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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)	OMB No 1545-0047 <div> <div>2012</div> <div>Open to Public Inspection</div> </div>
	The organization may have to use a copy of this return to satisfy state reporting requirements	

A For the 2012 calendar year, or tax year beginning 01-01-2012 , 2012, and ending 12-31-2012

B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization MIAMI CHILDREN'S HEALTH SYSTEM INC		D Employer identification number 45-3481327
	Doing Business As		
	Number and street (or P O box if mail is not delivered to street address) 3100 SW 62ND AVENUE	Room/suite	E Telephone number (305) 666-6511
	City or town, state or country, and ZIP + 4 MIAMI, FL 33155		G Gross receipts \$ 34,614,897
	F Name and address of principal officer TIMOTHY BIRKENSTOCK 3100 SW 62ND AVENUE MIAMI, FL 33155		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number ▶
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.MCH.COM			

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities SEE SCHEDULE O		
	2 Check this box <input type="checkbox"/> 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	3
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	2
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	186
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	61,834
7b Total unrelated business taxable income from Form 990-T, line 34	7b	834	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	0	633,000
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	135
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	33,686,415
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0	34,614,794
	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
Expenses	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)	0	22,357,150
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) <input type="checkbox"/> 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	0	12,257,644
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	0	34,614,794
	19 Revenue less expenses Subtract line 18 from line 12	0	0
	Net Assets or Fund Balances	Beginning of Current Year	
20 Total assets (Part X, line 16)		0	262,910
21 Total liabilities (Part X, line 26)		0	0
22 Net assets or fund balances Subtract line 21 from line 20		0	262,910

Part II Signature Block

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

Sign Here	Signature of officer				2013-11-04	
	TIMOTHY BIRKENSTOCK SENIOR VP AND CFO				Date	
Type or print name and title						
Paid Preparer Use Only	Print/Type preparer's name STEVEN ROVNER		Preparer's signature		Date	
	Check <input type="checkbox"/> if self-employed		PTIN P00648526			
	Firm's name ▶ DELOITTE TAX LLP				Firm's EIN ▶ 86-1065772	
Firm's address ▶ 201 E KENNEDY BLVD STE 1200 TAMPA, FL 33602					Phone no (813) 273-8355	

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 PERFORM THE FUNCTIONS OF, OR TO CARRY OUT THE PURPOSES OF MIAMI CHILDREN'S HOSPITAL AND ITS AFFILIATED ENTITIES, AND TO INVEST IN, RECEIVE, HOLD, USE AND DISPOSE OF ALL PROPERTY, REAL OR PERSONAL, AS MAY BE NECESSARY OR DESIRABLE TO CARRY INTO EFFECT THE AFOREMENTIONED PURPOSES

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 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 \$ 27,691,837 including grants of \$) (Revenue \$ 33,007,036)

SEE SCHEDULE O

4b

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

SEE SCHEDULE O

4c

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

4d

Other program services (Describe in Schedule O)
















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

4e

Total program service expenses 27,691,837

Part IV

Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	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 for escrow or custodial account liability, 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, line 10? If "Yes," complete Schedule D, Part VI 	11a	No
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	No
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 and XII 	12a	No
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 and XII 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, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts 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 United States? If "Yes," complete Schedule F, Parts 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 (see instructions)	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 hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	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? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b 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.	0	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	0	
1c			
2a		186	
2b			No
3a		Yes	
3b		Yes	
4a			No
b			
5a			No
5b			No
5c			
6a			No
6b			
7 Organizations that may receive deductible contributions under section 170(c).			
7a			No
7b			
7c			No
7d			
7e			No
7f			No
7g			
7h			
8			
9			
9a			
9b			
10			
10a			
10b			
11			
11a			
11b			
12a			
12b			
13			
13a			
13b			
13c			
14a			No
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	3	
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
1b	Enter the number of voting members included in line 1a, above, who are independent	2	
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
7b	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		
8a	The governing body?	8a	Yes
8b	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
10b	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
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
12c	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?		
15a	The organization's CEO, Executive Director, or top management official	15a	Yes
15b	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
16b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
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 during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization FISCAL SERVICES - CONTROLLER 3100 SW 62ND AVENUE MIAMI, FL (305) 666-6511

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 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 organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(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) GARY GREGORY VICE CHAIRMAN/TREASURER	10 2 00	X						0	0	0
(2) JUAN C MAS CHAIRMAN	10 2 00	X						0	0	0
(3) NARENDRA KINI MD PRESIDENT	40 00 10	X		X				833,013	0	17,986
(4) TIMOTHY BIRKENSTOCK CFO	40 00 10			X				195,924	0	5,650
(5) VIVIAN GALLO SECRETARY/GENERAL COUNSEL	40 00				X			189,648	0	11,814
(6) APRIL ANDREWS-SINGH SECRETARY/GENERAL COUNSEL	40 00				X			191,407	0	337
(7) PEDRO ALFARO SVP/CFO	39 60 40					X		679,876	0	15,185
(8) MARTHA MCGILL EXECUTIVE VP/COO	40 00					X		480,715	0	18,180
(9) JUAN GONZALEZ-BARROSO VP PROFESSIONAL SERVICES	40 00					X		370,685	0	332
(10) DEISE GRANADO-VILLAR MD SVP FOR MED AND ACADEMIC AFFAIRS/CMO	40 00					X		350,445	0	5,790
(11) EDWARD MARTINEZ SVP/CIO	40 00					X		327,367	0	18,154

Part VII

1b	Sub-Total			
c	Total from continuation sheets to Part VII, Section A			
d	Total (add lines 1b and 1c)	3,619,080	0	93,428

2 Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 31

		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>	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
HSS SYSTEMS LLC ONE PARK PLAZA NASHVILLE TN 37203	CONSULTING SERVICES	769,965
CATHOLIC HEALTHCARE AUDIT 231 S BEMISTON SUITE 300 CLAYTON MO 63105	INTERNAL AUDIT SERVICES	492,744
ERNST & YOUNG PO BOX 91251 CHICAGO IL 60693	EXTERNAL AUDITING	282,572
PRICEWATERHOUSE COOPERS LLP 3109 W DR MARTIN L K JR BLVD TAMPA FL 33607	CONSULTING SERVICES	244,617
BETTERWORLD INC 2408 WASHINGTON STREET HOLLYWOOD FL 33020	CONSULTING SERVICES	237,000

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 ►14

Part VIII

Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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	633,000			
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		633,000			
Program Service Revenue			Business Code				
	2a	GRANT REVENUE	900099	285,658	285,658		
	b	SEMINAR/WORKSHOPS	621300	9,586	9,586		
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		295,244			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		238		238	
	4	Income from investment of tax-exempt bond proceeds . . .					
	5	Royalties					
	6a	Gross rents	(i) Real	(ii) Personal			
			5,501				
			0				
			5,501				
	d	Net rental income or (loss)		5,501		1,834	3,667
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
				103			
				-103			
	d	Net gain or (loss)		-103			-103
	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	MANAGEMENT FEE	900099	32,771,792	32,711,792	60,000		
b	CHILD CARE	624410	405,885			405,885	
c	PATIENT VISITATION SER	900099	108,232			108,232	
d	All other revenue		395,005			395,005	
e	Total. Add lines 11a-11d		33,680,914				
12	Total revenue. See Instructions		34,614,794	33,007,036	61,834	912,924	

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).

