
	d	Related organizations	1d	53,392			
	e	Government grants (contributions)	1e	4,695,017			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	666,255			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		5,414,664			
Program Service Revenue			Business Code				
	2a	Hospital inpatient & outpatient revenue	622,110	188,692,895	188,692,895		
	b	Medicare/Medicaid payments	622,110	110,524,404	110,524,404		
	c	STATE OF FL SPECIAL MEDICAID PAYMENTS	622,110	10,349,426	10,349,426		
	d	PHARMACY	622,110	2,515,337	2,515,337		
	e	CHILDREN'S HOSPITAL GRAD MED EDU PAYMENTS	622,110	2,140,723	2,140,723		
	f	All other program service revenue		10,996,489	10,996,489		
	g	**Total.** Add lines 2a–2f		325,219,274			
	3	Investment income (including dividends, interest and other similar amounts)		2,524,122	0	0	2,524,122
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real	(ii) Personal			
	6a	Gross Rents	1,814,264				
	b	Less rental expenses					
	c	Rental income or (loss)	1,814,264				
	d	Net rental income or (loss)			1,814,264			1,814,264
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	95,251,049	2,021,365			
	b	Less cost or other basis and sales expenses	92,376,267	13,750,141			
	c	Gain or (loss)	2,874,782	-11,728,776			
	d	Net gain or (loss)			-8,853,994			-8,853,994
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from fundraising events			0			
	9a	Gross income from gaming activities See Part IV, line 19	a					
	b	Less direct expenses	b					
	c	Net income or (loss) from gaming activities			0			
	10a	Gross sales of inventory, less returns and allowances	a					
	b	Less cost of goods sold	b					
	c	Net income or (loss) from sales of inventory			0			
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a–11d			0			
	12	**Total revenue.** See Instructions			326,118,330	325,219,274	0	-4,515,608

Part IX Statement of Functional Expenses

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2	Grants and other assistance to individuals in the U S See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	4,997,714		4,997,714	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	126,266,631	110,730,666	15,535,965	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,429,491	7,302,065	1,127,426	
9	Other employee benefits	17,348,208	15,074,394	2,273,814	
10	Payroll taxes	9,233,326	8,087,452	1,145,874	
11	Fees for services (non-employees)				
a	Management	1,585,802	565,781	1,020,021	
b	Legal	627,775	14,919	612,856	
c	Accounting	205,434		205,434	
d	Lobbying	159,618		159,618	
e	Professional fundraising *See Part IV, line 17* . .	0			
f	Investment management fees	465,018		465,018	
g	Other	11,327,946	11,274,220	53,726	
12	Advertising and promotion	0			
13	Office expenses	73,609,188	65,838,705	7,770,483	
14	Information technology	4,076,964	1,773,460	2,303,504	
15	Royalties . .	0			
16	Occupancy	11,600,887	7,971,944	3,628,943	
17	Travel	1,092,907	388,924	703,983	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	180,181	154,761	25,420	
20	Interest	5,614,825	5,614,825		
21	Payments to affiliates	0			
22	Depreciation, depletion, and amortization	34,965,438	28,224,102	6,741,336	
23	Insurance	2,986,426	2,536,739	449,687	
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a	Bad Debt	3,431,788	3,431,788		
b	Indigent Fee Assessment	3,695,033	3,695,033		
c	Other Services	2,433,681	2,335,368	98,313	
d	Collection Services	1,673,141		1,673,141	
e	Dues & Subscriptions	597,094	424,156	172,938	
f	All other expenses	973,716	473,087	500,629	
25	**Total functional expenses.** Add lines 1 through 24f	327,578,232	275,912,389	51,665,843	0
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		2,079,724	1	0
	2	Savings and temporary cash investments		90,565,517	2	66,848,000
	3	Pledges and grants receivable, net		5,016,608	3	2,862,802
	4	Accounts receivable, net		32,741,296	4	29,828,794
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		6,267,704	8	7,625,466
	9	Prepaid expenses and deferred charges		4,946,969	9	4,244,618
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 610,869,534			
	b	Less accumulated depreciation	10b 147,182,051	453,425,819	10c	463,687,483
	11	Investments—publicly traded securities		161,269,896	11	195,461,002
	12	Investments—other securities See Part IV, line 11		1,006,811	12	1,054,936
	13	Investments—program-related See Part IV, line 11		33,853,211	13	23,661,713
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		73,436,878	15	79,420,778
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		864,610,433	16	874,695,592
Liabilities	17	Accounts payable and accrued expenses		88,624,398	17	78,640,917
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		226,159,055	20	222,632,241
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		34,218,103	25	39,131,901
	26	**Total liabilities.** Add lines 17 through 25		349,001,556	26	340,405,059
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		486,037,117	27	509,413,997
	28	Temporarily restricted net assets		18,986,064	28	12,718,731
	29	Permanently restricted net assets		10,585,696	29	12,157,805
		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		515,608,877	33	534,290,533
	34	Total liabilities and net assets/fund balances		864,610,433	34	874,695,592

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
All Children's Hospital Inc
Attn Finance 9010

Employer identification number
59-0683252

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

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

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

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

3 ☑ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

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

_____

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

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

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

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

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

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

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

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

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

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

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

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

h Provide the following information about the supported organization(s)

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						
11 **Total support** (Add lines 7 through 10)						

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

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

Section C. Computation of Public Support Percentage

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

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

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

b **33 1/3% support test—2008.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

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

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

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

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

Additional Data

Software ID:
Software Version:
EIN: 59-0683252
Name: All Children's Hospital Inc
Attn Finance 9010

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Joseph W Fleece III Chairman of Board of Trustees	3 0	X		X				0	0	0
Kenneth J Coppedge Vice Chair Board of Trustees	3 0	X		X				0	0	0
Mark Lettelleir Treasurer of Board of Trustees	3 0	X		X				0	0	0
Edward C Kuehnle Secretary Board of Trustees	3 0	X		X				0	0	0
Gary A Carnes President	15 0	X		X				1,173,516	0	45,234
Jerry Barbosa MD Hospital Trustee	1 0	X						0	379,243	19,464
Michael Barody Hospital Trustee	1 0	X						0	0	0
Hamden H Baskin III Hospital Trustee	1 0	X						0	0	0
Kimerly Berfield Hospital Trustee	1 0	X						0	0	0
Michael Cannova Hospital Trustee	1 0	X						0	0	0
Vincent M Dolan Hospital Trustee	1 0	X						0	0	0
Steve Freedman PhD Hospital Trustee	1 0	X						0	0	0
Stephanie Goforth Hospital Trustee	1 0	X						0	0	0
Gregory Hahn Hospital Trustee	1 0	X						0	0	0
Nancy Hamilton Hospital Trustee	1 0	X						0	0	0
William H Horner Hospital Trustee	1 0	X						0	0	0
Mark Mondello Hospital Trustee	1 0	X						0	0	0
Robert M Nelson Jr MD Hospital Trustee	1 0	X						0	0	0
John Ransom Hospital Trustee	1 0	X						0	0	0
Van C Saylor Hospital Trustee	1 0	X						0	0	0
Brent Sembler Hospital Trustee	1 0	X						0	0	0
Ray Smith Hospital Trustee	1 0	X						0	0	0
George Van Buren Hospital Trustee	1 0	X						0	0	0
Wendy Wood Hospital Trustee	1 0	X						0	0	0
Arnold T Stenberg Executive Vice President & CAO	40 0			X				640,281	0	37,619

