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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

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

C Name of organization
ALL CHILDREN'S HOSPITAL INC
ATTN FINANCE DEPT 9010

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
501 SIXTH AVENUE SOUTH

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 $ 840,672,603

F Name and address of principal officer
JONATHAN ELLEN MD
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) ☐ 501(c) ( ) ◀ (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 TREATMENT, 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**	34
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	30
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	2,889
6	Total number of volunteers (estimate if necessary)	**6**	645
7a	Total 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
Revenue	**8** Contributions and grants (Part VIII, line 1h)	4,206,565	5,285,038
	9 Program service revenue (Part VIII, line 2g)	264,560,614	382,912,643
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,710,530	2,083,952
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,590,738	2,799,390
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	284,068,447	393,081,023
Expenses	**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)	125,867,273	177,329,634
	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–24e)	128,695,050	182,230,316
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	254,562,323	359,559,950
	19 Revenue less expenses Subtract line 18 from line 12	29,506,124	33,521,073

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	895,133,716	901,042,112
	21 Total liabilities (Part X, line 26)	314,234,588	336,029,784
	22 Net assets or fund balances Subtract line 21 from line 20	580,899,128	565,012,328

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 — 2013-05-07 Date

▶ NANCY TEMPLIN VP FINANCE AND CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ | Date | Check if self-employed ▶☐ | Preparer's taxpayer identification number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ | EIN ▶ | Phone no ▶

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

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 organization's program service accomplishments for each of its three largest program services, as measured 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 $ 83,025,000 including grants of $ 0) (Revenue $ 85,698,000)

THE CRITICAL CARE PROGRAM AT THE HOSPITAL INCLUDES THE PEDIATRIC INTENSIVE CARE UNIT AND PEDIATRIC MEDICINE THESE PROGRAMS OCCUPY 56 LICENSED BEDS AT THE HOSPITAL INCLUDING 28 INTENSIVE CARE UNIT BEDS AND 28 LOWER ACUITY MEDICAL BEDS THIS PROGRAM EXPERIENCED 17,917 INPATIENT BEDS DAYS DURING THE PERIOD COVERED UNDER THIS RETURN IN ADDITION, 36,524 OUTPATIENT VISITS WERE ATTRIBUTABLE TO THE CRITICAL CARE PROGRAM THIS PROGRAM TREATS ACUTELY-ILL PATIENT'S PRESENTING WITH MEDICAL CONDITIONS OTHER THAN SURGICAL, CARDIAC AND HEMATOLOGY/ONCOLOGY EXAMPLES INCLUDE PNEUMONIA, MENINGITIS AND OTHER INFECTIOUS DISEASES HOSPITAL-BASED PHYSICIANS CARING FOR THESE PATIENTS INCLUDE 9 PEDIATRIC HOSPITALISTS AND 8 PEDIATRIC INTENSIVISTS IN ADDITION, THE HOSPITAL PROVIDES EMPLOYED CHAPLAIN SERVICES, CHILD LIFE SERVICES, SOCIAL WORK SERVICES, DIETICIAN SERVICES AND REHABILITATIVE SERVICES TO THESE PATIENTS MANY OF THESE PATIENTS ARE REFERRED TO THE HOSPITAL FROM OUTLYING COMMUNITY ACUTE-CARE HOSPITALS PRIMARILY SERVING ADULTS THAT LACK THE BREADTH AND DEPTH OF PEDIATRIC SUBSPECIALTY PROVIDERS NEEDED TO TREAT THESE MORE ACUTE PATIENTS

4b (Code) (Expenses $ 59,287,000 including grants of $ 0) (Revenue $ 87,775,000)

THE NEONATOLOGY PROGRAM AT ALL CHILDREN'S HOSPITAL IS A SPECIALITY OF PEDIATRICS THAT FOCUSES ON TREATING PREMATURE INFANTS OR INFANTS WITH CRITICAL MEDICAL CONDITIONS AN ALL CHILDREN'S AFFILIATE EMPLOYS 23 NEONATOLOGISTS THAT PROVIDE TWENTY-FOUR HOUR CARE IN THE NEONATAL INTENSIVE CARE UNIT (NICU) ALL CHILDREN'S NICU IS A LEVEL II NICU OFFERING THE HIGHEST LEVEL OF NEONATAL CARE TO THE NEWBORNS OF FLORIDA, THE SOUTHEAST US, AND MANY NEIGHBORING INTERNATIONAL LOCATIONS THE HOSPITAL IS DESIGNATED A REGIONAL PERINATAL INTENSIVE CARE CENTER (RPICC) BY THE STATE OF FLORIDA'S CHILDREN'S MEDICAL SERVICES, PROVIDING HIGH-RISK OBSTETRICAL CARE AND NEONATAL INTENSIVE CARE TO ALL PATIENTS REGARDLESS OF FINANCIAL NEEDS THE NICU PROVIDED 30,250 DAYS OF INPATIENT CARE DURING THE PERIOD COVERED BY THIS RETURN THE NEONATOLOGY PROGRAM IS ALSO SUPPORTED BY AN EMPLOYED NEONATAL TRANSPORT TEAM AVAILABLE AT ANY TIME TO TRANSPORT THESE PATIENTS SAFELY AND EFFICIENTLY BY AMBULANCE OR AIR TRANSPORT FROM OUTLYING FACILITIES

4c (Code) (Expenses $ 40,502,000 including grants of $ 0) (Revenue $ 38,018,000)

THE ALL CHILDREN'S CENTER FOR PEDIATRIC CANCER AND BLOOD DISORDERS ("CENTER") PROVIDES CLINICAL CARE AND RESEARCH TRIALS FOR CHILDREN, ADOLESCENTS, AND YOUNG ADULTS IN WEST AND WEST CENTRAL FLORIDA ALL CHILDREN'S IS THE PRIMARY CANCER CENTER IN WEST FLORIDA PROVIDING MULTIDISCIPLINARY CARE FOR CHILDREN AND ADOLESCENTS THE CENTER'S PROGRAMS INCLUDE THE ONCOLOGY PROGRAM SUPPORTED BY DIAGNOSTIC RADIOLOGISTS WITH EXPERTISE IN INTERVENTIONAL RADIOLOGY, PEDIATRIC SURGEONS, PEDIATRIC RADIATION ONCOLOGISTS, CHILD LIFE SPECIALISTS, PHYSICAL AND OCCUPATIONAL THERAPY, A CLINICAL PHARMACIST, AND SOCIAL WORKERS OTHER PROGRAMS INCLUDE THE HEMATOLOGY PROGRAM THAT FOLLOWS APPROXIMATELY 300 PATIENTS WITH SICKLE CELL DISEASE AND OFFERS MULTIDISCIPLINARY THERAPY FOR THESE PATIENTS AND THEIR FAMILIES OTHER PROGRAMS ALSO INCLUDE THE PEDIATRIC THROMBOSIS PROGRAM, SARCOMA PROGRAM, BLOOD AND MARROW TRANSPLANT PROGRAM, NEURO-ONCOLOGY PROGRAM, AND THE "CANSURVIVE" CLINIC THAT PROVIDES COORDINATED SURVIVORSHIP CARE TO PATIENTS INPATIENT ACCOMMODATIONS INCLUDE A 28-BED UNIT FOR HEMATOLOGY/ONCOLOGY AND MARROW/STEM TRANSPLANT PATIENTS, A POSITIVE-PRESSURE AIRFLOW SYSTEM, UNIT-BASED ONCOLOGY SOCIAL WORKER, CASE MANAGER AND CHILD LIFE SPECIALIST, DEDICATED PLAYROOM, HOSPITAL-BASED TEACHER, IN-ROOM ACCOMMODATIONS FOR TWO PARENTS AND A DAY-INFUSION CENTER DURING THE PERIOD COVERED BY THIS RETURN, 7,246 DAYS OF INPATIENT CARE WERE PROVIDED AND 8,728 OUTPATIENT VISIT EPISODES OF CARE WERE PROVIDED TO THESE PATIENTS

(Code) (Expenses $ 119,956,839 including grants of $ 0) (Revenue $ 171,421,643)

4d Other program services (Describe in Schedule O)

(Expenses $ 119,956,839 including grants of $) (Revenue $ 171,421,643)

4e **Total program service expenses** ▶ $ 302,770,839

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* (see instructions)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	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.*	11b		No
c	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.*	11c		No
d	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.*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	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 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b	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, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *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 and IV*	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 and IV*	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
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a	Yes	
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b	Yes	

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		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 (or a family member thereof) 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	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
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**

Check if Schedule O contains a response to any question in this Part V . . . . . ☑

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	**1a**	305		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	2,889			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**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 or securities account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for 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?			**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 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**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**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state			**13a**		
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the aggregate amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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.

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	34		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	30		
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 governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		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	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did 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 15a or 15b, 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," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take 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 made 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 made 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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☑

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

- 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, if any 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 neither the organization nor any related organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								7,539,517	4,575,983	2,353,467

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 214

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

(A) Name and business address	(B) Description of services	(C) Compensation
SODEXO INC & AFFILIATES PO BOX 536922 ATLANTA, GA 30353	FOOD/ENVIR SVC MGMT	5,748,202
CERNER CORPORATION PO BOX 412702 KANSAS CITY, MO 64141	SOFTWARE MAINTENANCE	4,986,174
BRASFIELD & GORRIE LLC 200 COLONIAL CENTER PKWY LAKEMARY, FL 32746	GENERAL CONSTRUCTION	4,134,017
MARSH USA INC PO BOX 198587 ATLANTA, GA 30384	INSURANCE BROKERAGE	2,346,626
HUMANA HEALTH PLAN INC PO BOX 528 CAROL STREAM, IL 60132	HEALTH & DENTAL INSURANCE	2,057,407

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 52

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	175,976			
	e	Government grants (contributions)	1e	3,877,683			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,231,379			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		5,285,038			
Program Service Revenue			Business Code				
	2a	HOSPITAL INPATIENT & O	621990	207,299,635	207,299,635		
	b	MEDICARE/MEDICAID PAYM	621990	148,385,284	148,385,284		
	c	STATE OF FLORIDA SPECI	621990	5,619,662	5,619,662		
	d	RETAIL PHARMACY INCOME	621990	2,977,620	2,977,620		
	e	CHILDREN'S HOSPITAL GR	621990	2,092,769	2,092,769		
	f	All other program service revenue		16,537,673	16,537,673		
	g	**Total.** Add lines 2a–2f		382,912,643			
	3	Investment income (including dividends, interest and other similar amounts)		4,524,532			4,524,532
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents	2,799,390				
	b	Less rental expenses	0				
	c	Rental income or (loss)	2,799,390				
	d	Net rental income or (loss)			2,799,390			2,799,390
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	445,151,000				
	b	Less cost or other basis and sales expenses	447,490,012	101,568			
	c	Gain or (loss)	-2,339,012	-101,568			
	d	Net gain or (loss)			-2,440,580			-2,440,580
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					
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue		Business Code				
	11a							
	b							
	c							
	d	All other revenue						
	e	**Total.** Add lines 11a–11d						
	12	**Total revenue.** See Instructions			393,081,023	382,912,643	0	4,883,342

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)
Check if Schedule O contains a response to any question in this Part IX . . . . . ☐

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 United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	7,776,378		7,776,378	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	133,491,686	116,516,094	16,975,592	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	8,053,658	6,971,768	1,081,890	
9	Other employee benefits	17,897,976	15,723,520	2,174,456	
10	Payroll taxes	10,109,936	8,892,913	1,217,023	
11	Fees for services (non-employees)				
a	Management	1,041,653	357,057	684,596	
b	Legal	482,402	1,244	481,158	
c	Accounting	93,594		93,594	
d	Lobbying	195,042		195,042	
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees	664,816		664,816	
g	Other	10,981,123	10,820,993	160,130	
12	Advertising and promotion				
13	Office expenses	78,393,798	70,476,127	7,917,671	
14	Information technology	5,107,825	2,478,151	2,629,674	
15	Royalties . .				
16	Occupancy	10,283,388	7,032,291	3,251,097	
17	Travel	1,427,138	487,129	940,009	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	193,079	141,757	51,322	
20	Interest	5,933,105	5,933,105		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	38,730,176	31,262,998	7,467,178	
23	Insurance	7,202,871	6,398,196	804,675	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	BAD DEBT	8,926,269	8,926,269	0	
b	INDIGENT FEE ASSESSMENT	4,710,054	4,710,054	0	
c	OTHER SERVICES	4,647,647	4,647,277	370	
d	COLLECTION SERVICES	1,451,584	0	1,451,584	
e					
f	All other expenses	1,764,752	993,896	770,856	
25	**Total functional expenses.** Add lines 1 through 24f	359,559,950	302,770,839	56,789,111	0
26	**Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) 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		675,123	1	86,139
	2	Savings and temporary cash investments		53,271,214	2	87,697,220
	3	Pledges and grants receivable, net		990,958	3	626,007
	4	Accounts receivable, net		31,609,028	4	29,674,102
	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		7,085,535	8	7,428,230
	9	Prepaid expenses and deferred charges		7,651,453	9	7,049,170
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 490,388,231			
	b	Less accumulated depreciation	10b 48,187,216	461,588,341	10c	442,201,015
	11	Investments—publicly traded securities		218,280,219	11	222,571,987
	12	Investments—other securities See Part IV, line 11		1,144,191	12	1,030,297
	13	Investments—program-related See Part IV, line 11		26,256,806	13	11,767,522
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		86,580,848	15	90,910,423
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		895,133,716	16	901,042,112
Liabilities	17	Accounts payable and accrued expenses		52,303,167	17	55,267,102
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		223,745,934	20	219,286,493
	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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		38,185,487	25	61,476,189
	26	**Total liabilities.** Add lines 17 through 25		314,234,588	26	336,029,784
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		554,569,669	27	539,325,212
	28	Temporarily restricted net assets		13,149,590	28	13,233,967
	29	Permanently restricted net assets		13,179,869	29	12,453,149
		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		580,899,128	33	565,012,328
	34	Total liabilities and net assets/fund balances		895,133,716	34	901,042,112

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	393,081,023
2	Total expenses (must equal Part IX, column (A), line 25)	2	359,559,950
3	Revenue less expenses Subtract line 2 from line 1	3	33,521,073
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	580,899,128
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-49,407,873
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	565,012,328

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			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 separate basis, consolidated 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		No
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		

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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

2011

Open to Public Inspection

Name of the organization
ALL CHILDREN'S HOSPITAL INC
ATTN FINANCE DEPT 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 6 column (f) divided by line 11 column (f)) **14**

