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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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 07-01-2013 , 2013, and ending 06-30-2014

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

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

Doing Business As

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

City or town, state or province, country, and ZIP or foreign postal code
ST PETERSBURG, FL 33701

D Employer identification number
59-0683252

E Telephone number
(727) 767-4401

G Gross receipts $ 564,659,243

F Name and address of principal officer
JONATHAN ELLEN MD
501 SIXTH AVENUE SOUTH
ST PETERSBURG,FL 33701

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW ALLKIDS ORG

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

L Year of formation 1967

M State of legal domicile FL

Part I Summary

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

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	33
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	29
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	3,025
6	Total number of volunteers (estimate if necessary)	**6**	545
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	4,952,049	5,503,580
9	Program service revenue (Part VIII, line 2g)	385,066,040	411,869,881
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,975,854	13,079,148
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,226,879	3,310,216
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	399,220,822	433,762,825
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	188,729,377	200,607,773
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	185,233,104	198,807,804
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	373,962,481	399,415,577
19	Revenue less expenses Subtract line 18 from line 12	25,258,341	34,347,248

Revenue

Expenses

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	931,200,492	970,556,377
21	Total liabilities (Part X, line 26)	331,320,028	337,327,876
22	Net assets or fund balances Subtract line 21 from line 20	599,880,464	633,228,501

Net Assets or Fund Balances

Part II Signature Block

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

Sign Here

Signature of officer — Date: 2015-05-11

NANCY STAHL VP FINANCE AND CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Firm's name ▶			Firm's EIN ▶	
Firm's address ▶			Phone no	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 94,576,000 including grants of $ 0) (Revenue $ 94,331,000)

THE CRITICAL CARE PROGRAM AT THE HOSPITAL INCLUDES THE PEDIATRIC INTENSIVE CARE UNIT AND PEDIATRIC MEDICINE THIS PROGRAM EXPERIENCED 13,634 INPATIENT BEDS DAYS DURING THE PERIOD COVERED UNDER THIS RETURN IN ADDITION, 41,380 OUTPATIENT VISITS WERE ATTRIBUTABLE TO THE CRITICAL CARE PROGRAM THIS PROGRAM TREATS ACUTELY-ILL PATIENT'S PRESENTING WITH MEDICAL CONDITIONS OTHER THAN SURGICAL, CARDIAC AND HEMATOLOGY/ONCOLOGY EXAMPLES INCLUDE PNEUMONIA, MENINGITIS AND OTHER INFECTIOUS DISEASES HOSPITAL-BASED PHYSICIANS CARING FOR THESE PATIENTS INCLUDE 21 PEDIATRIC HOSPITALISTS AND 9 PEDIATRIC INTENSIVISTS IN ADDITION, THE HOSPITAL PROVIDES EMPLOYED CHAPLAIN SERVICES, CHILD LIFE SERVICES, SOCIAL WORK SERVICES, DIETICIAN SERVICES AND REHABILITATIVE SERVICES TO THESE PATIENTS MANY OF THESE PATIENTS ARE REFERRED TO THE HOSPITAL FROM OUTLYING COMMUNITY ACUTE-CARE HOSPITALS PRIMARILY SERVING ADULTS THAT LACK THE BREADTH AND DEPTH OF PEDIATRIC SUBSPECIALTY PROVIDERS NEEDED TO TREAT THESE MORE ACUTE PATIENTS

4b (Code) (Expenses $ 67,536,000 including grants of $ 0) (Revenue $ 96,617,000)

THE NEONATOLOGY PROGRAM AT ALL CHILDREN'S HOSPITAL IS A SPECIALITY OF PEDIATRICS THAT FOCUSES ON TREATING PREMATURE INFANTS OR INFANTS WITH CRITICAL MEDICAL CONDITIONS AN ALL CHILDREN'S AFFILIATE EMPLOYS 24 NEONATOLOGISTS THAT PROVIDE TWENTY-FOUR HOUR CARE IN THE NEONATAL INTENSIVE CARE UNIT (NICU) ALL CHILDREN'S NICU IS A LEVEL III NICU OFFERING THE HIGHEST LEVEL OF NEONATAL CARE TO THE NEWBORNS OF FLORIDA, THE SOUTHEAST US, AND MANY NEIGHBORING INTERNATIONAL LOCATIONS THE HOSPITAL IS DESIGNATED A REGIONAL PERINATAL INTENSIVE CARE CENTER (RPICC) BY THE STATE OF FLORIDA'S CHILDREN'S MEDICAL SERVICES, PROVIDING HIGH-RISK OBSTETRICAL CARE AND NEONATAL INTENSIVE CARE TO ALL PATIENTS REGARDLESS OF FINANCIAL NEEDS THE NICU PROVIDED 30,392 DAYS OF INPATIENT CARE DURING THE PERIOD COVERED BY THIS RETURN THE NEONATOLOGY PROGRAM IS ALSO SUPPORTED BY AN EMPLOYED NEONATAL TRANSPORT TEAM AVAILABLE AT ANY TIME TO TRANSPORT THESE PATIENTS SAFELY AND EFFICIENTLY BY AMBULANCE OR AIR TRANSPORT FROM OUTLYING FACILITIES

4c (Code) (Expenses $ 46,137,000 including grants of $ 0) (Revenue $ 41,847,000)

THE ALL CHILDREN'S CENTER FOR PEDIATRIC CANCER AND BLOOD DISORDERS ("CENTER") PROVIDES CLINICAL CARE AND RESEARCH TRIALS FOR CHILDREN, ADOLESCENTS, AND YOUNG ADULTS IN WEST AND WEST CENTRAL FLORIDA ALL CHILDREN'S IS THE PRIMARY CANCER CENTER IN WEST FLORIDA PROVIDING MULTIDISCIPLINARY CARE FOR CHILDREN AND ADOLESCENTS THE CENTER'S PROGRAMS INCLUDE THE ONCOLOGY PROGRAM SUPPORTED BY DIAGNOSTIC RADIOLOGISTS WITH EXPERTISE IN INTERVENTIONAL RADIOLOGY, PEDIATRIC SURGEONS, PEDIATRIC RADIATION ONCOLOGISTS, CHILD LIFE SPECIALISTS, PHYSICAL AND OCCUPATIONAL THERAPY, A CLINICAL PHARMACIST, AND SOCIAL WORKERS OTHER PROGRAMS INCLUDE THE HEMATOLOGY PROGRAM THAT FOLLOWS APPROXIMATELY 300 PATIENTS WITH SICKLE CELL DISEASE AND OFFERS MULTIDISCIPLINARY THERAPY FOR THESE PATIENTS AND THEIR FAMILIES INPATIENT ACCOMMODATIONS INCLUDE A 28-BED UNIT FOR HEMATOLOGY/ONCOLOGY AND MARROW/STEM TRANSPLANT PATIENTS, A POSITIVE-PRESSURE AIRFLOW SYSTEM, UNIT-BASED ONCOLOGY SOCIAL WORKER, CASE MANAGER AND CHILD LIFE SPECIALIST, DEDICATED PLAYROOM, HOSPITAL-BASED TEACHER, IN-ROOM ACCOMMODATIONS FOR TWO PARENTS AND A DAY-INFUSION CENTER DURING THE PERIOD COVERED BY THIS RETURN, 5,530 DAYS OF INPATIENT CARE WERE PROVIDED AND 9,889 OUTPATIENT VISIT EPISODES OF CARE WERE PROVIDED TO THESE PATIENTS

(Code) (Expenses $ 151,813,134 including grants of $) (Revenue $ 179,074,881)

4d Other program services (Describe in Schedule O)

(Expenses $ 151,813,134 including grants of $) (Revenue $ 179,074,881)

4e **Total program service expenses** ▶ 360,062,134

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4	Yes	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d	Yes	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI 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 other assistance to or for any foreign organization? *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 other assistance to or for foreign individuals? *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	Yes	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Yes	

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? *If "Yes," complete Schedule I, Parts I and II*	**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? *If "Yes," complete Schedule I, Parts I and III*	**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? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	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? *If so, complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
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)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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 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	270		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	3,025		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		No
b	If "Yes," enter the name of the foreign country ▶ _____ See 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		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** 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? *If "No," provide an explanation in Schedule O*		14b		

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

Check if Schedule O contains a response 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	**1a**	33		
	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	**1b**	29		
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**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

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

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review 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**	Yes	
b	Other officers or key employees of the organization	**15b**	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request ☐ 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

▶NANCY STAHL 501 SIXTH AVENUE SOUTH
ST PETERSBURG, FL 33701 (727) 767-2582

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

Check if Schedule O contains a response or note to any line 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			

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

(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			
1b **Sub-Total** ▶										
c **Total from continuation sheets to Part VII, Section A** ▶										
d **Total (add lines 1b and 1c)** ▶								7,139,646	4,886,296	2,110,977

