



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490





Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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 \$ 0 including grants of \$ ) (Revenue \$ 0 )

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

Part IV

Checklist of Required Schedules

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> . . . . .	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . .		No
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> . . . . .		No
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> . . . . .		No
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i> . . . . .		No
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i> . . . . .		No
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> . . . .		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> . . . . .		No
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i> . . . . .		No
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> . . . . .		No
<b>11</b> 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		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> . . . . .		No
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i> . . . . .		No
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i> . . . . .		No
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i> . . . . .		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> . . . . .		No
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i> . . . . .		No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> . . . . .		No
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> . . . . .		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .		No
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i> . . . . .		No
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> . . . .		No
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i> . . . . .		No
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> . . . . .		No
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> . . . . .		No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> . . . . .		No
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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 25a</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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, 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		No
36	<b>Section 501(c)(3) organizations.</b> 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? <b>Note.</b> 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 or note to any line in this Part V

☐

		Yes	No			
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0			
c		Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	0			
b		If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).				
3a		Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		No
b		If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O.</i>		3b		
4a		At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	Yes	
b		If "Yes," enter the name of the foreign country: <b>CJ</b> See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a		Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		No
b		Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		No
c		If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a		Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		No
b		If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7 Organizations that may receive deductible contributions under section 170(c).						
a		Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a		No
b		If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c		Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		No
d		If "Yes," indicate the number of Forms 8282 filed during the year.		7d		
e		Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		
f		Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g		If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h		If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8		Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		No
9		Sponsoring organizations maintaining donor advised funds.				
a		Did the organization make any taxable distributions under section 4966?		9a		
b		Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10 Section 501(c)(7) organizations. Enter						
a		Initiation fees and capital contributions included on Part VIII, line 12.		10a		
b		Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		10b		
11 Section 501(c)(12) organizations. Enter						
a		Gross income from members or shareholders.		11a		
b		Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		11b		
12a		Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a		
b		If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.						
a		Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		13a		
b		Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.		13b		
c		Enter the amount of reserves on hand.		13c		
14a		Did the organization receive any payments for indoor tanning services during the tax year?		14a		No
b		If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O.</i>		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 or note to any line 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		
b	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
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body? . . . . .	8a	Yes
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates? . . . . .	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	12c	Yes
13	Did the organization have a written whistleblower policy? . . . . .	13	Yes
14	Did the organization have a written document retention and destruction policy? . . . . .	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	No
b	Other officers or key employees of the organization . . . . .	15b	No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <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 331553009 (305) 666-6511

Check if Schedule O contains a response or note to any line in this Part VII . . . . . ☐

**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** 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

[illegible]



## Part VII

(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			
<b>1b Sub-Total . . . . .</b>										
<b>c Total from continuation sheets to Part VII, Section A . . . . .</b>										
<b>d Total (add lines 1b and 1c) . . . . .</b>								0	1,854,619	243,847

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 0

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b> Yes	
<b>4</b>	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> . . . . .	<b>4</b> Yes	
<b>5</b>	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> . . . . .	<b>5</b>	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

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 ►0

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . . . . . 1a					
	b	Membership dues . . . . . 1b					
	c	Fundraising events . . . . . 1c					
	d	Related organizations . . . . . 1d					
	e	Government grants (contributions) 1e					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f					
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f . . . . .					
Program Service Revenue	2a	Business Code					
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .					
	Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .				
4		Income from investment of tax-exempt bond proceeds . . . . .					
5		Royalties . . . . .					
6a		Gross rents	(i) Real	(ii) Personal			
b		Less rental expenses					
c		Rental income or (loss)					
d		Net rental income or (loss) . . . . .					
7a		Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
b		Less cost or other basis and sales expenses					
c		Gain or (loss)					
d		Net gain or (loss) . . . . .					
8a		Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .	a				
b		Less direct expenses . . . . . b					
c		Net income or (loss) from fundraising events . . . . .					
9a		Gross income from gaming activities See Part IV, line 19 . . . . .	a				
b		Less direct expenses . . . . . b					
c		Net income or (loss) from gaming activities . . . . .					
10a		Gross sales of inventory, less returns and allowances . . . . .	a				
b		Less cost of goods sold . . . . . b					
c		Net income or (loss) from sales of inventory . . . . .					
		Miscellaneous Revenue	Business Code				
11a							
b							
c							
d	All other revenue . . . . .						
e	Total. Add lines 11a-11d . . . . .						
12	Total revenue. See Instructions . . . . .		0	0	0	0	