15 Public Support Percentage for 2010 Schedule A, Part II, line 14 **15**

16a **33 1/3% support test—2011.** 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—2010.** 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—2011.** 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—2010.** 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** 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. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

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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

2011

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, Line 3, or Form 990-EZ, Part V, 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 35c (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 DEPT 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 on behalf of or in opposition to candidates for public office 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 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments 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 (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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) 2008	(b) 2009	(c) 2010	(d) 2011	(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?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		195,042
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities? If "Yes," describe in Part IV		No	
j	Total lines 1c through 1i			195,042
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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
PART IV, SUPPLEMENTAL INFORMATION		SCHEDULE C, PART 11-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 MEMEBER 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 SPECEFIC TO SAFETY NET HOSPITALS DURING THE REPORTING PERIOD $195,042 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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ALL CHILDREN'S HOSPITAL INC
ATTN FINANCE DEPT 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	14,315,278	12,995,278	11,144,938	11,993,129	
b Contributions		26,000			
c Investment earnings or losses	-714,000	1,294,000	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	13,601,278	14,315,278	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 Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		17,331,342		17,331,342
b Buildings		291,634,884	14,478,157	277,156,727
c Leasehold improvements		858,985	200,193	658,792
d Equipment		174,795,128	32,957,571	141,837,557
e Other		5,767,892	551,295	5,216,597
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				442,201,015

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
(1) Financial derivatives		
(2) 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
(1) DUE TO AFFILIATES	6,988,767
(2) INTEREST IN NET ASSETS OF FOUNDATION	68,400,977
(3) TRADE NAME	11,670,000
(4) DEBT ISSUANCE COSTS	238,679
(5) OTHER ASSETS	3,612,000
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	90,910,423

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
PROFESSIONAL LIABILITY	24,605,373
INTEREST RATE SWAP AGREEMENTS	34,274,388
OBLIGATION UNDER CAPITAL LEASES	1,297,492
OTHER LIABILITIES	1,298,936
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	61,476,189

2. Fin 48 (ASC 740) 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 (ASC740)

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	393,081,023
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	359,559,950
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	33,521,073
4	Net unrealized gains (losses) on investments	4	-6,690,025
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-42,717,848
9	Total adjustments (net) Add lines 4 - 8	9	-49,407,873
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-15,886,800

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	386,657,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-6,690,025		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	266,002		
e	Add lines **2a** through **2d**			2e	-6,424,023
3	Subtract line **2e** from line **1**			3	393,081,023
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	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	393,081,023

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

1	Total expenses and losses per audited financial statements			1	359,560,000
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	50		
e	Add lines **2a** through **2d**			2e	50
3	Subtract line **2e** from line **1**			3	359,559,950
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	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	359,559,950

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
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	THE INTENDED USE FOR ALL CHILDREN'S HOSPITAL ENDOWMENT FUNDS ARE SPECIFIC TO PROGRAM NEEDS AS DESIGNATED BY THE DONORS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE HOSPITAL RECOGNIZES UNCERTAIN INCOME TAX POSITIONS WHEN IT IS MORE LIKELY THAN NOT TO BE REALIZED (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 HOSPITAL HAS NO UNCERTAIN TAX POSITIONS AS OF JUNE 30, 2012
PART XI, LINE 8 - OTHER ADJUSTMENTS		CHANGE INTEREST IN NET ASSETS OF THE FOUNDATION 605,949 INTEREST EXPENSE ON SWAP AGREEMENT - 3,328,122 NON-OPERATING SERVICES -6,000,000 CHANGE IN MARKET VALUE OF INTEREST RATE SWAPS - 18,082,283 TRANSFER BETWEEN AFFILIATES -15,913,000 ROUNDING -392 TOTAL TO SCHEDULE D, PART XI, LINE 8 -42,717,848
PART XII, LINE 2D - OTHER ADJUSTMENTS		NET ASSETS RELEASED FROM RESTRICTION 267,000 ROUNDING -998
PART XIII, LINE 2D - OTHER ADJUSTMENTS		ROUNDING 50

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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

2011

Open to Public Inspection

Name of the organization
ALL CHILDREN'S HOSPITAL INC
ATTN FINANCE DEPT 9010

Employer identification number
59-0683252

Part I Charity Care and Certain Other Community Benefits at Cost

			Yes	No
1a	Did 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 had 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 during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing *free* care? If "Yes," indicate which of the following is the FPG family income limit for eligibility for free care ☐ 100% ☐ 150% ☑ 200% ☐ Other _____ %	3a	Yes	
b	Did the organization use FPG to determine eligibility for providing *discounted* care? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care ☐ 200% ☐ 250% ☐ 300% ☐ 350% ☐ 400% ☐ Other _____ %	3b		No
c	If the organization did 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	Did the organization's policy provide free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	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	Did the organization prepare a community benefit reportduring the tax year?	6a	Yes	
6b	If "Yes," did 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 Worksheet 1)			3,797,110	0	3,797,110	1 080 %
b Medicaid (from Worksheet 3, column a)			210,964,136	196,703,150	14,260,986	4 070 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			214,761,246	196,703,150	18,058,096	5 150 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)			1,842,415	306,733	1,535,682	0 440 %
f Health professions education (from Worksheet 5)			6,517,884	2,092,769	4,425,115	1 260 %
g Subsidized health services (from Worksheet 6)			3,919,030	0	3,919,030	1 120 %
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total** Other Benefits			12,279,329	2,399,502	9,879,827	2 820 %
k **Total.** Add lines 7d and 7j			227,040,575	199,102,652	27,937,923	7 970 %

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			788,235	0	788,235	0 220 %
4	Environmental improvements						
5	Leadership development and training for community members						
6	Coalition building						
7	Community health improvement advocacy						
8	Workforce development						
9	Other						
10	**Total**			788,235		788,235	0 220 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

				Yes	No
1	Did 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	2	8,926,269		
3	Enter the estimated amount of the organization's bad debt expense 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 a portion of bad debt amounts as community benefit				

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5	340,113		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	735,069		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	-394,956		
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	Did the organization have a written debt collection policy during the tax year?		9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI		9b		No

Part IV Management Companies and Joint Ventures (see instructions)

	(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					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 1

	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)
1	ALL CHILDREN'S HOSPITAL INC 501 6TH AVENUE SOUTH ST PETERSBURG, FL 33701	X		X	X			X		

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices.

(Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

ALL CHILDREN'S HOSPITAL INC

Name of Hospital Facility:

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2011)			
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment ("Needs Assessment")? If "No," skip to question 8	1		No
If "Yes," indicate what the Needs Assessment describes (check all that apply)			
a ☐ A definition of the community served by the hospital facility			
b ☐ Demographics of the community			
c ☐ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d ☐ How data was obtained			
e ☐ The health needs of the community			
f ☐ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g ☐ The process for identifying and prioritizing community health needs and services to meet those needs			
h ☐ The process for consulting with persons representing the community's interests			
i ☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j ☐ Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment 20 ___			
3 In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	4		
5 Did the hospital facility make its Needs Assessment widely available to the public?	5		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply)			
a ☐ Hospital facility's website			
b ☐ Available upon request from the hospital facility			
c ☐ Other (describe in Part VI)			
6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply)			
a ☐ Adoption of an implementation strategy to address the health needs of the hospital facility's community			
b ☐ Execution of the implementation strategy			
c ☐ Development of a community-wide community benefit plan for the facility			
d ☐ Participation in community-wide community benefit plan			
e ☐ Inclusion of a community benefit section in operational plans			
f ☐ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g ☐ Prioritization of health needs in the community			
h ☐ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i ☐ Other (describe in Part VI)			
7 Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain in Part VI which needs it has not addressed together with the reasons why it has not addressed such needs	7		
Financial Assistance Policy			
Did the hospital facility have in place during the tax year a written financial assistance policy that			
8 Explains eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Yes	
9 Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	9	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000%			
If "No," explain in Part VI the criteria the hospital facility used			

Part V Facility Information *(continued)*

		Yes	No
10 Used FPG to determine eligibility for providing discounted care?	**10**		No
If "Yes," indicate the FPG family income limit for eligibility for discounted care __%			
If "No," explain in Part VI the criteria the hospital facility used			
11 Explained the basis for calculating amounts charged to patients?	**11**		No
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☐ Income level			
b ☐ Asset level			
c ☐ Medical indigency			
d ☐ Insurance status			
e ☐ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Other (describe in Part VI)			
12 Explained the method for applying for financial assistance?	**12**	Yes	
13 Included measures to publicize the policy within the community served by the hospital facility?	**13**		No
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☐ The policy was posted at all times on the hospital facility's web site			
b ☐ The policy was attached to all billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients upon admission to the hospital facility			
f ☐ The policy was available upon request			
g ☐ Other (describe in Part VI)			

Billing and Collections

14 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**14**	Yes	
15 Check all of the following collection actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments or arrests			
e ☐ Other similar actions (describe in Part VI)			
16 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the patient's eligibility under the facility's FAP?	**16**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Part VI)			
17 Indicate which efforts the hospital facility made before initiating any of the actions checked in question 16 (check all that apply)			
a ☐ Notified patients of the financial assistance policy upon admission			
b ☐ Notified patients of the financial assistance policy prior to discharge			
c ☐ Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d ☐ Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy			
e ☐ Other (describe in Part VI)			

Part V Facility Information *(continued)*

Policy Relating to Emergency Medical Care

		Yes	No
18 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**18**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Individuals Eligible for Financial Assistance

19 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care			
a ☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b ☐ The hospital facility used the average of it's three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d ☐ Other (describe in Part VI)			
20 Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial assistance policy, and to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?	**20**		No
If "Yes," explain in Part VI			
21 Did the hospital facility charge any of its FAP-eligible patients an amount equal to the gross charge for services provided to that patient?	**21**	Yes	
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size from largest to smallest)

How many non-hospital facilities did the organization operate during the tax year? **11**

	Name and address	Type of Facility (Describe)
1	See Additional Data Table	
2		
3		
4		
5		
6		
7		
8		
9		
10		

Part VI Supplemental Information

Complete this part to provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II, Part III, lines 4, 8, and 9b, and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 9, 10, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21

2 **Community health needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any community health needs assessments reported in Part V, Section B

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 financial assistance policy

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

5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities 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)

6 **Affiliated health care system.** 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 communities served

7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report

Identifier	ReturnReference	Explanation
		PART I, LINE 3C DISCOUNTS ARE PROVIDED TO PATIENTS WHO PAY AT TIME OF SERVICE AFTER DATE OF SERVICE, DISCOUNTS OF UP TO 20% MAY BE OFFERED BASED ON PATIENT FINANCIAL CIRCUMSTANCES

Identifier	ReturnReference	Explanation
		PART I, LINE 7 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

Identifier	ReturnReference	Explanation
		PART I, LINE 7G SUBSIDIZED HEALTH SERVICES DO NOT INCLUDE ANY COSTS ATTRIBUTABLE TO A PHYSICIAN CLINIC

Identifier	ReturnReference	Explanation
		PART I, L7 COL(F) 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 $8,926,269

Identifier	ReturnReference	Explanation
		PART II THE HOSPITAL SPONSORS AND TAKES PART IN COMMUNITY HEALTH SERVICES THAT ADDRESS CHILD SAFETY, DISEASE MANAGEMENT, AND PREVENTATIVE HEALTH WITH PROGRAMS THAT INCLUDE ASTHMA EDUCATION, INFANT AND TODDLER HEALTH AND DEVELOPMENTAL SCREENING, PARENT SUPPORT GROUPS, AND A WEIGHT MANAGEMENT AND OBESITY PREVENTION PROGRAM ALL CHILDRENS SPONSORS THE SUNCOAST SAFE KIDS COALITION AND ITS PROGRAMS ON CHILD PASSENGER SAFETY, PEDESTRIAN SAFETY, WATER SAFETY AND DROWNING PREVENTION

Identifier	ReturnReference	Explanation
		PART III, LINE 4 BAD DEBT EXPENSE ENTERED COMES FROM THE HOSPITALS BOOKS AND RECORDS 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 GUARANTORS ACCOUNT THE STATEMENT FROM THE ORGANIZATIONS FINANCIAL STATEMENTS READS 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 PAYOR SOURCE, THE AGING OF RECEIVABLES AND MANAGEMENTS ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, TREND 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

Identifier	ReturnReference	Explanation
		PART III, LINE 8 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

Identifier	ReturnReference	Explanation
ALL CHILDREN'S HOSPITAL, INC		PART V, SECTION B, LINE 10 DISCOUNTS ARE PROVIDED TO PATIENTS WHO PAY AT TIME OF SERVICE AFTER DATE OF SERVICE, DISCOUNTS OF UP TO 20% MAY BE OFFERED BASED ON PATIENT FINANCIAL CIRCUMSTANCES

Identifier	ReturnReference	Explanation
ALL CHILDREN'S HOSPITAL, INC		PART V, SECTION B, LINE 19D ALL CHILDRENS HOSPITAL IS CURRENTLY UPDATING ITS WRITTEN POLICIES TO COMPLY WITH ALL OF THE REQUIREMENTS OF IRC 501(R)

Identifier	ReturnReference	Explanation
ALL CHILDREN'S HOSPITAL, INC		PART V, SECTION B, LINE 21 THE HOSPITAL CONTINUES TO IMPLEMENT RECENT GUIDANCE RELATED TO ITS FAP-ELIGIBLE PATIENTS THE IMPLEMENTATION WAS NOT COMPLETE DURING THE PERIOD COVERED BY THIS RETURN

Identifier	ReturnReference	Explanation
		PART VI, LINE 2 ALL CHILDRENS HOSPITAL IS CURRENTLY UNDERTAKING A COMMUNITY HEALTH NEEDS ASSESSMENT MANAGEMENT HAS CONVENED STRATEGIC COMMUNITY LEADERS TO WORK TOGETHER COLLABORATIVELY TO BETTER UNDERSTAND, MEASURE AND IMPACT CHILDRENS HEALTH IN OUR COMMUNITY IN OCTOBER 2012 THE HOSPITAL STARTED TO GATHER INFORMATION AND OPINIONS FROM PERSONS WHO REPRESENT CHILDRENS INTERESTS IN THE COMMUNITY SERVED BY THE HOSPITAL TARGETED INTERVIEWS ARE BEING USED TO GATHER INFORMATION AND OPINIONS FROM PERSONS WHO REPRESENT THE BROAD INTERESTS OF THE COMMUNITY SERVED BY THE HOSPITAL FOR THE INTERVIEW, COMMUNITY STAKEHOLDERS, IDENTIFIED BY THE COMMUNITY ADVISORY GROUP, HAVE BEEN CONTACTED AND ASKED TO PARTICIPATE IN THE NEEDS ASSESSMENT IN ADDITION, FIVE FOCUS GROUPS WERE HELD IN AT-RISK NEIGHBORHOODS IN PINELLAS COUNTY INVOLVING MORE THAN 80 INDIVIDUALS SECONDARY DATA HAVE BEEN COLLECTED FROM A VARIETY OF LOCAL, COUNTY, AND STATE SOURCES TO PRESENT A COMMUNITY PROFILE, ACCESS TO HEALTH CARE, CHRONIC DISEASES, SOCIAL ISSUES, AND OTHER HEALTH INDICATORS ANALYSES ARE BEING CONDUCTED AT THE LOCAL LEVEL FOR THE HOSPITALS PRIMARY AND COMMUNITY BENEFITS SERVICE AREA, GIVEN THE AVAILABILITY OF THE DATA