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 ▶ 164

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

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
FAIELLA & GULDEN PA 243 WEST PARK AVE WINTER PARK FL 32789	LAW FIRM	5,100,000
HILL WARD & HENDERSON PO BOX 2532 TAMPA FL 33601	LAW FIRM	1,080,713
CHILDREN'S ORTHOPAEDIC & SCOLIOSIS SURGE 625 6TH AVE SOUTH STE 450 ST PETERSBURG FL 33701	PHYSICIANS SERVICES	970,826
COMPREHENSIVE CARE SERVICESINC 31330 SCHOOLCRAFT 200 LIVONIA MI 48150	HEALTH CONTRACT SERVICES	696,471
QUEST DIAGNOSTICS 10101 RENNER BLVD LENEXA KS 66219	LAB SERVICES	628,023

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 ▶ 33

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	2,064,595			
	e	Government grants (contributions)	1e	2,783,939			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	655,046			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		5,503,580			
Program Service Revenue			Business Code				
	2a	HOSPITAL INPT & OUTPT	621990	221,587,596	221,587,596		
	b	MEDICARE/MEDICAID PYMN	621990	160,084,483	160,084,483		
	c	STATE OF FLORIDA SPECI	621990	9,743,576	9,743,576		
	d	CHILDREN'S HOSPITAL GR	621990	3,448,955	3,448,955		
	e	RETAIL PHARMACY INCOME	621990	2,389,621	2,389,621		
	f	All other program service revenue		14,615,650	14,615,650		
	g	**Total.** Add lines 2a–2f . . . . . ▶		411,869,881			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		4,139,881			4,139,881
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real / (ii) Personal				
	6a	Gross rents	3,310,216				
	b	Less rental expenses	0				
	c	Rental income or (loss)	3,310,216				
	d	Net rental income or (loss) . . . . . ▶		3,310,216			3,310,216
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	136,973,000 / 2,862,685				
	b	Less cost or other basis and sales expenses	130,896,418 / 0				
	c	Gain or (loss)	6,076,582 / 2,862,685				
	d	Net gain or (loss) . . . . . ▶		8,939,267			8,939,267
Other Revenue	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from fundraising events . . ▶					
	9a	Gross income from gaming activities See Part IV, line 19 . . . a					
	b	Less direct expenses . . . b					
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances . a					
	b	Less cost of goods sold . . b					
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶					
	12	**Total revenue.** See Instructions . . . . . ▶		433,762,825	411,869,881	0	16,389,364

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	3,757,464		3,757,464	
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	153,226,111	149,599,886	3,626,225	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	8,772,715	8,553,145	219,570	
9 Other employee benefits	23,741,051	23,071,568	669,483	
10 Payroll taxes	11,110,432	10,763,359	347,073	
11 Fees for services (non-employees)				
a Management	2,550,396	1,001,256	1,549,140	
b Legal	115,189		115,189	
c Accounting	204,438		204,438	
d Lobbying	76,754		76,754	
e Professional fundraising services See Part IV, line 17				
f Investment management fees	622,699	66,000	556,699	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	10,438,518	10,290,278	148,240	
12 Advertising and promotion				
13 Office expenses	86,225,853	78,379,991	7,845,862	
14 Information technology	5,686,795	2,758,499	2,928,296	
15 Royalties . .				
16 Occupancy	16,970,995	12,628,793	4,342,202	
17 Travel	2,195,362	796,645	1,398,717	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	295,422	210,860	84,562	
20 Interest	5,785,197	5,785,197		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	36,528,503	28,879,434	7,649,069	
23 Insurance	14,851,057	14,849,204	1,853	
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 OTHER SERVICES	6,997,815	5,931,865	1,065,950	
b INDIGENT FEE ASSESSMENT	5,135,827	5,135,827	0	
c COLLECTION SERVICES	1,411,022	0	1,411,022	
d DUES & SUBSCRIPTIONS	1,114,195	571,536	542,659	
e All other expenses	1,601,767	788,791	812,976	
25 **Total functional expenses.** Add lines 1 through 24e	399,415,577	360,062,134	39,353,443	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 ▶ ☐ 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) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing		2,696,293	1	3,458,055
	2	Savings and temporary cash investments		94,733,917	2	92,408,776
	3	Pledges and grants receivable, net		1,176,964	3	668,350
	4	Accounts receivable, net		35,386,420	4	60,030,519
	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		8,600,345	8	8,529,321
	9	Prepaid expenses and deferred charges		9,904,828	9	9,610,884
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 519,221,411			
	b	Less accumulated depreciation	10b 119,262,148	422,116,908	10c	399,959,263
	11	Investments—publicly traded securities		244,387,477	11	281,490,786
	12	Investments—other securities See Part IV, line 11		1,088,319	12	1,158,591
	13	Investments—program-related See Part IV, line 11		12,775,364	13	14,719,062
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		98,333,657	15	98,522,770
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		931,200,492	16	970,556,377
Liabilities	17	Accounts payable and accrued expenses		59,165,984	17	68,412,917
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities		215,246,547	20	210,703,107
	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		56,907,497	25	58,211,852
	26	**Total liabilities.** Add lines 17 through 25		331,320,028	26	337,327,876
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		577,150,907	27	609,846,332
	28	Temporarily restricted net assets		9,719,170	28	9,308,263
	29	Permanently restricted net assets		13,010,387	29	14,073,906
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		599,880,464	33	633,228,501
	34	Total liabilities and net assets/fund balances		931,200,492	34	970,556,377

Part XI Reconcilliation 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	433,762,825
2	Total expenses (must equal Part IX, column (A), line 25)	2	399,415,577
3	Revenue less expenses Subtract line 2 from line 1	3	34,347,248
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	599,880,464
5	Net unrealized gains (losses) on investments	5	28,748,516
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	-29,747,727
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	633,228,501

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 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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 ☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis			
c	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?	2c	Yes	
	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?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

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

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

(A) Name and Title	(B) Average hours per week (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			
R WILLIAM HORTON SR VP-STRATEGIC PLAN/TRUST	20 00 40 00	X		X				1,069,132	0	47,518
TIMOTHY BARBER TRUSTEE	1 00	X						0	0	0
SANDRA DIAMOND SECRETARY OF TRUSTEE	1 00	X		X				0	0	0
MICHAEL BARODY TRUSTEE	1 00	X						0	0	0
HAMDEN BASKIN III TRUSTEE	1 00	X						0	0	0
KEN COPPEDGE TREASURER BOARD OF TRUSTEE	3 00	X		X				0	0	0
MICHAEL CANNOVA TRUSTEE	1 00	X						0	0	0
VINCENT DOLAN TRUSTEE	1 00	X						0	0	0
GEORGE J DOVER MD TRUSTEE	1 00	X						0	0	0
JONATHAN ELLEN MD PRESIDENT/VICE DEAN/PIC/TR	47 00 7 00	X		X				805,337	0	97,840
JOSEPH W FLEECE III CHAIRMAN BOARD OF TRUSTE	3 00 3 00	X		X				0	0	0
DARLENE GRAYSON TRUSTEE	1 00	X						0	0	0
NANCY HAMILTON TRUSTEE	1 00	X						0	0	0
TROY HOLLAND TRUSTEE	1 00	X						0	0	0
WILLIAM HORNER EX OFFICIO/TRUSTEE	3 00	X						0	0	0
JACK KIRKLAND TRUSTEE	3 00	X						0	0	0
ERIC KOBREN TRUSTEE	1 00	X						0	0	0
WILLIAM LANE JR TRUSTEE	1 00	X						0	0	0
DARRYL LECLAIR TRUSTEE	3 00	X						0	0	0
MARK LETTELLEIR TRUSTEE	1 00	X						0	0	0
TOM MAHAFFEY TRUSTEE	1 00	X						0	0	0
MILTON H MILLER JR TRUSTEE	1 00	X						0	0	0
MARK MONDELLO TRUSTEE	1 00	X						0	0	0
RONALD PETERSON CORP VICE CHAIR/TRUSTEE	3 00 57 00	X		X				0	1,980,826	1,418,697
PAUL RESOP TRUSTEE	1 00	X						0	0	0