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Nancy O Templin Vice President of Finance	40 0			X				0	0	0
Helene Marra Assistant Secretary	4 5			X				0	60,671	16,926
Robert W Horton Sr VP Strategic Bus Services	10 0				X			464,771	0	44,394
Michael L Epstein Senior V P of Medical Affairs	33 8				X			463,240	0	37,724
Jean M Francis Senior VP of Clinical Services	58 0				X			459,155	0	33,089
Timothy Strouse VP Facility & Support Services	30 0				X			298,147	0	41,872
Calvin L Popovich VP of Information Technology	35 0				X			272,201	0	42,012
John P Harding III Vice President of Operations	55 0				X			266,871	0	47,158
Jay R Kuhns VP of Human Resources	38 0				X			247,910	0	22,532
Dipti Amin Medical Informatics Director	40 0					X		167,434	0	36,687
Michele J Beaulieu Adv Reg Nurse Practitioner	40 7					X		154,118	0	28,021
Barry L Pendry Admin Dir of Rehab Services	40 0					X		151,777	0	32,904
Linda Lepore Adv Reg Nurse Practitioner	42 5					X		151,029	0	24,912
Cynthia Rose Admin Dir, Marketing & Comm	50 0					X		150,567	0	23,863

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

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Hospital inpatient & outpatient revenue	622,110	188,692,895	188,692,895		
Medicare/Medicaid payments	622,110	110,524,404	110,524,404		
STATE OF FL SPECIAL MEDICAID PAYMENTS	622,110	10,349,426	10,349,426		
PHARMACY	622,110	2,515,337	2,515,337		
CHILDREN'S HOSPITAL GRAD MED EDU PAYMENTS	622,110	2,140,723	2,140,723		

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
Bad Debt	3,431,788	3,431,788		
Indigent Fee Assessment	3,695,033	3,695,033		
Other Services	2,433,681	2,335,368	98,313	
Collection Services	1,673,141		1,673,141	
Dues & Subscriptions	597,094	424,156	172,938	

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

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

OMB No 1545-0047

2009

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

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

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

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

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

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

Name of the organization	Employer identification number
All Children's Hospital Inc Attn Finance 9010	59-0683252

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

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

B Check ☐ if the filing organization checked box A and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing Organization's Totals	(b) Affiliated Group Totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)		
c Total lobbying expenditures (add lines 1a and 1b)		
d Other exempt purpose expenditures		
e Total exempt purpose expenditures (add lines 1c and 1d)		
f Lobbying nontaxable amount Enter the amount from the following table in both columns		
g Grassroots nontaxable amount (enter 25% of line 1f)		
h Subtract line 1g from line 1a If zero or less, enter -0-		
i Subtract line 1f from line 1c If zero or less, enter -0-		

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

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

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) Total
2a Lobbying non-taxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots non-taxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c	Media advertisements?			
d	Mailings to members, legislators, or the public?			
e	Publications, or published or broadcast statements?			
f	Grants to other organizations for lobbying purposes?			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		159,618
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i	Other activities? If "Yes," describe in Part IV			
j	Total lines 1c through 1i			159,618
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

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

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

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

Part IV Supplemental Information

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

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION	SCHEDULE C, PART II-B, LINE 1G	THE REPORTING ORGANIZATION IS AN ADVOCATE FOR CHILD HEALTHCARE ISSUES DIRECTLY TO STATE AND FEDERAL LEGISLATORS AND THROUGH OTHER CHILD HEALTH ADVOCACY GROUPS AS A MEMBER THE REPORTING ORGANIZATION ADVOCATES FOR CHILDREN WHO ARE GENERALLY UNABLE TO DO SO FOR THEMSELVES EFFORTS INCLUDE COVERAGE AND REIMBURSEMENT ISSUES FOR CHILDREN OF INDIGENT FAMILIES, MEDICAL TRAINING ISSUES OF PEDIATRIC MEDICAL STUDENTS, AND OTHER ISSUES SPECIFIC TO SAFETY NET HOSPITALS DURING THE REPORTING PERIOD $159,618 WAS SPENT ON THESE EFFORTS

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
All Children's Hospital Inc
Attn Finance 9010

Employer identification number
59-0683252

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	11,144,938	11,993,129			
b Contributions					
c Investment earnings or losses	1,850,340	-820,272			
d Grants or scholarships					
e Other expenditures for facilities and programs		27,919			
f Administrative expenses					
g End of year balance	12,995,278	11,144,938			

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶ **100.000 %**
- 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) Accumulated depreciation	(d) Book value
1a Land		15,158,643		15,158,643
b Buildings		302,844,838	29,013,356	273,831,482
c Leasehold improvements		2,130,283	1,602,070	528,213
d Equipment		289,312,875	116,566,625	172,746,250
e Other		1,422,895		1,422,895
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				463,687,483

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

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

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

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

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

(a) Description	(b) Book value
DUE FROM AFFILIATES	8,624,797
DEBT ISSUANCE COSTS	4,433,879
INTEREST IN NET ASSETS OF FDN	66,362,102
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	79,420,778

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	0
PROFESSIONAL LIABILITY	13,070,495
INTEREST RATE SWAP AGREEMENTS	24,184,586
OBLIGATION UNDER CAPITAL LEASES	1,797,184
OTHER LIABILITIES	79,636
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	39,131,901

2. Fin 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	326,118,330
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	327,578,232
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-1,459,902
4	Net unrealized gains (losses) on investments	4	12,692,206
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	7,449,352
9	Total adjustments (net) Add lines 4 - 8	9	20,141,558
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	18,681,656

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	346,259,888
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	12,692,206		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	7,449,352		
e	Add lines **2a** through **2d**			2e	20,141,558
3	Subtract line **2e** from line **1**			3	326,118,330
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	326,118,330

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

1	Total expenses and losses per audited financial statements			1	327,578,232
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	327,578,232
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	327,578,232

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
ENDOWMENT FUNDS	SCHEDULE D, PART V, LINE 4	THE INTENDED USE FOR ALL CHILDREN'S HOSPITAL ENDOWMENT FUNDS ARE SPECIFIC TO PROGRAM NEEDS AS DESIGNATED BY THE DONORS FIN 48 SCHEDULE D, PART X THE PARENT AND ITS SUBSIDIARIES, WITH THE EXCEPTION OF ACHPOB, ARE RECOGNIZED AS ORGANIZATIONS EXEMPT FROM TAX AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE OF 1986 INCOME EARNED IN FURTHERANCE OF THEIR TAX-EXEMPT PURPOSES IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES INCOME TAXES FOR ACHPOB ARE NOT CONSIDERED MATERIAL TO THE SYSTEM THE SYSTEM RECOGNIZES UNCERTAIN TAX POSITIONS WHEN IT IS MORE LIKELY THAN NOT (I E , GREATER THAN 50% LIKELIHOOD OF RECEIVING BENEFIT) AND RECORDS THESE BENEFITS AT THE AMOUNT MOST LIKELY TO BE REALIZED ASSUMING A REVIEW BY TAX AUTHORITIES HAVING ALL RELEVANT INFORMATION AND APPLYING CURRENT CONVENTIONS THE SYSTEM HAS NO UNCERTAIN TAX POSITIONS AS OF SEPTEMBER 30, 2010 OR 2009 REC OF CHANGE IN NET ASSETS FROM FORM 990 TO FIN STATEMENTS SCHEDULE D, PART XI CHANGE IN INT IN NET ASSETS OF FOUNDATION $4,565,865 CHANGE IN UNREALIZED LOSSES ON INT RATE SWAP (9,357,422) ADJUSTMENT FOR ROUNDING 3 TOTAL $7,449,352 REC OF REV PER AFS WITH REVENUE PER RETURN TRANSFER BETWEEN AFFILIATES ($12,240,906) CHANGE IN INT IN NET ASSETS OF FOUNDATION (4,565,865) CHANGE IN UNREALIZED LOSS ON INT RATE SWAP 9,357,422 ADJUSTMENT FOR ROUNDING (3) TOTAL (7,449,352)