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.	3,619,080		3,619,080	
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.	13,989,333	13,989,333		
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits.	4,494,990	3,595,992	898,998	
10	Payroll taxes.	253,747	202,998	50,749	
11	Fees for services (non-employees):				
a	Management.				
b	Legal.	1,623,729	1,298,983	324,746	
c	Accounting.				
d	Lobbying.				
e	Professional fundraising services. See Part IV, line 17.				
f	Investment management fees.				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	4,071,147	3,354,315	716,832	
12	Advertising and promotion.	3,093,447	2,474,758	618,689	
13	Office expenses.	694,220	555,376	138,844	
14	Information technology.				
15	Royalties.				
16	Occupancy.	53,182	42,546	10,636	
17	Travel.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.	202,735	162,188	40,547	
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.	1,082,902	866,322	216,580	
23	Insurance.				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a	DUES & SUBSCRIPTIONS	861,005	688,804	172,201	
b	SPECIAL EVENTS	569,410	455,528	113,882	
c	MISCELLANEOUS EXPENSE	5,667	4,534	1,133	
d	TAXES	200	160	40	
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e.	34,614,794	27,691,837	6,922,957	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

Check if Schedule O contains a response to any question in this Part X

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing			1	
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L.			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L.			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D.	10a		10c	
	b	Less: accumulated depreciation	10b			
	11	Investments—publicly traded securities			11	
	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.		0	15	262,910
	16	Total assets. Add lines 1 through 15 (must equal line 34).		0	16	262,910
Liabilities	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.			21	
	22	Loans and other 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.			25	
	26	Total liabilities. Add lines 17 through 25.		0	26	0
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets			27	262,910
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> 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		0	33	262,910
	34	Total liabilities and net assets/fund balances		0	34	262,910

Part XI Reconciliation 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	34,614,794
2	Total expenses (must equal Part IX, column (A), line 25)	2	34,614,794
3	Revenue less expenses Subtract line 2 from line 1	3	0
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	0
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	262,910
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	262,910

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 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	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
3b	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		

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

2012

Open to Public Inspection

Name of the organization
MIAMI CHILDREN'S HEALTH SYSTEM INC

Employer identification number
45-3481327

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 described in **section 170(b)(1)(A)(i).**

2

☐

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

3

☐

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

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 - Non-functionally integrated

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?

(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 supported organization?

(ii)

A family member of a person described in (i) above?

(iii)

A 35% controlled entity of a person described in (i) or (ii) above?

h

☐

Provide the following information about the supported organization(s)

	Yes	No
11g(i)		No
11g(ii)		No
11g(iii)		No

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A) SEE PART IV	590638499	3		No			Yes		0
Total									0

Part II

Support Schedule for Organizations Described in Sections 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage						
14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))		14				
15 Public support percentage for 2011 Schedule A, Part II, line 14		15				
16a 33 1/3% support test—2012. 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—2011. If the organization did not check a 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—2012. 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—2011. 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 IIIPart III

Support Schedule for Organizations Described in Section 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2012. 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—2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

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

Facts And Circumstances Test

Explanation
SCHEDULE A, PART IV, SUPPLEMENTAL INFORMATION PART I, LINE 11(H), COLUMN (I) NAME OF SUPPORTED ORGANIZATION VARIETY CHILDREN'S HOSPITAL D/B/A MIAMI CHILDREN'S HOSPITAL

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization
MIAMI CHILDREN'S HEALTH SYSTEM INC

Employer identification number
45-3481327

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? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can 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? <div><input type="checkbox"/> Yes<input type="checkbox"/> No</div>	

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 education)☐ Preservation of an historically important land area☐ Protection of natural habitat☐ Preservation of a certified historic structure☐ Preservation of open space

2

Complete lines 2a through 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
b	Total acreage restricted by conservation easements
c	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 section 170(h)(4)(B)(ii)?

☐ Yes☐ No

9

In Part XIII, 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 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶\$ _____

b

Assets included in Form 990, Part X

▶\$ _____

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Cat No 52283D

Schedule D (Form 990) 2012

Part III

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

3

Using the organization's acquisition, 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

d

☐ Loan or exchange programs

b

☐ Scholarly research

e

☐ Other

c

☐ Preservation for future generations

4

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

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 XIII and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
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 XIII Check here if the explanation has been provided in Part XIII

☐

Part V

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and 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 current year end balance (line 1g, column (a)) held as

a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment

The percentages in lines 2a, 2b, and 2c should equal 100%

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

Yes

No

b

If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

3b

Yes

No

4

Describe in Part XIII 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				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				0

Schedule D (Form 990) 2012

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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 XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	

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

1	Total expenses and losses per audited financial statements		1	
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 XIII)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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 XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	

Part XIII 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, line 2, Part XI, lines 2d and 4b, and Part XII, 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, LINE 2	PART X, LINE 2 THE HOSPITAL BELIEVES THERE IS NO UNCERTAIN TAX LIABILITY WHICH SHOULD BE RECORDED AS OF DECEMBER 31, 2012

