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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
LOS NINOS HOSPITAL INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
1402 E SOUTH MOUNTAIN AVENUE

City or town, state or country, and ZIP + 4
PHOENIX, AZ 85040

D Employer identification number
86-0892673

E Telephone number
(602) 243-4231

G Gross receipts $ 30,141,510

F Name and address of principal officer
WILLIAM TIMMONS
1402 E SOUTH MOUNTAIN AVENUE
PHOENIX,AZ 85040

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 HACIENDAHEALTHCARE ORG

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

L Year of formation 1997

M State of legal domicile AZ

Part I Summary

1 Briefly describe the organization's mission or most significant activities
CHILDREN'S HOSPITAL SERVING THE NEEDS OF ACUTE AND CHRONICALLY ILL PATIENTS

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**	9
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	9
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	203
6	Total number of volunteers (estimate if necessary)	**6**	190
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)	283,812	6,897
	9 Program service revenue (Part VIII, line 2g)	17,087,890	16,367,112
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	773,518	684,594
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	38,196	24,975
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,183,416	17,083,578
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)	6,868,965	7,053,921
	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)	7,963,608	6,939,834
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	14,832,573	13,993,755
	19 Revenue less expenses Subtract line 18 from line 12	3,350,843	3,089,823

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	26,803,974	30,353,328
	21 Total liabilities (Part X, line 26)	1,545,621	2,641,156
	22 Net assets or fund balances Subtract line 21 from line 20	25,258,353	27,712,172

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

****** 2013-05-14
Signature of officer Date

WILLIAM TIMMONS CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ COLETTE KAMPS	Date 2013-05-14	Check if self-employed ▶ ☐	Preparer's taxpayer identification number (see instructions) P00367616
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ HENRY & HORNE LLP 2055 E WARNER RD STE 101 TEMPE, AZ 85284			EIN ▶ 86-0133881 Phone no ▶ (480) 839-4900

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

TO PROVIDE ACUTE AND SUBACUTE HOSPITAL CARE TO INFANTS, CHILDREN AND TEENS

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 $ 2,397,004 including grants of $) (Revenue $ 2,260,572)

INPATIENT -INPATIENT CARE IS A 15-BED, FAMILY ORIENTED HOSPITAL SPECIALIZING IN HIGH QUALITY ACUTE AND SUB-ACUTE CARE FOR INFANTS, CHILDREN AND TEENS

4b (Code) (Expenses $ 3,371,475 including grants of $) (Revenue $ 4,481,638)

HOME HEALTH CARE HOME HEALTH CARE SPECIALIZES IN THE CARE OF INFANTS, CHILDREN AND ADULTS WITH SPECIAL HEALTH CARE NEEDS REQUIRING HOME HEALTH CARE FROM NURSES AND THERAPISTS WITH SPECIAL TRAINING

4c (Code) (Expenses $ 3,953,364 including grants of $) (Revenue $ 5,601,775)

OUTPATIENT AND SYNAGIS CLINICS THE ORGANIZATION OPERATES SIX OUTPATIENT SYNAGIS CLINICS LOCATED IN ARIZONA AND COLORADO SYNAGIS IS AN INJECTABLE USED TO IMMUNIZE INFANTS AND YOUNG CHILDREN AGAINST RESPIRATORY SYNCYTIAL VIRUS (RSV) THE CLINICS ARE OPEN FROM NOVEMBER TO APRIL EACH YEAR, WHICH IS THE HIGH SEASON FOR RSV

(Code) (Expenses $ 3,538,398 including grants of $) (Revenue $ 4,048,102)

THERAPY SERVICES THERAPY SERVICES PROVIDE PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY TO INFANTS, CHILDREN AND ADULTS SERVICES ARE PROVIDED IN BOTH INPATIENT AND OUTPATIENT SETTINGS, INCLUDING HOME HEALTH CARE THESE SERVICES INCLUDE EVALUATIONS, CONSULTATIONS, INTERVENTION, SKILLED HANDS-ON CARE, ADAPTIVE EQUIPMENT AND FAMILY/CAREGIVER TRAINING REGISTRY SERVICES INNOVATIVE STAFFING, BEGAN IN 2005, PROVIDES STAFFING NEEDS TO FILL VACANT POSITIONS AND OPEN SHIFTS WITH MEDICAL PROFESSIONALS INCLUDING REGISTERED NURSES, LICENSED PRACTICAL NURSES, CERTIFIED NURSING ASSISTANTS, CAREGIVERS AND RESPIRATORY THERAPISTS NURSE CONSULTING THE ORGANIZATION CONTRACTS WITH THE DIVISION OF DEVELOPMENTAL DISABILITIES (DDD), A DIVISION OF THE ARIZONA DEPARTMENT OF ECONOMIC SECURITY, FOR CERTAIN SPECIALIZED CLINICAL CONSULTING SERVICES UNDER THE ARRANGEMENT AND ON BEHALF OF DDD, QUALIFIED NURSING PERSONNEL EMPLOYED BY THE ORGANIZATION ASSESS AND MONITOR NURSING SERVICES RENDERED BY VARIOUS PROVIDERS OF SERVICES TO DEVELOPMENTALLY DISABLED CONSUMERS IN ARIZONA SUCH SERVICES INCLUDE THOSE PROVIDED IN A CONSUMER'S HOME, A GROUP HOME, A DEVELOPMENTAL HOME, A LEVEL II OR LEVEL III BEHAVIORAL HEALTH FACILITY AND ANY DAY CARE PROGRAM VENTILATOR PROGRAM THE VENTILATOR PROGRAM ENABLES VENTILATOR DEPENDENT INDIVIDUALS TO FUNCTION IN SOCIETY AT THE OPTIMAL LEVEL OF THEIR CAPABILITIES AND POTENTIAL BY COMBINING TECHNOLOGY, SERVICES AND MEDICAL SUPPLIES THIS IS ACHIEVED BY PROVIDING PRODUCTS, EDUCATION, TRAINING AND ON-GOING MONITORING OF EQUIPMENT THE VENTILATOR PROGRAM PROVIDES SERVICE ON VENTILATORS AND OTHER MEDICAL EQUIPMENT IN PATIENTS' HOMES, AS WELL AS A HOME ENTERAL FEEDING SERVICE THAT SERVES THE NUTRITIONAL NEEDS OF MEDICALLY FRAGILE PATIENTS BY PROVIDING FORMULA AND SUPPLIES

4d Other program services (Describe in Schedule O)

(Expenses $ 3,538,398 including grants of $) (Revenue $ 4,048,102)

4e **Total program service expenses** ▶ $ 13,260,241

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		No
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		No
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		No
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**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	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**	Yes	
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**	5		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**		
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	203		
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**		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		
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	9		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	9		
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			No
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			No
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 ▶ AZ

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 ▶

THE ORGANIZATION
1402 E SOUTH MOUNTAIN AVENUE
PHOENIX, AZ 85040
(602) 243-4231

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			
(1) THOM NIEMIEC BOARD MEMBER	1 00	X						0	0	0
(2) PATRICK WALSH BOARD MEMBER	1 00	X						0	0	0
(3) WANDA O'MALLEY BOARD MEMBER	1 00	X						0	0	0
(4) PATRICIA SHAW BOARD MEMBER	1 00	X						0	0	0
(5) DICK KAUPIE PRESIDENT	2 00	X		X				0	0	0
(6) TOM POMEROY EXECUTIVE VICE PRESIDENT	2 00	X		X				0	0	0
(7) GARY ORMAN VICE PRESIDENT	2 00	X		X				0	0	0
(8) RALPH WALLWORK TREASURER	2 00	X		X				0	0	0
(9) BARRY GOLDSTIN SECRETARY	2 00	X		X				0	0	0
(10) WILLIAM TIMMONS CHIEF EXECUTIVE OFFICER	40 00			X				0	346,827	30,244
(11) DALE SKURDAHL CHIEF OPERATIONS OFFICER M	40 00			X				0	195,761	42,730
(12) PERRY F PETRILLI VICE PRESIDENT - RESIDENTAL SERVICES	40 00			X				0	116,004	15,652
(13) DAVENA BALLARD DIRECTOR SYNAGIS	40 00					X		104,793	0	19,732
(14) JOSEPH O'MALLEY CONTROLLER/FINANCIAL ANALY	40 00					X		0	108,158	15,485
(15) JOHN WIDDER DIRECTOR OF HOME MEDICAL SERVICES	40 00					X		108,902	0	11,368
(16) JANET LOVELADY DIRECTOR OF NURSING	40 00					X		0	123,311	9,853