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SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
All Children's Hospital Inc
Attn Finance 9010

Employer identification number
59-0683252

Part I Charity Care and Certain Other Community Benefits at Cost

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

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheets 1 and 2)			4,284,493	0	4,284,493	1 320 %
b Unreimbursed Medicaid (from Worksheet 3, column a)			185,740,694	165,715,846	20,024,848	6 180 %
c Unreimbursed costs—other means-tested government programs (from Worksheet 3, column b)			0	0	0	0 %
d **Total** Charity Care and Means-Tested Government Programs			190,025,187	165,715,846	24,309,341	7 500 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			2,775,239	916,102	1,859,137	0 570 %
f Health professions education (from Worksheet 5)			5,922,272	2,140,723	3,781,549	1 170 %
g Subsidized health services (from Worksheet 6)			11,399,585	7,400,555	3,999,030	1 230 %
h Research (from Worksheet 7)			0	0	0	0 %
i Cash and in-kind contributions to community groups (from Worksheet 8)			0	0	0	0 %
j **Total** Other Benefits			20,097,096	10,457,380	9,639,716	2 970 %
k **Total.** Add lines 7d and 7j			210,122,283	176,173,226	33,949,057	10 470 %

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

		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1	Physical improvements and housing						
2	Economic development						
3	Community support						
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy			649,904	0	649,904	0 200 %
8	Workforce development						
9	Other						
10	**Total**			649,904	0	649,904	0 200 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Does the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1			No
2	Enter the amount of the organization's bad debt expense (at cost)	2	1,141,827		
3	Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy	3	0		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	964,731
6	Enter Medicare allowable costs of care relating to payments on line 5	6	1,032,023
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-67,292
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used		

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Does the organization have a written debt collection policy?	9a	Yes	
9b	If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI	9b		No

Part IV Management Companies and Joint Ventures

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

Part V Facility Information

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)
All Children's Hospital Inc 501 6TH AVENUE SOUTH St Petersburg, FL 33701	X		X	X			X		

Part VI Supplemental Information

Complete this part to provide the following information

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

See additional data

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

See additional data

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

See additional data

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

See additional data

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

See additional data

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

See additional data

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

See additional data

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

Additional Data

Software ID:

Software Version:

EIN: 59-0683252

Name: All Children's Hospital Inc
Attn Finance 9010

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

N/A

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

N/A

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

A COST-TO-CHARGE RATIO (FROM WORKSHEET 2) IS USED TO CALCULATE THE AMOUNTS ON LINE 7A - 7B (CHARITY CARE AND UNREIMBURSED MEDICAID) THE AMOUNTS FOR LINES 7E-7I WOULD COME FROM THE BOOKS AND RECORDS OF SPECIFIC SEGMENTS OF THE ORGANIZATION AND WOULD NOT BE BASED ON A COST-TO CHARGE RATIO

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

SUBSIDIZED HEALTH SERVICES DO NOT INCLUDE ANY COSTS ATTRIBUTABLE TO A PHYSICIAN CLINIC

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

THE AMOUNT OF BAD DEBT EXPENSE INCLUDED ON FORM 990, PART IX, LINE 25, COLUMN (A), BUT SUBTRACTED FOR PURPOSES OF CALCULATING THE PERCENTAGE IN THIS COLUMN IS $3,431,788

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

BAD DEBT EXPENSE AT COST IS DETERMINED USING THE SAME COST-TO-CHARGE RATIO THAT IS USED TO CALCULATE CHARITY CARE AND UNREIMBURSED MEDICAID THE ORGANIZATION DOES NOT USE DISCOUNTS IN DETERMINING BAD DEBT EXPENSE IF PAYMENTS ARE RECEIVED ON AN ACCOUNT THAT HAD BEEN DETERMINED TO BE A BAD DEBT, IT IS CONSIDERED A BAD DEBT RECOVERY, AND USED TO REDUCE TOTAL BAD DEBTS REPORTED, AS WELL AS, THE GUARANTOR'S ACCOUNT STATEMENT FROM THE ORGANIZATION'S FINANCIAL STATEMENTS "PATIENT ACCOUNTS RECEIVABLE ARE REPORTED NET OF ESTIMATED ALLOWANCES FOR UNCOLLECTIBLE ACCOUNTS AND CONTRACTUAL ADJUSTMENTS IN THE ACCOMPANYING FINANCIAL STATEMENTS THE PROVISION FOR BAD DEBTS IS BASED UPON A COMBINATION OF THE AGING OF RECEIVABLES AND MANAGEMENT'S ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS CONSIDERING BUSINESS AND ECONOMIC CONDITIONS, TRENDS IN HEALTH INSURANCE COVERAGE, AND OTHER COLLECTION INDICATORS MANAGEMENT CONTINUOUSLY ASSESSES THE ADEQUACY OF THE ALLOWANCE FOR UNCOLLECTIBLE ACCOUNTS BASED UPON HISTORICAL WRITE-OFF EXPERIENCE AND PAYMENT TRENDS BY PAYOR CLASSIFICATION "

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

PART III, LINE 7 - THE SHORTFALL IN MEDICARE ALLOWABLE COSTS IS NOT TREATED AS A COMMUNITY BENEFIT PART III, LINES 5 AND 6 METHODOLOGY A STEP-DOWN PROCESS IS USED TO ALLOCATE ADMINISTRATIVE AND GENERAL COSTS TO PATIENT CARE DEPARTMENTS, AS WELL AS DEPARTMENTS THAT ARE NON-ALLOWABLE FOR MEDICARE UPON ALLOCATION, A DAILY COST RATE IS COMPUTED FOR ROOM AND BOARD SERVICES THE RESULTING DAILY COSTS ARE APPLIED TO THE NUMBER OF MEDICARE DAYS TO DETERMINE ALLOWABLE ROOM AND BOARD COSTS FOR ANCILLARY SERVICES, A RATIO OF COST TO CHARGES (RCC) IS COMPUTED USING TOTAL ANCILLARY CHARGES THE RCC IS THEN APPLIED TO CHARGES INCURRED BY MEDICARE PATIENTS TO DETERMINE ALLOWABLE MEDICARE COSTS WITH THE EXCEPTION OF PASS-THROUGH COSTS (CAPITAL-RELATED, NON-PHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS), ALLOWABLE MEDICARE COSTS ARE SUBJECT TO A TEFRA TARGET AMOUNT, WHICH IS COMPUTED ON A DISCHARGE BASIS IF ALLOWABLE COSTS EXCEED THE TEFRA TARGET AMOUNT, THE FACILITY IS REIMBURSED IN THE AMOUNT OF THE TARGET LIMIT PLUS A RELIEF PAYMENT IF ALLOWABLE COSTS ARE UNDER THE TARGET AMOUNT, THE FACILITY IS REIMBURSED BY THE AMOUNT OF THE TARGET LIMIT PLUS A BONUS PAYMENT