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 or note to any line 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.				
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.				
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9	Other employee benefits.				
10	Payroll taxes.				
11	Fees for services (non-employees):				
a	Management.				
b	Legal.				
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).				
12	Advertising and promotion.				
13	Office expenses.				
14	Information technology.				
15	Royalties.				
16	Occupancy.				
17	Travel.				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings.				
20	Interest.				
21	Payments to affiliates.				
22	Depreciation, depletion, and amortization.				
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					
b					
c					
d					
e	All other expenses.				
25	<b>Total functional expenses.</b> Add lines 1 through 24e.	0	0	0	0
26	<b>Joint costs.</b> 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 or note to any line 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			
	b	Less accumulated depreciation	10b		10c	
	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		262,910	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)		262,910	16	0
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		262,910	27	0
	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		262,910	33	0
	34	Total liabilities and net assets/fund balances		262,910	34	0

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . .

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	0
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	0
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	262,910
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	-262,910
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	0

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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 type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
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		
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)

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.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

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<sup>1</sup>/<sub>3</sub>% 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<sup>1</sup>/<sub>3</sub>% 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

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

Cat No 11285F

Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 6, column (f) divided by line 11, column (f))	14		
15 Public support percentage for 2012 Schedule A, Part II, line 14	15		
16a 33 1/3% support test—2013. 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—2012. 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—2013. 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—2012. 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 IIISupport 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. 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—2012. 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.** 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	
Return Reference	Explanation
PART I, LINE 11(H), COLUMN (I)	NAME OF SUPPORTED ORGANIZATION VARIETY CHILDREN'S HOSPITAL D/B/A MIAMI CHILDREN'S HOSPITAL

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, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

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"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Discretionary spending account</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 directors, trustees, officers, including 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"/> Written employment contract</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input type="checkbox"/> Compensation survey or study</div><div><input type="checkbox"/> Form 990 of other organizations</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?	4c	No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization?	5a	No
b	Any related organization?	5b	No
	If "Yes," to line 5a or 5b, describe in Part III.		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization?	6a	No
b	Any related organization?	6b	No
	If "Yes," to line 6a or 6b, describe in Part III.		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III.	7	No
8	Were any amounts reported in Form 990, Part VII, paid or 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 AND CEO	(i)	0	0	0	0	0	0	0
	(ii)	702,298	415,186	23,802	0	169,379	1,310,665	0
(2)TIMOTHY BIRKENSTOCK SENIOR VP AND CFO	(i)	0	0	0	0	0	0	0
	(ii)	373,284	54,858	24,114	0	74,468	526,724	0
(3)PEDRO ALFARO FORMER OFFICER	(i)	0	0	0	0	0	0	0
	(ii)	0	87,026	174,051	0	0	261,077	0

Part III Supplemental Information

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.

Return Reference	Explanation
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
PART I, LINES 4A-B	PEDRO ALFARO, FORMER OFFICER, RECEIVED A SEVERANCE PAYMENT OF \$261,077 IN 2013
PART I, LINE 4(B)	THE EXECUTIVES PARTICIPATE IN A SUPPLEMENTAL 457(F) DEFINED CONTRIBUTION RETIREMENT ACCOUNT THE VALUES ARE REPORTED IN SCHEDULE J, PART II, COLUMN C

**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.**

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**

OMB No 1545-0047

**2013**

**Open to Public  
Inspection**

Name of the organization MIAMI CHILDREN'S HEALTH SYSTEM INC	Employer identification number 45-3481327
--	--

Return Reference	Explanation
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