Identifier	ReturnReference	Explanation
		PART VI, LINE 3 ACH INFORMS ITS PATIENTS ABOUT THE CHARITY CARE POLICY THROUGH A NUMBER OF MEANS, INCLUDING SIGNS IN ENGLISH AND SPANISH POSTED IN PATIENT WAITING AND REGISTRATION AREAS STATING 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

Identifier	ReturnReference	Explanation
		PART VI, LINE 4 THE HOSPITAL CONSIDERS ITS COMMUNITY BENEFIT SERVICE AREA (CBSA) AS SPECIFIC POPULATIONS OR COMMUNITIES OF NEED TO WHICH THE HOSPITAL ALLOCATES RESOURCES THROUGH ITS COMMUNITY BENEFIT PLAN THE CBSA IS DEFINED AS PINELLAS COUNTY THE GENERAL DATA FOR THIS COMMUNITY BENEFIT SERVICE AREA ARE AS FOLLOWS TOTAL POPULATION WAS 913,500 OF WHICH 48% WERE MALES AND 52% WERE FEMALES, AVERAGE HOUSEHOLD INCOME WAS $43,957, 18% OF RESIDENTS ARE UNINSURED, 10% OF RESIDENTS ARE COVERED BY MEDICAID/MEDICARE, 12% OF PEOPLE HAD INCOME BELOW THE FEDERAL POVERTY GUIDELINES NUMBER OF OTHER HOSPITALS SERVING THE COMMUNITY OR COMMUNITIES 47

Identifier	ReturnReference	Explanation
		PART VI, LINE 5 ALL CHILDRENS 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 CHILDRENS MUSEUMS WITH INTERACTIVE DISPLAYS ON NUTRITION, SAFETY AND SPORTS ALL CHILDRENS SUPPORTS AN IN-CLASSROOM PROGRAM, MORE HEALTH, IN THE PINELLAS COUNTY SCHOOLS REACHING MORE THAN 70,000 STUDENTS ANNUALLY IN ADDITION, THE HOSPITAL PROMOTES BIKE, PEDESTRIAN AND SPORTS SAFETY PROGRAMS IN THE SCHOOLS 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 ALL CHILDRENS HOSPITAL BOARD OF TRUSTEES, IS COMPRISED OF 32 MEMBERS, OF WHICH 8 SERVE ON THE BOARD BY VIRTUE OF THEIR POSITION AS MEMBERS OF AFFILIATE BOARDS, MEDICAL STAFF, VOLUNTEER AND ACADEMIC OFFICERS, ETC THE REMAINING 24 BOARD MEMBERS ARE ELECTED FROM THE COMMUNITY AT LARGE FOR MAXIMUM TERMS OF 9 YEARS PER INDIVIDUAL ALL CHILDRENS HOSPITAL MAINTAINS AN OPEN MEDICAL STAFF FOR CERTAIN PHYSICIAN SPECIALTIES

Identifier	ReturnReference	Explanation
		PART VI, LINE 6 THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION (JHHSC) IS INCORPORATED IN THE STATE OF MARYLAND TO, AMONG OTHER THINGS, FORMULATE POLICY AMONG AND PROVIDE CENTRALIZED MANAGEMENT FOR JHHSC AND AFFILIATES (JHHS) JHHS IS ORGANIZED AND OPERATED FOR THE PURPOSE OF PROMOTING HEALTH BY FUNCTIONING AS A PARENT HOLDING COMPANY OF AFFILIATES WHOSE COMBINED MISSION IS TO PROVIDE PATIENT CARE IN THE TREATMENT AND PREVENTION OF HUMAN ILLNESS WHICH COMPARES FAVORABLY WITH THAT RENDERED BY ANY OTHER INSTITUTION IN THIS COUNTRY OR ABROAD JHHSC IS THE SOLE MEMBER OF THE JOHNS HOPKINS HOSPITAL (JHH), AN ACADEMIC MEDICAL CENTER, JOHNS HOPKINS BAYVIEW MEDICAL CENTER, INC (JHBMC), A COMMUNITY BASED TEACHING HOSPITAL AND LONG-TERM CARE FACILITY, HOWARD COUNTY GENERAL HOSPITAL, INC (HCGH), A COMMUNITY BASED HOSPITAL, SUBURBAN HOSPITAL, INC (SHI), A COMMUNITY BASED HOSPITAL, SIBLEY MEMORIAL HOSPITAL (SMH), A D C COMMUNITY BASED HOSPITAL, AND ALL CHILDRENS HOSPITAL, INC (ACH), A FL ACADEMIC CHILDRENS HOSPITAL

Identifier	ReturnReference	Explanation
	PART VI LINE 7	ALL CHILDRENS HOSPITAL, INC IS NOT REQUIRED TO FILE A COMMUNITY BENEFIT REPORT TO THE STATE OF FLORIDA OR ANY OTHER STATE

Additional Data

Software ID:
Software Version:
EIN: 59-0683252
Name: ALL CHILDREN'S HOSPITAL INC
ATTN FINANCE DEPT 9010

Form 990 Schedule H, Part V Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility (list in order of size from largest to smallest) How many non-hospital facilities did the organization operate during the tax year? **11** Name and address	Type of Facility (Describe)
ALL CHILDREN'S THERAPY CTR OF EAST LAKE 3850 TAMPA RD STE 200 PALM HARBOR, FL 346843670	THERAPY CENTER
ALL CHILDREN'S THERAPY CTR OF EAST LAKE 3850 TAMPA RD STE 200 PALM HARBOR, FL 346843670	THERAPY CENTER
ALL CHILDREN'S THERAPY CTR OF EAST LAKE 3850 TAMPA RD STE 200 PALM HARBOR, FL 346843670	THERAPY CENTER
ALL CHILDREN'S THERAPY CTR OF EAST LAKE 3850 TAMPA RD STE 200 PALM HARBOR, FL 346843670	THERAPY CENTER
ALL CHILDREN'S THERAPY CTR OF EAST LAKE 3850 TAMPA RD STE 200 PALM HARBOR, FL 346843670	THERAPY CENTER
ALL CHILDREN'S THERAPY CTR OF EAST LAKE 3850 TAMPA RD STE 200 PALM HARBOR, FL 346843670	THERAPY CENTER
ALL CHILDREN'S THERAPY CTR OF EAST LAKE 3850 TAMPA RD STE 200 PALM HARBOR, FL 346843670	THERAPY CENTER
ALL CHILDREN'S THERAPY CTR OF EAST LAKE 3850 TAMPA RD STE 200 PALM HARBOR, FL 346843670	THERAPY CENTER
ALL CHILDREN'S THERAPY CTR OF EAST LAKE 3850 TAMPA RD STE 200 PALM HARBOR, FL 346843670	THERAPY CENTER
ALL CHILDREN'S THERAPY CTR OF EAST LAKE 3850 TAMPA RD STE 200 PALM HARBOR, FL 346843670	THERAPY CENTER
ALL CHILDREN'S THERAPY CTR OF EAST LAKE 3850 TAMPA RD STE 200 PALM HARBOR, FL 346843670	THERAPY CENTER

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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

2011

Open to Public Inspection

Name of the organization
ALL CHILDREN'S HOSPITAL INC
ATTN FINANCE DEPT 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**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**	Yes	
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(A) Name		**(B)** Breakdown of W-2 and/or 1099-MISC compensation			**(C)** Retirement and other deferred compensation	**(D)** Nontaxable benefits	**(E)** Total of columns (B)(i)-(D)	**(F)** Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	**(ii)** Bonus & incentive compensation	**(iii)** Other reportable compensation				
See Additional Data Table								

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	ORGANIZATION PROVIDED BENEFITS FORM 990, SCHEDULE J, PART 1, 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 A CARNES AND ARNOLD T STENBERG, JR RECEIVED REIMBURSEMENT FOR SOCIAL CLUB DUES WHICH WERE INCLUDED FULLY IN THEIR W-2 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
	PART I, LINE 4B	THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (THE PLAN) OF ALL CHILDREN'S HEALTH SYSTEM, INC (THE COMPANY) IS A NONQUALIFIED DEFERRED COMPENSATION PLAN INTENDED TO BE GOVERNED BY SECTION 457(F) OF THE INTERNAL REVENUE CODE THE BOARD OF DIRECTORS OF THE COMPANY DETERMINES ELIGIBILITY FOR THE PLAN FROM AMONG A SELECT GROUP OF KEY EMPLOYEES AND MANAGEMENT THE PLAN PROVIDES FOR A SUPPLEMENTAL RETIREMENT BENEFIT BEGINNING AT RETIREMENT OR UPON SEPARATION FROM THE COMPANY DURING THE TIME PERIOD COVERED BY THE RETURN, THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE PLAN AND WERE AWARDED AMOUNTS AS FOLLOWS WHICH ARE INCLUDED ON SCHEDULE J, COLUMN B(III) GARY A CARNES $558,503, ARNOLD T STENBERG, JR $237,646, R WILLIAM HORTON $302,363, TIMOTHY STROUSE $7,114, JOHN HARDING, III $52,193, MICHAEL EPSTEIN, M D $101,251, JAY KUHNS $48,802, HELLA EWING $41,224 AND NANCY TEMPLIN $72,665 THE MAKE WHOLE AND SERP I PLANS ARE FROZEN DEFINED BENEFIT PLANS PROVIDED BY THE RELATED ORGANIZATION JOHNS HOPKINS HEALTH SYSTEM CORPORATION THE PLANS ARE LIMITED TO THE EXISTING PLAN PARTICIPANTS THE PLANS ARE SUBJECT TO CLAIMS OF EMPLOYER'S BANKRUPTCY/INSOLVENCY CREDITORS THE MAKE WHOLE PLAN WAS DESIGNED TO REPLACE THE BENEFITS THE PARTICIPANTS LOST AS DO THE COMPENSATION LIMITS THAT WERE IMPOSED UPON OUR QUALIFIED DEFINED BENEFIT PLAN FURTHERMORE, IF A PARTICIPANT TERMINATES EMPLOYMENT PRIOR TO COMPLETING THE SERVICE REQUIREMENTS, THE PARTICIPANT'S BENEFIT IS FORFEITED NOTE THAT ANY ITEM BEING REPORTED AS COMPENSATION WAS ALSO REPORTED IN PREVIOUS YEARS FORMS 990 AS REQUIRED, WHEN AMOUNTS ACCRUED UNDER THE PLAN THE FOLLOWING INDIVIDUAL LISTED ON FORM 990, PART VII, SECTION A, LINE 1A PARTICIPATED IN A NONQUALIFIED RETIREMENT PLAN AND RECEIVED ACCRUED DEFERRED COMPENSATION THAT IS REPORTED ON SCHEDULE J, PART II, COLUMN (C) RONALD R PETERSON $1,626,957
	PART I, LINE 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 ADIDTIONAL RESPONSIBILITIES FOR AN EXTENDED PERIOD OF TIME, OR PRODUCE POSITIVE MEASURABLE OUTCOMES AGAINST PREDETERMINED PERFORMANCE BENCHMARKS FOR SPECIFIC PROJECTS
SUPPLEMENTAL INFORMATION	PART III	SUPPLEMENTAL COMPENSATION INFORMATION FORM 990, SCHEDULE J, PART 1, QUESTION 3 SEE SCHEDULE O DISCLOSURE FOR FORM 990, PART VI, LINES 15(A) & (B) REGARDING THE PROCESS USED BY ALL CHILDREN'S HEALTH SYSTEM, INC TO DETERMINE EXECUTIVE COMPENSATION WHICH IS RELIED UPON BY ALL CHILDREN'S HOSPITAL

Additional Data

Return to Form

Software ID:

Software Version:

EIN: 59-0683252

Name: ALL CHILDREN'S HOSPITAL INC
ATTN FINANCE DEPT 9010

Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
GARY A CARNES	(I)	852,705	0	904,092	27,603	18,558	1,802,958	0
	(II)	0	0	0	0	0	0	0
ARNOLD T STENBERG JR	(I)	582,566	0	386,944	27,603	17,148	1,014,261	0
	(II)	0	0	0	0	0	0	0
R WILLIAM HORTON	(I)	326,177	0	476,342	27,603	19,078	849,200	0
	(II)	0	0	0	0	0	0	0
RONALD PETERSON	(I)	0	0	0	0	0	0	0
	(II)	1,101,197	451,124	151,234	1,754,885	23,092	3,481,532	0
NANCY TEMPLIN	(I)	307,139	0	75,382	7,350	11,504	401,375	0
	(II)	0	0	0	0	0	0	0
MICHAEL EPSTEIN MD	(I)	495,952	0	169,702	27,603	13,148	706,405	0
	(II)	0	0	0	0	0	0	0
TIMOTHY STROUSE	(I)	261,937	0	154,550	27,603	16,148	460,238	0
	(II)	0	0	0	0	0	0	0
CALVIN L POPOVICH	(I)	285,659	0	98,671	27,603	15,788	427,721	0
	(II)	0	0	0	0	0	0	0
JOHN HARDING III	(I)	232,448	15,000	57,336	22,738	22,078	349,600	0
	(II)	0	0	0	0	0	0	0
JAY KUHNS	(I)	229,969	0	50,981	27,388	19,578	327,916	0
	(II)	0	0	0	0	0	0	0
CYNTHIA ROSE	(I)	151,301	0	31,850	17,523	8,293	208,967	0
	(II)	0	0	0	0	0	0	0
HELLA EWING	(I)	218,502	0	43,174	4,467	13,148	279,291	0
	(II)	0	0	0	0	0	0	0
CAROLYN CAREY	(I)	227,500	0	0	0	0	227,500	0
	(II)	457,803	74,768	55,429	0	15,504	603,504	0
GERALD TUITE	(I)	235,000	0	0	0	0	235,000	0
	(II)	450,067	59,741	61,368	5,993	19,062	596,231	0
BRUCE STORRS	(I)	225,000	0	0	0	0	225,000	0
	(II)	453,553	59,750	61,368	0	22,038	596,709	0
LUIS RODRIGUEZ	(I)	225,000	0	0	0	0	225,000	0
	(II)	452,924	59,741	55,428	7,350	22,078	597,521	0
RICHARD HARMEL MD	(I)	142,500	0	0	0	0	142,500	0
	(II)	467,701	26,135	41,254	27,603	21,078	583,771	0
JERRY BARBOSA MD	(I)	0	0	0	0	0	0	0
	(II)	35,398	0	0	0	0	35,398	0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ALL CHILDREN'S HOSPITAL INC
ATTN FINANCE DEPT 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		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CITY OF ST PETERSBURG HEALTH FACILITIES AUTHORITY	59-6000424	793309HR9	10-01-2007	92,200,000	REFUND PRIOR ISSUE (4/20/05) CONSTRUCTION OF NEW BUILDING		X		X		X
B	CITY OF ST PETERSBURG HEALTH FACILITIES AUTHORITY	59-6000424	793309JK2	04-23-2009	62,609,540	REFUND PRIOR ISSUES (10/01/07)		X		X		X
C	CITY OF ST PETERSBURG HEALTH FACILITIES AUTHORITY	59-6000424	793309JM8	06-28-2012	102,400,000	REFUND PRIOR ISSUE (04/20/05 A&B)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	64,800,000			
2	Amount of bonds defeased				
3	Total proceeds of issue	92,200,000	62,609,540	102,400,000	
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	793,939	1,030,540		
8	Credit enhancement from proceeds	1,406,061			
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	60,000,000			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2009	2009	2007	