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

N/A

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

ALL CHILDREN'S HOSPITAL (ACH) HAS 11 SPECIALTY CARE/ OUTREACH CENTERS THROUGHOUT THE SERVICE REGION

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

ALL CHILDREN'S HOSPITAL'S RECENT STRATEGIC PLAN UPDATE PROCESS REQUIRED AN ASSESSMENT OF THE HEALTH NEEDS OF THE COMMUNITIES IT SERVED THE OVERALL ASSESSMENT INVOLVED THE SYSTEMATIC COLLECTION AND ANALYSIS OF DATA ABOUT THE POPULATION, SOCIO-ECONOMIC CHARACTERISTICS, DISTRIBUTION OF HEALTH SERVICES, OVERALL HEALTH STATUS OF THE POPULATION, AND TRENDS INVOLVING DISEASE PATTERNS INFORMATION WAS BASED ON A VARIETY OF SOURCES AND LEAD TO THE DEVELOPMENT OF POPULATION SPECIFIC ASSESSMENT STRATEGIES THE OVERALL ASSESSMENT SERVED AS THE BASIS FOR THE DEVELOPMENT OF A COMPREHENSIVE REGIONALIZATION STRATEGY THAT POSITIONED ALL CHILDREN'S STRATEGICALLY THROUGHOUT THE 17 COUNTY AREA THIS STRATEGY INCREASED ACCESS BY PLACING SPECIALTY PEDIATRIC SERVICES CLOSER TO WHERE FAMILIES LIVED IN ADDITION TO THE OVERALL ASSESSMENT, MORE TARGETED NEEDS ASSESSMENTS WERE CONDUCTED IN ORDER TO EFFECTIVELY PLAN HEALTH EDUCATION PROGRAMS FOR COMMUNITY PARTNERS THE ASSESSMENTS WERE BOTH FORMAL AND INFORMAL THE FORMAL ASSESSMENT IDENTIFIED DATA SOURCES, ESTABLISHED COLLECTION MECHANISM, DETERMINED DATA VARIABLES, AND PROVIDED ANALYSIS THE INFORMAL ASSESSMENT OCCURRED THROUGH FREQUENT CONVERSATIONS AND PERSONAL INTERACTIONS WITH COLLEAGUES AND COMMUNITY MEMBERS DISCUSSIONS SURROUNDED SERVICES BEING DELIVERED, SATISFACTION LEVELS, AND IDENTIFIED GAPS THESE ASSESSMENTS ENABLED ALL CHILDREN'S HOSPITAL TO MAKE INFORMED DECISIONS ABOUT THE ADEQUACY, AVAILABILITY, AND EFFECTIVENESS OF SPECIFIC SERVICES THAT ARE AVAILABLE IN ITS SERVICE AREA

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

ACH INFORMS ITS PATIENTS ABOUT THE CHARITY CARE POLICY THROUGH A NUMBER OF TACTICS, INCLUDING SIGNS IN ENGLISH AND SPANISH ARE POSTED IN PATIENT WAITING AND REGISTRATION AREAS THAT SUMMARIZE THAT ESTIMATES OF CARE CAN BE PROVIDED, UPON REQUEST ALL PATIENTS INDICATING A NEED FOR CHARITY CARE ARE REFERRED TO A FINANCIAL COUNSELOR WHO REVIEWS WITH THEM THE AVAILABILITY OF VARIOUS GOVERNMENT BENEFIT AND PROGRAMS, AND ASSISTS THEM WITH APPLICATION TO SUCH PROGRAMS IF THE PATIENT DOES NOT HAVE INSURANCE, ACH FINANCIAL COUNSELORS WILL SCHEDULE AN INTERVIEW WITH THE PATIENT TO DETERMINE PAYMENT ARRANGEMENTS AND/OR ASSIST THE PATIENT IN COMPLETING A MEDICAL ASSISTANCE APPLICATION OR AN APPLICATION FOR FLORIDA HEALTHY KIDS

Form 990 Schedule H, Part VI - Supplemental Information, Line 4

FAMILIES FROM WEST CENTRAL FLORIDA AND BEYOND COUNT ON ALL CHILDREN'S HOSPITAL FOR SPECIALIZED INPATIENT CARE WHILE 73 PERCENT OF INPATIENTS COME FROM THE SUNCOAST REGION (PASCO, PINELLAS, HILLSBOROUGH, MANATEE & SARASOTA COUNTIES), NEARLY A THIRD COME FROM 12 ADDITIONAL COUNTIES IN WEST CENTRAL/SOUTHWEST FLORIDA (FROM CITRUS COUNTY IN THE NORTH TO COLLIER COUNTY IN THE SOUTH) ANOTHER 3 PERCENT COME FROM AS FAR AS MIAMI, JACKSONVILLE OR THE PANHANDLE, AND 3 PERCENT COME FROM 49 OTHER STATES AND 53 FOREIGN COUNTRIES -TOTAL SERVICE AREA POPULATION 5 6 MILLION -TOTAL SERVICE AREA POPULATION AGE 0-17 1 2 MILLION - AVERAGE HOUSEHOLD INCOME $58,300 -PERCENT OF POPULATION BELOW POVERTY LEVEL 14% -PERCENT OF POPULATION AGE 0-17 ON MEDICAID 27% -PERCENT OF ALL CHILDREN'S HOSPITAL PATIENT'S ON MEDICAID OVER 60%