Return Reference	Explanation	
	FORM 990, PART III, LINE 4A	<p>A NOT-FOR-PROFIT CORPORATION CREATED IN 2011 WHICH IS THE PARENT COMPANY FOR VARIETY CHILDREN'S HOSPITAL, THE MIAMI CHILDREN'S HEALTH SYSTEM FOUNDATION, INC AND OTHER FOR-PROFIT AND NOT FOR-PROFIT ENTITIES DESCRIBED AS FOLLOWS, VARIETY CHILDREN'S HOSPITAL D/B/A MIAMI CHILDREN'S HOSPITAL, PROVIDES SPECIALIZED PEDIATRIC HEALTHCARE TO CHILDREN MIAMI CHILDREN' HEALTH SYSTEM FOUNDATION, INC , IS A NOT-FOR PROFIT CORPORATION WITH THE PRIMARY PURPOSE T O RAISE FUNDS AND AWARENESS FOR MIAMI CHILDREN'S HEALTH SYSTEM, VARIETY CHILDREN'S HOSPITA L, AND ANY AFFILIATED ORGANIZATIONS THAT ARE CLASSIFIED UNDER SECTION 501(C)(3) OF THE INT ERNAL REVENUE CODE CANAVAN PARTNERS LLP, IS A TAXABLE PARTNERSHIP THAT ENTERS INTO LICENS ING AGREEMENTS WITH HEALTHCARE PROVIDERS TO PERFORM LABORATORY TESTS CHILDREN'S HEALTH VE NTURES, INC , IS A FOR-PROFIT ENTITY WHICH OWNS FOR PROFIT BUSINESS VENTURES KIDZSTUFF IN C , IS A FOR-PROFIT ENTITY THAT DEVELOPS RETAIL PRODUCTS FOR CHILDREN MIAMI CHILDREN'S HE ALTH SYSTEM MANAGEMENT SERVICES, LLC, IS A FOR-PROFIT CORPORATION THAT PROVIDES MANAGEMENT SERVICES TO PHY SICIAN PRACTICES MIAMI CHILDREN'S HOSPITAL RESEARCH INSTITUTE, INC , IS A NOT-FOR-PROFIT CORPORATION THAT PERFORMS COMPREHENSIVE RESEARCH IN THE CAUSE, CURE AND PR EVENTION OF CHILDHOOD DISEASES MIAMI CHILDREN'S HOSPITAL WORKER'S COMPENSATION, WAS FORME D TO ENABLE THE HOSPITAL TO FUND AND PAY THE COST OF WORKER'S COMPENSATION CLAIMS MIAMI C HILDREN'S INSURANCE SPC, LTD , WAS FORMED TO ACCESS PROFESSIONAL LIABILITY INSURANCE MARKE TS 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 EN ABLE MCH TO FUND AND PAY THE COST OF PROFESSIONAL LIABILITY CLAIMS VARIETY CHILDREN'S HOS PITAL, ESTABLISHED IN 1950, OWNS AND OPERATES A PEDIATRIC SPECIALTY HOSPITAL KNOWN AS MIAMI 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 H OSPITAL HAS 289 LICENSED BEDS MIAMI CHILDREN'S HOSPITAL SERVES AS A REFERRAL CENTER FOR C HILDREN 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 HAS A STATE-DESIGNATED PEDIATRIC TRAUMA CENTER MANY PATIENTS ARE REFERRED BY OTHER HOSPITALS REGARDLESS