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?	X		X		X			
15	Were the bonds issued as part of an advance refunding issue?		X		X		X		
16	Has the final allocation of proceeds been made?	X		X		X			
17	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	
		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 that may result in private business use of bond-financed property?		X		X		X		

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X		X		X		
b	If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶		0 870 %		1 650 %		0 010 %		
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 ▶								
6	Total of lines 4 and 5		0 870 %		1 650 %		0 010 %		
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	
		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 entered into a hedge with respect to the bond issue?		X		X	X			
b	Name of provider					SEE SCHEDULE O			
c	Term of hedge					22 300000000000			
d	Was the hedge superintegrated?						X		
e	Was a hedge terminated?						X		
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			

Part V Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations . . . . . ☑ Yes ☐ No

Part VI Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation
SCHEDULE K	TAX-EXEMPT BOND ISSUES	CUSIP NUMBERS OF BONDS ISSUED ON 04/20/2005 ARE 793309HM0, 793309HN8 AND 793309HP3 HEDGES WERE PROVIDED WITH RESPECT TO THE BOND ISSUE BY CITIBAND AND ROYAL BANK OF CANADA
SCHEDULE K, PART II, LINE 13	YEAR OF SUBSTANTIAL COMPLETION	DUE TO REFUNDING, YEAR OF SUBSTANTIAL COMPLETION IS NOT APPLICABLE
SCHEDULE K, PART III, LINE 4	PRIVATE BUSINESS USE PERCENTAGE	ON THE ADVICE OF BOND COUNSEL ALL CHILDRENS HOSPITAL, INC HAS ADDED COST OF ISSUANCE REPORTED IN PART II TO THE PRIVATE BUSINESS USE PERCENTAGE

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
ALL CHILDREN'S HOSPITAL INC
ATTN FINANCE DEPT 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 HEALTH SYSTEM, INC USING ITS FEDERAL TAX ID NUMBER THIS IS KNOWN AS A COMMON PAYMASTER AGREEMENT EMPLOYEES OF ALL CHILDREN'S HEALTH SYSTEM AND ITS OTHER SUBSIDIARIES ARE ALSO PAID THROUGH THE SAME AGREEMENT
	FORM 990, PART VI, SECTION A, LINE 7A	JOHNS HOPKINS HEALTH SYSTEM CORPORATION, AN IRC 501C (3) TAX EXEMPT PARENT ORGANIZATION OF ALL CHILDREN'S HOSPITAL, INC ELECTS THE BOARD OF TRUSTEES
	FORM 990, PART VI, SECTION A, LINE 7B	THE GOVERNING BODY OF ALL CHILDREN'S HOSPITAL, INC IS EMPOWERED BY ITS BY-LAWS TO MAKE CERTAIN DECISIONS, ALL OTHER DECISIONS ARE SUBJECT TO APPROVAL OF THE SOLE MEMBER JOHNS HOPKINS HEALTH SYSTEM CORPORATION
	FORM 990, PART VI, SECTION B, LINE 11	A COPY OF THE FORM 990 WAS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY BEFORE IT WAS FILED
	FORM 990, PART VI, SECTION B, LINE 12C	ALL CHILDREN'S HOSPITAL, INC HAS AN ANNUAL CONFLICT OF INTEREST DISCLOSURE PROCESS THAT HAS BEEN FORMALLY DOCUMENTED IN POLICY THE PROCESS IS FACILITATED BY THE COMPLIANCE OFFICER WITH OVERSIGHT FROM THE ALL CHILDREN'S HEALTH SYSTEM (FORMER PARENT AND CURRENT AFFILIATE) BOARD'S COMPLIANCE COMMITTEE DISCLOSURES ARE REQUESTED FROM KEY EMPLOYEES, KEY CONTRACTORS, BOARD MEMBERS AND OFFICERS, AND DESIGNATED MEDICAL STAFF ALL DISCLOSURES ARE REVIEWED BY THE COMPLIANCE OFFICER SELECTED DISCLOSURES ARE REVIEWED BY THE PRESIDENT/CHIEF EXECUTIVE OFFICER A FORMAL REPORT IS MADE ANNUALLY TO THE COMPLIANCE COMMITTEE WHERE CONFLICT MANAGEMENT IS ADDRESSED FOR EMPLOYEES, CONTRACTORS, AND PHYSICIANS BOARD MEMBER DISCLOSURES ARE REVIEWED BY THE RESPECTIVE BOARD PRESIDENTS FOR CONFLICT MANAGEMENT BOARD MEMBERS ARE REQUIRED TO DECLARE ANY POTENTIAL CONFLICTS PRIOR TO CONDUCTING BUSINESS AT EACH MEETING IF A CONFLICT IS FOUND TO EXIST BY A BOARD MEMBER, THAT BOARD MEMBER IS PROHIBITED FROM VOTING
	FORM 990, PART VI, SECTION B, LINE 15	EVERY THREE YEARS AN INDEPENDENT STUDY IS CONDUCTED GATHERING INDUSTRY COMPENSATION AVERAGES FROM SELECT PEER INSTITUTIONS EVERY YEAR THE JOHNS HOPKINS BOARD OF TRUSTEES COMPENSATION COMMITTEE REVIEWS COMPENSATION AMOUNTS FOR OFFICERS AND ALL EMPLOYEES AT THE DIRECTOR AND HIGHER LEVELS
	FORM 990, PART VI, SECTION C, LINE 19	ALL CHILDREN'S HOSPITAL, INC DOES NOT MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY AVAILABLE TO THE PUBLIC FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC THROUGH WWW DACBOND COM
ALLOCATION OF BOARD & EMPLOYEE HOURS AMONG SYSTEM MEMBERS	FORM 990, PART VII, COLUMN (A)	THE OFFICERS LISTED IN PART VII WORK AN AVERAGE OF 50 HOURS PER WEEK FOR THE REPORTING ORGANIZATION AND OTHER RELATED ORGANIZATIONS LISTED IN SCHEDULE R
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -6,690,025 CHANGE INTEREST IN NET ASSETS OF THE FOUNDATION 605,949 INTEREST EXPENSE ON SWAP AGREEMENT -3,328,122 NON-OPERATING SERVICES -6,000,000 CHANGE IN MARKET VALUE OF INTEREST RATE SWAPS -18,082,283 TRANSFER BETWEEN AFFILIATES -15,913,000 ROUNDING -392 TOTAL TO FORM 990, PART XI, LINE 5 -49,407,873

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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

2011

Open to Public Inspection

Name of the organization
ALL CHILDREN'S HOSPITAL INC
ATTN FINANCE DEPT 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	(g) Section 512(b)(13) controlled organization	
						Yes	No
See Additional Data Table							

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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	(k) Percentage ownership
(1) OPHTHALMOLOGY ASSOCIATES LLC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1890957	OPHTHALMOLOGY SERVICES	MD	N/A									
(2) SUBURBAN WELLNESS CENTER LLC 20500 GOLDENROD LANE GERMANTOWN, MD 20874 56-2296930	REAL ESTATE	MD	N/A									
(3) GCM SUBURBAN IMAGING LLC 1201 SEVEN LOCKS ROAD STE 200 ROCKVILLE, MD 20854 52-2326237	OUTPATIENT RADIOLOGY	MD	N/A									
(4) ROCKVILLE IMAGING LLC 1201 SEVEN LOCKS ROAD STE 200 ROCKVILLE, MD 20854 14-1944128	OUTPATIENT RADIOLOGY	MD	N/A									
(5) CHEVY CHASE IMAGING LLC 1201 SEVEN LOCKS ROAD STE 200 ROCKVILLE, MD 20854 14-1944126	RADIOLOGY SERVICES	MD	N/A									

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
See Additional Data Table							

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III or IV			
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 related organization(s)	1b		No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Sale of assets to related organization(s)	1f		No
g Purchase of assets from related organization(s)	1g		No
h Exchange of assets with related organization(s)	1h		No
i Lease of facilities, equipment, or other assets to related organization(s)	1i	Yes	
j Lease of facilities, equipment, or other assets from related organization(s)	1j	Yes	
k Performance of services or membership or fundraising solicitations for related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations by related organization(s)	1l	Yes	
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1m		No
n Sharing of paid employees with related organization(s)	1n		No
o Reimbursement paid to related organization(s) for expenses	1o		No
p Reimbursement paid by related organization(s) for expenses	1p		No
q Other transfer of cash or property to related organization(s)	1q		No
r Other transfer of cash or property from related organization(s)	1r		No

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

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining 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) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Schedule R (Form 990) 2011

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation	

Additional Data

Return to Form

Software ID:
Software Version:
EIN: 59-0683252
Name: ALL CHILDREN'S HOSPITAL INC
ATTN FINANCE DEPT 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	g Section 512 (b)(13) controlled organization	
JOHNS HOPKINS HEALTH SYSTEM CORPORATION 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1465301	SUPPORTING ORGANIZATION	MD	501(C)(3)	LINE 11C, III-FI	JOHNS HOPKINS HEALTH SYSTEM CORP		No
THE JOHNS HOPKINS HOSPITAL 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-0591656	HOSPITAL	MD	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORP		No
LUCY WEBB HAYES NATIONAL TRAINING SCHOOL FOR DEACONESSES 5255 LOUGHBORO RD NW WASHINGTON, DC 20016 53-0196602	HOSPITAL	DC	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORP		No
JOHNS HOPKINS COMMUNITY PHYSICIANS INC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1467441	HEALTHCARE SERVICES	MD	501(C)(3)	LINE 11C, III-FI	JOHNS HOPKINS HEALTH SYSTEM CORP		No
JOHNS HOPKINS MEDICAL SERVICES CORPORATION 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1232569	HEALTHCARE SERVICES	MD	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORP		No
JOHNS HOPKINS BAYVIEW MEDICAL CENTER INC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1341890	HOSPITAL	MD	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORP		No
SUBURBAN HOSPITAL INC 8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814 52-0610545	HOSPITAL	MD	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORP		No
HOWARD COUNTY LIQUIDATION CORPORATION 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-0892284	INACTIVE TAX-EXEMPT ORGANIZATION	MD	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORP		No
HOWARD COUNTY GENERAL HOSPITAL INC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-2093120	HOSPITAL	MD	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORP		No
POTOMAC HOME SUPPORT INC 6001 MONTROSE ROAD NO 1020 ROCKVILLE, MD 20852 52-1750383	HOME HEALTH CARE	MD	501(C)(3)	LINE 9	N/A		No
SIBLEY SUBURBAN HOME HEALTH AGENCY 6001 MONTROSE ROAD NO 307 ROCKVILLE, MD 20852 52-1450142	HOME HEALTH CARE	MD	501(C)(3)	LINE 9	N/A		No
PEDIATRIC PHYSICIAN SERVICES INC 501 SIXTH AVENUE SOUTH ST PETERSBURG, FL 33701 59-3425191	PEDIATRIC MEDICAL SERVICES	FL	501(C)(3)	LINE 9	ALL CHILDREN'S HEALTH SYSTEM INC		No
ALL CHILDREN'S HEALTH SYSTEM INC 501 SIXTH AVENUE SOUTH ST PETERSBURG, FL 33701 59-2481740	MANAGEMENT SERVICES	FL	501(C)(3)	LINE 11C, III-FI	JOHNS HOPKINS HEALTH SYSTEM CORP		No
ALL CHILDREN'S HOSPITAL FOUNDATION INC 501 SIXTH AVENUE SOUTH ST PETERSBURG, FL 33701 59-2481738	FOUNDATION	FL	501(C)(3)	LINE 7	ALL CHILDREN'S HEALTH SYSTEM INC		No
ALL CHILDREN'S RESEARCH INSTITUTE INC 501 SIXTH AVENUE SOUTH ST PETERSBURG, FL 33701 59-2481742	RESEARCH	FL	501(C)(3)	LINE 4	ALL CHILDREN'S HEALTH SYSTEM INC		No
SURGIKID OF FLORIDA INC 501 SIXTH AVENUE SOUTH ST PETERSBURG, FL 33701 59-3441883	MEDICAL SERVICES	FL	501(C)(3)	LINE 9	ALL CHILDREN'S HEALTH SYSTEM INC		No
KIDS HOME CARE INC 501 SIXTH AVENUE SOUTH ST PETERSBURG, FL 33701 59-3476049	HOME HEALTH CARE	FL	501(C)(3)	LINE 9	ALL CHILDREN'S HEALTH SYSTEM INC		No
WEST COAST NEONATOLOGY INC 501 SIXTH AVENUE SOUTH ST PETERSBURG, FL 33701 59-3398308	NEONATAL CARE	FL	501(C)(3)	LINE 9	ALL CHILDREN'S HEALTH SYSTEM INC		No
SUBURBAN HOSPITAL HEALTHCARE SYSTEM INC 8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814 52-2052354	HEALTHCARE SERVICES	MD	501(C)(3)	LINE 11C, III-FI	JOHNS HOPKINS HEALTH SYSTEM CORP		No

Form 990, Schedule R, Part IV - Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income ($)	(g) Share of end-of-year assets ($)	(h) Percentage ownership
HCP VENTURE ONE CORPORATION 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1558858	MEDICAL SERVICES	MD	N/A	C			
HSI MEDICAL SERVICES CORPORATION 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1847705	HEALTHCARE-SLEEP DIAGNOSTICS	MD	N/A	C			
HOWARD COUNTY HEALTH SERVICES INC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1434783	HEALTHCARE MANAGEMENT	MD	N/A	C			
JOHNS HOPKINS MEDICAL MANAGEMENT CORPORATION 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1250028	NURSING SERVICES	MD	N/A	C			
JOHNS HOPKINS EMPLOYER HEALTH PROGRAMS INC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1947678	BENEFIT PLANS	MD	N/A	C			
TCAS INC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1979344	NURSING SERVICES	MD	N/A	C			
SUBURBAN CONTRACTING CORP INC 8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814 52-2188022	MEDICARE CONTRACTING	MD	N/A	C			
SUBURBAN HEALTH ENTERPRISES INC 8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814 52-2052352	MEDICAL OFFICE LEASING AND RELEASING	MD	N/A	C			
SUBURBAN SPECIALTY CARE PHYSICIANS PC 8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814 52-2116011	MULTI SPECIALTY MEDICAL PRACTICE	MD	N/A	C			
ACHPOB INC 501 SIXTH AVENUE SOUTH ST PETERSBURG, FL 33701 59-2427749	MEDICAL OFFICE BUILDING MANAGEMENT	FL	N/A	C			

All Children's Hospital, Inc.