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

ALL CHILDREN'S HOSPITAL, INC COMMUNITY BUILDING ACTIVITIES PROMOTE THE HEALTH OF THE COMMUNITY IT SERVES THROUGH A NUMBER OF INITIATIVES THEY HAVE DEVELOPED A FEW PROGRAMS ARE LISTED BELOW -SAFE KIDS PROGRAM - ALL CHILDREN'S IS THE LEAD ORGANIZATION FOR THE SUNCOAST SAFE KIDS PROGRAM SAFE KIDS PROVIDES EDUCATION AND SUPPORT TO PREVENT THE UNINTENTIONAL INJURY OF CHILDREN, THE LEADING CAUSE OF DEATH IN CHILDREN IN THE UNITED STATES SERVICES ARE PROVIDER THROUGH COUNCILS IN PINELLAS, MANATEE, PASCO, POLK, AND SARASOTA COUNTIES MORE THAN 350 SAFE KIDS MEMBERS REPRESENTING HEALTHCARE, SCHOOLS, FIRST RESPONDERS AND OTHER AGENCIES ARE DEDICATED TO CHILDREN'S SAFETY ESPECIALLY FOR WATER, BIKE, PEDESTRIAN, CHILD PASSENGER, AND FALLS -FIT4ALLKIDS PROGRAM - THE FIT4ALLKIDS PROGRAM IS AN AWARD-WINNING WEIGHT MANAGEMENT AND FITNESS PROGRAM FOR FAMILIES THAT ENCOURAGES CHILDREN TO DO THEIR PERSONAL BEST AND REACH THEIR OWN GOALS FOR WEIGHT LOSS/WEIGH MANAGEMENT AND PHYSICAL ACTIVITY THE PROGRAM ENCOMPASSES BOTH INTERVENTION AND PREVENTION AND SERVES CHILDREN AND THEIR FAMILIES IN A 17-COUNTY AREA IN ADDITION, FIT4ALLKIDS SUPPORTS PEDIATRICIANS WITH IN-OFFICE PROGRAMS FOR CHILDREN FACING CHILDHOOD OBESITY -ASTHMA EDUCATION FOR PATIENTS AND FAMILIES - ALL CHILDREN'S HOSPITAL IS THE LEAD ORGANIZATION FOR THE SUNCOAST PEDIATRIC ASTHMA COALITION THE COALITION IS DEDICATED TO INCREASING ASTHMA AWARENESS IN THE COMMUNITY SERVICED 900 PATIENTS FOR A COMMUNITY BENEFIT OF $6,200 -MORE HEALTH PARTNERSHIP IN PINELLAS COUNTY SCHOOLS - ALL CHILDREN'S SPONSORS MORE HEALTH PROGRAMS IN THE PINELLAS COUNTY SCHOOLS MORE PROVIDES HIGH-ENERGY, INTERACTIVE HEALTH EDUCATION AND INJURY PREVENTION LESSONS IN PUBLIC AND PRIVATE SCHOOLS IN THE COUNTY THEY OFFER 23 LESSONS ON TOPICS SUCH AS DENTAL, BONES, NUTRITION AND FITNESS, SKIN CANCER, FIREARM SAFETY AND HEART IN 2009-2010 MORE SERVED MORE THAN 50,000 CHILDREN FOR A COMMUNITY BENEFIT OF $100,000 - QUARTERLY HEALTH SCREENINGS WITH THE EARLY CHILDHOOD COALITION - SERVICED APPROXIMATELY 25 PATIENTS FOR A COMMUNITY BENEFIT OF $3,630 -COMMUNITY OUTREACH EDUCATION - ALL CHILDREN'S OFFERS AN ARRAY OF PROGRAMS TO BENEFIT THE COMMUNITY HEALTH AND SAFETY WE OFFER THESE PROGRAMS WITH THE SUPPORT OF HOSPITAL AND GRANT FUNDS PROGRAMS INCLUDE SAFE ROUTES TO SCHOOL, KOHL'S COOKS FOR KIDS, BABYSITTING SAFETY, INFANT & CHILD CPR, DIABETES EDUCATION, FLORIDA SAFE POOLS, AND NUMEROUS OUTREACH HEALTH FAIRS AND BACK-TO-SCHOOL EVENTS 80,000 INDIVIDUALS FOR A COMMUNITY BENEFIT OF $39,700 -TELEPHONE TRIAGE SERVICE - STAFFED BY OUR PEDIATRIC NURSES HELPS MORE THAN 200 COMMUNITY PEDIATRICIANS HANDLE THEIR AFTERHOUR'S CALLS OVER 34,000 CHILDREN AND FAMILIES BENEFITED AT $557,347 -TOBACCO EDUCATION - ALL CHILDREN'S IS COMMITTED TO PROVIDING ANTI-TOBACCO EDUCATION IN SCHOOLS AND SERVICED OVER 5,000 CHILDREN AT A COMMUNITY BENEFIT COST OF $12,350 -HEALTHY START FEDERAL OUTREACH -- ALL CHILDREN'S IS A GRANT PARTNER WITH THE PINELLAS COUNTY HEALTH DEPARTMENT FOR THE HEALTHY START FEDERAL PROGRAM AS THE LEADER FOR THE COMMUNITY SERVICES TEAM, ALL CHILDREN'S IS COMMITTED TO REDUCING INFANT MORTALITY AND ELIMINATE RACIAL DISPARITIES IN THE HEALTH OF BLACK MEN, WOMEN AND CHILDREN THE PROGRAM ENCOURAGES AND SUPPORTS INDIVIDUALS IN TAKING OWNERSHIP OF THEIR PERSONAL WELLNESS/WELL-BEING IN ADDITION, THE FOCUS IS TO ADDRESS KEY CONTRIBUTING FACTORS THAT IMPACT FAMILY HEALTH FOR FUTURE GENERATIONS AND MOBILIZE COMMUNITIES TO CREATE CHANGE

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

ALL CHILDREN'S IS DEDICATED TO ONE OF THE MOST EFFECTIVE TOOLS IN PROMOTING GOOD HEALTH - EDUCATION THROUGH COMMUNITY OUTREACH TO CHILDREN AND FAMILIES SOME OF THE PROGRAMS ARE MENTIONED ABOVE OTHERS INCLUDE PARTICIPATION AT SEVERAL LOCAL CHILDREN'S MUSEUMS WITH INTERACTIVE DISPLAYS ON NUTRITION, SAFETY AND SPORTS THE HOSPITAL CONDUCTS MULTIPLE SCHOOL NURSE PROGRAMS IN ORDER TO ENHANCE THE KNOWLEDGE OF SCHOOL NURSES IN OUR CATCHMENT AREA WE HOST SUPPORT GROUPS AND COMMUNITY ORGANIZATIONS AT OUR FACILITIES AND PROVIDE SPEAKERS TO NUMEROUS COMMUNITY ORGANIZATIONS THROUGH THE YEAR WE PROVIDE AN EDUCATIONAL PLAY FOR SCHOOL CHILDREN IN THE COMMUNITY ALL CHILDREN'S HOSPITAL BOARD OF TRUSTEES, IS COMPRISED OF 24 MEMBERS, OF WHICH 6 SERVE ON THE BOARD BY VIRTUE OF THEIR POSITION AS MEMBERS OF AFFILIATE BOARDS, MEDICAL STAFF, VOLUNTEER AND ACADEMIC OFFICERS, ETC THE REMAINING 18 BOARD MEMBERS ARE ELECTED FROM THE COMMUNITY AT LARGE FOR MAXIMUM TERMS OF 10 YEARS PER INDIVIDUAL ALL CHILDREN'S HOSPITAL MAINTAINS AN OPEN MEDICAL STAFF FOR CERTAIN PHYSICIAN SPECIALTIES