OF THE EXISTENCE OF FORMAL ARRANGEMENTS IN 2013, 3,056 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 EXPERTISE IN PEDIATRIC CARE THE CARE OF CHILDREN WITH CERTAIN COMPLEX CHRONIC CONDITION S, SUCH AS JUVENILE DIABETES, CANCER, OR CYSTIC FIBROSIS IS BEST MANAGED BY A PEDIATRIC SP ECIALIST IN ORDER TO ELIMINATE REFERRAL DELAYS AND EXPEDITE POSITIVE TREATMENT CHILDREN ARE MORE VULNERABLE TO COMPLICATIONS DUE TO DELAYS THAN ADULTS THEY DEVELOP SERIOUS COMPLI CATIONS MORE RAPIDLY THAN ADULTS BECAUSE THEY HAVE LESS PHY SIOLOGICAL RESERVES AND LESS DE VELOPED ORGAN SYSTEMS THERE ARE PRESENTLY MORE THAN 200 PEDIATRIC SUBSPECIALTY PHYSICIANS GEOGRAPHICALLY LOCATED AT MIAMI CHILDREN'S HOSPITAL PEDIATRIC SUBSPECIALTY AREAS INCLUDE ADOLESCENT MEDICINE, ALLERGY/IMMUNOLOGY, CARDIOLOGY, CARDIOVASCULAR SURGERY, CLINICAL GE NETICS AND METABOLISM, CRITICAL CARE MEDICINE, DENTISTRY, DERMATOLOGY, EMERGENCY MEDICINE, ENDOCRINOLOGY, GASTROENTEROLOGY, GENERAL PEDIATRICS, HEMATOLOGY/ONCOLOGY, INFECTIOUS DISEASES, NEONATOLOGY, NEPHROLOGY, NEUROLOGY, PREVENTIVE MEDICINE, PSYCHIATRY, PULMONOLOGY, RH EUMATOLOGY, CARDIOVASCULAR SURGERY, NEUROLOGY, NEUROSURGERY, OPHTHALMOLOGY, ORTHOPEDIC SUR GERY, OTOLARYNGOLOGY, PEDIATRIC SURGERY, PLASTIC AND RECONSTRUCTIVE SURGERY, PATHOLOGY, RA DIOLOGY, UROLOGY AND ANESTHESIOLOGY THIS CRITICAL MASS OF PHY SICIANS SIGNIFICANTLY CONTRI BUTES TO THE QUALITY AND RANGE OF PEDIATRIC SERVICES AVAILABLE AT THE HOSPITAL 2013 STATI STICAL DATA INCLUDES TOTAL INPATIENT DAYS 63,140 TOTAL INPATIENT ADMISSIONS 11,272 INPAT IENT AVERAGE DAILY CENSUS 173.0 TOTAL ED VISITS (MAIN CAMPUS) 89,907 MCH GENERAL CLINIC VISITS 12,749 AMBULATORY VISITS 54,669 PRIVATE OUTPATIENT VISITS (MAIN CAMPUS) 116,275 PRIVATE OUTPATIENT VISITS (AMBULATORY CENTERS) 143,795 TOTAL SURGICAL CASES 14,917 AVERA GE LENGTH OF STAY 5.6 DAYS THE HEALTH SYSTEM IS INTERNATIONALLY RECOGNIZED FOR CARE EXCEL LENCE MIAMI CHILDREN'S HOSPITAL PROGRAMS WERE RANKED AMONG THE NATION'S BEST IN ALL 10 PE DIATRIC SUBSPECIALTY PROGRAMS SURVEYED BY U S NEWS AND WORLD REPORT IN ITS 2013-2014 LIST ING OF "AMERICA'S BEST CHILDREN'S HOSPITALS " (RES</p>