Financial Statements
June 30, 2012

All Children's Hospital, Inc.
Index
June 30, 2012

pwc

Report of Independent Certified Public Accountants

To the Board of Trustees of
All Children's Hospital, Inc

In our opinion, the accompanying balance sheet and the related statements of operations and changes in net assets, and of cash flows present fairly, in all material respects, the financial position of All Children's Hospital, Inc (the "Company") at June 30, 2012, and the results of its operations and its cash flows for the year then ended in conformity with accounting principles generally accepted in the United States of America These financial statements are the responsibility of the Company's management Our responsibility is to express an opinion on these financial statements based on our audit We conducted our audit of these statements in accordance with auditing standards generally accepted in the United States of America Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation We believe that our audit provides a reasonable basis for our opinion

PricewaterhouseCoopers LLP

September 28, 2012

PricewaterhouseCoopers LLP, 4221 West Boy Scout Boulevard, Suite 200, Tampa, FL 33607-5745
T: (8 13) 229 0221, F: (813) 229 3646, www.pwc.com/us

All Children's Hospital, Inc.
Balance Sheet
June 30, 2012
(in thousands)

ASSETS		
Current assets		
Cash and cash equivalents	$	102,913
Short-term investments		805
Patient accounts receivable, less allowance for uncollectible accounts of $9,684		35,538
Inventories of supplies		7,428
Prepaid expenses and other current assets		7,677
Due from affiliates, net		6,989
Total current assets		161,350
Assets whose use is limited by others		14,226
Assets whose use is limited by Board of Trustees		12,798
Interest in net assets of the Foundation		68,401
Long-term investments		192,411
Property, plant and equipment		490,388
Less allowance for depreciation and amortization		(48,187)
Total property, plant and equipment, net		442,201
Other assets		15,517
Total assets	$	906,904
LIABILITIES AND NET ASSETS		
Current liabilities		
Accounts payable and accrued liabilities	$	44,137
Accrued vacation		7,004
Advances from third-party payors		9,989
Current portion of estimated professional liability costs		2,748
Current portion of long-term debt and obligations under capital leases		4,770
Total current liabilities		68,648
Long-term debt and obligations under capital leases, less current portion		215,814
Estimated professional liability costs, net of current portion		21,858
Interest rate swap agreements		34,274
Other liabilities		1,299
Total liabilities		341,893
Commitments and contingencies		
Net assets		
Unrestricted		539,326
Temporarily restricted		13,231
Permanently restricted		12,454
Total net assets		565,011
Total liabilities and net assets	$	906,904

The accompanying notes are an integral part of these financial statements.

All Children's Hospital, Inc.
Statement of Operations and Changes in Net Assets
For the Year Ended June 30, 2012
(in thousands)

Unrestricted revenues and other support	
Net patient service revenue	$ 355,685
Other revenues	34,159
Investment income	4,522
Net assets released from restrictions used for operations	267
Total unrestricted revenues and other support	394,633
Expenses	
Salaries, wages and benefits	182,951
Supplies	56,578
Purchased services	66,442
Depreciation and amortization	38,730
Provision for bad debts	8,926
Interest expense	5,933
Total expenses	359,560
Income from operations	35,073
Non-operating gains (losses)	
Net realized and changes in unrealized losses on investments	(8,869)
Interest expense on swap agreements	(3,328)
Non-operating services	(6,000)
Loss on debt extinguishment	(47)
Change in market value of interest rate swap agreements	(18,082)
Change in unrestricted interest in net assets of the Foundation	1,303
Total non-operating gains (losses), net	(35,023)
Excess of revenues, gains, and other support over expenses	50
Change in unrestricted net assets	
Contributions to affiliates	(15,913)
Net assets released from restrictions used for purchase of property and equipment	620
Decrease in unrestricted net assets	(15,243)
Change in temporarily restricted net assets	
Gifts, grants, and bequests	1,054
Change in temporarily restricted interest in net assets of the Foundation	(86)
Net assets released from restrictions used for purchase of property and equipment	(620)
Net assets released from restrictions	(267)
Decrease in temporarily restricted net assets	81
Change in permanently restricted net assets	
Change in fair value of gifts, grants, and bequests	(114)
Change in permanently restricted interest in net assets of the Foundation	(612)
Decrease in permanently restricted net assets	(726)
Decrease in net assets	(15,888)
Net assets, beginning of year	580,899
Net assets, end of year	$ 565,011

The accompanying notes are an integral part of these financial statements.

All Children's Hospital, Inc.
Statement of Cash Flows
For the Year Ended June 30, 2012
(in thousands)

Operating activities		
Change in net assets	$	(15,888)
Adjustments to reconcile change in net assets to the net cash and cash equivalents provided by operating activities		
Depreciation and amortization		38,730
Restricted contributions and investment income		(1,054)
Net realized and changes in net unrealized losses on investments		8,869
Change in market value of interest rate swap agreements		18,082
Contributions to affiliates		15,913
Other		(739)
Provision for bad debts		8,926
Changes in operating assets and liabilities		
Patient accounts receivable		(12,855)
Inventories of supplies, prepaid expenses and other current assets		388
Due from affiliates, net		126
Accounts payable, accrued liabilities and accrued vacation		7,386
Advances from third-party payors		1,442
Estimated professional liability costs		1,860
Net cash provided by operating activities		71,186
Investing activities		
Purchases of property, plant and equipment		(19,463)
Proceeds from sales of property, plant and equipment		65
Purchases of investment securities		(447,975)
Sales of investment securities		445,151
Net cash used in investing activities		(22,222)
Financing activities		
Repayment of long-term debt		(106,550)
Proceeds from long-term borrowings		102,400
Other financing activities- payments on obligations under capital leases		(385)
Contributions to affiliates		(15,913)
Proceeds from restricted contributions and investment income received		1,054
Net cash used in financing activities		(19,394)
Increase in cash and cash equivalents		29,570
Cash and cash equivalents at beginning of year		73,343
Cash and cash equivalents at end of year	$	102,913
Supplemental disclosure of noncash transactions		
Anticipated insurance recoveries on estimated professional liability costs	$	3,612

The accompanying notes are an integral part of these financial statements.

1. Organization and Summary of Significant Accounting Policies

Organization All Children's Hospital, Inc (the "Hospital") is a nonprofit hospital corporation that operates a 259-bed pediatric specialty hospital located in St Petersburg, Florida The Hospital was originally chartered in 1928 as the American Legion Hospital for Children and in 1967 it was licensed with 113 inpatient hospital beds and became All Children's Hospital, Inc

In 1985, All Children's Health System, Inc , (the "Health System") a separate nonprofit corporation, was formed to create a health care delivery system Effective October 1, 1985, the Health System became the sole corporate member of the Hospital Effective April 1, 2011, the Johns Hopkins Health System Corporation ("JHHS") located in Baltimore, Maryland became the sole corporate member of the Health System Also effective April 1, 2011, JHHS replaced the Health System as sole corporate member of the Hospital

The transaction with JHHS contemplates a significant 10-year investment by the Hospital to create a premiere children's hospital with world-class faculty and physicians The Hospital anticipates that this investment will be needed to recruit junior and senior faculty including researchers, build several centers of excellence, establish a world-class pediatric residency program and for plant and equipment Furthermore, the Hospital plans to fund this investment through a combination of operating cash flow, philanthropy and grant funds Under certain limited circumstances JHHS may withdraw as the sole member of the Hospital or the Hospital may cause JHHS to withdraw as sole member of the Hospital if certain terms of the agreement between JHHS and the Hospital are not met by either party Under these circumstances, the Hospital has agreed to reimburse JHHS for its direct and indirect transition costs associated with JHHS withdrawal as sole member
The Hospital is affiliated with the following Health System entities

- All Children's Hospital Foundation, Inc (the "Foundation")
- Pediatric Physician Services, Inc ("PPS")
- West Coast Neonatology, Inc ("WCN")
- Kids Home Care, Inc, ("KHC")
- All Children's Research Institute, Inc ("ACRI")
- SurgiKid of Florida, Inc ("SurgiKid")
- ACHPOB, Inc ("ACHPOB")

PPS and WCN are collectively known as All Children's Specialty Physicians ("ACSP")

Use of estimates The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period Actual results could differ from those estimates

Basis of presentation The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America

Cash and Cash Equivalents Cash and cash equivalents include amounts invested in accounts with depository institutions which are readily convertible to cash, with original maturities of three months or less, excluding amounts limited as to use by the Hospital Board of Trustees (the "Board") designation Total deposits maintained at these institutions at times exceed the amount insured by federal agencies and, therefore, bear a risk of loss The Hospital has not experienced any such losses on these funds

Inventories Inventories of supplies are composed of medical supplies and pharmaceuticals and are recorded at the lower of cost or market using the first-in, first-out method

Assets Whose Use is Limited Assets whose use is limited are recorded at fair value Investment income or losses on investments of temporarily or permanently restricted assets is recorded as an increase or decrease in unrestricted, temporarily restricted or permanently restricted net assets to the extent restricted by the donor or law The cost of securities sold is based on the specific identification method Assets whose use is limited include assets restricted by the Board for future capital improvements and workers' compensation self-insurance funds (over which the Board retains control, and may, at its discretion, subsequently use for other purposes) These assets consist primarily of cash, long-term investments, beneficial trusts and accrued interest The carrying amounts reported in the balance sheet approximate fair value

Beneficial Trusts The Hospital is the beneficiary of certain trusts included in assets whose use is limited and permanently restricted net assets for which earned income is available to the Hospital for unrestricted or specific purposes as directed by the donor These trusts are administered by various financial institutions

Investments and Investment Income The Hospital's long-term investments are held in actively and passively managed investments held by various custodial banks Investments in equities and debt securities, excluding alternative investments, are measured at fair value in the accompanying balance sheet The fair value of investments is based on quoted active market prices for identical or similar assets, inputs other than quoted prices such as interest rates, yield curves, assessments of credit risk and default rates, and other unobservable inputs for situations in which there is little, if any, market activity at the measurement date Investment income or loss (including realized and unrealized gains and losses, interest, and dividends) is included in the excess of revenues, gains, and other support over expenses, unless the donor or law restricts the income or loss

Alternative Investments As part of its investment strategy, the Hospital invests in alternative investments through partnership investment trusts The partnership investment trusts generally contract with a manager who has full discretionary authority over the investment decisions The Hospital accounts for its ownership interest in these alternative investments under the equity method Accordingly, the Hospital's share of the income or loss, both realized and unrealized, is recognized as investment income or loss, which is a component of excess of revenues, gains, and other support over expenses

Property, Plant and Equipment Property, plant and equipment is recorded at historical cost or, if donated, at fair value on the date of donation In April 2011, during the acquisition by JHHS, all property, plant and equipment was recorded at fair value Depreciation is recorded over the estimated useful life of each depreciable asset and is computed using the straight-line method Equipment under capital lease obligations is amortized on the straight-line method over the shorter period of lease term or estimated useful life of the equipment Estimated useful lives assigned by the Hospital range from 15 to 40 years for buildings, from 5 to 25 years for land improvements, and from 3 to 20 years for equipment When property and equipment are retired, sold or otherwise

disposed of, the asset's carrying amount and related accumulated depreciation are removed from the accounts and any gain or loss is included in other operating income

Impairment of Long-Lived Assets Long-lived assets are reviewed for impairment when events and circumstances indicate that the carrying amount of an asset may not be recoverable The Hospital's policy is to record an impairment loss when it is determined that the carrying amount of the asset exceeds the sum of the expected undiscounted future cash flows resulting from the use of the asset and its eventual disposition Impairment losses are measured as the amount by which the carrying amount of the asset exceeds its fair value and are reported in the non-operating section of the statement of operations and changes in net assets There were no impairment charges recorded for the year ended June 30, 2012

Impairment of Intangible Assets Intangible assets are reviewed for impairment annually and more often if impairment indicators arise There were no impairment charges recorded for the year ended June 30, 2012

Estimated malpractice costs The provision for estimated medical malpractice claims includes estimates of the ultimate costs for both reported claims and claims incurred but not reported

Accounts Payable and Accrued Liabilities The Hospital records liabilities for goods and services received but not yet paid As of June 30, 2012 accounts payable and accrued liabilities consisted of (in thousands)

Accounts payable	$	14,950
Accrued expenses		6,269
Employee compensation, payroll taxes and withholdings payable		17,025
Indigent care taxes		5,893
	$	44,137

Accrued Vacation The Hospital records a liability for amounts due to employees for future absences which are attributable to services performed in the current and prior periods