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

(A) Name and Title	(B) Average hours per week (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			
CRAIG SHER TRUSTEE	1 00	X						0	0	0
RAYMOND SMITH TRUSTEE	1 00	X						0	0	0
MARK STROUD VICE CHAIRMAN OF THE BOARD	3 00	X		X				0	0	0
STEPHANIE GOFORTH EX OFFICIO/TRUSTEE	3 00 3 00	X						0	0	0
STEVEN A RAYMUND TRUSTEE	1 00	X						0	0	0
JENNIFER R CASATELLI MD EX OFFICIO/TRUSTEE	1 00 40 00	X						0	209,612	14,482
EDWARD D MILLER MD TRUSTEE	1 00	X						0	0	0
MARTHA LITTLE TRUSTEE	1 00	X						0	0	0
NANCY STAHL VP FINANCE/CFO	41 00 19 00			X				409,696	0	39,466
CALVIN L POPOVICH VP INFORMATION TECHNOLOGY	52 00 8 00			X				316,615	0	43,626
JAY KUHNS VP HUMAN RESOURCES	52 00 8 00			X				298,242	0	47,850
CYNTHIA ROSE VP MARKETING & COMMUNITY R	58 00 2 00			X				179,157	0	28,126
HELLA EWING VP CHIEF NURSING OFFICER	58 00 2 00			X				289,447	0	36,861
HELENE M MARRA ASSISTANT SECRETARY	53 00 7 00			X				70,787	0	20,174
BRIGITTA MUELLER MD VICE PRESIDENT MEDICAL AFFAIRS	40 00 20 00			X				0	0	0
ANTHONY NAPOLITANO MD CO-CHAIR DEPT OF PED MEDICINE	60 00				X			367,016	0	35,196
CAROLYN CAREY MD NEUROSURGEON	10 00 40 00					X		305,000	588,226	34,130
GERALD TUITE MD NEUROSURGEON	10 00 40 00					X		300,000	582,226	48,380
LUIS RODRIGUEZ MD NEUROSURGEON	10 00 40 00					X		307,500	582,336	46,600
RICHARD HARMEL MD PED SURGEON	10 00 40 00					X		150,000	568,972	43,117
NEBBIE WALFORD PED SURGEON	10 00 40 00					X		145,500	374,098	19,075
GARY A CARNES FORMER/PRESIDENT & CEO/TRU	0 00						X	867,162	0	0
ARNOLD T STENBERG JR FORMER EXEC VP/CAO/TRUSTEE	47 00 13 00						X	817,650	0	32,981
TIMOTHY STROUSE FORMER VP FACILITIES MANAGEMENT	52 00 8 00						X	191,273	0	26,105
JOHN HARDING III FORMER VP OPERATIONS	55 00 5 00						X	250,132	0	30,753

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**
▶ **Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
59-0683252

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

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

1 ☐ A church, convention of churches, or association of churches 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?

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

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

(i) Name of supported organization	**(ii)** EIN	**(iii)** Type of organization (described on lines 1- 9 above or IRC section **(see instructions))**	**(iv)** Is the organization in col **(i)** listed in your governing document?		**(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**	
Total									

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 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) 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	

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SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

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

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

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

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

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

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

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

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

Name of the organization	Employer identification number
ALL CHILDREN'S HOSPITAL INC ATTN FINANCE DEPT 9010	59-0683252

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

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

2 Political expenditures ▶ $ _____

3 Volunteer hours _____

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

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

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

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

4a Was a correction made? ☐ Yes ☐ No

b If "Yes," describe in Part IV

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

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

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

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

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

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

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

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

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures)

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

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

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

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

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

Lobbying Expenditures During 4-Year Averaging Period — Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

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

For each "Yes" response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.		(a) Yes	(a) No	(b) Amount
1	During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of			
a	Volunteers?		No	
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		No	
c	Media advertisements?		No	
d	Mailings to members, legislators, or the public?		No	
e	Publications, or published or broadcast statements?		No	
f	Grants to other organizations for lobbying purposes?		No	
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	Yes		76,754
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		No	
i	Other activities?		No	
j	Total Add lines 1c through 1i			76,754
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		No	
b	If "Yes," enter the amount of any tax incurred under section 4912			
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

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

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

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

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

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, line 2, and Part II-B, line 1 Also, complete this part for any additional information

Return Reference	Explanation
SCHEDULE C, PART 11-B, LINE 1G	THE REPORTING ORGANIZATION IS AN ADVOCATE FOR CHILD HEALTHCARE ISSUES DIRECTLY TO STATE AND FEDERAL LEGISLATORS AND THROUGH OTHER CHILD HEALTH ADVOCACY GROUPS AS A MEMBER THE REPORTING ORGANIZATION ADVOCATES FOR CHILDREN WHO ARE GENERALLY UNABLE TO DO SO FOR THEMSELVES EFFORTS INCLUDE COVERAGE AND REIMBURSEMENT ISSUES FOR CHILDREN OF INDIGENT FAMILIES, MEDICAL TRAINING ISSUES OF PEDIATRIC MEDICAL STUDENTS, AND OTHER ISSUES SPECEFIC TO SAFETY NET HOSPITALS DURING THE REPORTING PERIOD $50,432 WAS SPENT ON THESE EFFORTS ALL CHILDRENS HOSPITAL PAID ITS PARENT CORPORATION, THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION $26,322 DURING THE FISCAL YEAR ENDED JUNE 30, 2014 TO SUPPORT THEIR LOBBYING ACTIVITIES THE JOHNS HOPKINS HEALTH SYSTEM MAINTAINS A DEPARTMENT OF GOVERNMENTAL RELATIONS THE PRIMARY PURPOSE OF THIS DEPARTMENT IS TO MAINTAIN CONTACT WITH ELECTED AND APPOINTED STATE OFFICIALS, AND OCCASIONAL FEDERAL OFFICIALS, REGARDING ISSUES WHICH IMPACT THE JOHNS HOPKINS HEALTH SYSTEM OR ITS AFFILIATES AS WELL AS THE HEALTHCARE INDUSTRY IN GENERAL

Part IV Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
59-0683252

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

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

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

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds 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? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or 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	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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 ▶ $ _____

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

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

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

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

b If "Yes," explain the arrangement in Part 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	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	14,436,278	13,601,278	14,315,278	12,995,278	11,144,938
b	Contributions				26,000	
c	Net investment earnings, gains, and losses	1,442,000	835,000	-714,000	1,294,000	1,850,340
d	Grants or scholarships					
e	Other expenditures for facilities and programs					
f	Administrative expenses					
g	End of year balance	15,878,278	14,436,278	13,601,278	14,315,278	12,995,278

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 ▶ 100 000 %
- 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

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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		21,514,676		21,514,676
b Buildings		299,383,205	39,560,963	259,822,242
c Leasehold improvements		773,474	570,523	202,951
d Equipment		192,136,011	77,439,823	114,696,188
e Other		5,414,045	1,690,839	3,723,206
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				399,959,263

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) DUE TO AFFILIATES	10,586,813
(2) INTEREST IN NET ASSETS OF FOUNDATION	72,803,317
(3) TRADE NAME	11,670,000
(4) DEBT ISSUANCE COSTS	143,239
(5) OTHER ASSETS	3,319,401
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	98,522,770

Part X **Other Liabilities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1 (a) Description of liability	(b) Book value
Federal income taxes	
PROFESSIONAL LIABILITY	30,807,822
INTEREST RATE SWAP AGREEMENTS	25,164,126
OBLIGATION UNDER CAPITAL LEASES	315,640
OTHER LIABILITIES	1,924,264
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	58,211,852

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII ☑

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	463,088,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	28,748,516		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	577,877		
e	Add lines **2a** through **2d**			2e	29,326,393
3	Subtract line **2e** from line **1**			3	433,761,607
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	1,218		
c	Add lines **4a** and **4b**			4c	1,218
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	433,762,825

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	399,416,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	423		
e	Add lines **2a** through **2d**			2e	423
3	Subtract line **2e** from line **1**			3	399,415,577
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	0
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	399,415,577

Part XIII Supplemental Information

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

Return Reference	Explanation
PART V, LINE 4	THE INTENDED USE FOR ALL CHILDREN'S HOSPITAL ENDOWMENT FUNDS ARE SPECIFIC TO PROGRAM NEEDS AS DESIGNATED BY THE DONORS
PART X, LINE 2	FASB'S GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES CLARIFIES THE ACCOUNTING FOR UNCERTAINTY OF INCOME TAX POSITIONS THIS GUIDANCE DEFINES THE THRESHOLD FOR RECOGNIZING TAX RETURN POSITIONS IN THE FINANCIAL STATEMENTS AS "MORE LIKELY THAN NOT" THAT THE POSITION IS SUSTAINABLE, BASED ON ITS TECHNICAL MERITS THE GUIDANCE ALSO PROVIDES GUIDANCE ON THE MEASUREMENT, CLASSIFICATION AND DISCLOSURE OF TAX RETURN POSITIONS IN THE FINANCIAL STATEMENTS THERE WAS NO IMPACT ON THE HOSPITAL'S FINANCIAL STATEMENTS DURING THE YEARS ENDED JUNE 30, 2014 AND 2013
PART XI, LINE 2D - OTHER ADJUSTMENTS	NET ASSETS RELEASED FROM RESTRICTION 577,877
PART XI, LINE 4B - OTHER ADJUSTMENTS	ROUNDING 1,218
PART XII, LINE 2D - OTHER ADJUSTMENTS	ROUNDING 423