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

2012

Open to Public Inspection

Name of the organization
MIAMI CHILDREN'S HEALTH SYSTEM INC

Employer identification number
45-3481327

Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate 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. <div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div>			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of 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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Form 990 of other organizations</div><div><input type="checkbox"/> Written employment contract</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Approval by the board or compensation committee</div></div>			
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	Yes	
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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c		No
	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? If "Yes," to line 5a or 5b, describe in Part III	5b		No
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? If "Yes," to line 6a or 6b, describe in Part III	6b		No
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 accrued pursuant to a contract that was subject to the initial contract exception described in Regulations 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 duplicate copies if additional space is 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, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(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 as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1)NARENDRA KINI MD PRESIDENT	(i) (ii)	675,575 0	157,438 0	0 0	0 0	17,986 0	850,999 0	0 0
(2)TIMOTHY BIRKENSTOCK CFO	(i) (ii)	195,924 0	0 0	0 0	0 0	5,650 0	201,574 0	0 0
(3)VIVIAN GALLO SECRETARY/GENERAL COUNSEL	(i) (ii)	156,450 0	33,198 0	0 0	0 0	11,814 0	201,462 0	0 0
(4)APRIL ANDREWS- SINGH SECRETARY/GENERAL COUNSEL	(i) (ii)	161,538 0	29,869 0	0 0	0 0	337 0	191,744 0	0 0
(5)PEDRO ALFARO SVP/CFO	(i) (ii)	275,760 0	317,090 0	87,026 0	0 0	15,185 0	695,061 0	0 0
(6)MARTHA MCGILL EXECUTIVE VP/COO	(i) (ii)	400,823 0	79,892 0	0 0	0 0	18,180 0	498,895 0	0 0
(7)JUAN GONZALEZ- BARROSO VP PROFESSIONAL SERVICES	(i) (ii)	215,338 0	146,080 0	9,267 0	0 0	332 0	371,017 0	0 0
(8)DEISE GRANADO- VILLAR MD SVP FOR MED AND ACADEMIC AFFAIRS/CMO	(i) (ii)	299,113 0	51,332 0	0 0	0 0	5,790 0	356,235 0	0 0
(9)EDWARD MARTINEZ SVP/CIO	(i) (ii)	282,300 0	45,067 0	0 0	0 0	18,154 0	345,521 0	0 0

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
	PART I, LINE 3	PART I, LINE 3 THE ORGANIZATION RELIED ON THE METHODS OF ESTABLISHING COMPENSATION FOR THE ORGANIZATION'S CEO/EXECUTIVE DIRECTOR EMPLOYED BY VARIETY CHILDREN'S HOSPITAL D/B/A MIAMI CHILDREN'S HOSPITAL (EIN 59-0638499) MIAMI CHILDREN'S HOSPITAL USES THE FOLLOWING METHODS TO ESTABLISH SUCH COMPENSATION - COMPENSATION COMMITTEE - INDEPENDENT COMPENSATION CONSULTANT - WRITTEN EMPLOYMENT CONTRACT - COMPENSATION SURVEY OR STUDY - APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE
SUPPLEMENTAL INFORMATION	PART III	PART I LINE 4(A) PEDRO ALFARO AND JUAN GONZALEZ-BARROSO, HIGHLY COMPENSATED EMPLOYEES AT MIAMI CHILDREN'S HEALTH SYSTEM, INC , RECEIVED SEVERANCE PAYMENTS OF \$87,026 AND \$9,267, RESPECTIVELY, DURING THE TAXABLE YEAR
SUPPLEMENTAL INFORMATION	PART III	PART I LINE 4(B) THE EXECUTIVES PARTICIPATE IN A SUPPLEMENTAL 457(F) DEFINED CONTRIBUTION RETIREMENT ACCOUNT THE VALUES ARE REPORTED IN SCEDULE J, PART 11, COLUMN C

Software ID:
Software Version:
EIN: 45-3481327
Name: MIAMI CHILDREN'S HEALTH SYSTEM INC

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
NARENDRA KINI MD	(i)	675,575	157,438	0	0	17,986	850,999	0
	(ii)	0	0	0	0	0	0	0
TIMOTHY BIRKENSTOCK	(i)	195,924	0	0	0	5,650	201,574	0
	(ii)	0	0	0	0	0	0	0
VIVIAN GALLO	(i)	156,450	33,198	0	0	11,814	201,462	0
	(ii)	0	0	0	0	0	0	0
APRIL ANDREWS-SINGH	(i)	161,538	29,869	0	0	337	191,744	0
	(ii)	0	0	0	0	0	0	0
PEDRO ALFARO	(i)	275,760	317,090	87,026	0	15,185	695,061	0
	(ii)	0	0	0	0	0	0	0
MARTHA MCGILL	(i)	400,823	79,892	0	0	18,180	498,895	0
	(ii)	0	0	0	0	0	0	0
JUAN GONZALEZ-BARROSO	(i)	215,338	146,080	9,267	0	332	371,017	0
	(ii)	0	0	0	0	0	0	0
DEISE GRANADO-VILLAR MD	(i)	299,113	51,332	0	0	5,790	356,235	0
	(ii)	0	0	0	0	0	0	0
EDWARD MARTINEZ	(i)	282,300	45,067	0	0	18,154	345,521	0
	(ii)	0	0	0	0	0	0	0

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

2012

Open to Public
Inspection

Name of the organization MIAMI CHILDREN'S HEALTH SYSTEM INC	Employer identification number 45-3481327
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Identifier	Return Reference	Explanation
ORGANIZATION'S MISSION	FORM 990, PART I, LINE 1	TO PERFORM THE FUNCTIONS OF, OR TO CARRY OUT THE PURPOSES OF MIAMI CHILDREN'S HOSPITAL AND ITS AFFILIATED ENTITIES, AND TO INVEST IN, RECEIVE, HOLD, USE AND DISPOSE OF ALL PROPERTY, REAL OR PERSONAL, AS MAY BE NECESSARY OR DESIRABLE TO CARRY INTO EFFECT THE AFOREMENTIONED PURPOSES

Identifier	Return Reference	Explanation
NEW PROGRAM SERVICES	FORM 990, PART III, LINE 2	SEE PROGRAM SERVICE ACCOMPLISHMENTS LISTED IN PART III, LN 4A