Derivative Financial Instruments The Hospital maintains three interest rate swap agreements to mitigate the Hospital's cash flow risk relating to changes in the variable interest rates of its Series 2012 Bonds The Hospital pays interest at fixed rates and receives interest at variable rates All swap agreements are recorded at fair value on the balance sheet Changes in the fair value of these swap agreements are recorded in non-operating gains (losses), net on the statement of operations and changes in net assets

Temporarily and Permanently Restricted Net Assets The Hospital reports net assets as unrestricted, temporarily restricted, or permanently restricted according to the existence or absence of donor-imposed restrictions Contributions with donor-imposed restrictions that are met in the same period as received are reported in unrestricted net assets Temporarily restricted net assets are those assets whose use by the Hospital has been limited by donors to a specific time period or purpose

Grants, Contracts, and Awards Revenue Income from grants, contracts, and awards is recognized as the requirements of the grants, contracts, or awards are met The amounts are recorded in other revenues on the statement of operations and changes in net assets Grant monies received and disbursed by the Hospital are for specific purposes and are subject to audit by the grantor agencies Such audits may result in requests for reimbursement due to disallowed expenditures

The Hospital does not believe that these disallowances, if any, would have a material effect on the financial position or the results of operations of the Hospital

Net Patient Service Revenues The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts other than its established rates Payment arrangements include cost-based reimbursement, per diem payments, prospectively determined rates per discharge, discounted charges and fee schedules Net patient service revenues are reported at estimated net realizable amounts due from patients, third-party payors, and others for services rendered, and include estimated retroactive revenue adjustments due to future audits and reviews Retroactive adjustments are estimated and are considered in the recognition of revenue in the period the services are rendered Such amounts are adjusted in future periods as adjustments become known or as years are no longer subject to such audits and reviews

Excess of Revenues, Gains, and Other Support over Expenses The statement of operations and changes in net assets includes excess of revenues, gains, and other support over expenses Changes in unrestricted net assets that are excluded from excess of revenues, gains, and other support over expenses consistent with industry practice include transfers to and from affiliates, contributions of long-lived assets, and assets acquired under donor restrictions

Functional Expenses The Hospital does not present expense information by functional classification because its resources and activities are primarily related to providing health care services Further, since the Hospital receives substantially all of its resources from providing health care services in a manner similar to a business enterprise, other indicators contained in the accompanying financial statements are considered important to evaluating how well management has performed its stewardship responsibilities

Income Taxes The Hospital was recognized by the Internal Revenue Service as a tax-exempt organization in May 1942 as described in Section 501(c)(3) of the Internal Revenue Code of 1986 Income earned in furtherance of the Hospital's tax-exempt purposes is exempt from federal and state income taxes The Hospital recognizes uncertain income tax positions when it is more likely than not to be realized (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 Hospital has no uncertain tax positions as of June 30, 2012

Non-operating Gains (Losses), Net For purposes of display, transactions deemed by management to be ongoing, major, or central to the provision of health care services are reported as revenues and expenses Peripheral or incidental transactions are reported as non-operating gains (losses), net For the year ended June 30, 2012, non-operating gains (losses), net are comprised primarily of realized and unrealized losses on investments, non-operating services, changes in unrestricted interest in the net assets of the Foundation, and interest paid and changes in market value on interest rate swap agreements

Interest in Net Assets of the Foundation Interest in net assets of the Foundation represents contributions received on behalf of the Hospital by the affiliated Foundation Permanently restricted net assets have been restricted by donors and are maintained by the Hospital in perpetuity

Donor-Restricted Net Assets Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received Unconditional promises to give cash to the Hospital that are due in greater than one year are discounted using a rate of return that the Hospital would expect to receive at the date the pledge is received Conditional promises to give and indications

of intentions to give are reported at fair value on the date the gift is received The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets When a donor restriction expires, that is, when a stipulated time restriction ends or purpose for the restriction is accomplished, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the statement of operations and changes in net assets as net assets released from restrictions

Fair Values The carrying value of financial assets and liabilities classified as current approximates fair value with the exception of due from affiliates The fair value of other financial instruments (i e , long-term debt) is disclosed in the appropriate footnotes

Recently Issued Accounting Pronouncements
In August 2010, the Financial Accounting Standards Board ("FASB") issued Accounting Standards Update ("ASU") 2010-23, *Health Care Entities (Topic 954) Measuring Charity Care for Disclosure,* which prescribes a specific measurement basis of charity care for disclosure The new guidance is effective for fiscal years beginning after December 15, 2010, with retrospective application required and early adoption is permitted The Hospital adopted this guidance as of July 1, 2011 and the expanded disclosure is present under the Community Benefit heading of Footnote 2

In August 2010, the FASB issued ASU 2010-24, *Health Care Entities (Topic 954) Presentation of Insurance Claims and Recoveries,* which prohibits health care entities from netting projected insurance recoveries against the related liabilities and/or reserves in their balance sheets (e g , professional liability claims and expenses) The modified accounting standard permitted early adoption, however, it is required to be adopted for interim periods beginning after December 15, 2010 The Hospital adopted this guidance in the current fiscal year which resulted in an increase to anticipated insurance recoveries (included in other long-term assets) and estimated professional liability costs, net of current portion of $3 6 million

In July 2011, the FASB issued ASU 2011-07, *Health Care Entities* (Topic 943) *Presentation and Disclosure of Patient Service Revenue, Provision for Bad Debts, and the Allowance for Doubtful Accounts for Certain Health Care Entities* (ASU 2011-07), which requires health care entities that recognize significant amounts of patient service revenue at the time services are rendered even though they do not assess the patient's ability to pay to present the provision for bad debts related to patient service revenue as a deduction from patient service revenue (net of contractual allowances and discounts) on their statement of operations Additionally, those health care entities are required to provide enhanced disclosures of their policies for recognizing revenue and assessing bad debts The amendments also require disclosures of patient service revenue (net of contractual allowances and discounts), as well as qualitative and quantitative information about changes in the allowance for doubtful accounts This statement will be applied retrospectively The amendments are effective for fiscal years, and interim periods within those years, beginning after December 15, 2011 The Hospital is currently evaluating the impact of this statement on the financial statements

2. Net Patient Service Revenue, Accounts Receivable, and Allowance for Uncollectible Accounts

Concentrations of Credit Risk

The Hospital grants credit without collateral to its patients, most of whom are local residents and are insured under governmental or third-party payor agreements The Hospital does not charge interest on accounts receivable Approximately 27 2% of patient accounts receivable were due from the Medicaid program, 0 7% from the Medicare program, 11 9% from Blue Cross and Blue Shield, 49 4% from self pay and other third-party payers, and 10 8% from Medicaid managed care

organizations as of June 30, 2012 The credit risk for other concentrations of receivables is limited due to the large number of insurance companies and other payors that provide payments for services

Accounts Receivable and Allowance for Uncollectible Accounts
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 payor source, the aging of receivables and management's assessment of historical and expected net collections, 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

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts other than its established rates A summary of the significant payment arrangements with major third-party payors follows

Medicaid
Inpatient and outpatient services provided by the Hospital rendered to Medicaid program beneficiaries are reimbursed under a cost reimbursement methodology Reimbursable cost is determined in accordance with the principles of reimbursement established by the State of Florida Title XIX Hospital Reimbursement Plan supplemented by the Medicare Principles of Reimbursement The interim rates are tentatively established on an individual per diem basis for each hospital, subject to cost ceilings with exceptions The Hospital is reimbursed at a tentative rate with final settlement determined when the prospectively determined rate is adjusted as a result of intermediary audit of the cost report used in the establishment of the prospective rate Retroactive adjustments for interim rate changes anticipated after the intermediary audit of the cost report are accrued on an estimated basis in the period when final settlements are determined Approximately 53% of the Hospital's net patient service revenue was derived from the Medicaid program for the year ended June 30, 2012

The Hospital's Medicaid interim rates are based on the Medicaid cost report which has been audited by the fiscal intermediary for the cost report years 2001, 2002 and 2005 However, final audited rates have not been issued by Medicaid as of June 30, 2012 Estimated impact of the anticipated change in interim rates after audit of the cost reports were recorded at year end The Medicaid interim rates have been final settled for the years 2003 and 2004 in prior years Substantial time elapses between receipt of a final audited cost report and the actual processing of the audited rates by the State of Florida ("State") Agency for Health Care Administration ("AHCA")

Managed Care Contracts and Other
The Hospital has entered into payment agreements with certain commercial insurance carriers, health maintenance organizations, and preferred provider organizations The Hospital has also entered into agreements under which it performs certain procedures for patients of other area hospitals The basis for payment to the Hospital under these agreements includes daily rates, rates per discharge, discounts from established charges, and fee schedules

Other Government Funding
The Hospital is eligible to receive Low Income Pool ("LIP") payments from the State The Hospital's policy is to recognize income as amounts are appropriated and collection is reasonably assured The receipt of future distributions is contingent upon future State legislative action and Federal government concurrence During year ended June 30, 2012, the Hospital recorded approximately

$5,600 thousand for payments received and accrued under the LIP program These amounts are included in net patient service revenue in the statement of operations and changes in net assets

The Hospital is also eligible to receive an annual distribution from the Health Resources and Services Administration under the Children's Hospital Graduate Medical Education program, as funded annually by the United States Congress During the year ended June 30, 2012, the Hospital received approximately $2,100 thousand in payments under this program These amounts are included in net patient service revenue in the statement of operations and changes in net assets

Medicare
Inpatient and most outpatient services related to Medicare beneficiaries are paid based on a cost reimbursement methodology subject to certain limitations The Hospital is reimbursed at a tentative rate with final amounts determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare fiscal intermediary The Hospital's Medicare cost reports have been audited by the Medicare fiscal intermediary through September 30, 2010

Community Benefit
The Hospital provides health care and supports research, education, advocacy, and health-related services to children and the community at large Community benefits are quantified based upon guidelines consistent with other not-for-profit health care organizations and government guidelines Community benefits include charity care, subsidized government indigent care programs, community health services, health professional education, subsidized health services, research, financial contributions, and community building activities

The Hospital provides care to patients who meet criteria under its charity care policy without charge or at amounts less than its established rates The Hospital does not pursue collection of amounts determined to qualify as charity care, and they are not reported as revenue Charity care is reported based upon criteria established by the Hospital and the costs of providing charity care are considered a community benefit

The Hospital also provides services to indigent patients who meet criteria established by Medicaid and other governmental programs at amounts that are less than the cost of providing the services The unreimbursed costs attributable to providing these services are considered a community benefit

The Hospital maintains records to identify and monitor the level of charity and subsidized government indigent care it provides These records include the unpaid direct and indirect costs attributable to providing this care These costs are determined by calculating a ratio of cost to gross charges This ratio is then multiplied by the gross uncompensated charges associated with providing care to charity patients and subsidized government indigent care patients

The following is a summary of the costs of providing charity care and the unreimbursed costs of Medicaid and other subsidized indigent care programs (in thousands)

Cost of charity care	$	3,797
Costs of Medicaid and government-subsidized indigent care programs		14,261
Total costs of charity and indigent care	$	18,058

The Hospital sponsors and participates in numerous community health services, including classes, support programs, screenings, community education, and physician referral These include

diabetic education, health screenings, parent support groups, child automobile passenger safety programs, the Fit4Allkids childhood obesity program, and the Safe Kids program

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 internal programs and affiliations with various nursing schools The Hospital also provides continuing professional education to its physicians and nursing staff through weekly Grand Rounds, sponsorship of several annual professional conferences and other education opportunities

The Hospital subsidizes certain health services that are provided to meet the unique health care needs of the pediatric community These include subsidies for pediatric trauma, allergy and immunology, endocrinology, nephrology, and emergency medical transportation programs

The Hospital provides other community benefits through financial and in-kind donations, community-building and leadership activities, and support of community benefit operations

The following is a summary of the costs of community health services, health professional education, subsidized health services and other community building activities (in thousands)

Community health services	$ 1,536
Health professional education	4,425
Subsidized health services	3,919
Other community building activities	788
	10,668
Total costs of charity and indigent care	18,058
Total community benefits	$ 28,726

In addition to the charity and indigent care services noted above, an assessment of 1 0% to 1 5% of net patient service revenue is paid by the Hospital to help fund the Florida Medicaid and indigent care program This assessment totaled approximately $4 7 million for the year ended June 30, 2012

3. Investments and Assets Whose Use is Limited

Investments (short and long-term) as of June 30, 2012 consisted of the following (in thousands)

	2012 Carrying Amount
U S treasuries and municipal bonds	$ 1,641
Certificates of deposit	550
Corporate bonds	22,423
Asset backed securities	5,179
Fixed income funds	23,372
Equities and equity funds	83,826
Alternative investments	56,225
	$ 193,216

Assets Whose Use is Limited
Assets whose use is limited stated at fair value at June 30, 2012 include (in thousands)

	2012 Carrying Amount
Cash equivalents	$ 996
U S treasuries and municipal bonds	121
Corporate bonds	2,906
Asset backed securities	715
Fixed income funds	2,028
Equities and equity funds	11,831
Beneficial trusts	1,030
Alternative investments	7,397
	$ 27,024

Gains and losses on assets whose use is limited, cash and cash equivalents, and short-term and long-term investments, include (in thousands)

Unrestricted	
Excess of revenues, gains, and other support over expenses	
Interest and dividend income (net of investment management expenses of $527 thousand)	$ 4,522
Realized losses on investments	(2,293)
Unrealized losses on investments	(6,576)
	$ (4,347)
Temporarily restricted	
Changes in temporarily restricted net assets	
Interest and dividend income	95
Realized gain on investments	(44)
	$ 51
Permanently restricted	
Changes in permanently restricted net assets	
Unrealized losses on investments	$ (114)

4. Fair Value Measurements

FASB's guidance on the fair value option for financial assets and financial liabilities permits companies to choose to measure many financial assets and liabilities, and certain other items at fair value This guidance requires a company to record unrealized gains and losses on items for which the fair value option has been elected in excess of revenues over expenses The fair value option may be applied on an instrument by instrument basis Once elected, the fair value option is irrevocable for that instrument The fair value option can be applied only to entire instruments and not to portions thereof

The Hospital did not elect fair value accounting for any asset or liability that was not currently required to be measured at fair value

The Hospital follows the guidance on fair value measurements, which defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date, establishes a framework for measuring fair value, and expands disclosures about such fair value measurements This guidance applies to other accounting pronouncements that require or permit fair value measurements and, accordingly, this guidance does not require any new fair value measurements

This guidance discusses valuation techniques such as the market approach, cost approach and income approach This guidance establishes a three-tier level hierarchy for fair value measurements based upon the transparency of inputs used to value an asset or liability as of the measurement date The three-tier hierarchy prioritizes the inputs used in measuring fair value as follows