Return Reference	Explanation	
FORM 990, PART III, LINE 4A		<p>ULTS WERE RELEASED IN 2013 ) THE HOSPITAL WAS THE ONLY FACILITY IN FLORIDA TO HAVE PROGRAM S RANKED IN ALL CATEGORIES SURVEYED BY U S NEWS THESE PROGRAMS INCLUDE CANCER, CARDIOLOG Y AND HEART SURGERY , DIABETES AND ENDOCRINOLOGY , GASTROENTEROLOGY , NEONATOLOGY , NEPHROLOGY , NEUROLOGY/NEUROSURGERY , PULMONOLOGY , ORTHOPEDICS, UROLOGY IN ADDITION, THE HEALTH SYSTE M INCLUDES A NETWORK OF AMBULATORY CENTERS THAT EXTEND CARE THROUGHOUT THE SOUTH FLORIDA R EGION DURING 2013, THESE CENTERS OFFERED OUTPATIENT SERVICES AS FOLLOWS MCH DAN MARINO O UTPATIENT CENTER OFFERS COMPREHENSIVE SERVICES FOR CHILDREN WITH NEURODEVELOPMENTAL DISOR DERS SERVICES INCLUDE IMAGING AND REHABILITATION ALSO ON SITE IS A SWIMMING POOL FOR AQU ATIC THERAPY MCH DORAL OUTPATIENT CENTER OFFERS REHABILITATION SERVICES, IMAGING SERVICE S, AN AFTER-HOURS URGENT CARE CENTER AND OUTPATIENT SUBSPECIALTY OFFICE VISITS MCH MIDTOW N OUTPATIENT CENTER OFFERS REHABILITATION SERVICES, IMAGING SERVICES, AN AFTER-HOURS URGE NT CARE CENTER AND OUTPATIENT SUBSPECIALTY OFFICE VISITS MCH MIRAMAR OUTPATIENT CENTER O FFERS REHABILITATION SERVICES, IMAGING SERVICES, AN AFTER-HOURS URGENT CARE CENTER AND OUT PATIENT SUBSPECIALTY OFFICE VISITS MCH PALMETTO BAY OUTPATIENT CENTER OFFERS REHABILITAT ION SERVICES, IMAGING SERVICES, AN AFTER-HOURS URGENT CARE CENTER AND OUTPATIENT SUBSPECIA LTY OFFICE VISITS 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 C ENTER OFFERS REHABILITATION SERVICES, IMAGING SERVICES, AN AFTER-HOURS URGENT CARE CENTER AND OUTPATIENT SUBSPECIALTY OFFICE VISITS MCH NICKLAUS OUTPATIENT CENTER (PALM BEACH GAR DENS) OFFERS REHABILITATION SERVICES, IMAGING SERVICES, AN AFTER-HOURS URGENT CARE CENTER AND OUTPATIENT SUBSPECIALTY OFFICE VISITS MCH MIAMI LAKES OUTPATIENT CENTER OFFERS REHA BILITATION SERVICES, IMAGING SERVICES, AN AFTER-HOURS URGENT CARE AND OUTPATIENT SUBSPECIA LTY OFFICE VISITS THIS NEW FACILITY OPENED IN 2013, REPLACING THE MCH REHABILITATION SERV ICES MIAMI LAKES AND OFFERING EXPANDED SERVICES QUALITY/SAFETY AND ERROR PREVENTION INITI ATIVES FROM 2013 THE HEALTH SYSTEM IS COMMITTED TO ADVANCING QUALITY AND SAFETY INITIATIV ES FOR 2013 ARE DETAILED BELOW LEAN INITIATIVES LEAN IS AN INTERNATIONALLY RECOGNIZED BU SINESS IMPROVEMENT MODEL IN 2013, THE HEALTH SYSTEM CONTINUED TO UTILIZE LEAN METHODS TO IMPROVE PROCESSES THAT ENHANCE SAFETY , EFFICIENCY AND PREVENT ERRORS AT THE HEALTH SYSTEM FROM 2008 TO 2012, THE HOSPITAL HAS SAVED \$8 9 MILLION THROUGH LEAN-BASED EFFICIENCIES F ASTPASS SYSTEM MIAMI CHILDREN'S WAS ALSO AN EARLY ADOPTER OF FASTPASS VISITOR BADGE IDENT IFICATION TECHNOLOGY ALL VISITORS AT THE MAIN HOSPITAL CAMPUS MUST PRESENT PHOTO IDENTIFI CATION UPON ARRIVAL AND A RECORD IS KEPT OF ALL THOSE ENTERING THE HOSPITAL THIS SYSTEM C AN IDENTIFY INDIVIDUALS WITH RECORDS OF CHILD ABUSE AND MOLESTATION, HELPING ENHANCE THE S AFETY OF CHILDREN AT THE HOSPITAL GETWELL NETWORK SINCE 2009, THE HOSPITAL HAS OFFERED T HE GETWELL NETWORK IN ALL MEDICAL SURGICAL ROOMS THE SYSTEM, ACCESSIBLE THROUGH THE IN-RO OM TELEVISION SCREEN, OFFERS PATIENT EDUCATION INFORMATION THAT CAN SUPPORT ENHANCED PATIE NT CARE AS WELL AS A PATIENT FEEDBACK SYSTEM, THROUGH WHICH FAMILIES CAN ADDRESS SAFETY CO NCERNS LIFEWINGS IN 2010, THE HEALTH SYSTEM BEGAN COLLABORATING WITH LIFEWINGS PARTNERS LLC TO TRAIN EMERGENCY DEPARTMENT STAFF, SURGEONS, ANESTHESIOLOGISTS, OR NURSES AND SUPPOR T STAFF TO IMPLEMENT AVIATION-BASED SAFETY AND EFFICIENCY MEASURES AND CONTINUES TO DO SO THE HOSPITAL WON AN OUTSTANDING INITIATIVE AWARD FROM TRAINING MAGAZINE FOR THIS SAFETY C OLLABORATION AND CONTINUES TO USE THIS PROGRAM TO ENHANCE SAFETY AND QUALITY</p>