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A	<p>A NOT-FOR-PROFIT CORPORATION CREATED IN 2011 WHICH IS THE PARENT COMPANY FOR VARIETY CHILD REN'S HOSPITAL, THE MIAMI CHILDREN'S HEALTH SYSTEM FOUNDATION, INC AND OTHER FOR-PROFIT A ND NOT FOR-PROFIT ENTITIES DESCRIBED AS FOLLOWS, VARIETY CHILDREN'S HOSPITAL D/B/A MIAMI C HILDREN'S HOSPITAL, PROVIDES SPECIALIZED PEDIATRIC HEALTHCARE TO CHILDREN MIAMI CHILDREN' S HEALTH SYSTEM FOUNDATION, INC , IS A NOT-FOR PROFIT CORPORATION WITH THE PRIMARY PURPOSE TO RAISE FUNDS AND AWARENESS FOR MIAMI CHILDREN'S HEALTH SY STEM, VARIETY CHILDREN'S HOSPI TAL, AND ANY AFFILIATED ORGANIZATION THAT ARE CLASSIFIED UNDER SECTION 501(C)(3) OF THE IN TERNAL REVENUE CODE CANAVAN PARTNERS LLP, IS A TAXABLE PARTNERSHIP THAT ENTERS INTO LICEN SING AGREEMENTS WITH HEALTHCARE PROVIDERS TO PERFORM LABORATORY TESTS CHILDREN'S HEALTH V ENTURES, INC , IS FOR-PROFIT ENTITY WHICH OWNS FOR PROFIT BUSINESS VENTURES KIDZSTUFF INC , IS A FOR-PROFIT ENTITY THAT DEVELOPS RETAIL PRODUCTS FOR CHILDREN MIAMI CHILDREN'S HEA LTH SYSTEM MANAGEMENT SERVICES, LLC, IS A FOR-PROFIT CORPORATION THAT PROVIDES MANAGEMENT SERVICES TO PHYSICIAN PRACTICES MIAMI CHILDREN'S HOSPITAL RESEARCH INSTITUTE, INC , IS A NOT-FOR-PROFIT CORPORATION THAT PERFORMS COMPREHENSIVE RESEARCH IN THE CAUSE, CURE AND PRE VENTION OF CHILDHOOD DISEASES MIAMI CHILDREN'S HOSPITAL WORKER'S COMPENSATION, WAS FORMED TO ENABLE THE HOSPITAL TO FUND AND PAY THE COST OF WORKER'S COMPENSATION CLAIMS MIAMI CH ILDREN'S INSURANCE SPC, LTD , WAS FORMED TO ACCESS PROFESSIONAL LIABILITY INSURANCE MARKET S OUTSIDE THE UNITED STATES OF AMERICA PEDIATRIC SPECIALTY GROUP, INC , A NOT-FOR-PROFIT CORPORATION INCORPORATED TO EVENTUALLY BECOME A SPECIALTY GROUP OWNED BY MIAMI CHILDREN'S HEALTH SYSTEM VARIETY CHILDREN'S HOSPITAL PROFESSIONAL LIABILITY TRUST, WAS FORMED TO ENA BLE MCH TO FUND AND PAY THE COST OF PROFESSIONAL LIABILITY CLAIMS VARIETY CHILDREN'S HOSP ITAL, ESTABLISHED IN 1950, OWNS AND OPERATES AND PEDIATRIC SPECIALTY HOSPITAL KNOWN AS MIA MI CHILDREN'S HOSPITAL THE HOSPITAL IS ONE OF THE LARGEST FREESTANDING PEDIATRIC TEACHING HOSPITALS IN THE SOUTHEASTERN UNITED STATES IT PROVIDES SPECIALIZED PEDIATRIC HEALTHCARE FOR CHILDREN REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, AGE OR ABILITY TO PAY THE HOSPITAL HAS 289 LICENSED BEDS MIAMI CHILDREN'S HOSPITAL SERVES AS A REFERRAL CENTER FOR CHILDREN WITH COMPLEX, CRITICAL OR LIFE-THREATENING ILLNESSES REQUIRING SPECIALIZED CARE IT HAS A 28-BED PEDIATRIC INTENSIVE CARE UNIT, A 37-BED NEONATAL INTENSIVE CARE UNIT AND A 12-BED CARDIAC INTENSIVE CARE UNIT IT ALSO A STATE-DESIGNATED PEDIATRIC TRAUMA CENTER M ANY PATIENTS ARE REFERRED BY OTHER HOSPITALS REGARDLESS OF THE EXISTENCE OF FORMAL ARRANGE MENTS IN 2012, 2,480 PATIENTS WERE TRANSFERRED FROM HOSPITALS THROUGHOUT FLORIDA, CENTRAL AND SOUTH AMERICA AND THE CARIBBEAN WHEN CHILDREN NEED THE SERVICES OF A SPECIALIST, IT IS IMPORTANT THAT SUCH SERVICES BE PROVIDED BY A PRACTITIONER WITH SPECIFIC TRAINING AND E XPERTISE IN PEDIATRIC CARE THE CARE OF CHILDREN WITH CERTAIN COMPLEX CHRONIC CONDITIONS, SUCH AS JUVENILE DIABETES, CANCER, OR CYSTIC FIBROSIS IS BEST MANAGED BY A PEDIATRIC SPECI ALIST IN ORDER TO ELIMINATE REFERRAL DELAYS AND EXPEDITE POSITIVE TREATMENT CHILDREN ARE MORE VULNERABLE TO COMPLICATIONS DUE TO DELAYS THAN ADULTS THEY DEVELOP SERIOUS COMPLICAT IONS MORE RAPIDLY THAN ADULTS BECAUSE THEY HAVE LESS PHY SIOLGICAL RESERVES AND LESS DEVEL OPED ORGAN SYSTEMS THERE ARE PRESENTLY MORE THAN 200 PEDIATRIC SUBSPECIALTY PHY SICIANS GE OGRAPHICALLY LOCATED AT MIAMI CHILDREN'S HOSPITAL PEDIATRIC SUBSPECIALTY AREAS INCLUDE A DOLESCENT MEDICINE, ALLERGY/IMMUNOLOGY, CARDIOLOGY, CARDIOVASCULAR SURGERY, CLINICAL GENET ICS AND METABOLISM, CRITICAL CARE MEDICINE, DENTISTRY, DERMATOLOGY, EMERGENCY MEDICINE, EN DOCRINOLOGY, GASTROENTEROLOGY, GENERAL PEDIATRICS, HEMATOLOGY/ONCOLOGY, INFECTIOUS DISEASE S, NEONATOLOGY, NEPHROLOGY, NEUROLOGY, PREVENTIVE MEDICINE, PSYCHIATRY, PULMONOLOGY, RHEUM ATOLOGY, CARDIOVASCULAR SURGERY, NEUROLOGY, NEUROSURGERY, OPHTHALMOLOGY, ORTHOPEDIC SURGER Y, OTOLARYNGOLOGY, PEDIATRIC SURGERY, PLASTIC AND RECONSTRUCTIVE SURGERY, PATHOLOGY, RADIO LOGY, UROLOGY AND ANESTHESIOLOGY THIS CRITICAL MASS OF PHY SICIANS SIGNIFICANTLY CONTRIBUT ES TO THE QUALITY AND RANGE OF PEDIATRIC SERVICES AVAILABLE AT THE HOSPITAL 2012 STATISTI CAL DATA INCLUDES TOTAL INPATIENT DAYS 65 618 TOTAL INPATIENT ADMISSIONS 11,550 INPATIENT AVERAGE DAILY CENSUS 179 3 TOTAL ED VISITS (MAIN CAMPUS) 91,901 MCH GENERAL CLINIC VIS ITS 11,372 AMBULATORY VISITS 9,598 PRIVATE OUTPATIENT VISITS (MAIN CAMPUS) 100,513 PRIV ATE OUTPATIENT VISITS (AMBULATORY CENTERS) 97,872 TOTAL SURGICAL CASES 14,360 AVERAGE LE NGTH OF STAY 5 7 DAYS THE HEALTH SYSTEM IS INTERNATIONALLY RECOGNIZED FOR CARE EXCELLENCE MIAMI CHILDREN'S HOSPITAL PROGRAMS WERE RANKED AMONG THE NATION'S BEST IN ALL 10 PEDIATR IC SUBSPECIALTY PROGRAMS SURVEYED BY U S NEWS AND WORLD REPORT IN ITS 2013-2014 LISTING O F "AMERICA'S BEST CHILDREN'S HOSPITALS " (RANKINGS</p>