Form 990 Schedule H, Part VI - Supplemental Information, Line 7

ALL CHILDREN'S HEALTH SYSTEM, INC (PARENT) IS A TAX-EXEMPT PARENT HOLDING COMPANY LOCATED IN ST PETERSBURG, FLORIDA, WHOSE PRIMARY PURPOSE IS TO DIRECT THE AFFAIRS OF A HEALTHCARE DELIVERY SYSTEM (THE SYSTEM), WHICH INCLUDES THE FOLLOWING SUBSIDIARIES -ALL CHILDREN'S HOSPITAL, INC (THE HOSPITAL) - A TAX-EXEMPT, 259-BED, PEDIATRIC SPECIALTY CARE HOSPITAL -ALL CHILDREN'S HOSPITAL FOUNDATION, INC (THE FOUNDATION) - A TAX-EXEMPT FOUNDATION ORGANIZED TO RAISE, MANAGE, AND HOLD FUNDS FOR USE BY THE SYSTEM - ALL CHILDREN'S RESEARCH INSTITUTE, INC (ACRI) - A TAX-EXEMPT ORGANIZATION THAT SUPPORTS LABORATORY AND CLINICAL PEDIATRIC RESEARCH -SURGIKIDS OF FLORIDA, INC (SURGIKID) - A TAX-EXEMPT, PEDIATRIC AMBULATORY SURGICAL CENTER -WEST COAST NEONATOLOGY, INC (WCN) - A TAX-EXEMPT PHYSICIAN PRACTICE PROVIDING NEONATOLOGY SERVICES -PEDIATRIC PHYSICIAN SERVICES, INC (PPS) - A TAX-EXEMPT PHYSICIAN PRACTICE CONSISTING OF GENERAL AND PEDIATRIC SUBSPECIALTY PHYSICIANS AND OTHER MEDICAL PROFESSIONALS -KIDS HOME CARE, INC (KHC) - A TAX-EXEMPT ORGANIZATION THAT PROVIDES HOME INFUSION AND PHARMACEUTICAL SERVICES - ACHPOB, INC (ACHPOB) - A TAXABLE ENTITY THAT OWNS AND OPERATES A PHYSICIAN OFFICE BUILDING THE HOSPITAL'S AFFILIATE ORGANIZATIONS (NOTED IN SCHEDULE R) PROVIDE CHARITY CARE AND SUBSIDIZED HEALTH SERVICES THROUGH THE PEDIATRIC PHYSICIAN SERVICES, WEST COAST NEONATOLOGY AND KIDS HOME CARE AFFILIATES DURING THE YEAR COVERED BY THIS RETURN THESE AFFILIATES COMBINED FOR $1,908,813 IN CHARITY CARE AND SUBSIDIZED HEALTH SERVICES AT COST THE ALL CHILDREN'S RESEARCH INSTITUTE PROVIDED RESEARCH SUPPORT TOTALING $2,053,225 AT COST ADDITIONALLY, HEALTH PROFESSIONS EDUCATION OF $117,547 WAS PROVIDED BY THE AFFILIATES DURING THE TWELVE MONTH PERIOD COVERED BY THIS RETURN COMMUNITY BENEFIT REPORT SCHEDULE H, PART I, LINE 6 ALL CHILDREN'S HOSPITAL, INC IS NOT REQUIRED TO FILE A COMMUNITY BENEFIT REPORT TO THE STATE OF FLORIDA OR ANY OTHER STATE WE DO HOWEVER, PREPARE A COMMUNITY BENEFIT REPORT FOR LEGISLATORS, COMMUNITY LEADERS, PHILANTHROPISTS, ETC

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
All Children's Hospital Inc
Attn Finance 9010

Employer identification number
59-0683252

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☑ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		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 with respect to the filing organization or a related organization			
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			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Gary A Carnes	(i)	789,212	0	384,304	27,258	17,976	1,218,750	0
	(ii)	0	0	0	0	0	0	0
Arnold T Stenberg	(i)	495,635	0	144,646	27,258	10,361	677,900	0
	(ii)	0	0	0	0	0	0	0
Robert W Horton	(i)	286,115	0	178,656	27,258	17,136	509,165	0
	(ii)	0	0	0	0	0	0	0
Michael L Epstein	(i)	461,182	0	2,058	25,610	12,114	500,964	0
	(ii)	0	0	0	0	0	0	0
Jean M Francis	(i)	330,771	0	128,384	27,258	5,831	492,244	0
	(ii)	0	0	0	0	0	0	0
Timothy Strouse	(i)	244,167	40,000	13,980	27,258	14,614	340,019	0
	(ii)	0	0	0	0	0	0	0
Calvin L Popovich	(i)	262,763	0	9,438	27,258	14,754	314,213	0
	(ii)	0	0	0	0	0	0	0
John P Harding III	(i)	211,023	27,000	28,849	26,502	20,656	314,029	0
	(ii)	0	0	0	0	0	0	0
Jay R Kuhns	(i)	195,026	27,000	25,884	5,476	17,056	270,442	0
	(ii)	0	0	0	0	0	0	0
Jerry Barbosa MD	(i)	0	0	0	0	0	0	0
	(ii)	373,689	5,555	0	7,350	12,114	398,707	0
Dipti Amin	(i)	167,434	0	0	18,591	18,096	204,121	0
	(ii)	0	0	0	0	0	0	0
Michele J Beaulieu	(i)	140,651	0	13,467	15,907	12,114	182,139	0
	(ii)	0	0	0	0	0	0	0
Barry L Pendry	(i)	151,777	0	0	16,790	16,114	184,681	0
	(ii)	0	0	0	0	0	0	0
Linda Lepore	(i)	139,155	0	11,873	14,312	10,599	175,940	0
	(ii)	0	0	0	0	0	0	0
Cynthia Rose	(i)	142,195	0	8,372	16,331	7,531	174,429	0
	(ii)	0	0	0	0	0	0	0

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 OR PAYMENTS FOR BUSINESS USAGE OF A PERSONAL RESIDENCE GARY CARNES AND ARNOLD STENBERG ALSO RECEIVE PAYMENTS FOR SOCIAL CLUB DUES WHICH ARE INCLUDED FULLY IN THEIR TAXABLE COMPENSATION THE NON-SUBSTANTIATED PORTION OF MONTHLY AUTOMOBILE ALLOWANCES ARE GROSSED UP FOR FICA TAXES ONLY HOUSING ALLOWANCES ARE PROVIDED ONLY IN LIMITED CIRCUMSTANCES AND FOR FINITE PERIODS OF TIME AS PART OF SOME EMPLOYEE RELOCATION AGREEMENTS SUPPLEMENTAL COMPENSATION INFORMATION FORM 990, SCHEDULE J, PART I, QUESTION 3 SEE SCHEDULE O DISCLOSURE FOR FORM 990, PART VI, LINES 15(A) &(B) REGARDING THE PROCESS USED BY ALL CHILDREN'S HOSPITAL SYSTEM, INC TO DETERMINE EXECUTIVE COMPENSATION WHICH IS RELIED UPON BY ALL CHILDREN'S HOSPITAL PAYMENT OF NON-FIXED PAYMENTS NOT DESCRIBED PREVIOUSLY SCHEDULE J, PART I, QUESTION 7 ALL CHILDREN'S HOSPITAL DOES NOT HAVE AN INCENTIVE COMPENSATION PROGRAM AT TIMES, SPECIAL "BONUSES" MAY BE AWARDED BY THE BOARD TO CLINICIANS AND OTHERS WHO PROVIDE EXCELLENT SERVICES, ASSUME ADDITIONAL RESPONSIBILITIES FOR AN EXTENDED PERIOD OF TIME, OR PRODUCE POSITIVE MEASURABLE OUTCOMES AGAINST PREDETERMINED PERFORMANCE BENCHMARKS FOR SPECIFIC SPECIAL PROJECTS

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
All Children's Hospital Inc
Attn Finance 9010

Employer identification number
59-0683252

Part I Bond Issues

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer	
							Yes	No	Yes	No
A	CITY OF STPETERSBURG HEALTH FACILITIES AUTHORITY	59-6000424		04-20-2005	140,000,000	CONSTRUCTION OF A NEW BUILDING		X		X
B	CITY OF STPETERSBURG HEALTH FACILITIES AUTHORITY	59-6000424	793309HR9	10-01-2007	92,200,000	REFUND PRIOR ISSUE (4/20/2005)		X		X
C	CITY OF STPETERSBURG HEALTH FACILITIES AUTHORITY	59-6000424	793309JK2	04-23-2009	62,609,540	REFUND PRIOR ISSUE (10/01/2007)		X		X

Part II Proceeds

		A	B	C	D	E
1	Total proceeds of issue	140,000,000	92,200,000	62,609,540		
2	Gross proceeds in reserve funds	0	0	0		
3	Proceeds in refunding or defeasance escrows	0	30,000,000	61,579,000		
4	Other unspent proceeds	2,330,717	1,406,061	0		
5	Issuance costs from proceeds	1,254,740	793,939	1,030,540		
6	Working capital expenditures from proceeds	0	0	0		
7	Capital expenditures from proceeds	136,414,543	60,000,000	0		
8	Year of substantial completion	2007	2009	2011		