Return Reference	Explanation	
FORM 990, PART III, LINE 4B	<p>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 ADD ITION, THE HOSPITAL'S CARDIAC INTENSIVE CARE UNIT (CICU) RECEIVED AACN'S SILVER BEACON AWA RD FOR EXCELLENCE MCH IS ONE OF ONLY THREE CHILDREN'S HOSPITALS IN THE NATION TO BE AWARD ED GOLD- AND SILVER-LEVEL BEACON AWARDS FOR ALL OF ITS ICUS AND THE ONLY CHILDREN'S HOSPIT AL IN FLORIDA TO RECEIVE THIS DISTINCTION THIS RECOGNITION PUTS MCH AMONG THE TOP CHILDR E N'S HOSPITALS IN THE COUNTRY AND DEMONSTRATES ORGANIZATIONAL COMMITMENT TO CRITICAL CARE E XCELLENCE EMR THE HEALTH SYSTEM HAS ACQUIRED A STATE-OF-THE-ART SYSTEM THAT WILL CAPTURE ALL PATIENT DATA, INCLUDING COMPREHENSIVE CARE RECORDS (RADIOLOGY, PHARMACY, REHABILITATI ON, OUTPATIENT AND INPATIENT) AS WELL AS REGISTRATION AND BILLING INFORMATION, ALL IN A CO MPREHENSIVE SYSTEM IN 2012, THE HEALTH SYSTEM WENT LIVE WITH THE NEW SY STEM WHICH PROVIDE S PHY SICIANS 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 EFFICIEN CY HUMPTY DUMPTY MIAMI CHILDREN'S HEALTH SYSTEM HAS TAKEN THE LEAD IN DEVELOPING A TOOL TO PREVENT PEDIATRIC FALLS AND THEREBY ENHANCE SAFETY AS OF 2013, THE TOOL WAS IN USE IN 933 HOSPITALS, INCLUDING FACILITIES IN VIRTUALLY EVERY U.S. STATE AS WELL AS IN EUROPE, TH E MIDDLE EAST, HONG KONG, INDONESIA, THE PHILIPPINES, BERMUDA AND AUSTRALIA THE PROGRAM I S ALSO IN USE BY EVERY BRANCH OF OUR U.S. MILITARY HOSPITALS THROUGHOUT THE WORLD THIS FA LL PREVENTION PROGRAM HAS BEEN IMPLEMENTED, TESTED AND PROVEN TO BE AN EFFECTIVE TOOL IN T HE PREVENTION OF UNINTENTIONAL INJURY DUE TO FALLS THE HUMPTY DUMPTY FALLS PREVENTION PRO GRAM(TM) IS A COMPREHENSIVE PROGRAM AIMED AT IDENTIFYING PATIENTS WHO ARE AT RISK FOR FALL S AS WELL AS PREVENTING FALL EVENTS AND INJURIES THIS PROGRAM WAS DEVELOPED BY AN INTERDI SCIPLINARY GROUP OF FALLS EXPERTS DERIVED FROM NURSING, RESEARCH, REHABILITATION, QUALITY IMPROVEMENT, AND RISK MANAGEMENT PROGRAM MATERIALS INCLUDE A VALIDATED FALLS RISK SCALE, AN INTERVENTION PROTOCOL, AND PATIENT EDUCATION INFORMATION HY GREEN IMPLEMENTATION OF XH ALE INNOVATIONS' HY GREEN(R) HAND HY GIENE SYSTEM IS ANOTHER WAY MIAMI CHILDREN'S HEALTH SYS TEM LEADS THE WAY IN PATIENT SAFETY HY GREEN HELPS PREVENT INFECTIONS