Identifier	Return Reference	Explanation
PROGRAM SERVICE ACCOMPLISHMENTS	FORM 990, PART III, LINE 4A	<p>ARE BASED ON 2012 DATA) THE HOSPITAL IS THE ONLY ONE IN FLORIDA TO HAVE PROGRAMS RANKED IN ALL CATEGORIES SURVEYED BY U.S. NEWS. THESE PROGRAMS INCLUDE CANCER, CARDIOLOGY AND HEART SURGERY, DIABETES AND ENDOCRINOLOGY, GASTROENTEROLOGY, NEONATOLOGY, NEPHROLOGY, NEUROLOGY/NEUROSURGERY, ORTHOPEDICS, UROLOGY. IN SEVEN OF THE 10 CATEGORIES, NO OTHER FLORIDA HOSPITAL PROGRAMS RANKED HIGHER THAN MIAMI CHILDREN'S. IN ADDITION, THE HEALTH SYSTEM INCLUDES A NETWORK OF AMBULATORY CENTERS THAT EXTEND CARE THROUGHOUT THE SOUTH FLORIDA REGION. DURING 2012, THESE CENTERS OFFERED OUTPATIENT SERVICES AS FOLLOWS: MCH DAN MARINO OUTPATIENT CENTER OFFERS COMPREHENSIVE SERVICES FOR CHILDREN WITH NEURODEVELOPMENTAL DISORDERS. SERVICES ON SITE INCLUDE IMAGING AND REHABILITATION. ALSO ON SITE IS A SWIMMING POOL FOR AQUATIC THERAPY. MCH DORAL OUTPATIENT CENTER OFFERS REHABILITATION SERVICES, IMAGING SERVICES AND AN AFTER-HOURS URGENT CARE CENTER. MCH MIDTOWN OUTPATIENT CENTER OFFERS REHABILITATION SERVICES, IMAGING SERVICES AND AN AFTER-HOURS URGENT CARE CENTER. MCH MIRAMAR OUTPATIENT CENTER OFFERS REHABILITATION SERVICES, IMAGING SERVICES AND AN AFTER-HOURS URGENT CARE CENTER. MCH PALMETTO BAY OUTPATIENT CENTER OFFERS REHABILITATION SERVICES, IMAGING SERVICES AND AN AFTER-HOURS URGENT CARE CENTER. ALSO ON-SITE IS EARLY STEPS SOUTHERNMOST COAST, A RESOURCE FOR CHILDREN UNDER THE AGE OF 3 WHO ARE AT RISK OF DEVELOPMENTAL DELAYS. MCH WEST KENDALL OUTPATIENT CENTER OFFERS REHABILITATION SERVICES, IMAGING SERVICES, SUBSPECIALTY OFFICE VISITS AND AN AFTER-HOURS URGENT CARE CENTER. MCH NICKLAUS CARE CENTER OFFERS PEDIATRIC SUBSPECIALTY CONSULTATIONS IN NORTHERN PALM BEACH COUNTY. MCH NICKLAUS OUTPATIENT CENTER OFFERS REHABILITATION SERVICES, IMAGING SERVICES AND AN AFTER-HOURS URGENT CARE CENTER IN PALM BEACH GARDENS. MCH MIAMI LAKES OFFERS COMPREHENSIVE REHABILITATION SERVICES. QUALITY/SAFETY AND ERROR PREVENTION INITIATIVES FROM 2012: THE HEALTH SYSTEM IS COMMITTED TO ADVANCING QUALITY AND SAFETY. INITIATIVES FOR 2012 ARE DETAILED BELOW.</p> <p>LEAN INITIATIVES: LEAN IS AN INTERNATIONALLY RECOGNIZED BUSINESS IMPROVEMENT MODEL. IN 2012, THE HEALTH SYSTEM CONTINUED TO UTILIZE LEAN METHODS TO IMPROVE PROCESSES THAT ENHANCE SAFETY, EFFICIENCY AND PREVENT ERRORS AT THE HOSPITAL. FROM 2008 TO 2012, THE HEALTH SYSTEM HAS SAVED \$6.7 MILLION THROUGH LEAN-BASED EFFICIENCIES. CRITICAL CARE EXCELLENCE RECOGNITION: THE MIAMI CHILDREN'S HOSPITAL NEONATAL INTENSIVE CARE UNIT (NICU) AND PEDIATRIC INTENSIVE CARE UNIT (PICU) IN 2012 EACH RECEIVED A GOLD BEACON AWARD FOR EXCELLENCE FROM THE AMERICAN ASSOCIATION OF CRITICAL-CARE NURSES (AACN). IN ADDITION, THE HOSPITAL'S CARDIAC INTENSIVE CARE UNIT (CICU) RECEIVED AACN'S SILVER BEACON AWARD FOR EXCELLENCE. MCH IS ONE OF ONLY THREE CHILDREN'S HOSPITALS IN THE NATION TO BE AWARDED GOLD- AND SILVER-LEVEL BEACON AWARDS FOR ALL OF ITS ICUS AND THE ONLY CHILDREN'S HOSPITAL IN FLORIDA TO RECEIVE THIS DISTINCTION. THIS RECOGNITION PUTS MCH AMONG THE TOP CHILDREN'S HOSPITALS IN THE COUNTRY AND DEMONSTRATES ORGANIZATIONAL COMMITMENT TO CRITICAL CARE EXCELLENCE. EMR: THE HEALTH SYSTEM HAS ACQUIRED A STATE-OF-THE-ART SYSTEM THAT WILL CAPTURE ALL PATIENT DATA, INCLUDING COMPREHENSIVE CARE RECORDS (RADIOLOGY, PHARMACY, REHABILITATION, OUTPATIENT AND INPATIENT) AS WELL AS REGISTRATION AND BILLING INFORMATION, ALL IN A COMPREHENSIVE SYSTEM. IN 2012, THE HEALTH SYSTEM WENT LIVE WITH THE NEW SYSTEM WHICH PROVIDES PHYSICIANS AND CAREGIVERS WITH ACCESS TO ALL MEDICAL DATA THROUGH A SECURE LOGIN SYSTEM FROM ANY PLACE AT ANY TIME, ENABLING THEM TO MAKE INFORMED DECISIONS WITH MAXIMUM EFFICIENCY.</p>