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493131015885

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
59-0683252

Part I Financial Assistance and Certain Other Community Benefits at Cost

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

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			2,397,390	0	2,397,390	0 600 %
b Medicaid (from Worksheet 3, column a)			230,556,095	217,973,434	12,582,661	3 150 %
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			232,953,485	217,973,434	14,980,051	3 750 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			2,086,861	318,241	1,768,620	0 440 %
f Health professions education (from Worksheet 5)			6,761,805	3,448,955	3,312,850	0 830 %
g Subsidized health services (from Worksheet 6)			15,976,351	10,459,813	5,516,538	1 380 %
h Research (from Worksheet 7)			1,027,582	0	1,027,582	0 260 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,120,056	0	1,120,056	0 280 %
j **Total.** Other Benefits			26,972,655	14,227,009	12,745,646	3 190 %
k **Total.** Add lines 7d and 7j			259,926,140	232,200,443	27,725,697	6 940 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support			172,264	0	172,264	0 040 %
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 **Total**			172,264		172,264	0 040 %

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1		No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount 2 6,149,565			
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit 3 0			
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME) 5 1,003,855			
6	Enter Medicare allowable costs of care relating to payments on line 5 6 1,113,374			
7	Subtract line 6 from line 5 This is the surplus (or shortfall) 7 -109,519			
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used			

☐ Cost accounting system ☑ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a	Yes	
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b		No

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

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

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year? 1

	Name, address, primary website address, and state license number	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (Describe)	Facility reporting group
	See Additional Data Table										

Part V Facility Information *(continued)*

Section B. Facility Policies and Practices

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

Name of hospital facility or facility reporting group ALL CHILDREN'S HOSPITAL INC

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) 1

			Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)				
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 9	**1**	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☑ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA 20 12			
3	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	**3**	Yes	
4	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI	**4**		No
5	Did the hospital facility make its CHNA report widely available to the public?	**5**	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) WWW.ALLKIDS.ORG/BODY.CFM?ID=1852			
b	☐ Other website (list url)			
c	☑ Available upon request from the hospital facility			
d	☐ Other (describe in Part VI)			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year)			
a	☑ Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA			
b	☑ Execution of the implementation strategy			
c	☑ Participation in the development of a community-wide plan			
d	☑ Participation in the execution of a community-wide plan			
e	☑ Inclusion of a community benefit section in operational plans			
f	☑ Adoption of a budget for provision of services that address the needs identified in the CHNA			
g	☑ Prioritization of health needs in its community			
h	☑ Prioritization of services that the hospital facility will undertake to meet health needs in its community			
i	☐ Other (describe in Part VI)			
7	Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	**7**		No
8a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	**8a**		No
b	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	**8b**		
c	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $			

Part V Facility Information *(continued)*

Financial Assistance Policy		Yes	No
9 Did the hospital facility have in place during the tax year a written financial assistance policy that Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	**9**	Yes	
10 Used federal poverty guidelines (FPG) to determine eligibility for providing *free* care?	**10**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for free care 200 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
11 Used FPG to determine eligibility for providing *discounted* care?	**11**	Yes	
If "Yes," indicate the FPG family income limit for eligibility for discounted care 400 000000000000% If "No," explain in Part VI the criteria the hospital facility used			
12 Explained the basis for calculating amounts charged to patients?	**12**	Yes	
If "Yes," indicate the factors used in determining such amounts (check all that apply)			
a ☑ Income level			
b ☑ Asset level			
c ☑ Medical indigency			
d ☐ Insurance status			
e ☑ Uninsured discount			
f ☐ Medicaid/Medicare			
g ☐ State regulation			
h ☐ Residency			
i ☐ Other (describe in Part VI)			
13 Explained the method for applying for financial assistance?	**13**	Yes	
14 Included measures to publicize the policy within the community served by the hospital facility?	**14**	Yes	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a ☑ The policy was posted on the hospital facility's website			
b ☐ The policy was attached to billing invoices			
c ☐ The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d ☐ The policy was posted in the hospital facility's admissions offices			
e ☐ The policy was provided, in writing, to patients on admission to the hospital facility			
f ☑ The policy was available upon request			
g ☐ Other (describe in Part VI)			
Billing and Collections			
15 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	**15**	Yes	
16 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			
17 Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	**17**		No
If "Yes," check all actions in which the hospital facility or a third party engaged			
a ☐ Reporting to credit agency			
b ☐ Lawsuits			
c ☐ Liens on residences			
d ☐ Body attachments			
e ☐ Other similar actions (describe in Section C)			

Part V Facility Information *(continued)*

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply)

- **a** ☐ Notified individuals of the financial assistance policy on admission
- **b** ☐ Notified individuals of the financial assistance policy prior to discharge
- **c** ☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills
- **d** ☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy
- **e** ☐ Other (describe in Section C)

Policy Relating to Emergency Medical Care

		Yes	No
19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	**19**	Yes	
If "No," indicate why			
a ☐ The hospital facility did not provide care for any emergency medical conditions			
b ☐ The hospital facility's policy was not in writing			
c ☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)			
d ☐ Other (describe in Part VI)			

Charges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care

- **a** ☑ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- **b** ☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- **c** ☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- **d** ☐ Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	**21**		No
If "Yes," explain in Part VI			
22 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	**22**	Yes	
If "Yes," explain in Part VI			

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
See Additional Data Table	

Part V Facility Information *(continued)*

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

How many non-hospital health care facilities did the organization operate during the tax year? 9

	Name and address	Type of Facility (describe)
1	ALL CHILDREN'S OUTPT CARE - BRANDON 885 SOUTH PARSONS AVE BRANDON,FL 33511	PEDIATRIC OUTPATIENT CLINIC
2	ALL CHILDREN'S OUTPT CARE - EAST LAKE 3850 TAMPA RD PALM HARBOR,FL 34684	PEDIATRIC OUTPATIENT CLINIC
3	ALL CHILDREN'S OUTPT CARE - FT MYERS 4550 COLONIAL BLVD FT MYERS,FL 33966	PEDIATRIC OUTPATIENT CLINIC
4	ALL CHILDREN'S OUTPT CARE - LAKELAND 3310 LAKELAND HILLS BLVD LAKELAND,FL 33805	PEDIATRIC OUTPATIENT CLINIC
5	ALL CHILDREN'S OUTPT CARE LAKEWOOD RANCH 8340 LAKEWOOD RANCH BLVD STE 160 BRADENTON,FL 34202	PEDIATRIC OUTPATIENT CLINIC
6	ALL CHILDREN'S OUTPATIENT CARE - PASCO 4443 ROWAN RD NEW PORT RICHEY,FL 34653	PEDIATRIC OUTPATIENT CLINIC
7	ALL CHILDREN'S SERTOMA OUTPT CARE CITRUS 538 NORTH LECANTO HWY STE 538 LECANTO,FL 34461	PEDIATRIC OUTPATIENT CLINIC
8	ALL CHILDREN'S OUTPT CARE - SARASOTA 5881 RAND BLVD SARASOTA,FL 34238	PEDIATRIC OUTPATIENT CLINIC
9	ALL CHILDREN'S OUTPT CARE - TAMPA 12220 BRUCE B DOWNS BLVD TAMPA,FL 33612	PEDIATRIC OUTPATIENT CLINIC
10		

Part VI Supplemental Information

Provide the following information

1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7, Part II and Part III, lines 2, 3, 4, 8 and 9b

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

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

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

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

6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served

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

Form and Line Reference	Explanation
PART I, LINE 3C	IN ADDITION TO FPG, THE HOSPITAL ALSO PROVIDES FINANCIAL ASSISTANCE DISCOUNTS BASED ON MEDICAL FINANCIAL HARDSHIP CAUSED BY SIGNIFICANT MEDICAL DEBT FACTORS THE HOSPITAL CONSIDERS WHEN EVALUATING MEDICAL DEBT LEVELS FOR FINANCIAL ASSISTANCE INCLUDE (1) MEDICAL DEBT INCURRED OVER THE PRIOR TWELVE MONTHS PRECEDING THE DATE OF A FINANCIAL HARDSHIP APPLICATION, (2) AN ASSET TEST SUCH THAT A LIQUID ASSETS OF THE GUARANTOR WILL NOT FALL BELOW $10,000 DUE TO MEDICAL DEBT, AND (3) FAMILY INCOME

Form and Line Reference	Explanation
PART I, LINE 7	A COST-TO-CHARGE RATIO (FROM WORKSHEET 2) IS USED TO CALCULATE THE AMOUNTS ON LINE 7A&7B (FINANCIAL ASSISTANCE AT COST AND UNREIMBURSED MEDICAID) THE AMOUNTS FOR LINES 7E-7I WOULD COME FROM THE BOOKS AND RECORDS OF SPECIFIC SEGMENTS OF THE ORGANIZATION AND WOULD NOT BE BASED ON A COST-TO CHARGE RATIO

Form and Line Reference	Explanation
PART I, LINE 7G	SUBSIDIZED HEALTH SERVICES DO NOT INCLUDE ANY COSTS ATTRIBUTABLE TO A PHYSICIAN CLINIC