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts with respect to the financed property which may result in private business use?		X		X		X				
3b	Are there any research agreements with respect to the financed property which may result in private business use?		X		X		X				
3c	Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?	X		X		X					
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 900 %		0 860 %		0 020 %					
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶	0 %		0 %		0 %					
6	Total of lines 4 and 5	0 900 %		0 860 %		0 020 %					
7	Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X		X					

Part IV Arbitrage

		A		B		C		D		E	
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
1	Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	X			X		X				
2	Is the bond issue a variable rate issue?	X		X			X				
3a	Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records?	X			X		X				
b	Name of provider	SEE SCHEDULE O									
c	Term of hedge		30								
4a	Were gross proceeds invested in a GIC?		X		X		X				
b	Name of provider										
c	Term of GIC										
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?										
5	Were any gross proceeds invested beyond an available temporary period?	X			X		X				
6	Did the bond issue qualify for an exception to rebate?		X	X		X					

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SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
All Children's Hospital Inc
Attn Finance 9010

Employer identification number
59-0683252

Identifier	Return Reference	Explanation
COMMON PAYMASTER	FORM 990, PART V, QUESTION 2A	ALL COMPENSATION OF ALL CHILDREN'S HOSPITAL EMPLOYEES IS PAID THROUGH ALL CHILDREN'S HEALT H SYSTEM, INC USING ITS FEDERAL TAX ID NUMBER THIS IS KNOWN AS A COMMON PAYMASTER ARRANG EMENT EMPLOYEES OF ALL CHILDREN'S HEALTH SYSTEM AND ITS OTHER SUBSIDIARIES ARE ALSO PAID THROUGH THE SAME ARRANGEMENT ORGANIZATION MEMBERS OR STOCKHOLDERS FORM 990, PART VI, LINE 6 ALL CHILDREN'S HEALTH SYSTEM, INC IS CLASSIFIED AS THE "SOLE" MEMBER OF ALL CHILDREN'S HOSPITAL, INC MEMBERS MAY ELECT ONE OR MORE MEMBERS OF THE GOVERNING BODY FORM 990, PART VI, LINE 7A AT THE ANNUAL MEETING OF THE MEMBER, THE MEMBER ELECTS THE BOARD OF TRUSTEES OF ALL CHILDREN'S HOSPITAL, INC AT ANY BOARD MEETING OF THE MEMBER THROUGHOUT THE YEAR, A S VACANCIES ARISE, THE MEMBER MAY ELECT INDIVIDUALS TO FILL THE THEN-EXISTING VACANCIES ON THE BOARD MEMBER APPROVAL OF GOVERNING BODY DECISIONS FORM 990, PART VI, LINE 7B AS THE SOLE MEMBER, ALL CHILDREN'S HEALTH SYSTEM, INC HAS THE RIGHT TO APPROVE OR RATIFY DECISIO NS OF ALL CHILDREN'S HOSPITAL, INC , WITH RESPECT TO THE FOLLOWING 1 THE ADOPTION OF ANY STRATEGIC PLAN DEVELOPED FOR THE CORPORATION, 2 APPROVAL OF THE ANNUAL OPERATING BUDGET, 3 APPROVAL OF THE CAPITAL BUDGET, 4 MAJOR FINANCING, REFINANCING AND DEBT PREPAYMENTS, 5 REAL ESTATE ACQUISITIONS AND SALES, 6 TRANSFER OF ANY ASSETS TO OTHER ENTITIES OR INDI VIDUALS, 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, MER GER OR CONSOLIDATION OF THE CORPORATION OR THE SALE OR TRANSFER OF ALL OR SUBSTANTIALLY AL L OF THE CORPORATION'S ASSETS, OR THE CREATION OR ACQUISITION OF ANY SUBSIDIARY OR AFFILIA TE CORPORATION OF THE CORPORATION OR OF ANY AUXILIARY ORGANIZATION, 9 ADDITION AND DELETI ON OF SERVICES, AND 10 APPROVAL OF ANY CERTIFICATE OF NEED APPLICATIONS IN ADDITION, ANY ELECTED OR APPOINTED TRUSTEE OF ALL CHILDREN'S HOSPITAL, INC BOARD OF TRUSTEES MAY BE RE MOVED, WITH OR WITHOUT CAUSE, AT A MEETING OF THE MEMBER (ALL CHILDREN'S HEALTH SYSTEM) CA LLED EXPRESSLY FOR THAT PURPOSE COMMITTEE WITH AUTHORITY TO ACT ON BEHALF OF THE GOVERNIN G BODY FORM 990, PART VI, QUESTION 8B ALL CHILDREN'S HOSPITAL BYLAWS ALLOW FOR FINANCE, EX ECUTIVE, NOMINATING AND SEVERAL OTHER COMMITTEES FOR COMMITTEES THAT EXIST AT THE HEALTH SYSTEM LEVEL, ALL CHILDREN'S HOSPITAL RELIES ON THESE COMMITTEES RATHER THAN HAVING A SEPA RATE COMMITTEE THE PRIMARY COMMITTEES OF ALL CHILDREN'S HEALTH SYSTEM ARE COMPENSATION, A UDIT, INVESTMENT, CORPORATE COMPLIANCE AND PLAN OF FINANCE ALL COMMITTEES DOCUMENT ITS ME ETINGS AND ACTIONS PROCESS FOR 990 REVIEW FORM 990, PART VI, QUESTION 11A THE CHIEF FINAN CIAL OFFICER PRESENTS AN OVERVIEW OF THE FORM 990 PREPARATION PROCESS AND SELECTED INFORMA TION FROM THE RETURNS TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS OF ALL CHILDREN'S H EALTH SYSTEM, INC (THE PARENT) THE MEMBERS OF THIS COMMITTEE HAVE AN OPPORTUNITY TO REVIE W THE RETURNS AND ASK QUESTIONS THE CHAIRMAN OF THE AUDIT COMMITTEE, IN TURN MAKES A FORM AL REPORT TO THE FULL BOARD AT ITS NEXT REGULARLY SCHEDULED MEETING CONFLICT OF INTEREST MONITORING PROCESS FORM 990, PART VI, QUESTION 12C ALL CHILDREN'S HOSPITAL, INC HAS AN ANN UAL CONFLICT OF INTEREST DISCLOSURE PROCESS THAT HAS BEEN FORMALLY DOCUMENTED IN POLICY T HE 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 E MPLOYEES, KEY CONTRACTORS, BOARD MEMBERS AND OFFICERS, AND DESIGNATED MEDICAL STAFF ALL D ISCLOSURES ARE REVIEWED BY THE COMPLIANCE OFFICER SELECTED DISCLOSURES ARE REVIEWED BY TH E PRESIDENT/CHIEF EXECUTIVE OFFICER A FORMAL REPORT IS MADE ANNUALLY TO THE COMPLIANCE CO MMITTEE WHERE CONFLICT MANAGEMENT IS ADDRESSED FOR EMPLOYEES, CONTRACTORS, AND PHYSICIANS BOARD MEMBER DISCLOSURES ARE REVIEWED BY THE RESPECTIVE BOARD PRESIDENTS FOR CONFLICT MAN AGEMENT BOARD MEMBERS ARE REQUIRED TO DECLARE ANY POTENTIAL CONFLICTS PRIOR TO CONDUCTING BUSINESS AT EACH MEETING If a conflict is found to exist by a board member, that board m ember is prohibited from voting OFFICES & POSITIONS FOR WHICH PROCESS WAS USED, & YEAR PR OCESS WAS BEGUN FORM 990, PART VI, QUESTION 15A & 15B THE ALL CHILDREN'S HEALTH SYSTEM BOA RD OF DIRECTORS (THE "PARENT") HAS A COMPENSATION COMMITTEE THAT IS RESPONSIBLE FOR THE AN NUAL REVIEW OF EXECUTIVE COMPENSATION THE COMMITTEE HAS DEVELOPED A FORMAL COMPENSATION A ND BENEFIT PHILOSOPHY DOCUMENT WITH THE ASSISTANCE OF A NATIONAL INDEPENDENT CONSULTING FI RM THE COMMITTEE ENGAGES AN INDEPENDENT CONSULTING FIRM EACH YEAR TO CONDUCT MARKET SURVE YS FOR ALL OF THE MANAGEMENT TEAM MEMBERS THE COMMITTEE REPORTS ITS FINDINGS AND RECOMMEN DATIONS TO THE FULL HEALTH SYSTEM BOARD FOR FINAL APPROVAL THIS POLICY WAS FOLLOWED FOR T HE YEAR ENDED SEPTEMBER 30, 2010 AVAILABILITY OF GOVERNING DOCS, FINANCIAL STATEMENTS FOR M 990, PART VI, LINE 19 ALL CHILDREN'S HOSPITAL, I