Identifier	Return Reference	Explanation
PROGRAM SERVICE STATEMENT	FORM 990, PART III, LINE 4B	<p>HY GREEN IMPLEMENTATION OF XHALE INNOVATIONS' HY GREEN HAND HY GIENE SYSTEM IS ANOTHER WAY MIAMI CHILDREN'S HOSPITAL LEADS THE WAY IN PATIENT SAFETY HY GREEN HELPS PREVENT INFECTIONS BY MONITORING AND REMINDING HEALTHCARE WORKERS TO WASH THEIR HANDS A SENSOR SCANS NEWLY CLEANED HANDS AND SENDS A WIRELESS "ALL CLEAN" MESSAGE TO A BADGE WORN BY THE CAREGIVER IN 2012, HY GREEN WAS INTEGRATED INTO THE INFECTION CONTROL PROGRAM OF SEVERAL HOSPITAL UNITS COMMUNITY TRAINING OUTREACH PROGRAMS IN ADDITION, THE HEALTH SYSTEM SUPPORTS A NUMBER OF PROGRAMS THAT ENHANCE THE SKILLS AND WORK READINESS OF YOUNG PEOPLE AS WELL AS PROMOTE HEALTH AWARENESS PROJECT VICTORY THIS PROJECT IS A COOPERATIVE EFFORT BETWEEN MIAMI CHILDREN'S COMMUNITY AND VOLUNTEER RESOURCE PROGRAM AND THE COMMUNITY TEENS WITH DISABILITIES ARE GIVEN THE OPPORTUNITY TO GAIN LIFE SKILLS THROUGH THE WORLD OF WORK TWENTY STUDENTS ARE PROVIDED THREE HOURS OF WORK SERVICE PER DAY AT THE HOSPITAL DURING THE COURSE OF THE SCHOOL YEAR THE STUDENTS GAIN VOCATIONAL EXPERIENCE WORKING IN THE HOSPITAL'S DIETARY DEPARTMENT, MAIL ROOM, VISITOR INFORMATION SERVICE AND OTHER DEPARTMENTS MIAMI SENIOR HIGH SCHOOL MIAMI SENIOR HIGH OFFERS A MEDICAL MAGNET PROGRAM EACH YEAR, 43 STUDENTS FROM THE PROGRAM HAVE THE OPPORTUNITY TO RECEIVE HANDS-ON EXPERIENCE IN A NURSING/MEDICAL SETTING THE HEALTH SYSTEM OFFERS THE STUDENTS THIS EXPERIENCE AS PART OF ITS SERVICE TO THE COMMUNITY A TEAM OF 20 NURSES MENTOR THE STUDENTS KIDS AND THE POWER OF WORK (KAPOW) THIS PROGRAM IS A NATIONAL VOLUNTEER PROGRAM THE HEALTH SYSTEM PARTICIPATES WITH MIAMI-DADE COUNTY PUBLIC SCHOOLS HOSPITAL STAFF MEMBERS VOLUNTEER TO VISIT STUDENTS AT ONE OF TWO AREA PUBLIC ELEMENTARY SCHOOLS THEY PRESENT AND PREPARE LESSONS FOR SECOND GRADE STUDENTS TO HELP CREATE A FOUNDATION FOR YOUNG STUDENTS, INTRODUCING THEM TO WORK AND RELATED CONCEPTS EMPLOYEES DONATE ABOUT 500 HOURS OF TIME TO THE PROGRAM HEALTHTEACHER MIAMI CHILDREN'S IS PARTNERING WITH SCHOOL DISTRICTS IN PALM BEACH AND BROWARD COUNTIES TO TEACH CHILDREN HOW TO INCORPORATE HEALTH AND WELLNESS INTO THEIR LIFESTYLES THE HEALTH SYSTEM MAKES AVAILABLE AN ONLINE HEALTH CURRICULUM DEVELOPED BY HEALTHTEACHER THE PROGRAM IS DESIGNED FOR KINDERGARTEN THROUGH HIGH SCHOOL STUDENTS, WITH TOPICS RANGING FROM GOOD NUTRITION TO BICYCLE SAFETY THE GOAL IS TO EQUIP CHILDREN WITH THE KNOWLEDGE AND TOOLS NEEDED TO MAKE BETTER CHOICES FOR THEIR HEALTH EDUCATIONAL PROGRAMS MCH IS AN ESTABLISHED TEACHING HOSPITAL AND IS ONE OF THE LARGEST FREESTANDING PEDIATRIC TEACHING HOSPITALS IN THE SOUTHEASTERN UNITED STATES THE PEDIATRIC RESIDENCY TRAINING PROGRAM IS STRUCTURED IN ACCORDANCE WITH THE AMERICAN BOARD OF PEDIATRICS' REQUIREMENT OF THREE CORE YEARS IN GENERAL PEDIATRICS AND IS FULLY ACCREDITED BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME) ALL FACETS OF PEDIATRIC CARE ARE ENCOMPASSED IN THE TRAINING PROGRAM FROM THE COMPLEX INTENSIVE CARE TO THE OFFICE PRACTICE OF GENERAL PEDIATRICS IN ADDITION TO CLINICAL TRAINING IN 2012, ALL RESIDENTS PARTICIPATED IN AN EDUCATIONAL PROGRAM OF SEMINARS AND TEACHING CONFERENCES EACH YEAR, MEDICAL STUDENTS AND SCHOLARS FROM ALL PARTS OF THE UNITED STATES AND AROUND THE WORLD APPLY FOR ACCEPTANCE TO THE HOSPITAL'S PEDIATRIC RESIDENCY TRAINING PROGRAM, WHICH HAS BEEN IN OPERATION FOR OVER 40 YEARS THE PROGRAM HAS A FORMAL AFFILIATION WITH FIU'S COLLEGE OF MEDICINE OTHER PARTICIPATING INSTITUTIONS INCLUDE JACKSON MEMORIAL HOSPITAL, CLEVELAND CLINIC FLORIDA CENTER, UNIVERSITY OF FLORIDA JACKSONVILLE, MOUNT SINAI MEDICAL CENTER OF FLORIDA AND NOVA SOUTHEASTERN UNIVERSITY IN 2012, THERE WERE 80 PEDIATRIC RESIDENTS, AND 8 DENTAL RESIDENTS AS WELL AS 30 SUBSPECIALTY RESIDENTS (FELLOWS) AND VARIOUS ROTATING RESIDENTS IN ANESTHESIOLOGY, CARDIOLOGY, EMERGENCY MEDICINE, GENETICS, NEUROLOGY, NEUROSURGERY, OPHTHALMOLOGY, ORTHOPEDICS, PEDIATRIC SURGERY, PLASTIC SURGERY, RADIOLOGY ENDODONTICS, NEURORADIOLOGY, PATHOLOGY, PULMONOLOGY AND UROLOGY THE HOSPITAL SUPPORTED OVER 200 ROTATING RESIDENTS IN VARIOUS TRAINING PROGRAMS WHO COME TO MCH TO FULFILL PEDIATRIC-SPECIFIC TRAINING REQUIREMENTS TO COMPLETE THEIR PROGRAM THE MEDICAL EDUCATION DEPARTMENT ALSO HAS PROGRAMS AVAILABLE FOR PARTICIPANTS WHO WOULD LIKE TO VISIT THE HOSPITAL AS A MEDICAL STUDENT, INTERNATIONAL SCHOLAR OR OBSERVER IN 2012 MCH HOSTED AN ANNUAL PEDIATRIC POST-GRADUATE COURSE (PPGC) FOR APPROXIMATELY 700 PHYSICIAN PARTICIPANTS, THE LARGEST INDEPENDENT CONTINUING MEDICAL EDUCATION PROGRAM OF ITS KIND IN THE UNITED STATES FACULTY FROM ALL OVER THE U.S. AND THE WORLD ARE INVITED TO PARTICIPATE AND PRESENT TO THE PRACTICING PEDIATRICIANS THE MOST RECENT ADVANCES THAT DIRECTLY IMPACT THE PRACTICE OF PEDIATRIC MEDICINE AND SURGERY MCH ALSO SPONSORS CONTINUING EDUCATION FOR ITS MEDICAL STAFF AND FOR NATIONAL AND INTERNATIONAL DOCTORS AT SEVERAL PERIODICALLY HELD SUBSPECIALTY AND GENERAL PEDIATRIC SEMINARS</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 11	THE FOLLOWING DESCRIBES MIAMI CHILDREN'S HOSPITAL'S PROCESS FOR PROVIDING IT'S BOARD OF DIRECTORS WITH A COPY OF THE FORM 990 AND REVIEWING IT 1 THE DRAFT TAX FORM 990 WILL BE MAILED TO FINANCE COMMITTEE OF MCH BOARD OF DIRECTORS FOR REVIEW AND COMMENT PRIOR TO REGULARLY SCHEDULED MEETING 2 THE DRAFT TAX FORM 990 WILL BE REVIEWED WITH THE FINANCE COMMITTEE 3 QUESTIONS WILL BE ANSWERED AND IF NECESSARY, TAX FORMS WILL BE ADJUSTED 4 THE FINAL FORM 990 WILL BE POSTED ON THE MCH BOARD OF DIRECTOR'S WEB PORTAL