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

Form and Line Reference	Explanation
PART III, LINE 2	THE PROVISION FOR BAD DEBTS IS BASED UPON A COMBINATION OF THE PAYOR SOURCE, THE AGING OF RECEIVABLES AND MANAGEMENTS ASSESSMENT OF HISTORICAL AND EXPECTED NET COLLECTIONS, TRENDS IN HEALTH INSURANCE COVERAGE, AND OTHER COLLECTION INDICATORS

Form and Line Reference	Explanation
PART III, LINE 3	ALL CHILDREN'S HOSPITAL (ACH) DOES NOT REPORT AN ESTIMATE FOR THE PORTION OF BAD DEBT EXPENSE THAT MAY BE ATTRIBUTABLE TO PATIENTS ELIGIBLE UNDER THE ORGANIZATION'S FINANCIAL ASSISTANCE POLICY ACH TAKES THE POSITION THAT AMPLE OPPORTUNITY AND ASSISTANCE IS PROVIDED TO THE PATIENT TO QUALIFY UNDER THE FINANCIAL ASSISTANCE POLICY IF SUFFICIENT INFORMATION IS NOT PROVIDED, THEN ACH MUST ASSUME THE PATIENT DOES NOT QUALIFY

Form and Line Reference	Explanation
PART III, LINE 4	ACH AUDITED FINANCIAL STATEMENTS PAGE 10

Form and Line Reference	Explanation
PART III, LINE 8	PART III, LINE 7 - THE SHORTFALL IN MEDICARE ALLOWABLE COSTS IS NOT TREATED AS A COMMUNITY BENEFIT PART III, LINES 5 AND 6 METHODOLOGY A STEP-DOWN PROCESS IS USED TO ALLOCATE ADMINISTRATIVE AND GENERAL COSTS TO PATIENT CARE DEPARTMENTS, AS WELL AS DEPARTMENTS THAT ARE NON-ALLOWABLE FOR MEDICARE UPON ALLOCATION, A DAILY COST RATE IS COMPUTED FOR ROOM AND BOARD SERVICES THE RESULTING DAILY COSTS ARE APPLIED TO THE NUMBER OF MEDICARE DAYS TO DETERMINE ALLOWABLE ROOM AND BOARD COSTS FOR ANCILLARY SERVICES, A RATIO OF COST TO CHARGES (RCC) IS COMPUTED USING TOTAL ANCILLARY CHARGES THE RCC IS THEN APPLIED TO CHARGES INCURRED BY MEDICARE PATIENTS TO DETERMINE ALLOWABLE MEDICARE COSTS WITH THE EXCEPTION OF PASS-THROUGH COSTS (CAPITAL-RELATED, NON-PHYSICIAN ANESTHETIST, AND MEDICAL EDUCATION COSTS), ALLOWABLE MEDICARE COSTS ARE SUBJECT TO A TEFRA TARGET AMOUNT, WHICH IS COMPUTED ON A DISCHARGE BASIS IF ALLOWABLE COSTS EXCEED THE TEFRA TARGET AMOUNT, THE FACILITY IS REIMBURSED IN THE AMOUNT OF THE TARGET LIMIT PLUS A RELIEF PAYMENT IF ALLOWABLE COSTS ARE UNDER THE TARGET AMOUNT, THE FACILITY IS REIMBURSED BY THE AMOUNT OF THE TARGET LIMIT PLUS A BONUS PAYMENT

Form and Line Reference	Explanation
PART VI, LINE 2	EXISTING SOCIAL, ECONOMIC, AND HEALTH DATA WERE DRAWN FROM NATIONAL, STATE, COUNTY, AND LOCAL SOURCES, SUCH AS THE U S CENSUS AND FLORIDA DEPARTMENT OF HEALTH, WHICH INCLUDE SELF-REPORT, PUBLIC HEALTH SURVEILLANCE, AND VITAL STATISTICS DATA OVER 80 INDIVIDUALS FROM MULTI-SECTOR ORGANIZATIONS, COMMUNITY STAKEHOLDERS, AND RESIDENTS WERE ENGAGED IN FOCUS GROUPS AND INTERVIEWS TO GAUGE THEIR PERCEPTIONS OF THE COMMUNITY, PRIORITY HEALTH CONCERNS, AND WHAT PROGRAMMING, SERVICES, OR INITIATIVES ARE MOST NEEDED TO ADDRESS THESE CONCERNS FINALLY, AN ENVIRONMENTAL SCAN OF HEALTH-RELATED PROGRAMS AND SERVICES WAS CONDUCTED IN ORDER TO ASSESS THE CURRENT LANDSCAPE OF ACTIVITY RELATED TO CHILDHOOD OBESITY, ASTHMA, TOBACCO, INJURY AND VIOLENCE PREVENTION, MENTAL HEALTH, SUBSTANCE USE, AND YOUTH EMPOWERMENT MUCH OF THE SECONDARY DATA WAS DERIVED FROM HEALTHY TAMPA BAY, AN INITIATIVE OF ONE BAY HEALTHY COMMUNITIES

Form and Line Reference	Explanation
PART VI, LINE 3	ACH INFORMS ITS PATIENTS ABOUT THE FINANCIAL ASSISTANCE POLICY THROUGH A NUMBER OF MEANS, INCLUDING SIGNS IN ENGLISH AND SPANISH POSTED IN PATIENT WAITING AND REGISTRATION AREAS STATING THAT ESTIMATES OF CARE CAN BE PROVIDED, UPON REQUEST ALL PATIENTS INDICATING A NEED FOR CHARITY CARE ARE REFERRED TO A FINANCIAL COUNSELOR WHO REVIEWS WITH THEM THE AVAILABILITY OF VARIOUS GOVERNMENT BENEFIT AND PROGRAMS, AND ASSISTS THEM WITH APPLICATION TO SUCH PROGRAMS IF THE PATIENT DOES NOT HAVE INSURANCE, ACH FINANCIAL COUNSELORS WILL SCHEDULE AN INTERVIEW WITH THE PATIENT TO DETERMINE PAYMENT ARRANGEMENTS AND/OR ASSIST THE PATIENT IN COMPLETING A MEDICAL ASSISTANCE APPLICATION

Form and Line Reference	Explanation
PART VI, LINE 4	THE HOSPITAL CONSIDERS ITS COMMUNITY BENEFIT SERVICE AREA (CBSA) AS SPECIFIC POPULATIONS OR COMMUNITIES OF NEED TO WHICH THE HOSPITAL ALLOCATES RESOURCES THROUGH ITS COMMUNITY BENEFIT PLAN THE CBSA IS DEFINED AS PINELLAS COUNTY THE GENERAL DATA FOR THIS COMMUNITY BENEFIT SERVICE AREA ARE AS FOLLOWS TOTAL POPULATION WAS 931,741 OF WHICH 48% WERE MALES AND 52% WERE FEMALES, AVERAGE HOUSEHOLD INCOME WAS $44,273, 19% OF RESIDENTS ARE UNINSURED, 11% OF RESIDENTS ARE COVERED BY MEDICAID/MEDICARE, 12% OF PEOPLE HAD INCOME BELOW THE FEDERAL POVERTY GUIDELINES NUMBER OF OTHER HOSPITALS SERVING THE COMMUNITY OR COMMUNITIES 48FEDERALLY-DESIGNATED MEDICALLY UNDERSERVED AREAS OR POPULATIONS ARE PRESENT IN THE COMMUNITY

Form and Line Reference	Explanation
PART VI, LINE 5	ALL CHILDREN'S IS DEDICATED TO ONE OF THE MOST EFFECTIVE TOOLS IN PROMOTING GOOD HEALTH - EDUCATION THROUGH COMMUNITY OUTREACH TO CHILDREN AND FAMILIES SOME OF THE PROGRAMS ARE MENTIONED ABOVE OTHERS INCLUDE PARTICIPATION AT SEVERAL LOCAL CHILDREN'S MUSEUMS WITH INTERACTIVE DISPLAYS ON NUTRITION, SAFETY AND SPORTS ALL CHILDREN'S SUPPORTS AN IN-CLASSROOM PROGRAM, MORE HEALTH, IN THE PINELLAS COUNTY SCHOOLS REACHING MORE THAN 70,000 STUDENTS ANNUALLY IN ADDITION, THE HOSPITAL PROMOTES BIKE, PEDESTRIAN AND SPORTS SAFETY PROGRAMS IN THE SCHOOLS THE HOSPITAL CONDUCTS MULTIPLE SCHOOL NURSE PROGRAMS IN ORDER TO ENHANCE THE KNOWLEDGE OF SCHOOL NURSES IN OUR CATCHMENT AREA WE HOST SUPPORT GROUPS AND COMMUNITY ORGANIZATIONS AT OUR FACILITIES AND PROVIDE SPEAKERS TO NUMEROUS COMMUNITY ORGANIZATIONS THROUGH THE YEAR ALL CHILDREN'S HOSPITAL BOARD OF TRUSTEES, IS COMPRISED OF 33 MEMBERS, OF WHICH 6 SERVE ON THE BOARD BY VIRTUE OF THEIR POSITION AS MEMBERS OF AFFILIATE BOARDS, MEDICAL STAFF, VOLUNTEER AND ACADEMIC OFFICERS, ETC THE REMAINING 27 BOARD MEMBERS ARE ELECTED FROM THE COMMUNITY AT LARGE FOR MAXIMUM TERMS OF 9 YEARS PER INDIVIDUAL ALL CHILDREN'S HOSPITAL MAINTAINS AN OPEN MEDICAL STAFF FOR CERTAIN PHYSICIAN SPECIALTIES

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

Additional Data

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

990 Schedule H, Supplemental Information

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 1j, 3, 4, 5d, 6i, 7, 10, 11, 12i, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22. If applicable, provide separate descriptions for each facility in a facility reporting group, designated by "Facility A," "Facility B," etc.