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			
1b **Sub-Total** . . . . . ▶										
c **Total from continuation sheets to Part VII, Section A** . . . . ▶										
d **Total (add lines 1b and 1c)** . . . . . ▶								213,695	890,061	145,064

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 ▶ 2

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization 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
HACIENDA INC 1402 E SOUTH MOUNTAIN AVE PHOENIX, AZ 85042	MANAGEMENT FEES	636,000

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 ▶ 1

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				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 6,897				
	g	Noncash contributions included in lines 1a-1f $ 2,407					
	h	**Total.** Add lines 1a-1f		6,897			
Program Service Revenue			Business Code				
	2a	PRIVATE SECTOR REVENUE	623990	11,805,249	11,805,249		
	b	GOVERNMENT REVENUE	623990	4,703,744	4,703,744		
	c	THERAPY INCOME FROM RE	621610	421,219	421,219		
	d	RETURN OF DSH REVENUE	621610	-563,100	-563,100		
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		16,367,112			
	3	Investment income (including dividends, interest and other similar amounts)		387,172			387,172
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real / (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)					
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	13,355,354				
	b	Less cost or other basis and sales expenses	13,057,932				
	c	Gain or (loss)	297,422				
	d	Net gain or (loss)		297,422			297,422
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	MISCELLANEOUS	900099	24,975	24,975		
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		24,975			
	12	**Total revenue.** See Instructions		17,083,578	16,392,087	0	684,594

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	108,902	108,902		
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	5,912,593	5,912,593		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	114,159	114,159		
9	Other employee benefits	471,191	455,462	15,729	
10	Payroll taxes	447,076	447,076		
11	Fees for services (non-employees)				
a	Management	636,000		636,000	
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .				
f	Investment management fees				
g	Other	114,246	100,784	13,462	
12	Advertising and promotion	30,803	30,803		
13	Office expenses	12,237	12,237		
14	Information technology				
15	Royalties . .				
16	Occupancy	573,590	573,590		
17	Travel	25,422	25,422		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	4,068	4,068		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	272,926	272,926		
23	Insurance	196,077	196,077		
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	SUPPLIES	4,656,703	4,656,703		
b	MISCELLANEOUS	155,683	87,565	68,118	
c	EQUIPMENT EXPENSE	152,210	152,210		
d	FLEET EXPENSES	39,090	39,090		
e					
f	All other expenses	70,779	70,574	205	
25	**Total functional expenses.** Add lines 1 through 24f	13,993,755	13,260,241	733,514	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		2,589,745	1	5,721,530
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,645,589	4	1,427,742
	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		540,566	8	1,599,272
	9	Prepaid expenses and deferred charges		36,743	9	31,590
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 5,370,057			
	b	Less accumulated depreciation	10b 3,402,693	1,802,836	10c	1,967,364
	11	Investments—publicly traded securities		14,606,370	11	15,327,806
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		5,582,125	15	4,278,024
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		26,803,974	16	30,353,328
Liabilities	17	Accounts payable and accrued expenses		1,411,652	17	659,848
	18	Grants payable			18	
	19	Deferred revenue			19	1,879,947
	20	Tax-exempt bond liabilities			20	
	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		133,969	25	101,361
	26	**Total liabilities.** Add lines 17 through 25		1,545,621	26	2,641,156
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		25,247,792	27	27,709,813
	28	Temporarily restricted net assets		10,561	28	2,359
	29	Permanently restricted net assets			29	
		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		25,258,353	33	27,712,172
	34	Total liabilities and net assets/fund balances		26,803,974	34	30,353,328

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	17,083,578
2	Total expenses (must equal Part IX, column (A), line 25)	2	13,993,755
3	Revenue less expenses Subtract line 2 from line 1	3	3,089,823
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	25,258,353
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-636,004
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	27,712,172

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
LOS NINOS HOSPITAL INC

Employer identification number
86-0892673

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 ")	5,228	160,496	1,957	283,812	6,897	458,390
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	16,118,706	17,102,257	17,295,035	17,087,890	16,930,212	84,534,100
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	16,123,934	17,262,753	17,296,992	17,371,702	16,937,109	84,992,490
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
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						0
c Add lines 7a and 7b						0
8 **Public Support** (Subtract line 7c from line 6)						84,992,490

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	16,123,934	17,262,753	17,296,992	17,371,702	16,937,109	84,992,490
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	77,303	91,250	53,657	284,747	387,172	894,129
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	77,303	91,250	53,657	284,747	387,172	894,129
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)				38,196	24,975	63,171
13 **Total support** (Add lines 9, 10c, 11 and 12)	16,201,237	17,354,003	17,350,649	17,694,645	17,349,256	85,949,790

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	98 890 %
16	Public support percentage from 2010 Schedule A, Part III, line 15	16	99 070 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	1 040 %
18	Investment income percentage from **2010** Schedule A, Part III, line 17	18	0 880 %

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 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
LOS NINOS HOSPITAL INC

Employer identification number
86-0892673

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					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- 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)		
(ii) related organizations	3a(ii)		
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		795,024		795,024
b Buildings				
c Leasehold improvements		267,630	153,637	113,993
d Equipment		4,307,403	3,249,056	1,058,347
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				1,967,364

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 FROM RELATED AFFILIATES	4,278,024
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	4,278,024

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
CAPITAL LEASE	101,361
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	101,361

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	17,083,578
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	13,993,755
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	3,089,823
4	Net unrealized gains (losses) on investments	4	-636,004
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	-636,004
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,453,819

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	16,447,574
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-636,004		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	-636,004
3	Subtract line **2e** from line **1**			3	17,083,578
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	17,083,578

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

1	Total expenses and losses per audited financial statements			1	13,993,755
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	13,993,755
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	13,993,755

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 UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE ORGANIZATION RECOGNIZES UNCERTAIN TAX POSITIONS IN THE FINANCIAL STATEMENTS WHEN IT IS MORE LIKELY THAN NOT THE POSITIONS WILL NOT BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES AS OF JUNE 30, 2012, THE ORGANIZATION HAD NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS

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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
LOS NINOS HOSPITAL INC

Employer identification number
86-0892673

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	Yes	
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		No
b	If "Yes," did the organization's charity care expenses exceed the budgeted amount?	5b		
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit reportduring the tax year?	6a		No
6b	If "Yes," did the organization make it available to the public?	6b		
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Charity Care and Certain Other Community Benefits at Cost

Charity Care and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Charity care at cost (from Worksheet 1)						
b Medicaid (from Worksheet 3, column a)			234,830	0	234,830	1 680 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Charity Care and Means-Tested Government Programs			234,830		234,830	1 680 %
Other Benefits						
e Community health improvement services and community benefit operations (from (Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total** Other Benefits						
k **Total.** Add lines 7d and 7j			234,830		234,830	1 680 %

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

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

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	Yes	
2	Enter the amount of the organization's bad debt expense	2	33,512		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's charity care policy	3			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, 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	26,109		
6	Enter Medicare allowable costs of care relating to payments on line 5	6	21,149		
7	Subtract line 6 from line 5 This is the surplus or (shortfall)	7	4,960		
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	Yes	

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	LOS NINOS HOSPITAL 2303 E THOMAS RD PHOENIX, AZ 85016	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)

LOS NINOS 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**		
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 100.000000000000%			
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	Yes	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care 200 000000000000%			
	If "No," explain in Part VI the criteria the hospital facility used			
11	Explained the basis for calculating amounts charged to patients?	11	Yes	
	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	Yes	
	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**		No
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**		No
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? _____

	Name and address	Type of Facility (Describe)
1		
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 III, LINE 4 THE CARRYING AMOUNT OF ACCOUNTS RECEIVABLE MAY BE REDUCED BY A VALUATION ALLOWANCE THAT REFLECTS MANAGEMENT'S BEST ESTIMATE OF UNCOLLECTIBLE AMOUNTS MANAGEMENT REVIEWS ALL ACCOUNTS RECEIVABLE BALANCES PERIODICALLY, AND BASED ON AN ASSESSMENT OF CREDITWORTHINESS AND AN ANALYSIS OF THE AGING OF INVOICES, ESTIMATES THE PORTION, IF ANY, OF THE BALANCES THAT WILL NOT BE COLLECTED BECAUSE OF THE INHERENT UNCERTAINTIES IN ESTIMATING THE ALLOWANCE FOR DOUBTFUL ACCOUNTS, IT IS AT LEAST REASONABLY POSSIBLE THAT THE ESTIMATES USED WILL CHANGE WITHIN THE NEAR TERM