Identifier	Return Reference	Explanation
COMMON PAYMASTER	FORM 990, PART V, QUESTION 2A	NC DOES NOT MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC THROUGH WWW DACBOND COM ALLOCATI ON OF BOARD & EMPLOYEE HOURS AMONG SYSTEM MEMBERS FORM 990, PART VII, COLUMN (A) THE OFFIC ERS LISTED IN PART VII WORK AN AVERAGE OF 50 HOURS PER WEEK FOR THE REPORTING ORGANIZATION AND OTHER RELATED ORGANIZATIONS LISTED IN SCHEDULE R TAX-EXEMPT BOND ISSUES SCHEDULE K T HE SERIES 2009A BONDS ISSUED ON 04/23/2009 REFUNDED THE SERIES 2007A BONDS IN THE AMOUNT O F $61,575,000 AND PAID COSTS OF ISSUANCE THE SERIES 2007A BONDS ISSUED 10/01/2007 FUNDED THE CONSTRUCTION OF A NEW HOSPITAL FACILITY THE SERIES 2007B BONDS ISSUED 10/01/2007 REFU NDED THE SERIES 2005C BONDS THAT WERE ORIGINALLY ISSUED ON 04/20/2005 THE 2007 BONDS REFU NDED A PRIOR ISSUE AND ADDED NEW MONEY FOR CAPITAL EXPENDITURES THE SERIES 2005C BONDS FU NDED THE CONSTRUCTION OF A NEW HOSPITAL FACILITY THE SERIES 2005A AND 2005B BONDS ISSUED ON 04/20/2005 FUNDED THE CONSTRUCTION OF A NEW HOSPITAL FACILITY CUSIP NUMBERS OF BONDS I SSUED ON 4/20/2005 ARE 793309HM0, 793309HN8 AND 793309HP3 HEDGES WERE PROVIDED WITH RESPE CT TO THE BOND ISSUE BY CITIBANK AND ROYAL BANK OF CANADA

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
All Children's Hospital Inc
Attn Finance 9010

Employer identification number
59-0683252

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity
SURGIKID OF FLORIDA INC 12220 BRUCE B DOWNS BLVD TAMPA, FL 33612 59-3441883	MEDICAL SVCS	FL	501(C)(3)	9	NA
ALL CHILDREN'S HEALTH SYSTEM INC 500 7TH AVENUE SOUTH FL 6 ST PETERSBURG, FL 33701 59-2481740	MGMT SERVICES	FL	501(C)(3)	11C	NA
ALL CHILDREN'S HOSPITAL FOUNDATION INC 500 7TH AVENUE SOUTH FL 6 ST PETERSBURG, FL 33701 59-2481738	FOUNDATION	FL	501(C)(3)	7	NA
WEST COAST NEONATOLOGY INC 601 5TH STREET SOUTH FL 5 ST PETERSBURG, FL 33701 59-3398308	NEONATAL CARE	FL	501(C)(3)	9	NA
ALL CHILDREN'S RESEARCH INSTITUTE INC 550 9TH AVENUE SOUTH FL 1 ST PETERSBURG, FL 33701 59-2481742	RESEARCH	FL	501(C)(3)	4	NA
KIDS HOME CARE INC 550 9TH AVENUE SOUTH FL 1 ST PETERSBURG, FL 33701 59-3476049	HOME HEALTH	FL	501(C)(3)	9	NA
PEDIATRIC PHYSICIAN SERVICES INC 601 5TH STREET SOUTH FL 5 ST PETERSBURG, FL 33701 59-3425191	PEDIATRICS	FL	501(C)(3)	9	NA

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
ACHPOB INC 501 6th Avenue South ST PETERSBURG, FL33701 59-2924779	MED OFC BLDG MGMT	FL	NA	C CORP	0	0	0 %

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

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to other organization(s)	1b	Yes	
c Gift, grant, or capital contribution from other organization(s)	1c	Yes	
d Loans or loan guarantees to or for other organization(s)	1d		No
e Loans or loan guarantees by other organization(s)	1e		No
f Sale of assets to other organization(s)	1f		No
g Purchase of assets from other organization(s)	1g		No
h Exchange of assets	1h		No
i Lease of facilities, equipment, or other assets to other organization(s)	1i	Yes	
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	Yes	

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproprtionate allocations?		(g) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 59-0683252
Name: All Children's Hospital Inc
Attn Finance 9010

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, FL33612 59-3441883	MEDICAL SVCS	FL	501(C)(3)	9	NA
ALL CHILDREN'S HEALTH SYSTEM INC 500 7TH AVENUE SOUTH FL 6 ST PETERSBURG, FL33701 59-2481740	MGMT SERVICES	FL	501(C)(3)	11C	NA
ALL CHILDREN'S HOSPITAL FOUNDATION INC 500 7TH AVENUE SOUTH FL 6 ST PETERSBURG, FL33701 59-2481738	FOUNDATION	FL	501(C)(3)	7	NA
WEST COAST NEONATOLOGY INC 601 5TH STREET SOUTH FL 5 ST PETERSBURG, FL33701 59-3398308	NEONATAL CARE	FL	501(C)(3)	9	NA
ALL CHILDREN'S RESEARCH INSTITUTE INC 550 9TH AVENUE SOUTH FL 1 ST PETERSBURG, FL33701 59-2481742	RESEARCH	FL	501(C)(3)	4	NA
KIDS HOME CARE INC 550 9TH AVENUE SOUTH FL 1 ST PETERSBURG, FL33701 59-3476049	HOME HEALTH	FL	501(C)(3)	9	NA
PEDIATRIC PHYSICIAN SERVICES INC 601 5TH STREET SOUTH FL 5 ST PETERSBURG, FL33701 59-3425191	PEDIATRICS	FL	501(C)(3)	9	NA