BY MONITORING AND RE MINDING HEALTHCARE WORKERS TO WASH THEIR HANDS A SENSOR SCANS NEWLY CLEANED HANDS AND SEN DS A WIRELESS "ALL CLEAN" MESSAGE TO A BADGE WORN BY THE CAREGIVER IN 2013, HY GREEN CONTI NUED TO BE INTEGRATED INTO THE INFECTION CONTROL PROGRAM AND WAS IN USE IN MOST HOSPITAL U NITS COMMUNITY TRAINING OUTREACH PROGRAMS IN ADDITION, THE HEALTH SYSTEM SUPPORTS A NUMBE R OF PROGRAMS THAT ENHANCE THE SKILLS AND WORK READINESS OF YOUNG PEOPLE AS WELL AS PROMOT E HEALTH AWARENESS PROJECT VICTORY THIS PROJECT IS A COOPERATIVE EFFORT BETWEEN MIAMI CH ILDREN'S COMMUNITY AND VOLUNTEER RESOURCE PROGRAM AND THE COMMUNITY TEENS WITH DISABILI TI ES ARE GIVEN THE OPPORTUNITY TO GAIN LIFE SKILLS THROUGH THE WORLD OF WORK TWENTY STUDENT S ARE PROVIDED THREE HOURS OF WORK SERVICE PER DAY AT THE HOSPITAL DURING THE COURSE OF TH E SCHOOL YEAR THE STUDENTS GAIN VOCA TIONAL EXPERIENCE WORKING IN THE HOSPITAL'S DIETARY D EPARTMENT, 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 TH E 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 MENTORS THE STUDENTS HONORS AND EXECUTIVE INTERNSHIP PROGRAM, MIAMI DADE COUNTY PUBLIC SCHOOLS EACH YEAR THE HEALTH SYSTEM ACCEPTS SEVEN STUDENTS WHO A RE SELECTED BY MIAMI-DADE COUNTY PUBLIC SCHOOLS TO PARTICIPATE IN HEALTHCARE INTERNSHIPS F OR ADVANCED STUDENTS STUDENTS ARE PAIRED WITH A STAFF MEMBER AT THE HEALTH SY STEM WHO MEN TORS AND PROVIDES OVERSIGHT TO THE STUDENT EACH STUDENT IS ASSIGNED A PROJECT TO BENEFIT A HOSPITAL DEPARTMENT AND RECEIVES A GRADE FROM THE SCHOOL SY STEM FOR HIS OR HER WORK KID S AND THE POWER OF WORK (KAPOW) THIS PROGRAM IS A NATIONAL VOLUNTEER PROGRAM THE HEALTH SYSTEM PARTICIPATES WITH MIAMI-DADE COUNTY PUBLIC SCHOOLS HEALTH SYSTEM STAFF MEMBERS VOL UNTEER TO VISIT STUDENTS AT ONE OF TWO AREA PUBLIC ELEMENTARY SCHOOLS THEY PRESENT AND PR EPARE LESSONS FOR SECOND GRADE STUDENTS TO HELP CREATE A FOUNDATION FOR YOUNG STUDENTS, IN TRODUCING THEM TO WORK AND RELATED CONCEPTS EMPLOYEES DONATE ABOUT 500 HOURS OF TIME TO T HE PROGRAM HEALTHTEACHER MIAMI CHILDREN'S IS PARTNERING WITH SCHOOL DISTRICTS IN PALM BE ACH AND BROWARD COUNTIES TO TEACH CHILDREN HOW TO INCORPORATE HEALTH AND WELLNESS INTO THE IR LIFESTYLES THE HEALTH SYSTEM MAKES AVAILABLE A</p>	