Identifier	ReturnReference	Explanation
		PART III, LINE 9B ALL GUARANTORS WITH SELF-PAY BALANCES ARE PROVIDED WITH A CHARITY CARE FINANCIAL ASSISTANCE APPLICATION TO DETERMINE IF THEY QUALIFY FOR ASSISTANCE HOSPITAL BILLING STAFF REVIEWS EACH RETURNED APPLICATION, FOLLOWS UP WITH THE GUARANTOR FOR ANY QUESTIONS AND MISSING INFORMATION, AND COMMUNICATES ELIGIBILITY STATUS TO THE GUARANTOR

Identifier	ReturnReference	Explanation
		PART VI, LINE 4 AS DESCRIBED IN FORM 990, PART III, SUPPLEMENTED IN SCHEDULE O, LOS NINOS HOSPITAL PROVIDES A VARIETY OF CLINICAL PROGRAMS THAT ARE CRITICAL TO THE HEALTH OF INFANTS, CHILDREN AND YOUNG ADULTS WHO ARE CHRONICALLY ILL AND MEDICALLY FRAGILE NEARLY ALL PATIENTS ARE COVERED BY GOVERNMENTAL HEALTH PROGRAMS, SUCH AS THE STATE OF ARIZONA'S DIVISION OF DEVELOPMENTAL DISABILITIES, THE ARIZONA MEDICAID PROGRAM (KNOWN AS AHCCCS), OR MEDICAID MANAGED CARE PLANS AS A RESULT, FEW PATIENTS HAVE A NEED FOR CHARITY DISCOUNTS THE LOS NINOS HOSPITAL INPATIENT UNIT PROVIDES ACUTE AND SUBACUTE HOSPITAL CARE TO INFANTS AND CHILDREN LESS EXPENSIVELY THAN LARGER ACCUTE CARE HOSPITALS MEDICAL SERVICES PAYORS OFTEN REQUIRE THE TRANSFER OF PATIENTS TO LOS NINOS FROM MORE EXPENSIVE SETTINGS WHEN THEY'RE CLINICALLY APPROPRIATE, THEREBY SAVING SCARCE GOVERNMENT FUNDS LOS NINOS HOSPITAL'S SIX SYNAGIS CLINICS PROTECT HIGH RISK INFANTS FROM CONTRACTING RESPRITORY SYNCYTIAL VIRUS, THEREBY SAVING LIVES AND MINIMIZING THE POTENTIAL FOR EXPENSIVE LIFE-LONG RESPIRATORY TREATMENT LOS NINOS HOSPITAL'S HOME VENTILATOR PROGRAM AND HOME HEALTH SEVICES PROVIDE PATIENTS WITH EFFECTIVE HEALTH CARE IN THEIR HOMES, A FAR LESS EXPENSIVE SETTING THAN HOSPITALS, THEREBY FURTHER SAVING INCREASINGLY SCARCE GOVERNMENT FUNDS

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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
LOS NINOS HOSPITAL INC

Employer identification number
86-0892673

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**		
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**		
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**		No
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				
(1) WILLIAM TIMMONS	(i)	0	0	0	0	0	0	0
	(ii)	346,827	0	0	22,000	8,244	377,071	0
(2) DALE SKURDAHL	(i)	0	0	0	0	0	0	0
	(ii)	195,761	0	0	21,205	21,525	238,491	0

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
SUPPLEMENTAL INFORMATION	PART III	CERTAIN EMPLOYEES PARTICIPATE IN A 457B PLAN AMOUNTS CONTRIBUTED BY EMPLOYEES DURING CALENDAR YEAR 2011 ARE AS FOLLOWS WILLIAM TIMMONS - $22,000 DALE SKURDAHL - $22,000 JANET LOVELADY - $ 1,350

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Schedule L (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions with Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
LOS NINOS HOSPITAL INC

Employer identification number
86-0892673

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

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

Part III Grants or Assistance Benefitting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) SOUTH MOUNTAIN HEALTH SUPPLY INC(SMHS)	OFFICERS OF SMHS ARE BOARD MEMBERS OF FILING ORGANIZATION	1,038,977	LOS NINOS HOSPITAL PURCHASES HEALTH CARE SUPPLIES FROM SMHS		No
(2) SOUTH MOUNTAIN HEALTH SUPPLY INC (SMHS)	OFFICERS OF SMHS ARE BOARD MEMBERS OF FILING ORGANIZATION	36,679	LOS NINOS HOSPITAL LEASES EQUIPMENT FROM SMHS		No

Part V Supplemental Information

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

Identifier	Return Reference	Explanation

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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
LOS NINOS HOSPITAL INC

Employer identification number
86-0892673

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE ORGANIZATION'S BOARD TREASURER, CEO AND CONTROLLER WILL REVIEW AND APPROVE THE FORM 990 PRIOR TO FILING THEY WILL THEN REVIEW THE FINAL FORM 990 WITH THE ENTIRE BOARD
	FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION HAS A CONFLICT OF INTEREST POLICY THAT ADDRESSES THE CONSIDERATION OF POTENTIAL CONFLICTS OF INTEREST BY THE BOARD OF DIRECTORS, COMMITTEE MEMBERS, KEY EMPLOYEES, AND THEIR RELATIVES AS PER THE POLICY, SUCH PERSONS MUST MAKE DISCLOSURE OF ANY POTENTIAL CONFLICTS OF INTEREST AND MUST ABSTAIN FROM VOTING ON ANY ACTION IN WHICH THEY MAY HAVE AN INTEREST ON AN ANNUAL BASIS, ALL BOARD MEMBERS ARE REQUIRED TO SIGN OFF ON AN ANNUAL CONFLICT OF INTEREST FORM, EITHER STATING ANY KNOWN CONFLICTS, OR STATING THAT THERE ARE NONE
	FORM 990, PART VI, SECTION B, LINE 15	THE BOARD OF DIRECTORS DETERMINES REASONABLE AND APPROPRIATE SALARIES FOR KEY EMPLOYEES OF THE ORGANIZATION
	FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION GENERALLY MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST
COMPENSATION FROM RELATED ORGANIZATION	FORM 990, PART VII, LINE 1A	LOS NINOS HOSPITAL, INC IS RELATED TO TWO TAX EXEMPT AFFILIATES, HACIENDA, INC AND HACIENDA SKILLED NURSING FACILITY, INC THESE THREE ORGANIZATIONS SHARE A COMMON MANAGEMENT TEAM THE INDIVIDUALS ON THE MANAGEMENT TEAM ARE COMPENSATED AS EMPLOYEES THROUGH HACIENDA, INC HACIENDA, INC CHARGES A MANAGEMENT FEE FOR THESE SERVICES TO BOTH LOS NINOS HOSPITAL, INC AND TO HACIENDA SKILLED NURSING FACILITY, INC THE COMPENSATION AMOUNTS LISTED IN PART VII ARE THE TOTAL GROSS WAGES AND OTHER COMPENSATION PAID TO THESE INDIVIDUALS FOR THEIR SERVICES TO ALL THREE ORGANIZATIONS
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -636,004
	FORM 990, PART XII, LINE 2C	THE BOARD OF DIRECTORS AND CEO REVIEW THE FINANCIAL STATEMENTS AND OVERSEE THE AUDIT PROCESS

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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
LOS NINOS HOSPITAL INC

Employer identification number
86-0892673

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
(1) HACIENDA HEALTHCARE 1402 E SOUTH MOUNTAIN AVE PHOENIX, AZ 85042 27-2988610	BRAND NAME FOR RELATED ORGANIZATIONS	AZ	501(C)(3)	LINE 9	N/A		No
(2) HACIENDA SKILLED NURSING FACILITY INC 1402 E SOUTH MOUNTAIN AVE PHOENIX, AZ 85042 14-1906233	NURSING CARE & RESPIRATORY INTERVENTION	AZ	501(C)(3)	LINE 9	N/A		No
(3) HACIENDA INC 1402 E SOUTH MOUNTAIN AVE PHOENIX, AZ 85042 86-0253158	PROVIDE SERVICES FOR HANDICAPPED & CHRONICALLY ILL CHILDREN	AZ	501(C)(3)	LINE 9	N/A		No

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

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

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
(1) SOUTH MOUNTAIN HEALTH SUPPLY 1402 E SOUTH MOUNTAIN AVE PHOENIX, AZ 85042 86-0858893	MEDICAL SUPPLY COMPANY	AZ	HACIENDA HEALTHCARE	C			
(2) INNOVATIVE HOME HEALTH INC 1402 E SOUTH MOUNTAIN AVE PHOENIX, AZ 85042 26-2398755	HOME HEALTH NURSING SERVICES	AZ	HACIENDA HEALTHCARE	C			