- Level 1 – Observable inputs such as quoted market prices for identical assets or liabilities in active markets,
- Level 2 – Observable inputs for similar assets or liabilities in an active market, or other than quoted prices in an active market that are observable either directly or indirectly, and
- Level 3 – Unobservable inputs in which there is little or no market data that require the reporting entity to develop its own assumptions There were no financial instruments requiring level 3 classification at June 30, 2012

The financial instrument's categorization within the hierarchy is based upon the lowest level of input that is significant to the fair value measurement Each of the financial instruments below have been valued utilizing the market approach The following table presents the financial instruments carried at fair value as of June 30, 2012 grouped by hierarchy level (in thousands)

Assets	Total Fair Value	Level 1	Level 2
Cash and cash equivalents	$ 103,816	$ 102,820	$ 996
Certificates of deposit	550	550	-
U S treasuries and municipal bonds	1,762	-	1,762
Corporate bonds	25,329	-	25,329
Asset backed securities	5,894	-	5,894
Fixed income fund	25,400	25,400	-
Beneficial trusts	1,030	-	1,030
Equities and equity funds	95,657	95,657	-
Totals	$ 259,438	$ 224,427	$ 35,011
Liabilities			
Interest rate swap agreements	$ (34,274)	$ -	$ (34,274)

The Hospital holds alternative investments in limited partnerships and limited liability companies that are not traded on national exchanges or over-the-counter markets The Hospital is provided a net asset value per share for these alternative investments that has been calculated in accordance

with limited partnership rules which require that the underlying investments be measured at fair value The Hospital does not have any unfunded commitments related to these investments

The following table displays information by major alternative investment category as of June 30, 2012 (in thousands)

Description	Fair Market Value	Liquidity	Notice Period	Receipt of Proceeds/Other
Long-only U S equity strategy	$ 8,982	Quarterly - last day of calendar quarter	30 days	90% within 30 days, balance after annual audited financial statements issued
International equities	8,813	Last day of each month	15 days	Within 10 days of withdrawal date
Global equity strategy	16,639	First business day of each month	5 business days	Within 14 days of withdrawal date
Real assets	17,186	Last day of each month	5 days	Within 30 days of withdrawal date
Fund of collateralized loan obligations	12,002	Monthly, first business day on or after the 15th of the month	15 days	On or prior to the fifth business day following the redemption date
	$ 63,622			

During the year ended June 30, 2012, there were no transfers between Levels 1 and 2

The Hospital entered into interest rate swaps to manage its interest rate risk on its Series 2005 and Series 2007 variable rate debt The Series 2005 debt has subsequently been refunded The Hospital maintains these interest rate swaps because their notional amount approximates the principal amount outstanding of its Series 2012 Bonds that is approximately $102 0 million as of June 30, 2012 The valuation of these instruments is determined using widely accepted valuation techniques, including discounted cash flow analysis on the expected cash flows of each derivative This analysis reflects the contractual terms of the derivative agreements, including the period to maturity, and uses observable market-based inputs, including interest rate curves and implied volatilities The Hospital also incorporates credit valuation adjustments to appropriately reflect its own credit (risk of loss due to nonpayment) and nonperformance risk (the risk the obligation will not be fulfilled), as well as the credit and nonperformance risk of the counterparty In adjusting the fair value of the derivative contracts for the effect of nonperformance risk, the Hospital has considered the impact of netting and any applicable credit enhancements such as collateral postings, thresholds, mutual puts, and guarantees The Hospital pays fixed rates ranging from 3 9% to 3 6% and receives cash flows based upon percentages of LIBOR, ranging from 61 8% to 62 2%, plus a spread

Although the Hospital has determined that the majority of the inputs used to value its derivatives fall within Level 2 of the fair value hierarchy, the credit valuation adjustments associated with its derivatives utilize Level 3 inputs, such as estimates of current credit spreads to evaluate the likelihood of default by itself and its counterparties However, as of June 30, 2012, the Hospital has assessed the significance of the impact of the credit valuation adjustments on the overall valuation of its derivative positions and has determined that the credit valuation adjustments are not significant to the overall valuation of its derivatives As a result, the Hospital has determined that the interest rate swap valuations are classified as Level 2 of the fair value hierarchy See Notes 7 and 8

Reconciliation to the Balance Sheet

Financial assets are reflected in the balance sheet as of June 30, 2012 as follows (in thousands)

Cash equivalents measured at fair value	$ 102,820
Cash	93
Total cash and cash equivalents	$ 102,913
Short and long-term investments measured at fair value	$ 136,991
Alternative investments accounted for under the equity method	56,225
Total short and long-term investments	$ 193,216
Assets whose use is limited measured at fair value	$ 19,627
Alternative investments accounted for under the equity method	7,397
Total assets whose use is limited	$ 27,024

5. Property, Plant and Equipment

The components of property, plant and equipment are as follows as of June 30, 2012

	(in thousands) Carrying Value	Accumulated Depreciation
Land and land improvements	$ 19,451	$ (359)
Buildings and improvements	290,374	(14,320)
Fixed and moveable equipment	174,795	(32,957)
Capital leases	1,801	(551)
Construction-in-progress	3,967	-
	$ 490,388	$ (48,187)

The Hospital has two capital asset leases for photocopiers and laboratory equipment as of June 30, 2012 that total approximately $1 3 million Amortization expense for the capital leases totaled approximately $478 thousand for the year ended June 30, 2012 Amortization expense is included in depreciation expense on the statement of operations and changes in net assets

6. Intangible Asset

In connection with the acquisition of the Hospital by JHHS, a trade name of $11 7 million (included in other long-term assets) was recognized The trade name was considered to have an indefinite useful life and is not amortized into results of operations The trade name is reviewed for impairment annually or more often if impairment indicators arise There were no impairment charges recorded for the year ended June 30, 2012

7. Long-Term Debt

The Hospital is obligated under long-term debt agreements as of June 30, 2012 as follows

	(in thousands) Current Portion	Long-Term Portion
City of St Petersburg Health Facilities Authority Revenue Bonds, Series 2002, principal paid annually and interest payable semiannually through 2021, annual principal amounts range from $1 7 million to $2 7 million, plus interest at fixed rates ranging from 4 0% to 5 5% The amount includes a fair value adjustment of $461 thousand	$ 1,730	$ 20,591
City of St Petersburg Health Facilities Authority Revenue Bonds, Series 2007, principal paid annually and interest payable weekly through 2034, annual principal amounts range from $750 thousand to $1 8 million, plus interest at variable rates set in weekly auctions, currently 0 49% as of June 30, 2012	750	26,650
City of St Petersburg Health Facilities Authority Revenue Refunding Bonds, Series 2009A, principal paid annually and interest payable semiannually through 2039, annual principal amounts range from $165 thousand to $13 3 million, plus interest at fixed rates ranging from 3 5% to 6 5% The amount includes a fair value adjustment of $3 2 million	165	67,001
City of St Petersburg Health Facilities Authority Revenue Refunding Bonds, Series 2012A, principal paid annually and interest payable monthly through 2035, annual principal amounts range from $1 6 million to $7 9 million, plus interest at 30-day LIBOR plus a spread, currently 0 7%, as of June 30, 2012	1,625	100,775
Capital leases	500	797
	$ 4,770	$ 215,814

2002 Series – Revenue Bonds
On December 19, 2002, the Hospital issued the Series 2002 Bonds through the City of St Petersburg Health Facilities Authority in the amount of $35 0 million The proceeds were used to pay off the Hospital Facilities Revenue Bonds, Series 1992A, to refund the Pooled Hospital Loan Program, to finance the cost of land acquisition, and for the construction and furnishing of certain capital improvements

2005 Series – Revenue Bonds
On April 20, 2005, the Hospital issued the Series 2005 Bonds through the City of St Petersburg Health Facilities Authority in the total amount of $140 0 million The proceeds were used to fund the construction of a replacement hospital An amount of $110 0 million of the Series 2005 Bonds were originally issued as variable rate bonds in auction rate mode and subsequently changed in 2008 to weekly interest rate mode The original auction rate bonds were issued as Series 2005A for $85 0 million and Series 2005B for $25 0 million and were insured via a financial guaranty insurance policy $30 0 million was issued as Series 2005C variable rate demand obligations in weekly interest rate mode The Series 2005C Bonds were refunded on October 1, 2007 by the Series 2007B Bonds The Series 2005A and B Bonds were refunded on June 28, 2012 by the Series 2012A Bonds In connection with this transaction, the loss on debt extinguishment of $47 thousand was recorded

2007 Series – Revenue and Revenue Refunding Bonds
On October 1, 2007, the Hospital issued the Series 2007 Bonds through the City of St Petersburg Health Facilities Authority in the amount of $92 2 million The Series 2007 Bonds were issued as Series 2007A for $61 6 million and Series 2007B for $30 6 million The proceeds from Series 2007A were used to fund the construction of the replacement hospital The proceeds from Series 2007B refunded the Series 2005C Bonds in the amount of $30 0 million The Series 2007 Bonds were issued as variable rate bonds in auction rate mode and were subsequently refunded by the Series 2009A Bonds The Series 2007B Bonds are outstanding in auction rate mode and continue to be insured via a financial guaranty insurance policy In November 2010, this insurer filed a voluntary petition for relief under Chapter 11 of the United States Bankruptcy Code This filing has not adversely impacted the interest rates on the 2007B Bonds

2009 Series – Revenue Refunding Bonds
On April 23, 2009, the Hospital issued the Series 2009A Revenue Refunding Bonds through the City of St Petersburg Health Facilities Authority in the amount of $64 4 million The Series 2009A Bonds were issued as traditional fixed rate bonds and refunded the Series 2007A Bonds and paid costs of issuance

2012 Series – Revenue Refunding Bonds
On June 28, 2012, the Hospital issued the Series 2012A Revenue Refunding Bonds through the City of St Petersburg Health Facilities Authority in the amount of $102 4 million The Series 2012A Bonds refunded the Series 2005A and B Bonds The Series 2012A Bonds were issued as a direct bank placement with a five-year term Interest is calculated and paid monthly at 30-day LIBOR plus a spread

The covenants in connection with the long-term debt agreements described above provide a security interest in the Hospital's gross revenues, require maintenance of certain levels of unrestricted net assets and working capital, contain certain restrictions on additional indebtedness, and require certain types and amounts of insurance protection

For the year ended June 30, 2012, the Hospital incurred interest costs of approximately $5 9 million, and paid interest of approximately $5 6 million

The Series 2002, 2007, 2009 and 2012 Bonds are subject to rebate provisions per Section 148(f)(2) of the Internal Revenue Code of 1986, as amended These rebate provisions limit interest earnings on proceeds of tax-exempt bond issues There were no rebate liabilities as of June 30, 2012

The fair value of the Hospital's long-term debt is based on the quoted market prices for the outstanding issues The estimated fair value of long-term debt at June 30, 2012 is approximately $227 0 million

The scheduled maturities of long-term debt (excluding capital leases) are as follows as of June 30, 2012 (in thousands)

2013	$ 4,270
2014	4,440
2015	4,625
2016	4,825
2017	5,035
Thereafter	192,395
	$ 215,590

The Hospital has five-year capital leases for photocopiers and laboratory equipment as discussed in Note 5

Future obligations under this capital lease are as follows (in thousands)

Year ended June 30,	
2013	$ 532
2014	532
2015	284
	1,348
Less interest portion	(51)
Less current portion	(500)
	$ 797

8. Derivative Instruments and Hedging Activities

The Hospital utilizes derivative (swap) instruments and it is management's policy to provide enhanced qualitative disclosures about its objectives and strategies for using these instruments and also to provide any details of credit-risk related contingent features within the derivatives Management also discloses the amounts and location of derivatives within the financial statements and the impact that derivatives have on the Hospital's financial position, results of operations, and cash flows

The Hospital maintains three derivative instruments under a master agreement dated November 1, 2004 as amended and restated on April 8, 2011 The Hospital entered into the interest rate swap agreements to mitigate the floating rate risk on a portion of its outstanding borrowings related to the variable interest rates of its Series 2005 and Series 2007 Bonds that were subsequently refunded The Hospital recognizes all derivative instruments as liabilities at fair value on the accompanying balance sheet The Hospital pays interest at fixed rates and receives interest at variable rates

The Hospital's derivative instruments are not accounted for under hedge accounting Consequently, changes in the fair value of the swap agreements are recorded in non-operating gains (losses), net on the statement of operations and changes in net assets Net interest paid or received is included in non-operating gains (losses), net on the statement of operations and changes in net assets

The following table outlines the terms and fair values of the interest rate swap agreements that are included in other liabilities on the balance sheet Fair values presented are computed using estimated future cash flows, and also include assessments of credit risk and nonperformance risk (Note 4)

	(in thousands)		
	Swap 1	**Swap 2**	**Swap 3**
Notional amount at June 30, 2012	$ 24,450	$ 14,650	$ 60,000
Effective date	5/1/2005	5/1/2005	10/1/2007
Termination date	11/15/2034	11/15/2034	11/15/2047
Fixed rate	3 6235%	3 6235%	3 8505%
Fair value at June 30, 2011	$ (3,160)	$ (1,829)	$ (11,203)
Unrealized loss	(3,353)	(2,073)	(12,656)
Fair value at June 30, 2012	$ (6,513)	$ (3,902)	$ (23,859)

The following tables outline the location and effect of the Hospital's derivative instruments on the accompanying balance sheet and statement of operations and changes in net assets

	Liability Derivatives		
	June 30, 2012		
	Balance Sheet Location	**Net Assets Classification**	**Fair Value**
Interest rate swaps not designated as hedging instruments	Long-term liability	Unrestricted	$ (34,274)

Classification of derivative loss in Statement of Operations (in thousands)

Interest rate swaps	
Non-operating gain (losses), net	$ (18,082)

The Hospital's derivative instruments contain provisions that require the Hospital to maintain minimum credit ratings from the major credit rating agencies If the Hospital's rating were to fall below the minimums established, the counterparties to the derivative agreements could demand immediate posting of collateral or termination of the instruments and payment of the derivative agreements in liability positions The aggregate fair value of all derivative instruments with credit-risk-related features that are in a liability position on June 30, 2012 is approximately $38 4 million for which no collateral is posted If the credit-risk-related contingent features underlying these instruments were triggered on June 30, 2012, the Hospital would be required to post approximately $38 4 million of collateral to its counterparties Collateral requirements exceed the fair value of the related instruments by approximately $4 1 million due to adjustments for credit and nonperformance risk