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ALL MIAMI CHILDREN'S HOSPITAL EMPLOYEES ARE INFORMED UPON HIRE, AND ON AN ANNUAL BASIS THEREAFTER, THAT THEY HAVE AN AFFIRMATIVE DUTY TO DISCLOSE ANY ACTUAL, POTENTIAL OR PERCEIVED CONFLICT OF INTEREST. THEY ARE REQUIRED TO COMPLETE A CONFLICT OF INTEREST DISCLOSURE FORM UPON HIRE, ANNUALLY AND WHENEVER A CHANGE IN CIRCUMSTANCES WARRANTS. CONFLICT OF INTEREST DISCLOSURE FORMS ARE FORWARDED TO THE COMPLIANCE DEPARTMENT BY THE TALENT MANAGEMENT AND EFFECTIVENESS DEPARTMENT. THESE FORMS ARE INITIALLY REVIEWED BY COMPLIANCE DEPARTMENT STAFF. WHEN DEEMED NECESSARY, THE COMPLIANCE DEPARTMENT COLLABORATES WITH THE LEGAL DEPARTMENT. CONFLICTS OF INTEREST THAT NECESSITATE BOARD AWARENESS AND ACTION ARE PRESENTED TO THE AUDIT AND COMPLIANCE COMMITTEE OF THE BOARD FOR RESOLUTION AND IMPOSITION OF SANCTIONS, IF WARRANTED. IN ADDITION, ON AN ANNUAL BASIS, BOARD MEMBERS, PRINCIPAL OFFICERS AND BOARD-DELEGATED COMMITTEE MEMBERS SIGN A STATEMENT WHICH AFFIRMS THAT EACH INDIVIDUAL (A) HAS RECEIVED A COPY OF THE CONFLICT OF INTEREST POLICY, (B) HAS READ AND UNDERSTANDS THE POLICY (C) HAS AGREED TO COMPLY WITH THE POLICY, AND (D) UNDERSTANDS THAT THE HOSPITAL IS A CHARITABLE ORGANIZATION AND THAT IN ORDER TO MAINTAIN ITS FEDERAL EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES. A PROCESS IS IN PLACE FOR MANAGING SITUATIONS IN WHICH IT IS DISCOVERED THAT AN INDIVIDUAL WHO IS COVERED BY THE HOSPITAL'S CONFLICT OF INTEREST POLICY FAILED TO PROPERLY DISCLOSE A POTENTIAL CONFLICT OF INTEREST.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE ORGANIZATION AND COMPENSATION COMMITTEE OF MCH BOARD OF DIRECTORS CONTRACTS WITH AN EXTERNAL CONSULTANT TO OBTAIN MARKET SURVEYS FOR THE CEO AND OTHER EXECUTIVES THE CONSULTANT ASSISTS THE ORGANIZATION AND COMPENSATION COMMITTEE IN ESTABLISHING A COMPENSATION PROGRAM FOR THE CEO AND OTHER EXECUTIVES SURVEY RESULTS AND COMPENSATION BEST PRACTICES ARE SHARED WITH THE ORGANIZATION AND COMPENSATION COMMITTEE OF THE BOARD AND USED IN ESTABLISHING EXECUTIVE SALARY AND BENEFITS PROGRAMS