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		No
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
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		No
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	Yes	
n Sharing of paid employees with related organization(s)	1n	Yes	
o Reimbursement paid to related organization(s) for expenses	1o	Yes	
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	

HENRY & HORNE, LLP

Los Niños Hospital

Phoenix, Arizona

FINANCIAL STATEMENTS

Years Ended June 30, 2012 and 2011

HENRY & HORNE, LLP
Certified Public Accountants

INDEPENDENT AUDITORS' REPORT

Board of Directors
Los Niños Hospital, Inc
Phoenix, Arizona

We have audited the accompanying statements of financial position of Los Niños Hospital, Inc (an Arizona not-for-profit organization) as of June 30, 2012 and 2011, and the related statements of activities, functional expenses and cash flows for the years then ended These financial statements are the responsibility of the Organization's management Our responsibility is to express an opinion on these financial statements based on our audits

We conducted our audits 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 An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation We believe that our audits provide a reasonable basis for our opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Los Niños Hospital, Inc as of June 30, 2012 and 2011, and the changes in its assets and its cash flows for the years then ended in conformity with accounting principles generally accepted in the United States of America

Henry + Horne, LLP

Tempe, Arizona
March 19, 2013

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LOS NINOS HOSPITAL, INC
STATEMENTS OF FINANCIAL POSITION
June 30, 2012 and 2011

	2012	2011
ASSETS		
CURRENT ASSETS		
Cash and cash equivalents	$ 5,721,530	$ 2,589,745
Accounts receivable, net of allowance for doubtful accounts of $23,000 for the years ended June 30, 2012 and 2011	1,427,742	1,645,589
Employee and school loans receivables	-	6,266
Prepaid expenses	31,590	36,743
Inventory	1,599,272	540,566
Due from related affiliates	4,278,024	5,575,859
TOTAL CURRENT ASSETS	13,058,158	10,394,768
INVESTMENTS	15,327,806	14,606,370
PROPERTY AND EQUIPMENT, net	1,967,364	1,802,836
TOTAL ASSETS	$ 30,353,328	$ 26,803,974
LIABILITIES AND NET ASSETS		
CURRENT LIABILITIES		
Current maturity of capital lease	$ 33,662	$ 36,679
Accounts payable	420,338	1,228,049
Accrued expenses	239,510	183,603
Deferred revenue	1,879,947	-
TOTAL CURRENT LIABILITIES	2,573,457	1,448,331
CAPITAL LEASE, net of current portion	67,699	97,290
TOTAL LIABILITIES	2,641,156	1,545,621
NET ASSETS		
Unrestricted	27,709,813	25,247,792
Temporarily restricted	2,359	10,561
TOTAL NET ASSETS	27,712,172	25,258,353
TOTAL LIABILITIES AND NET ASSETS	$ 30,353,328	$ 26,803,974

See accompanying notes.

LOS NINOS HOSPITAL, INC
STATEMENTS OF ACTIVITIES
Years Ended June 30, 2012 and 2011

	2012		
	Unrestricted	Temporarily Restricted	Total
PUBLIC SUPPORT AND REVENUE			
Community contributions	$ 6,897	$ -	$ 6,897
Government fees for services	4,703,744	-	4,703,744
Private sector revenues	11,026,952	-	11,026,952
Therapy income from related affiliates	421,219	-	421,219
Investment return	48,590	-	48,590
Overpayments from payer sources	778,297		778,297
Miscellaneous income	24,975	-	24,975
Return of Disproportionate Share Hospital payment	(563,100)	-	(563,100)
Net assets released from restrictions	8,202	(8,202)	-
	16,455,776	(8,202)	16,447,574
EXPENDITURES			
Program services			
Inpatient Care	2,397,004	-	2,397,004
Ventilator Program	1,802,654	-	1,802,654
Synagis Clinics	3,953,364	-	3,953,364
Therapy Services	439,020	-	439,020
Home Health Care	3,371,475	-	3,371,475
Therapy Clinic	-	-	-
Registry Services	625,453	-	625,453
Nurse Consulting	671,271	-	671,271
	13,260,241	-	13,260,241
Supporting services			
Management and general	733,514	-	733,514
	13,993,755	-	13,993,755
CHANGE IN NET ASSETS	2,462,021	(8,202)	2,453,819
NET ASSETS AT BEGINNING OF YEAR	25,247,792	10,561	25,258,353
NET ASSETS AT END OF YEAR	$ 27,709,813	$ 2,359	$ 27,712,172

See accompanying notes.

2011		
Unrestricted	Temporarily Restricted	Total
$ -	$ 283,812	$ 283,812
6,631,913	-	6,631,913
9,789,252	-	9,789,252
666,725	-	666,725
1,586,709	-	1,586,709
-	-	-
38,196	-	38,196
-	-	-
280,540	(280,540)	-
18,993,335	3,272	18,996,607
2,559,443	-	2,559,443
2,073,048	-	2,073,048
4,494,980	-	4,494,980
678,692	-	678,692
3,103,747	-	3,103,747
59,764	-	59,764
557,856	-	557,856
587,921	-	587,921
14,115,451	-	14,115,451
717,122	-	717,122
14,832,573	-	14,832,573
4,160,762	3,272	4,164,034
21,087,030	7,289	21,094,319
$ 25,247,792	$ 10,561	$ 25,258,353

LOS NINOS HOSPITAL, INC
STATEMENT OF FUNCTIONAL EXPENSES
Year Ended June 30, 2012

	Inpatient Care	Ventilator Program	Synagis Clinics	Therapy Services	Home Health Care
Advertising and marketing	$ 4,875	$ 2,347	$ 1,245	$ 200	$ 14,649
Bad debt expense	14,138	1,083	22,727	99	(4,535)
Bank and investment fees	-	-	-	-	-
Client expenses	(465)	-	-	-	3,905
Depreciation	63,455	191,638	4,386	6,111	7,088
Dues, licenses and permits	8,098	7,328	159	-	1,142
Employee costs	213,026	104,803	77,276	53,778	422,943
Equipment expense	32,543	77,218	24,633	5,172	12,644
Fleet expenses	1,285	37,805	-	-	-
Food	6,301	-	-	-	-
Insurance	61,104	32,551	19,533	15,719	48,953
Interest	-	4,068	-	-	-
Management fees	-	-	-	-	-
Medical professionals	39,280	1,980	3,393	17,897	13,940
Medical services	8,045	-	-	-	1,419
Medical staff registry	-	-	-	-	-
Miscellaneous	15,145	8,277	17,157	7,540	34,250
Other professional fees	1,292	-	-	-	-
Postage	578	3,163	62	-	1,293
Printing and publications	1,271	1,393	1,099	-	3,378
Property tax	-	-	1,355	-	-
Rental expense	141,620	70,987	163,233	11,423	48,748
Repairs and maintenance	30,695	119	980	-	-
Salaries and wages	1,300,563	488,057	353,038	315,539	2,477,549
Staff training	3,575	287	1,156	3,421	5,458
Subcontract labor	3,847	-	-	-	-
Supplies	402,296	752,208	3,235,895	1,816	264,455
Temporary staffing	-	-	842	-	-
Travel expenses	993	-	-	-	1,347
Utilities	43,444	17,342	25,195	305	12,849
Total	$ 2,397,004	$ 1,802,654	$ 3,953,364	$ 439,020	$ 3,371,475

See accompanying notes.