Form and Line Reference	Explanation
ALL CHILDREN'S HOSPITAL, INC	
ALL CHILDREN'S HOSPITAL, INC	PART V, SECTION B, LINE 7 A RATING AND RANKING PROCESS THAT INCLUDED AGREED UPON SELECTIO N CRITERIA, WAS USED TO PRIORITIZE THE MANY PRESSING COMMUNITY HEALTH NEEDS IDENTIFIED IN THE COMMUNITY HEALTH NEEDS ASSESSMENT (CHNA) THE ADDITIONAL TOPIC AREAS THAT WERE IDENTIF IED BY THE CHNA PROCESS (ENVIRONMENT, AIR QUALITY, FOOD SECURITY AND HUNGER, WELLNESS, ORA L HEALTH, COMMUNICABLE DISEASE, SEXUAL HEALTH, AND INJURIES) HAD A LOWER RANKING DURING TH E PRIORITIZATION PROCESS WHILE ACH WILL FOCUS THE MAJORITY OF OUR EFFORTS ON THE IDENTIFI ED NEEDS IN THE STRATEGIC COMMUNITY BENEFIT PLAN, WE WILL REVIEW THE COMPLETE SET OF PRIOR ITIES AS THEY EMERGE TO DETERMINE OUR RESPONSE AND MAKE ANY ADJUSTMENTS IN OUR PLANS
ALL CHILDREN'S HOSPITAL, INC	PART V, SECTION B, LINE 22 THE HOSPITAL CONTINUES TO IMPLEMENT RECENT GUIDANCE RELATED TO ITS FAP-ELIGIBLE PATIENTS THE IMPLEMENTATION WAS NOT COMPLETE DURING THE PERIOD COVERED BY THIS RETURN

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**
▶ **Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990*.**

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
59-0683252

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☑ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**		No
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**		No
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			
	☑ Compensation committee	☑ Written employment contract		
	☑ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**	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 accured 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				
See Additional Data Table							

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 1A	ORGANIZATION PROVIDED BENEFITS FORM 990, SCHEDULE J, PART 1, QUESTION 1A THE NON-SUBSTANTIATED PORTION OF MONTHLY AUTOMOBILE ALLOWANCES ARE GROSSED UP FOR FICA TAXES ONLY HOUSING ALLOWANCES ARE PROVIDED ONLY IN LIMITED CIRCUMSTANCES AND FOR FINITE PERIODS OF TIME AS PART OF SOME EMPLOYEE RELOCATION AGREEMENTS
PART I, LINES 4A-B	THE FOLLOWING INDIVIDUALS LISTED ON THE 990 RECEIVED SEVERANCE FROM ALL CHILDREN'S HOSPITAL GARY CARNES $867,162 JOHN HARDING $592,893 ARNOLD STENBERG $61,918 THE SUPPLEMENTAL EXECUTIVE RETIREMENT PLAN (THE PLAN) OF ALL CHILDREN'S HEALTH SYSTEM, INC (THE COMPANY) IS A NONQUALIFIED DEFERRED COMPENSATION PLAN INTENDED TO BE GOVERNED BY SECTION 457(F) OF THE INTERNAL REVENUE CODE THE BOARD OF DIRECTORS OF THE COMPANY DETERMINES ELIGIBILITY FOR THE PLAN FROM AMONG A SELECT GROUP OF KEY EMPLOYEES AND MANAGEMENT THE PLAN PROVIDES FOR A SUPPLEMENTAL RETIREMENT BENEFIT BEGINNING AT RETIREMENT OR UPON SEPARATION FROM THE COMPANY DURING THE TIME PERIOD COVERED BY THE RETURN, THE FOLLOWING INDIVIDUALS PARTICIPATED IN THE PLAN AND WERE AWARDED AMOUNTS AS FOLLOWS WHICH ARE INCLUDED ON SCHEDULE J, COLUMN B(III) R WILLIAM HORTON $675,720, JAY KUHNS $49,392, HELLA EWING $43,481 AND NANCY STAHL $72,413 THE MAKE WHOLE AND SERP I PLANS ARE FROZEN DEFINED BENEFIT PLANS PROVIDED BY THE RELATED ORGANIZATION JOHNS HOPKINS HEALTH SYSTEM CORPORATION THE PLANS ARE LIMITED TO THE EXISTING PLAN PARTICIPANTS THE PLANS ARE SUBJECT TO CLAIMS OF EMPLOYER'S BANKRUPTCY/INSOLVENCY CREDITORS THE MAKE WHOLE PLAN WAS DESIGNED TO REPLACE THE BENEFITS THE PARTICIPANTS LOST AS DO THE COMPENSATION LIMITS THAT WERE IMPOSED UPON OUR QUALIFIED DEFINED BENEFIT PLAN FURTHERMORE, IF A PARTICIPANT TERMINATES EMPLOYMENT PRIOR TO COMPLETING THE SERVICE REQUIREMENTS, THE PARTICIPANT'S BENEFIT IS FORFEITED NOTE THAT ANY ITEM BEING REPORTED AS COMPENSATION WAS ALSO REPORTED IN PREVIOUS YEARS FORMS 990 AS REQUIRED, WHEN AMOUNTS ACCRUED UNDER THE PLAN THE FOLLOWING INDIVIDUAL LISTED ON FORM 990, PART VII, SECTION A, LINE 1A PARTICIPATED IN A NONQUALIFIED RETIREMENT PLAN AND RECEIVED ACCRUED DEFERRED COMPENSATION THAT IS REPORTED ON SCHEDULE J, PART II, COLUMN (C) RONALD R PETERSON $1,349,219
FORM 990, SCHEDULE J, PART 1, QUESTION 3	SEE SCHEDULE O DISCLOSURE FOR FORM 990, PART VI, LINES 15(A) & (B) REGARDING THE PROCESS USED BY ALL CHILDREN'S HEALTH SYSTEM, INC TO DETERMINE EXECUTIVE COMPENSATION WHICH IS RELIED UPON BY ALL CHILDREN'S HOSPITAL
FORM 990, PART VII, SECTION A, QUESTION 5	THE FOLLOWING OFFICER OF ALL CHILDREN'S HOSPITAL RECEIVED COMPENSATION FROM AN UNRELATED ORGANIZATION FOR SERVICES RENDERED TO THE FILING ORGANIZATION ALL CHILDREN'S HOSPITAL REIMBURSED THE JOHNS HOPKINS UNIVERSITY FOR SERVICES ASSOCIATED WITH THE OFFICER AND HIS ROLE AT THE HOSPITAL JONATHAN ELLEN, M D BASE COMPENSATION $584,882 00, BONUS & INCENTIVE COMPENSATION $209,759, OTHER REPORTABLE COMPENSATION $10,696 00, DEFERRED COMPENSATION $72,000 00 AND NON-TAXABLE BENEFITS $25,840 00