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	FORM 990, PART VI, SECTION C, LINE 19 DOCUMENTS THAT ARE REQUIRED TO BE OPEN FOR PUBLIC INSPECTION ARE MADE AVAILABLE UPON REQUEST

Identifier	Return Reference	Explanation
OTHER FEES	FORM 990, PART IX, LINE 11G	OUTSIDE SERVICES PROGRAM SERVICE EXPENSES 3,354,315 MANAGEMENT AND GENERAL EXPENSES 716,832 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 4,071,147

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 9	CONTRIBUTION FROM HOSPITAL 262,910

Identifier	Return Reference	Explanation
EMPLOYEES REPORTED ON W-3	PART V, LINE 2A	VARIETY CHILDREN'S HOSPITAL D/B/A MIAMI CHILDREN'S HOSPITAL ("MCH") IS THE APPOINTED PAY AGENT FOR ALL AFFILIATES AS SUCH, ONLY MCH ISSUES FORM W-3

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

2012

Open to Public Inspection

Name of the organization
MIAMI CHILDREN'S HEALTH SYSTEM INC

Employer identification number
45-3481327

Part I

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

(a) Name, address, and EIN (if applicable) 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" to 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 entity?	
						Yes	No
(1) MCH WORKER'S COMPENSATION TRUST 3100 SW 62ND AVENUE MIAMI, FL 33155 59-7021572	WC CLAIMS	FL	4947(A)(1)	N/A	VCH		No
(2) PROFESSIONAL LIABILITY TRUST 3100 SW 62ND AVENUE MIAMI, FL 33155 59-2551434	LIAB CLAIMS	FL	4947(A)(1)	N/A	VCH		No
(3) MIAMI CHILDREN'S HOSPITAL FOUNDATION INC 3100 SW 62ND AVENUE MIAMI, FL 33155 59-1720704	FOUNDATION	FL	501(C)(3)	7	VCH		No
(4) VARIETY CHILDREN'S HOSPITAL 3100 SW 62ND AVENUE MIAMI, FL 33155 59-0638499	HOSPITAL	FL	501(C)(3)	3	MCHS	Yes	
(5) MCH RESEARCH INSTITUTE INC 3100 SW 62ND AVENUE MIAMI, FL 33155 59-2602318	RESEARCH	FL	501(C)(3)	11B	VCH		No
(6) PEDIATRIC SPECIALTY GROUP INC 3100 SW 62ND AVENUE MIAMI, FL 33155 46-3756071	INACTIVE	FL			MCHS	Yes	
(7) MIAMI CHILDREN'S HEALTH SYSTEM FOUNDATION INC 3100 SW 62ND AVENUE MIAMI, FL 33155 46-1784918	FOUNDATION	FL	501(C)(3)	7	MCHS	Yes	

Part III

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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) Dispropportionate 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	
(1) CANAVAN PARTNERS C/O COHEN PO BOX 812170 BOCA RATON, FL 334812170 65-0974245	MED INTEL PRO	FL	N/A									

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) CHILDREN'S HEALTH SERVICES INC 3100 SW 62ND AVENUE MIAMI, FL 33155 65-0438667	PHYSICIAN SUP	FL	N/A	C					No
(2) MIAMI CHILDREN'S INSURANCE CO SPC LTD 720 WEST BAY ROAD PO BOX 69GT BUCK GEORGETOWN, GRAND CAYMAN CJ 98-0442086	INSURANCE	CJ	N/A	C					No
(3) CHILDREN'S HEALTH VENTURES INC AND SUBSIDIARIES 3100 SW 62ND AVENUE MIAMI, FL 331553009 45-4541147	MERCHANT WHOLESALE	FL	MCHS	C	-229,061	23,200	100 000 %	Yes	

Part V

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

Yes

No

No

No

No

No

No

No

No

Yes

No

No

No

No

No

No

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-s)	(c) Amount involved	(d) Method of determining amount involved
(1) MIAMI CHILDREN'S HOSPITAL FOUNDATION INC	C	633,000	FMV
(2) CHVI INC & SUBSIDIARIES	L	60,000	FMV
(3) VARIETY CHILDREN'S HOSPITAL DBA MIAMI CHILDREN'S HOSPITAL INC	L	32,711,792	FMV

Schedule R (Form 990) 2012

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.

[illegible]

Part VII **Supplemental Information**

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

Identifier	Return Reference	Explanation
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Software ID:

Software Version:

EIN: 45-3481327

Name: MIAMI CHILDREN'S HEALTH SYSTEM INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary Activity	(c) Legal Domicile (State or Foreign Country)	(d) Exempt Code section	(e) Public charity status (if 501(c)(3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization
MCH WORKER'S COMPENSATION TRUST 3100 SW 62ND AVENUE MIAMI, FL 33155 59-7021572	WC CLAIMS	FL	4947(A)(1)	N/A	VCH	No
PROFESSIONAL LIABILITY TRUST 3100 SW 62ND AVENUE MIAMI, FL 33155 59-2551434	LIAB CLAIMS	FL	4947(A)(1)	N/A	VCH	No
MIAMI CHILDREN'S HOSPITAL FOUNDATION INC 3100 SW 62ND AVENUE MIAMI, FL 33155 59-1720704	FOUNDATION	FL	501(C)(3)	7	VCH	No
VARIETY CHILDREN'S HOSPITAL 3100 SW 62ND AVENUE MIAMI, FL 33155 59-0638499	HOSPITAL	FL	501(C)(3)	3	MCHS	Yes
MCH RESEARCH INSTITUTE INC 3100 SW 62ND AVENUE MIAMI, FL 33155 59-2602318	RESEARCH	FL	501(C)(3)	11B	VCH	No
PEDIATRIC SPECIALTY GROUP INC 3100 SW 62ND AVENUE MIAMI, FL 33155 46-3756071	INACTIVE	FL			MCHS	Yes
MIAMI CHILDREN'S HEALTH SYSTEM FOUNDATION INC 3100 SW 62ND AVENUE MIAMI, FL 33155 46-1784918	FOUNDATION	FL	501(C)(3)	7	MCHS	Yes