Return Reference	Explanation	
FORM 990, PART III, LINE 4B		<p>N 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 2013, 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 2013, THERE WERE 84 PEDIATRIC RESIDENTS, AND 8 DENTAL RESIDENTS AS WELL AS 33 SUBSPECIALTY RESIDENTS (FELLOWS) AND VARIOUS ROTATING RESIDENTS IN ANESTHESIOLOGY, CARDIOLOGY, EMERGENCY MEDICINE, GENETICS, NEUROLOGY, NEUROSURGERY, OPHTHALMOLOGY, ORTHOPEDICS, PEDIATRIC SURGERY, PLASTIC SURGERY, RADIOLOGY ENDO DONTICS, 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 2013, MCH HOSTED ITS 49TH 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>

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

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>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.</p>

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 MIAMI CHILDREN'S HEALTH SYSTEM RELIED ON THE METHODS OF ESTABLISHING COMPENSATION USED BY VARIETY CHILDREN'S HOSPITAL D/B/A MIAMI CHILDREN'S HOSPITAL

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

Return Reference	Explanation
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" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

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" on 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" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled 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	Yes	
(2) PROFESSIONAL LIABILITY TRUST  3100 SW 62ND AVENUE  MIAMI, FL 33155 59-2551434	LIAB CLAIMS	FL	4947(A)(1)	N/A	VCH	Yes	
(3) MIAMI CHILDREN'S HOSPITAL FOUNDATION INC  3100 SW 62ND AVENUE  MIAMI, FL 33155 59-1720704	FOUNDATION	FL	501(C)(3)	7	VCH	Yes	
(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	Yes	
(6) PEDIATRIC SPECIALTY GROUP INC  3100 SW 62ND AVENUE  MIAMI, FL 33155 46-3756071	INACTIVE	FL	501(C)(3)	4	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" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512- 514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproporionate 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									
(2) MIAMI CHILDREN'S HOSPITAL AMBULATORY SURGERY CENTER LLC  3100 SW 62ND AVENUE MIAMI, FL 331553009 46-3406805	AMBULATORY CNTR	FL	N/A									

Part IV

Identification of Related Organizations Taxable as a Corporation or Trust

Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) 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				Yes	
(2) CHILDREN'S HEALTH VENTURES INC AND SUBSIDIARIES  3100 SW 62ND AVENUE MIAMI, FL 331553009 45-4541147	MERCHANT WHOLESALE	FL	MCHS	C	35,925	307,084	100 000 %	Yes	



Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on 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	1a		No
b	Gift, grant, or capital contribution to related organization(s)	1b		No
c	Gift, grant, or capital contribution from related organization(s)	1c		No
d	Loans or loan guarantees to or for related organization(s)	1d		No
e	Loans or loan guarantees by related organization(s)	1e		No
f	Dividends from related organization(s)	1f		No
g	Sale of assets to related organization(s)	1g		No
h	Purchase of assets from related organization(s)	1h		No
i	Exchange of assets with related organization(s)	1i		No
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		No
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o	Sharing of paid employees with related organization(s)	1o		No
p	Reimbursement paid to related organization(s) for expenses	1p		No
q	Reimbursement paid by related organization(s) for expenses	1q		No
r	Other transfer of cash or property to related organization(s)	1r		No
s	Other transfer of cash or property from related organization(s)	1s		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 related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation
------------------	-------------

Additional Data

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 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	Yes	
(1) PROFESSIONAL LIABILITY TRUST  3100 SW 62ND AVENUE MIAMI, FL 33155 59-2551434	LIAB CLAIMS	FL	4947(A)(1)	N/A	VCH	Yes	
(2) MIAMI CHILDREN'S HOSPITAL FOUNDATION INC  3100 SW 62ND AVENUE MIAMI, FL 33155 59-1720704	FOUNDATION	FL	501(C)(3)	7	VCH	Yes	
(3) VARIETY CHILDREN'S HOSPITAL  3100 SW 62ND AVENUE MIAMI, FL 33155 59-0638499	HOSPITAL	FL	501(C)(3)	3	MCHS	Yes	
(4) MCH RESEARCH INSTITUTE INC  3100 SW 62ND AVENUE MIAMI, FL 33155 59-2602318	RESEARCH	FL	501(C)(3)	11B	VCH	Yes	
(5) PEDIATRIC SPECIALTY GROUP INC  3100 SW 62ND AVENUE MIAMI, FL 33155 46-3756071	INACTIVE	FL	501(C)(3)	4	MCHS	Yes	
(6) MIAMI CHILDREN'S HEALTH SYSTEM FOUNDATION INC  3100 SW 62ND AVENUE MIAMI, FL 33155 46-1784918	FOUNDATION	FL	501(C)(3)	7	MCHS	Yes	