Additional Data

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
R WILLIAM HORTON SR VP-STRATEGIC PLAN/TRUST	(I) (II)	392,676 0	0 0	676,456 0	26,746 0	20,772 0	1,116,650 0	0 0
JONATHAN ELLEN MD PRESIDENT/VICE DEAN/PIC/TR	(I) (II)	584,882 0	209,759 0	10,696 0	72,000 0	25,840 0	903,177 0	0 0
RONALD PETERSON CORP VICE CHAIR/TRUSTEE	(I) (II)	0 1,296,286	0 504,543	0 179,997	0 1,394,743	0 23,954	0 3,399,523	0 0
JENNIFER R CASATELLI MD EX OFFICIO/TRUSTEE	(I) (II)	0 209,612	0 0	0 0	0 14,482	0 0	0 224,094	0 0
NANCY STAHL VP FINANCE/CFO	(I) (II)	336,604 0	0 0	73,092 0	26,746 0	12,720 0	449,162 0	0 0
CALVIN L POPOVICH VP INFORMATION TECHNOLOGY	(I) (II)	315,936 0	0 0	679 0	26,746 0	16,880 0	360,241 0	0 0
JAY KUHNS VP HUMAN RESOURCES	(I) (II)	248,237 0	0 0	50,005 0	26,746 0	21,104 0	346,092 0	0 0
CYNTHIA ROSE VP MARKETING & COMMUNITY R	(I) (II)	178,711 0	0 0	446 0	18,835 0	9,291 0	207,283 0	0 0
HELLA EWING VP CHIEF NURSING OFFICER	(I) (II)	245,411 0	0 0	44,036 0	22,349 0	14,512 0	326,308 0	0 0
ANTHONY NAPOLITANO MD CO-CHAIR DEPT OF PED MEDICINE	(I) (II)	367,016 0	0 0	0 0	26,746 0	8,450 0	402,212 0	0 0
CAROLYN CAREY MD NEUROSURGEON	(I) (II)	305,000 588,226	0 0	0 0	0 19,096	0 15,034	305,000 622,356	0 0
GERALD TUITE MD NEUROSURGEON	(I) (II)	300,000 582,226	0 0	0 0	0 27,715	0 20,665	300,000 630,606	0 0
LUIS RODRIGUEZ MD NEUROSURGEON	(I) (II)	307,500 582,336	0 0	0 0	0 26,746	0 19,854	307,500 628,936	0 0
RICHARD HARMEL MD PED SURGEON	(I) (II)	150,000 568,972	0 0	0 0	0 26,746	0 16,371	150,000 612,089	0 0
NEBBIE WALFORD PED SURGEON	(I) (II)	145,500 374,098	0 0	0 0	0 19,075	0 0	145,500 393,173	0 0
GARY A CARNES FORMER/PRESIDENT & CEO/TRU	(I) (II)	0 0	0 0	867,162 0	0 0	0 0	867,162 0	0 0
ARNOLD T STENBERG JR FORMER EXEC VP/CAO/TRUSTEE	(I) (II)	224,739 0	0 0	592,911 0	25,688 0	7,293 0	850,631 0	0 0
TIMOTHY STROUSE FORMER VP FACILITIES MANAGEMENT	(I) (II)	191,258 0	0 0	15 0	22,477 0	3,628 0	217,378 0	0 0
JOHN HARDING III FORMER VP OPERATIONS	(I) (II)	188,214 0	0 0	61,918 0	19,096 0	11,657 0	280,885 0	0 0

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
59-0683252

Part I Bond Issues

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	CITY OF ST PETERSBURG HEALTH FACILITIES AUTHORITY	59-6000424	793309HR9	10-01-2007	92,200,000	REFUND PRIOR ISSUE (4/20/05) CONSTRUCTION OF NEW BUILDING		X		X		X
B	CITY OF ST PETERSBURG HEALTH FACILITIES AUTHORITY	59-6000424	793309JK2	04-23-2009	62,609,540	REFUND PRIOR ISSUES (10/01/07)		X		X		X
C	CITY OF ST PETERSBURG HEALTH FACILITIES AUTHORITY	59-6000424	793309JM8	06-28-2012	102,400,000	REFUND PRIOR ISSUE (04/20/05 A&B)		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired	66,325,000	800,000	3,300,000	
2	Amount of bonds legally defeased				
3	Total proceeds of issue	92,200,000	62,609,540	102,400,000	
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrows				
7	Issuance costs from proceeds	793,939	1,030,540		
8	Credit enhancement from proceeds	1,406,061			
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	60,000,000			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2009	2009	2007	

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

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use of bond-financed property?		X		X		X		
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c	Are there any research agreements that may result in private business use of bond-financed property?		X		X		X		
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ▶	0 870 %		1 650 %		0 010 %			
5	Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ▶								
6	Total of lines 4 and 5	0 870 %		1 650 %		0 010 %			
7	Does the bond issue meet the private security or payment test?		X		X		X		
8a	Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X		X		X		
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1 141-12 and 1 145-2?								
9	Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1 141-12 and 1 145-2?		X		X		X		

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X		X		X		
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X		X		X		
b	Exception to rebate?	X		X		X			
c	No rebate due?		X		X		X		
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X			X	X			
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X		X	X			
b	Name of provider					SEE SCHEDULE O			
c	Term of hedge					22 300000000000			
d	Was the hedge superintegrated?						X		
e	Was the hedge terminated?						X		

Part IV Arbitrage *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X		X		X		
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X		X		X		
7	Has the organization established written procedures to monitor the requirements of section 148?		X		X		X		

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations?	X		X		X			

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K (see instructions).

Return Reference	Explanation
SCHEDULE K	CUSIP NUMBERS OF BONDS ISSUED ON 04/20/2005 ARE 793309HM0, 793309HN8 AND 793309HP3 HEDGES WERE PROVIDED WITH RESPECT TO THE BOND ISSUE BY CITIBANK AND ROYAL BANK OF CANADA

Return Reference	Explanation
SCHEDULE K, PART II, LINE 13	DUE TO REFUNDING, YEAR OF SUBSTANTIAL COMPLETION IS NOT APPLICABLE

Return Reference	Explanation
SCHEDULE K, PART III, LINE 4	ON THE ADVICE OF BOND COUNSEL ALL CHILDRENS HOSPITAL, INC HAS ADDED COST OF ISSUANCE REPORTED IN PART II TO THE PRIVATE BUSINESS USE PERCENTAGE

Return Reference	Explanation
SCHEDULE K, PART III, LINES 7-9	THE ORGANIZATION ANSWERED 'NO' BECAUSE IT HAS NO NONQUALIFIED BONDS

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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
59-0683252

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, QUESTION 2A	
FORM 990, PART VI, SECTION A, LINE 6	THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION IS THE SOLE CORPORATE MEMBER OF ALL CHILDREN'S HOSPITAL, INC
FORM 990, PART VI, SECTION A, LINE 7A	THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION, A IRC 501(C)(3) TAX EXEMPT SOLE MEMBER OF ALL CHILDREN'S HOSPITAL, INC ELECTS THE BOARD OF TRUSTEES
FORM 990, PART VI, SECTION A, LINE 7B	THE GOVERNING BODY OF ALL CHILDREN'S HOSPITAL, INC IS EMPOWERED BY ITS BYLAWS TO MAKE CER TAIN DECISIONS, ALL OTHER DECISIONS ARE SUBJECT TO APPROVAL OF THE SOLE MEMBER, THE JOHNS HOPKINS HEALTH SYSTEM CORPORATION
FORM 990, PART VI, SECTION B, LINE 11	A COPY OF THE FORM 990 WAS PROVIDED TO THE ORGANIZATION'S GOVERNING BODY BEFORE IT WAS FILED
FORM 990, PART VI, SECTION B, LINE 12C	ALL CHILDREN'S HOSPITAL, INC HAS AN ANNUAL CONFLICT OF INTEREST DISCLOSURE PROCESS THAT HA S BEEN FORMALLY DOCUMENTED IN POLICY THE PROCESS IS FACILITATED BY THE COMPLIANCE OFFICER WITH OVERSIGHT FROM THE ALL CHILDREN'S HEALTH SYSTEM (FORMER PARENT AND CURRENT AFFILIATE) BOARD'S COMPLIANCE COMMITTEE DISCLOSURES ARE REQUESTED FROM KEY EMPLOYEES, KEY CONTRACT ORS, BOARD MEMBERS AND OFFICERS, AND DESIGNATED MEDICAL STAFF ALL DISCLOSURES ARE REVIEWE D BY THE COMPLIANCE OFFICER SELECTED DISCLOSURES ARE REVIEWED BY THE PRESIDENT/CHIEF EXEC UTIVE OFFICER A FORMAL REPORT IS MADE ANNUALLY TO THE COMPLIANCE COMMITTEE WHERE CONFLICT MANAGEMENT IS ADDRESSED FOR EMPLOYEES, CONTRACTORS, AND PHYSICIANS BOARD MEMBER DISCLOSU RES ARE REVIEWED BY THE RESPECTIVE BOARD PRESIDENTS FOR CONFLICT MANAGEMENT BOARD MEMBERS ARE REQUIRED TO DECLARE ANY POTENTIAL CONFLICTS PRIOR TO CONDUCTING BUSINESS AT EACH MEET ING IF A CONFLICT IS FOUND TO EXIST BY A BOARD MEMBER, THAT BOARD MEMBER IS PROHIBITED FR OM VOTING
FORM 990, PART VI, SECTION B, LINE 15	EVERY THREE YEARS AN INDEPENDENT STUDY IS CONDUCTED GATHERING INDUSTRY COMPENSATION AVERAG ES FROM SELECT PEER INSTITUTIONS EVERY YEAR THE JOHNS HOPKINS BOARD OF TRUSTEES COMPENSAT ION COMMITTEE REVIEWS COMPENSATION AMOUNTS FOR OFFICERS AND ALL EMPLOYEES AT THE DIRECTOR AND HIGHER LEVELS
FORM 990, PART VI, SECTION C, LINE 19	ALL CHILDREN'S HOSPITAL, INC DOES NOT MAKE ITS GOVERNING DOCUMENTS OR CONFLICT OF INTERES T POLICY AVAILABLE TO THE PUBLIC FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC THROUGH WWW DACBOND COM
FORM 990, PART XI, LINE 9	CHANGE INTEREST IN NET ASSETS OF THE FOUNDATION 1,952,993 INTEREST EXPENSE ON SWAP AGREEM ENT -3,365,547 NON-OPERATING SERVICES -6,000,000 CHANGE IN MARKET VALUE OF INTEREST RATE SWAPS -1,662,707 NET ASSETS RELEASED FROM RESTRICTION -393,810 TRANSFER BETWEEN AFFILIA TES -20,278,656

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" 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.