Registry Services	Nurse Consulting	Total Program Services	Management and General	Total
$ 5,715	$ 1,772	$ 30,803	$ -	$ 30,803
-	-	33,512	-	33,512
-	-	-	99,758	99,758
-	-	3,440	-	3,440
248	-	272,926	-	272,926
-	-	16,727	205	16,932
56,517	88,354	1,016,697	15,729	1,032,426
-	-	152,210	-	152,210
-	-	39,090	-	39,090
-	-	6,301	-	6,301
15,316	2,901	196,077	-	196,077
-	-	4,068	-	4,068
-	-	-	636,000	636,000
-	-	76,490	-	76,490
-	-	9,464	-	9,464
-	8,320	8,320	-	8,320
1,690	66	84,125	(31,640)	52,485
-	-	1,292	13,462	14,754
-	-	5,096	-	5,096
-	-	7,141	-	7,141
-	-	1,355	-	1,355
-	-	436,011	-	436,011
-	-	31,794	-	31,794
545,268	541,481	6,021,495	-	6,021,495
137	-	14,034	-	14,034
-	-	3,847	-	3,847
33	-	4,656,703	-	4,656,703
529	-	1,371	-	1,371
-	23,082	25,422	-	25,422
-	5,295	104,430	-	104,430
$ 625,453	$ 671,271	$ 13,260,241	$ 733,514	$ 13,993,755

LOS NINOS HOSPITAL, INC
STATEMENT OF FUNCTIONAL EXPENSES
Year Ended June 30, 2011

	Inpatient Care	Ventilator Program	Synagis Clinics	Therapy Services	Home Health Care
Advertising and marketing	$ 2,865	$ 82	$ 529	$ 508	$ 8,659
Bad debt expense	16,194	5,930	39,341	70	7,993
Bank and investment fees	-	-	-	-	-
Client expenses	1,677	-	-	-	3,456
Depreciation	66,271	206,080	4,507	3,056	7,350
Dues, licenses and permits	6,841	5,871	456	-	1,407
Employee costs	233,865	101,192	64,725	72,662	390,294
Equipment expense	34,822	132,677	34,541	3,262	12,440
Fleet expenses	2,375	40,666	-	-	-
Food	12,288	-	-	-	-
Insurance	57,394	30,809	17,911	13,889	45,844
Interest	-	4,601	-	-	-
Management fees	-	-	-	-	-
Medical professionals	49,337	593	3,627	56,252	11,553
Medical services	6,852	-	-	-	2,220
Medical staff registry	-	-	-	-	-
Miscellaneous	10,891	6,116	7,620	6,302	24,626
Other professional fees	1,573	-	-	-	-
Postage	308	3,963	763	-	1,557
Printing and publications	4,174	2,124	1,302	138	3,539
Property tax	3,427	-	1,287	-	-
Rental expense	137,631	74,260	158,027	9,995	46,187
Repairs and maintenance	12,157	191	1,372	-	-
Salaries and wages	1,373,596	514,859	327,678	506,315	2,260,550
Staff training	5,589	1,010	6,252	1,928	2,346
Subcontract labor	3,780	-	-	-	-
Supplies	468,979	924,546	3,790,573	3,889	259,969
Temporary staffing	-	-	2,689	-	-
Travel expenses	2,285	-	-	-	1,629
Utilities	44,272	17,478	31,780	426	12,128
Total	$ 2,559,443	$ 2,073,048	$ 4,494,980	$ 678,692	$ 3,103,747

See accompanying notes.

Therapy Clinic	Registry Services	Nurse Consulting	Total Program Services	Management and General	Total
$ 868	$ 7,522	$ 1,401	$ 22,434	$ -	$ 22,434
557	-	-	70,085	-	70,085
-	-	-	-	75,382	75,382
-	-	-	5,133	-	5,133
3,223	717	-	291,204	-	291,204
-	-	-	14,575	300	14,875
4,472	43,003	72,287	982,500	2,429	984,929
1,600	729	-	220,071	-	220,071
-	-	-	43,041	-	43,041
-	-	-	12,288	-	12,288
-	2,319	2,704	170,870	-	170,870
-	-	-	4,601	-	4,601
-	-	-	-	636,000	636,000
130	-	-	121,492	-	121,492
495	-	-	9,567	-	9,567
-	-	29,269	29,269	-	29,269
523	527	-	56,605	104	56,709
-	-	-	1,573	2,907	4,480
-	-	-	6,591	-	6,591
250	-	-	11,527	-	11,527
-	-	-	4,714	-	4,714
1,428	-	-	427,528	-	427,528
362	-	-	14,082	-	14,082
44,598	390,776	465,664	5,884,036	-	5,884,036
55	545	-	17,725	-	17,725
-	111,177	-	114,957	-	114,957
1,060	-	-	5,449,016	-	5,449,016
-	541	-	3,230	-	3,230
-	-	13,480	17,394	-	17,394
143	-	3,116	109,343	-	109,343
$ 59,764	$ 557,856	$ 587,921	$ 14,115,451	$ 717,122	$ 14,832,573

LOS NINOS HOSPITAL, INC
STATEMENTS OF CASH FLOWS
Years Ended June 30, 2012 and 2011

	2012	2011
CASH FLOWS FROM OPERATING ACTIVITIES		
Change in net assets	$ 2,453,819	$ 4,164,034
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation	272,926	291,204
Bad debt expense	33,512	70,085
Unrealized/realized (gain) loss on investments	341,951	(1,301,962)
Overpayments from payer sources	(778,297)	-
(Increase) decrease in		
Accounts receivable	184,335	(170,516)
Prepaid expenses	5,153	(11,426)
Inventory	(1,058,706)	(230,590)
Due from related affiliates	229,194	(20,572)
Increase (decrease) in		
Accounts payable and accrued expenses	26,493	278,437
Deferred revenue	1,879,947	-
NET CASH PROVIDED BY OPERATING ACTIVITIES	3,590,327	3,068,694
CASH FLOWS FROM INVESTING ACTIVITIES		
Purchase of property and equipment	(437,454)	(157,312)
Proceeds from disposal of property and equipment	-	8,500
Purchases of investments	(14,418,741)	(15,695,031)
Proceeds from sales of investments	13,355,354	10,701,994
Net advances to and payments from employees	6,266	5,870
Net related affiliate transactions	1,068,641	(1,451,731)
NET CASH USED BY INVESTING ACTIVITIES	(425,934)	(6,587,710)
CASH FLOWS FROM FINANCING ACTIVITIES		
Payments on capital lease	(32,608)	(30,028)
INCREASE (DECREASE) IN CASH AND CASH EQUIVALENTS	3,131,785	(3,549,044)
CASH AND CASH EQUIVALENTS AT BEGINNING OF YEAR	2,589,745	6,138,789
CASH AND CASH EQUIVALENTS AT END OF YEAR	$ 5,721,530	$ 2,589,745
SUPPLEMENTAL DISCLOSURES OF CASH FLOW INFORMATION		
Cash paid during the year for interest	$ 4,068	$ 4,601
Noncash investing and financing transaction		
Equipment acquired through capital lease	$ -	$ 108,619

See accompanying notes.

NOTE 1 NATURE OF OPERATIONS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Los Niños Hospital, Inc (the Organization) was formed in 1997 to serve the needs of acute and chronically ill patients The Organization is part of a group of entities which are all affiliated under the name of Hacienda HealthCare This group includes Hacienda, Inc (Hacienda), Hacienda Skilled Nursing Facility, Inc (SNF), Children's Angel Foundation (CAF) and South Mountain Health Supply (SMHS) Hacienda and SNF are related to the Organization by common board members

The funding and revenue sources to support these programs come from various federal and state programs as well as payments from private sector health insurance companies The majority of services are provided in the Phoenix metropolitan area

The major programs are

Inpatient care Inpatient care is a 15-bed, family oriented hospital specializing in high quality acute and sub-acute care for infants, children and teens

Ventilator program The ventilator program enables ventilator dependent individuals to function in society at the optimal level of their capabilities and potential by combining technology, services and medical supplies This is achieved by providing products, education, training and on-going monitoring of equipment The ventilator program provides service on ventilators and other medical equipment in patients' homes, as well as a home enteral feeding service that serves the nutritional needs of medically fragile patients by providing formula and supplies

Synagis clinics The Organization operates six outpatient synagis clinics located in Arizona and Colorado Synagis is an injectable used to immunize infants and young children against Respiratory Syncytial Virus (RSV) The clinics are open from November to April each year, which is the high season for RSV

Therapy services Therapy services provide physical, occupational and speech therapy to infants, children and adults Services are provided in both inpatient and outpatient settings, including home health care These services include evaluations, consultations, intervention, skilled hands-on care, adaptive equipment and family/caregiver training

Home health care Home health care specializes in the care of infants, children and adults with special health care needs requiring home health care from nurses and therapists with special training

Therapy clinic Therapy clinic was an extension of the home based therapy services program The clinic provided physical, occupational and speech therapy to children and adults in an outpatient clinic setting This program was merged with the therapy services program during the year ended June 30, 2011

NOTE 1 NATURE OF OPERATIONS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Registry services Innovative Staffing, began in 2005, provides staffing needs to fill vacant positions and open shifts with medical professionals including registered nurses, licensed practical nurses, certified nursing assistants, caregivers and respiratory therapists