9. Endowments

The Hospital operates under the Florida Uniform Management of Institutional Funds Act (FUMIFA) The FUMIFA defines an endowment fund as an institutional fund, or any part thereof, not wholly expendable by the institution on a current basis under the terms of the applicable gift instrument Furthermore, the FUMIFA allows a governing board to expend that amount of an endowment fund determined to be prudent for the uses and purposes for which the endowment fund is established and consistent with the goal of conserving the purchasing power of the endowment fund In accordance with the FUMIFA, the Hospital considers the following in expenditure decisions for its endowment funds

- The program needs of the Hospital
- The intent of the donors of the endowment fund
- The terms of the applicable instrument
- The long-term and short-term needs of the Hospital in carrying out its purposes
- General economic conditions
- The possible effects of inflation or deflation
- The other resources of the Hospital
- Perpetuation of the endowment

The Hospital classifies the following as permanently restricted net assets (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Hospital in a manner consistent with the standard of prudence prescribed by FUMIFA

The investment income and earnings from the Hospital's endowment funds are designated for specific purposes It is the policy of the Hospital to expend these funds prudently as expenditures arise that satisfy the donor restrictions

The Hospital's endowment investment policies are directed by the Hospital Investment Committee ("Investment Committee") of the Board The Hospital's return objectives include attaining an average annual real total return, net of investment fees, of at least 4% over the long term The Hospital maintains moderate risk posture with respect to both time and risk preference These risk postures are developed to provide consistent return patterns over a moderate time horizon and are consistent with conserving the purchasing power of its endowment funds Strategies employed for achieving the Hospital's investment objectives include passively and actively managed funds invested in domestic and global equities, domestic and global fixed income, absolute return and real assets

Changes in endowment net assets for the year ended June 30, 2012 consisted of the following

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets, beginning of year	$ 411	$ 723	$ 13,180	$ 14,314
Investment return				
Investment income	37	84	-	121
Net depreciation (realized and unrealized)	(62)	(47)	(726)	(835)
Total investment return	(25)	37	(726)	(714)
Endowment net assets, end of year	$ 386	$ 760	$ 12,454	$ 13,600

10. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets at June 30, 2012 are restricted to (in thousands)

Hospital programs	$ 7,562
Education	103
Property and equipment	5,388
Future time periods	178
	$ 13,231

Permanently restricted net assets at June 30, 2012 are restricted to (in thousands)

Investments to be held in perpetuity, the income from which is expendable to support health care services	$ 12,132
Investments to be held in perpetuity, the income from which is expendable to assist charity care	200
Investments to be held in perpetuity, the income from which is expendable to support the medical library	122
	$ 12,454

11. Professional Liability Insurance

The Hospital's program of professional liability insurance coverage is a claims-made commercial insurance policy The Hospital is liable for specified retention amounts under the coverage, and claim amounts in excess of retention limits are payable by commercial insurance carriers

Losses from asserted and unasserted claims identified under the Hospital's incident reporting system are accrued based on estimates that incorporate the Hospital's past experience, as well as other considerations, including the nature of each claim or incident and relevant trend factors Accruals for losses attributable to incidents that have occurred but that have not been identified under the incident reporting system have been made based upon the Hospital's experience and industry data

The Hospital may be liable for potential losses in excess of the amount recorded at June 30, 2012, however, in management's opinion, such losses, if any, would not have a material effect on the financial position or results of operations of the Hospital

As of June 30, 2012, the Hospital has recorded $24 6 million for losses on asserted and unasserted claims Additionally, the Hospital has recorded a receivable of $3 6 million due from its commercial insurance carriers for losses on asserted claims exceeding its specified retention amounts

12. Retirement Plan

The Hospital participates in a defined contribution retirement plan of the Health System covering substantially all of its employees Contributions are determined at the discretion of the Board of Trustees of the Health System Defined contribution plan expenses represent approximately 4% of eligible salaries for the year ended June 30, 2012 Expenses recorded by the Hospital were approximately $5 7 million for the year ended June 30, 2012

13. Operating Leases

Rental expense under operating leases amounted to approximately $3 9 million for the year ended June 30, 2012, and includes amounts paid to affiliates as discussed in Note 14

Noncancelable future obligations under operating leases are as follows (in thousands)

Year ended June 30,	
2013	$ 1,876
2014	1,432
2015	845
2016	36
	$ 4,189

14. Related Organizations

The Hospital and its affiliated organizations conduct certain types of business transactions with each other Amounts due from or to these affiliated organizations at June 30, 2012 are included in the accompanying balance sheet as due from affiliates, net It is not practical to estimate the fair value of amounts due from or due to affiliates due to the uncertainty regarding timing of future payments

The existence of transactions with affiliates could cause the Hospital's financial position or operating results to be significantly different from the financial position or operating results that would be achieved if the Hospital was autonomous

The Hospital paid Johns Hopkins University School of Medicine $6 0 million for the year ended June 30, 2012 for financial support of the Baltimore campus faculty for the planning and development of the local academic program This amount is included in nonoperating services in the accompanying statement of operations and changes in net assets

The Foundation is authorized by the Hospital to solicit contributions on its behalf The Hospital leases parking, clinical space, and office space from the Foundation Rental expense for the year ended June 30, 2012 was approximately $421 thousand, and is included in purchased services in the accompanying statement of operations and changes in net assets

The Foundation also leases office space from the Hospital Rental income for the year ended June 30, 2012 was approximately $49 thousand, and is included in other revenues in the accompanying statement of operations and changes in net assets

Total distributions from the Foundation to the Hospital for the year ended June 30, 2012 were approximately $762 thousand Distributions to the Hospital for the year ended June 30, 2012 included $553 thousand for equipment

The Hospital leases office space to the ACRI Rental income for the year ended June 30, 2012 was approximately $77 thousand, and is included in other revenues in the accompanying statement of operations and changes in net assets

The Hospital leases office space to the Health System Rental income for the year ended June 30, 2012 was approximately $11 thousand, and is included in other revenues in the accompanying statement of operations and changes in net assets

The Hospital leases office space and equipment to KHC Rental income for the year ended June 30, 2012, was approximately $66 thousand, and is included in other revenue in the accompanying statement of operations and changes in net assets

The Hospital leases clinical space to PPS Rental income for the year ended June 30, 2012 was approximately $1 1 million and is included in other revenues in the accompanying statement of operations and changes in net assets

The Hospital leases clinical space to WCN Rental income for the year ended June 30, 2012 was approximately $270 thousand, and is included in other revenues in the accompanying statement of operations and changes in net assets

The Hospital reimburses physicians employed by PPS and WCN for certain administrative and teaching services For the year ended June 30, 2012, the amounts reimbursed were approximately $679 thousand, and are included in purchased services in the accompanying statement of operations and changes in net assets

The Hospital purchases physician clinical services from PPS and WCN For the year ended June 30, 2012 these purchased clinical services totaled approximately $503 thousand, and are included in purchased services in the accompanying statement of operations and changes in net assets

The Hospital leases office space from ACHPOB Rental expense for the year ended June 30, 2012 was approximately $77 thousand, and is included in purchased services in the accompanying statement of operations and changes in net assets

The Hospital provides billing and collection services to PPS and WCN For the year ended June 30, 2012, revenue from these services was approximately $1 7 million, and is included in other revenues in the accompanying statement of operations and changes in net assets

15. Significant Leases

On November 30, 2007, the Hospital entered into a leasing agreement with an adjacent adult hospital ("lessee") whereby the Hospital is the lessor of the third floor in its new replacement facility for the operation of the lessee's obstetrical program The lease term is 23 years and began on January 12, 2010 Gross assets under lease total approximately $28 1 million and are recorded in property and equipment on the accompanying balance sheet Accumulated depreciation on assets under lease total approximately $1 8 million as of June 30, 2012

The lease provides for receipt of graduated rental income ranging from approximately $1 1 million to $3 1 million annually over the term, plus pass-through expenses for utilities and maintenance The Hospital is also party to other stand-alone agreements with the lessee to provide environmental services and dietary services During the year ended June 30, 2012, the Hospital recognized income from rent and other agreements totaling approximately $2 3 million that are included in other revenues in the accompanying statement of operations and changes in net assets

16. Concentrations of Credit Risk

Revenues of the Hospital are generated principally from health care services In this regard, credit is extended in the form of accounts receivable

The Hospital limits credit risk by diversifying its investment portfolio among equities, fixed income securities, real assets, various index funds, and cash equivalents As a result, management believes that significant concentrations of credit risk do not exist within the investment pool

During this fiscal year, approximately 73% of the patients admitted to the Hospital were from the Suncoast region (Pasco, Pinellas, Hillsborough, Manatee & Sarasota Counties), 21% from additional counties in west central/southwest Florida, and the remaining 6% from the rest of Florida, other states and foreign counties

17. Contingencies

The Hospital is involved in certain litigation and is subject to claims that may arise in the normal course of its operations It is the opinion of management that such litigation and claims will be resolved without material adverse effect on the Hospital's financial position or results of operations

The healthcare industry is subject to numerous laws and regulations of federal, state and local governments These laws and regulations include, but are not necessarily limited to, matters such as licensure, accreditation, government healthcare program participation requirements, reimbursement for patient services, and Medicare and Medicaid fraud and abuse Government activity has continued with respect to investigations and allegations concerning possible violations of fraud and abuse statutes and regulations by healthcare providers Violations of these laws and regulations could result in expulsion from government healthcare programs together with the imposition of significant fines and penalties, as well as significant repayments for patient services previously billed

Management is aware of an allegation regarding physician employment arrangements at an affiliate organization that was made by a former employee Management believes that this allegation is unfounded

18. Subsequent Events

Management has evaluated all events and transactions that occurred after June 30, 2012 through September 28, 2012, the date these financial statements were issued During this period, there were no other material recognizable subsequent events that required recognition or disclosure

Additional Data

Software ID:

Software Version:

EIN: 59-0683252

Name: ALL CHILDREN'S HOSPITAL INC
ATTN FINANCE DEPT 9010

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

4d. Other program services

(Code) (Expenses $ 119,956,839 including grants of $ 0) (Revenue $ 171,421,643)

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			
GARY A CARNES PRESIDENT & CEO/TRUSTEE	1 00	X		X				1,756,797	0	46,161
ARNOLD T STENBERG JR EXEC VP & CAO/TRUSTEE	40 00	X		X				969,510	0	44,751
R WILLIAM HORTON SR VP/TRUSTEE	20 00	X		X				802,519	0	46,681
TIMOTHY BARBER TRUSTEE	1 00	X						0	0	0
SANDRA DIAMOND TRUSTEE	1 00	X						0	0	0
MICHAEL BARODY TRUSTEE	1 00	X						0	0	0
HAMDEN BASKIN III TRUSTEE	1 00	X						0	0	0
KEN COPPEDGE SECRETARY BOARD OF TRUSTEE	3 00	X		X				0	0	0
MICHAEL CANNOVA TRUSTEE	1 00	X						0	0	0
VINCENT DOLAN TRUSTEE	1 00	X						0	0	0
GEORGE J DOVER MD TRUSTEE	1 00	X						0	0	0
JONATHAN ELLEN MD VICE DEAN/PIC/TRUSTEE	3 00	X		X				0	0	0
JOSEPH W FLEECE III VICE CHAIR BOARD OF TRUSTE	3 00	X		X				0	0	0
DARLENE GRAYSON TRUSTEE	1 00	X						0	0	0
GREGORY HAHN MD EX OFFICIO/TRUSTEE	3 00	X						0	0	0
NANCY HAMILTON TRUSTEE	1 00	X						0	0	0
TROY HOLLAND TRUSTEE	1 00	X						0	0	0
WILLIAM HORNER EX OFFICIO/TRUSTEE	3 00	X						0	0	0
JACK KIRKLAND CHAIRMAIN OF BOARD	3 00	X		X				0	0	0
ERIC KOBREN TRUSTEE	1 00	X						0	0	0
EDWARD KUEHNLE TRUSTEE	1 00	X						0	0	0
WILLIAM LANE JR TRUSTEE	1 00	X						0	0	0
DARRYL LECLAIR TRUSTEE	1 00	X						0	0	0
MARK LETTELLEIR TRUSTEE	1 00	X						0	0	0
REGINALD LIGON DDS TRUSTEE	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MARTHA LITTLE EX OFFICO/TRUSTEE	3 00	X						0	0	0
TOM MAHAFFEY TRUSTEE	1 00	X						0	0	0
MILTON H MILLER JR TRUSTEE	1 00	X						0	0	0
MARK MONDELLO TRUSTEE	1 00	X						0	0	0
RONALD PETERSON CORP VICE CHAIR/TRUSTEE	3 00	X		X				0	1,703,555	1,777,977
PAUL RESOP TRUSTEE	1 00	X						0	0	0
CRAIG SHER TRUSTEE	1 00	X						0	0	0
RAYMOND SMITH TRUSTEE	1 00	X						0	0	0
MARK STROUD TREASURER OF BOARD	3 00	X		X				0	0	0
NANCY TEMPLIN VP FINANCE & CFO	40 00			X				382,521	0	18,854
MICHAEL EPSTEIN MD VP MEDICAL AFFAIRS	34 00			X				665,654	0	40,751
TIMOTHY STROUSE VP FACILITIES MANAGEMENT	50 00			X				416,487	0	43,751
CALVIN L POPOVICH VP INFORMATION TECHNOLOGY	50 00			X				384,330	0	43,391
JOHN HARDING III VP OPERATIONS	55 00			X				304,784	0	44,816
JAY KUHNS VP HUMAN RESOURCES	50 00			X				280,950	0	46,966
CYNTHIA ROSE VP MARKETING & COMMUNITY RELATIONS	60 00			X				183,151	0	25,816
HELLA EWING VP CHIEF NURSING OFFICER	60 00			X				261,676	0	17,615
HELENE M MARRA ASSISTANT SECRETARY	33 00			X				76,138	0	15,231
CAROLYN CAREY NEUROSURGEON	40 00					X		227,500	588,000	15,504
GERALD TUITE NEUROSURGEON	40 00					X		235,000	571,176	25,055
BRUCE STORRS NEUROSURGEON	40 00					X		225,000	574,671	22,038
LUIS RODRIGUEZ NEUROSURGEON	40 00					X		225,000	568,093	29,428
RICHARD HARMEL MD PED SURGEON	40 00					X		142,500	535,090	48,681
JERRY BARBOSA MD TRUSTEE	1 00						X	0	35,398	0