Nurse consulting The Organization contracts with the Division of Developmental Disabilities (DDD), a division of the Arizona Department of Economic Security, for certain specialized clinical consulting services Under the arrangement and on behalf of DDD, qualified nursing personnel employed by the Organization assess and monitor nursing services rendered by various providers of services to developmentally disabled consumers in Arizona Such services include those provided in a consumer's home, a group home, a developmental home, a Level II or Level III behavioral health facility and any day care program

Basis of Presentation

The Organization reports information regarding its financial position and activities according to three classes of net assets (unrestricted net assets, temporarily restricted net assets and permanently restricted net assets) based upon the existence or absence of donor-imposed restrictions

Cash and Cash Equivalents

Cash and cash equivalents include cash on hand or held by financial institutions as well as certificates of deposit and time deposits with original maturities of three months or less at date of acquisition

Accounts Receivable

Accounts receivable are uncollateralized obligations arising from health services provided, due under normal trade terms, requiring payment within thirty days from the invoice date Unpaid accounts receivable with invoice dates over thirty days old may bear interest Due to the uncertainty regarding collections, interest on accounts receivable is recognized as income when received Accounts receivable are stated at the amount billed to the customer, and then netted down to expected payment where a contractual arrangement exists Payments of receivables are allocated to the specific invoices identified on the remittance advice or, if unspecified, are applied to the earliest unpaid invoices

NOTE 1 NATURE OF OPERATIONS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Accounts Receivable (Continued)

The carrying amount of accounts receivable may be reduced by a valuation allowance that reflects management's best estimate of uncollectible amounts Management reviews all accounts receivable balances periodically, and based on an assessment of creditworthiness and an analysis of the aging of invoices, estimates the portion, if any, of the balances that will not be collected Because of the inherent uncertainties in estimating the allowance for doubtful accounts, it is at least reasonably possible that the estimates used will change within the near term

Payments received from payer sources in excess of the amounts billed are recorded as overpayments from payer sources and are reported as a liability on the accompanying statements of financial position

School Loans

The Organization provides school loans to those eligible employees pursuing their education in the nursing or therapy field As repayment for these school loans, the employee is required to work a predetermined number of hours with the Organization If the employee separates employment from the Organization before the loan is fully repaid, a payment plan will be set up to repay the unpaid portion of the loan to the Organization The loan is recorded as a receivable for the amount the Organization advanced to the employee for educational expenses The loan balance is expensed over the time period that the employee works the required hours to repay the loan

Inventory

Inventories are recorded at cost using the first-in, first-out (FIFO) method and consist of the following at June 30

	2012	2011
Medical supplies	$ 51,856	$ 58,919
Synagis injectable material	462,666	481,647
Synagis injectable material - advance purchase based on favorable pricing	1,084,750	-
	$ 1,599,272	$ 540,566

NOTE 1 NATURE OF OPERATIONS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Impairment of Long-Lived Assets

The Organization reviews long-lived assets for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable Recoverability of assets to be held and used is measured by a comparison of the carrying amount of an asset to future net cash flows expected to be generated by the asset If such assets are considered to be impaired, the impairment to be recognized is measured by the amount by which the carrying amount of the assets exceeds the fair value of the assets Assets to be disposed of are reported at the lower of the carrying amount or fair value less costs to sell Management does not believe impairment indicators are present

Fair Value Measurements

A framework for measuring fair value has been established by the Accounting Standards Codification and provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements)

The three levels of the fair value hierarchy are as follows

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Organization has the ability to access

Level 2 Inputs to the valuation methodology include

- Quoted prices for similar assets or liabilities in active markets,
- Quoted prices for identical or similar assets or liabilities in inactive markets,
- Inputs other than quoted prices that are observable for the asset or liability,
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

Level 3 Inputs to the valuation methodology are unobservable and significant to the fair value measurement, and usually reflect the Organization's own assumptions about the assumptions that market participants would use in pricing the assets (i e real estate valuations, broker quotes)

NOTE 1 NATURE OF OPERATIONS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Fair Value Measurements (Continued)

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement Valuation techniques used maximize the use of observable inputs and minimize the use of unobservable inputs

Investments

Investments are reported in the statement of financial position at fair value and any realized or unrealized gains and losses are reported in the statements of activities Investment income is recognized as revenue in the period it is earned and gains and losses are recognized as changes in net assets in the accounting periods in which they occur

Risks and Uncertainties

The Organization may invest in various types of investments that are exposed to various risks, such as interest rate, market and credit risks Due to the levels of risk associated with investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that such changes could materially affect the amount reported in the statement of activities

Property and Equipment

Acquisitions of property and equipment in excess of $1,000 are capitalized Property and equipment are recorded at cost, or if donated, at the estimated fair value at the date of donation Depreciation and amortization are provided on a straight-line basis over the estimated useful lives of the respective assets

Major additions and improvements are capitalized Maintenance and repairs which do not extend the useful lives are charged to expenses as incurred When the assets are retired or otherwise disposed of, the related costs and accumulated depreciation are removed from the accounts and any related gain or loss is included in operations

Revenue Recognition

Revenues are recognized when services are provided at standard charges adjusted to amounts estimated to be received under governmental programs and other third-party contractual arrangements based on contractual terms and historical experience These revenues and receivables are reported at their estimated net realizable amounts and are subject to audit and retroactive adjustment

NOTE 1 NATURE OF OPERATIONS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Revenue Recognition (Continued)

Retroactive adjustments are estimated in the recording of revenues in the period the related services are rendered These amounts are adjusted in the future periods as adjustments become known or as cost reporting years are no longer subject to audits, reviews or investigations

Laws and regulations governing the Medicare and Medicaid programs are complex and subject to interpretation Compliance with laws and regulations governing the Medicare and Medicaid programs are subject to government review and interpretation, as well as significant regulatory action including fines, penalties and exclusion from the Medicare and Medicaid programs In addition, under the Medicare program, if the federal government makes a formal demand for reimbursement, even related to contested items, payment must be made for those items before the provider is given an opportunity to appeal and resolve the issue

The State of Arizona enacted Arizona Revised Statutes 20-3102 which prohibits non-governmental third party payers to request adjustment of a payment more than one year after payment has been made The Organization has thus implemented a policy to recognize as revenue any overpayments received from payer sources that have not been recouped within thirteen months from when the overpayment was received

Contributions

Contributions received are recorded as unrestricted, temporarily restricted or permanently restricted support, depending on the existence and/or nature of any donor restrictions All donor-restricted support is reported as an increase in temporarily or permanently restricted net assets depending on the nature of the restriction When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily or permanently restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions

Contributions of donated non-monetary assets (in-kind donations) are recorded at their fair values in the period received Contributions of donated services that create or enhance non-financial assets or that require specialized skills, are provided by individuals possessing those skills, and would typically need to be purchased if not provided by donation services, are recorded at their fair market values in the period received For the years ended June 30, 2012 and 2011, the Organization received the benefit of approximately 1,040 and 1,060 hours of service from volunteers, respectively This support has not been recorded in the accompanying financial statements as it does not meet recognition criteria During the years ended June 30, 2012 and 2011, the Organization received approximately $2,400 and $1,200 in donated supplies

NOTE 1 NATURE OF OPERATIONS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Advertising

Advertising costs are expensed as incurred For the years ended June 30, 2012 and 2011, advertising costs were approximately $31,000 and $22,000, respectively

Functional Allocation of Expenses

The costs of providing the Organization's programs have been summarized in the statements of functional expenses Costs paid directly for management services and certain professional fees have been allocated to the management and general functional category

Income Tax Status

The Organization is exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code In addition, the Organization qualifies for the charitable contribution deduction under Section 170(b)(1)(A) and has been classified as an organization other than a private foundation under Section 509(a)(2)

The Organization recognizes uncertain tax positions in the financial statements when it is more likely-than-not the positions will not be sustained upon examination by the tax authorities As of June 30, 2012 and 2011, the Organization had no uncertain tax positions that qualify for either recognition or disclosure in the financial statements

The Organization's federal and state exempt returns are no longer subject to examination by the Internal Revenue Service and the State of Arizona for fiscal years prior to June 30, 2009 and 2008, respectively, generally three to four years after they were filed

The Organization recognizes interest and penalties associated with income taxes in operating expenses During the years ended June 30, 2012 and 2011, the Organization did not have any income tax related interest and penalty expense

Management's 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 certain reported amounts and disclosures Accordingly, actual results could differ from those estimates Total revenue is a material estimate that is particularly susceptible to significant change due to the possibility of retroactive adjustments, as is common in the healthcare industry

NOTE 1 NATURE OF OPERATIONS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Date of Management's Review

In preparing these financial statements, the Organization has evaluated events and transactions for potential recognition or disclosure through March 19, 2013, the date the financial statements were available to be issued

NOTE 2 CONCENTRATIONS OF CREDIT RISK

Financial instruments that subject the Organization to potential concentrations of credit risk consist principally of cash, receivables and revenues

The Organization maintains its cash in bank accounts, which at times may exceed federally insured limits The Organization's main operating account is swept daily and the available balance is invested in overnight deposits in commercial paper This is a pooled account that consists of funds from the Organization, Hacienda, Inc , and Hacienda Skilled Nursing Facility, Inc (see Note 3) The bank balances of all three of these related affiliates are swept into this pooled account Amounts in this account are not insured by the Federal Deposit Insurance Corporation or any other governmental or regulatory entity The total balance in this sweep account as of June 30, 2012 and 2011 was $6,008,063 and $1,561,526, respectively

The Organization also maintains cash balances with one brokerage firm Cash balances are insured up to $250,000 by the Securities Investor Protection Corporation Approximately $108,000 and $1,129,000 in cash balances was held at this brokerage firm as of June 30, 2012 and 2011, respectively The Organization has not experienced any losses in such accounts and believes it is not exposed to any significant credit risk on cash balances

The accounts receivable balance at June 30, 2012 includes approximately $825,000 from three payer sources, which represents 58% of the net accounts receivable balance The accounts receivable balance at June 30, 2011 includes approximately $772,000 from one source which represents 47% of the net accounts receivable balance Concentrations of credit risk with respect to receivables are limited due to the nature of the receivables and the collection history of these types of accounts and payer sources The Organization requires no collateral on its receivables

NOTE 2 CONCENTRATIONS OF CREDIT RISK (Continued)

During the years ended June 30, 2012 and 2011, approximately 29% and 38%, respectively, of total revenue was derived from several contracts with the managed care division of the Division of Developmental Disabilities (DDD) for providing durable medical equipment services (home ventilator and enteral feeding) and for services provided by the Organization's programs The contract is in effect until September 30, 2013 The Organization expects the renewal of contract terms into the foreseeable future

Revenue from Mercy Care was approximately 22% and 13% of total revenue during the years ended June 30, 2012 and 2011, respectively The Organization expects continued renewals of their contract with Mercy Care into the foreseeable future

NOTE 3 SHARED CASH ACCOUNTS

The Organization, Hacienda and SNF deposit their funds into a pooled cash sweep account All excess cash from these entities is consolidated into the sweep account on a daily basis Any shortages in cash in these entities are also covered by daily transfers from the sweep account As of the year ended June 30, 2012, as well as in years prior, the balance of the account has been allocated to the Organization Any transfers from these shared accounts to Hacienda and SNF are included as advances due from affiliates on the accompanying statements of financial position

NOTE 4 INVESTMENTS AND FAIR VALUE OF FINANCIAL INSTRUMENTS

Investments with readily determinable fair values are measured at fair value in the statements of financial position as determined by quoted market prices in active markets The Organization also holds investments with the Arizona Community Foundation (ACF) These investments are recorded at fair value and are invested by ACF in 50% equity mutual funds and 50% fixed income mutual funds The fair value of these investments is based on observable inputs which include the fair value of the underlying assets held by ACF

NOTE 4 INVESTMENTS AND FAIR VALUE OF FINANCIAL INSTRUMENTS (Continued)

The following is a summary of the fair value of investments at June 30

	2012			
	Level 1	Level 2	Level 3	Total
Equity securities	$ 5,252,994	$ -	$ -	$ 5,252,994
Bond funds	7,463,595	-	-	7,463,595
Government and agency securities	1,106,747	-	-	1,106,747
Standard & Poor's depository receipts (SPDR) - gold	755,755	-	-	755,755
Exchange traded funds (ETF)	532,114	-	-	532,114
Foreign currencies	80,194	-	-	80,194
ACF	-	136,407	-	136,407
	$ 15,191,399	$ 136,407	$ -	$ 15,327,806

	2011			
	Level 1	Level 2	Level 3	Total
Equity securities	$ 5,809,720	$ -	$ -	$ 5,809,720
Bond funds	5,420,762	-	-	5,420,762
Government and agency securities	1,052,141	-	-	1,052,141
Standard & Poor's depository receipts (SPDR) - gold	871,626	-	-	871,626
Exchange traded funds (ETF)	798,545	-	-	798,545
Foreign currencies	518,498	-	-	518,498
ACF	-	135,078	-	135,078
	$ 14,471,292	$ 135,078	$ -	$ 14,606,370

NOTE 4 INVESTMENTS AND FAIR VALUE OF FINANCIAL INSTRUMENTS (Continued)

Investment return consists of the following, earned on the above investment, as well as cash accounts, at June 30

	2012	2011
Interest and dividends	$ 387,172	$ 284,747
Net unrealized gain (loss) on investments	(636,004)	813,191
Net realized gain (loss) on investments	297,422	488,771
	$ 48,590	$ 1,586,709

NOTE 5 PROPERTY AND EQUIPMENT

Property and equipment consisted of the following at June 30

	2012	2011
Land	$ 795,024	$ 795,024
Building improvements	267,630	267,630
Medical record software	313,148	-
Furniture and fixtures	80,029	77,069
Vehicles	201,526	201,526
Equipment	3,712,700	3,591,907
	5,370,057	4,933,156
Accumulated depreciation	(3,402,693)	(3,130,320)
	$ 1,967,364	$ 1,802,836

Depreciation expense amounted to $272,926 and $291,204 for the years ended June 30, 2012 and 2011, respectively

NOTE 6 CAPITAL LEASE

The Organization leases equipment under two capital lease obligations with SMHS, a related affiliate, which expire through July 2015 The assets and liabilities under these capital leases are recorded at the lower of the present value of the minimum future lease payments or the fair value of the asset The asset is depreciated over the relative lease term The cost and related depreciation amounts are as follows

	2012	2011
Equipment	$ 183,398	$ 183,398
Accumulated depreciation	(53,065)	(26,867)
	$ 130,333	$ 156,531

Amortization of assets held under this capital lease is included with depreciation expense

Future minimum annual lease payments under these leases having remaining terms in excess of one year are as follows

Year Ending June 30,	
2013	$ 33,662
2014	36,678
2015	31,647
2016	2,049
	104,036
Amount representing interest	(2,675)
	101,361
Less current portion	33,662
	$ 67,699

NOTE 7 OVERPAYMENTS FROM PAYER SOURCES

Included in accounts payable on the accompanying statements of financial position at June 30, 2012 and 2011, is $127,881 and $727,661, respectively, in overpayments from various payer sources These amounts are a result of overpayments made to the Organization from these payer sources for patient services provided The majority of these amounts are expected be recouped by the respective payer sources from future patient services provided

In accordance with the Organization's revenue recognition policy, during the year ended June 30, 2012 the Organization recognized $778,297 in revenue as a result of overpayments received from payer sources more than one year from the dates of the overpayments and is included on the accompanying statements of activities

NOTE 8 DEFERRED REVENUE AND EHR INCENTIVE PAYMENTS

The American Recovery and Reinvestment Act of 2009 included provisions for implementing health information technology under the Health Information Technology for Economic and Clinical Health Act (HITECH) These provisions were designed to increase the use of electronic health record (EHR) technology and establish the requirements for a Medicare and Medicaid incentive payment program beginning in 2011 for eligible providers that adopt and meaningfully use certified EHR technology Eligibility for annual Medicare incentive payments is dependent on providers demonstrating meaningful use of EHR technology in each period over a four-year period Initial Medicaid payments are available to providers that adopt, implement, or upgrade certified EHR technology Providers must demonstrate meaningful use of such technology in subsequent years to qualify for additional Medicaid incentive payments

The Organization utilizes the grant accounting model to recognize EHR incentive revenues The Organization records EHR incentive revenue ratably throughout the incentive period when it is reasonably assured that it will meet the meaningful use objectives for the required reporting period The EHR reporting period for the Organization is based on the federal fiscal year, which runs October 1 through September 30 During the year ended June 30, 2012, the Organization received $1,879,947 in EHR incentive payments As of June 30, 2012, the Organization has not attested to the Year 1 requirement of 90 consecutive days of meaningful use and therefore has not recognized any EHR incentive payments as income This EHR incentive payment received during the year ended June 30, 2012 is included in deferred revenue on the accompanying statements of financial position

NOTE 9 TEMPORARILY RESTRICTED NET ASSETS

Temporarily restricted net assets are available for the following purposes at June 30

	2012	2011
Equipment - cribs	$ 2,359	$ 5,319
Therapy services	-	3,272
Healing garden	-	1,970
	$ 2,359	$ 10,561

NOTE 10 OPERATING LEASE COMMITMENTS

The Organization leases its facilities and certain equipment under various non-cancelable leases, which expire at various times through June 2015 Monthly lease payments total approximately $30,000 and $32,000 during the years ended June 30, 2012 and 2011, respectively Rental expense totaled approximately $558,000 and $469,000 for the years ended June 30, 2012 and 2011, respectively, which is included in equipment expense and rental expense on the accompanying statements of functional expenses

Future minimum annual lease payments under non-cancelable operating leases having remaining terms of excess of one year are as follows

Year Ending June 30,	
2013	$ 278,045
2014	211,530
2015	8,259
	$ 497,834

NOTE 11 RETIREMENT PLAN

The Organization has a qualified 403(b) plan covering substantially all full-time eligible employees Participating employees' contributions to the Plan are fully vested Employer matching contributions are at the discretion of management of at least 1% and not more than 4% of the employee's contribution Employer matching contributions are vested by a percentage each year and are fully vested after six years of service Plan expense for the years ended June 30, 2012 and 2011 was approximately $114,000 and $108,000, respectively

NOTE 12 DISPROPORTIONATE SHARE HOSPITAL PAYMENT

Disproportionate Share Hospital (DSH) payments are calculated by the Arizona Health Care Cost Containment System (AHCCCS) to compensate Arizona hospitals for costs relating to Medicaid shortfalls DSH payments are required to be calculated each year using data from two years prior During the year ended June 30, 2012, the Organization was required to return a DSH payment that had originally been received during the year ended June 30, 2008 The DSH payment received during the year ended June 30, 2008 was based on a calculation using data from the Medicaid cost reports for the year ended June 30, 2006 During 2012, the State audited DSH payments distributed in 2008 and, based on actual data from the June 30, 2008 Medicaid cost reports, determined that the Organization had not qualified for the 2008 DSH payment The total DSH payment returned back to the State of Arizona during the year ended June 30, 2012 amounted to $563,100

NOTE 13 RELATED PARTY TRANSACTIONS

The Organization is related by common board members to Hacienda and SNF and by common management to CAF and SMHS During the years ended June 30, 2012 and 2011, the Organization had the following transactions with these affiliates

The Organization receives management services from Hacienda The management agreement provides for defined monthly fees Management fees of approximately $636,000 were either paid or accrued by the Organization to Hacienda during each of the years ended June 30, 2012 and 2011

The Organization occupies space in SNF's nursing facility Rent is based on the percentage of actual square footage occupied by the Organization There were no rental fees for the year ended June 30, 2012 Total rental fees in the approximate amount of $11,000 were either paid or accrued by the Organization to SNF during the year ended June 30, 2011

The Organization provides nursing registry services and therapy services to Hacienda and SNF Total services provided to Hacienda amounted to approximately $20,100 and $18,500 during the years ended June 30, 2012 and 2011, respectively Total services provided to SNF amounted to approximately $389,000 and $648,000 during the years ended June 30, 2012 and 2011, respectively

The transactions noted above between the Organization, Hacienda and SNF are included in the due from affiliates account on the accompanying statements of financial position Also included in the due from affiliates balance are any transfers to and from the pooled cash account (Note 3) The balance in the due from affiliates account is unsecured, no interest is accrued and there are no specific repayment terms

NOTE 13 RELATED PARTY TRANSACTIONS (Continued)

Net amounts advanced to and from related affiliates are as follows during the years ended June 30

	2012	2011
Balance, beginning of year	$ 5,575,859	$ 4,103,556
Management fees accrued	(636,000)	(636,000)
Registry and therapy fees charged to affiliates	409,432	667,995
Rental expense accrued	-	(11,423)
Net other affiliate transactions	(1,071,267)	1,451,731
	$ 4,278,024	$ 5,575,859

The Organization guarantees a $2,000,000 line of credit held by Hacienda, along with SNF and Hacienda HealthCare There was a balance of $1,100,000 outstanding on this line of credit as of June 30, 2012 There was no outstanding balance on this line of credit as of June 30, 2011

The Organization guarantees a $6,000,000 loan, held by SNF, along with Hacienda and Hacienda Healthcare The loan is collateralized by the SNF facility and is due in full September 2013 The Organization would be obligated to perform under this guarantee if SNF failed to pay principal and interest payments to the lender when due As of June 30, 2012, SNF is current with this loan obligation This loan is cross-collateralized by the assets owned by the Organization

During the years ended June 30, 2012 and 2011, the Organization purchased supplies from SMHS totaling approximately $1,039,000 and $5,175,000, respectively

The Organization had a payable balance as of June 30, 2012 and 2011 due to SMHS for supplies purchased in the amount of approximately $183,000 and $312,000, respectively These balances are included in accounts payable on the accompanying statements of financial position and represent approximately 46% and 26% of accounts payable at June 30, 2012 and 2011, respectively

During each of the years ended June 30, 2012 and 2011, the Organization entered into agreements to lease equipment from SMHS (See Note 6) The Organization paid $36,679 and $34,629 to SMHS for lease payments during the years ended June 30, 2012 and 2011, respectively

NOTE 14 CONTINGENCIES

In the ordinary course of conducting its business, the Organization has the potential to be subject to claims, legal actions, contractual and government reviews or other proceedings In the opinion of management, neither the financial position nor results of operations of the Organization would be materially affected by the outcome of any of these potential matters

Additional Data

Software ID:
Software Version:
EIN: 86-0892673
Name: LOS NINOS HOSPITAL INC

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

4d. Other program services

(Code) (Expenses $ 3,538,398 including grants of $) (Revenue $ 4,048,102)

THERAPY SERVICES THERAPY SERVICES PROVIDE PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY TO INFANTS, CHILDREN AND ADULTS SERVICES ARE PROVIDED IN BOTH INPATIENT AND OUTPATIENT SETTINGS, INCLUDING HOME HEALTH CARE THESE SERVICES INCLUDE EVALUATIONS, CONSULTATIONS, INTERVENTION, SKILLED HANDS-ON CARE, ADAPTIVE EQUIPMENT AND FAMILY/CAREGIVER TRAINING REGISTRY SERVICES INNOVATIVE STAFFING, BEGAN IN 2005, PROVIDES STAFFING NEEDS TO FILL VACANT POSITIONS AND OPEN SHIFTS WITH MEDICAL PROFESSIONALS INCLUDING REGISTERED NURSES, LICENSED PRACTICAL NURSES, CERTIFIED NURSING ASSISTANTS, CAREGIVERS AND RESPIRATORY THERAPISTS NURSE CONSULTING THE ORGANIZATION CONTRACTS WITH THE DIVISION OF DEVELOPMENTAL DISABILITIES (DDD), A DIVISION OF THE ARIZONA DEPARTMENT OF ECONOMIC SECURITY, FOR CERTAIN SPECIALIZED CLINICAL CONSULTING SERVICES UNDER THE ARRANGEMENT AND ON BEHALF OF DDD, QUALIFIED NURSING PERSONNEL EMPLOYED BY THE ORGANIZATION ASSESS AND MONITOR NURSING SERVICES RENDERED BY VARIOUS PROVIDERS OF SERVICES TO DEVELOPMENTALLY DISABLED CONSUMERS IN ARIZONA SUCH SERVICES INCLUDE THOSE PROVIDED IN A CONSUMER'S HOME, A GROUP HOME, A DEVELOPMENTAL HOME, A LEVEL II OR LEVEL III BEHAVIORAL HEALTH FACILITY AND ANY DAY CARE PROGRAM VENTILATOR PROGRAM THE VENTILATOR PROGRAM ENABLES VENTILATOR DEPENDENT INDIVIDUALS TO FUNCTION IN SOCIETY AT THE OPTIMAL LEVEL OF THEIR CAPABILITIES AND POTENTIAL BY COMBINING TECHNOLOGY, SERVICES AND MEDICAL SUPPLIES THIS IS ACHIEVED BY PROVIDING PRODUCTS, EDUCATION, TRAINING AND ON-GOING MONITORING OF EQUIPMENT THE VENTILATOR PROGRAM PROVIDES SERVICE ON VENTILATORS AND OTHER MEDICAL EQUIPMENT IN PATIENTS' HOMES, AS WELL AS A HOME ENTERAL FEEDING SERVICE THAT SERVES THE NUTRITIONAL NEEDS OF MEDICALLY FRAGILE PATIENTS BY PROVIDING FORMULA AND SUPPLIES