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number
59-0683252

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

(a) Name, address, and EIN (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	(g) No
See Additional Data Table							

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No
(1) HCP VENTURE ONE CORPORATION 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1558858	MEDICAL SERVICES	MD	N/A	C					No
(2) HSI MEDICAL SERVICES CORPORATION 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1847705	HEALTHCARE-SLEEP DIAGNOSTICS	MD	N/A	C					No
(3) HOWARD COUNTY HEALTH SERVICES INC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1434783	HEALTHCARE MANAGEMENT	MD	N/A	C					No
(4) JOHNS HOPKINS MEDICAL MANAGEMENT CORPORATION 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1250028	NURSING SERVICES	MD	N/A	C					No
(5) JOHNS HOPKINS EMPLOYER HEALTH PROGRAMS INC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1947678	BENEFIT PLANS	MD	N/A	C					No
(6) TCAS INC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1979344	NURSING SERVICES	MD	N/A	C					No
(7) SUBURBAN HEALTH ENTERPRISES INC 8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814 52-2052352	MEDICAL OFFICE LEASING AND RELEASING	MD	N/A	C					No

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

		Yes	No
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 orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c	Yes	
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f 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	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k	Yes	
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
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

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

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V?UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

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: 59-0683252
Name: ALL CHILDREN'S HOSPITAL INC
ATTN FINANCE DEPT 9010

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) JOHNS HOPKINS HEALTH SYSTEM CORPORATION 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1465301	SUPPORTING ORGANIZATION	MD	501(C)(3)	LINE 11C, III-FI	JOHNS HOPKINS HEALTH SYSTEM CORP		No
(1) THE JOHNS HOPKINS HOSPITAL 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-0591656	HOSPITAL	MD	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORP		No
(2) LUCY WEBB HAYES NATIONAL TRAINING SCHOOL FOR DEACONESSES 5255 LOUGHBORO RD NW WASHINGTON, DC 20016 53-0196602	HOSPITAL	DC	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORP		No
(3) JOHNS HOPKINS COMMUNITY PHYSICIANS INC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1467441	HEALTHCARE SERVICES	MD	501(C)(3)	LINE 11C, III-FI	JOHNS HOPKINS HEALTH SYSTEM CORP		No
(4) JOHNS HOPKINS MEDICAL SERVICES CORPORATION 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1232569	HEALTHCARE SERVICES	MD	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORP		No
(5) JOHNS HOPKINS BAYVIEW MEDICAL CENTER INC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1341890	HOSPITAL	MD	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORP		No
(6) SUBURBAN HOSPITAL INC 8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814 52-0610545	HOSPITAL	MD	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORP		No
(7) HOWARD COUNTY LIQUIDATION CORPORATION 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-0892284	INACTIVE TAX-EXEMPT ORGANIZATION	MD	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORP		No
(8) HOWARD COUNTY GENERAL HOSPITAL INC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-2093120	HOSPITAL	MD	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORP		No
(9) POTOMAC HOME SUPPORT INC 6001 MONTROSE ROAD NO 1020 ROCKVILLE, MD 20852 52-1750383	HOME HEALTH CARE	MD	501(C)(3)	LINE 9	N/A		No
(10) SIBLEY SUBURBAN HOME HEALTH AGENCY 6001 MONTROSE ROAD NO 307 ROCKVILLE, MD 20852 52-1450142	HOME HEALTH CARE	MD	501(C)(3)	LINE 9	N/A		No
(11) PEDIATRIC PHYSICIAN SERVICES INC 501 SIXTH AVENUE SOUTH ST PETERSBURG, FL 33701 59-3425191	PEDIATRIC MEDICAL SERVICES	FL	501(C)(3)	LINE 9	ALL CHILDREN'S HEALTH SYSTEM INC		No
(12) ALL CHILDREN'S HEALTH SYSTEM INC 501 SIXTH AVENUE SOUTH ST PETERSBURG, FL 33701 59-2481740	MANAGEMENT SERVICES	FL	501(C)(3)	LINE 11C, III-FI	JOHNS HOPKINS HEALTH SYSTEM CORP		No
(13) ALL CHILDREN'S HOSPITAL FOUNDATION INC 501 SIXTH AVENUE SOUTH ST PETERSBURG, FL 33701 59-2481738	FOUNDATION	FL	501(C)(3)	LINE 7	ALL CHILDREN'S HEALTH SYSTEM INC		No
(14) ALL CHILDREN'S RESEARCH INSTITUTE INC 501 SIXTH AVENUE SOUTH ST PETERSBURG, FL 33701 59-2481742	RESEARCH	FL	501(C)(3)	LINE 4	ALL CHILDREN'S HEALTH SYSTEM INC		No
(15) SURGIKID OF FLORIDA INC 501 SIXTH AVENUE SOUTH ST PETERSBURG, FL 33701 59-3441883	MEDICAL SERVICES	FL	501(C)(3)	LINE 9	ALL CHILDREN'S HEALTH SYSTEM INC		No
(16) KIDS HOME CARE INC 501 SIXTH AVENUE SOUTH ST PETERSBURG, FL 33701 59-3476049	HOME HEALTH CARE	FL	501(C)(3)	LINE 9	ALL CHILDREN'S HEALTH SYSTEM INC		No
(17) WEST COAST NEONATOLOGY INC 501 SIXTH AVENUE SOUTH ST PETERSBURG, FL 33701 59-3398308	NEONATAL CARE	FL	501(C)(3)	LINE 9	ALL CHILDREN'S HEALTH SYSTEM INC		No
(18) SUBURBAN HOSPITAL HEALTHCARE SYSTEM INC 8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814 52-2052354	HEALTHCARE SERVICES	MD	501(C)(3)	LINE 11C, III-FI	JOHNS HOPKINS HEALTH SYSTEM CORP		No

All Children's Hospital, Inc.

Financial Statements
June 30, 2014 and 2013

All Children's Hospital, Inc.
Index
June 30, 2014 and 2013

pwc

Report of Independent Certified Public Accountants

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

We have audited the accompanying financial statements of All Children's Hospital, Inc. (the "Hospital"), which comprise the balance sheets as of June 30, 2014 and 2013, and the related statements of operations and changes in net assets, and of cash flows for the years then ended.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Certified Public Accountants' Responsibility

Our responsibility is to express an opinion on the financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the Hospital's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Hospital's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of All Children's Hospital, Inc. at June 30, 2014 and 2013, and the results of its operations and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

PricewaterhouseCoopers LLP

September 25, 2014

PricewaterhouseCoopers LLP, 4040 West Boy Scout Boulevard, Suite 1000, Tampa, FL 33607
T: (813) 229 0221, F: (813) 229 3646, www.pwc.com/us

All Children's Hospital, Inc.
Balance Sheets
June 30, 2014 and 2013

(in thousands)

	2014	2013
Assets		
Current assets		
Cash and cash equivalents	$ 123,464	$ 117,001
Short-term investments	707	776
Patient accounts receivable, less allowance for uncollectible accounts of $6,882 and $10,775	60,031	35,386
Inventories of supplies	8,529	8,600
Prepaid expenses and other current assets	10,280	11,083
Due from affiliates, net	10,181	9,614
Total current assets	213,192	182,460
Assets whose use is limited by others	11,817	11,993
Assets whose use is limited by Board of Trustees	14,719	12,821
Interest in net assets of the Foundation	72,803	70,850
Long-term investments	242,611	213,089
Property, plant and equipment	519,221	505,385
Less Allowance for depreciation and amortization	(119,262)	(83,268)
Total property, plant and equipment, net	399,959	422,117
Affiliate receivable	323	-
Estimated malpractice recoveries	3,319	6,008
Other assets	11,815	11,867
Total assets	$ 970,558	$ 931,205
Liabilities and Net Assets		
Current liabilities		
Accounts payable and accrued liabilities	$ 50,813	$ 42,932
Accrued vacation	7,962	7,321
Advances from third-party payors	9,636	8,914
Current portion of estimated professional liability costs	6,614	8,670
Current portion of long-term debt and obligations under capital leases	4,941	5,022
Total current liabilities	79,966	72,859
Long-term debt and obligations under capital leases, less current portion	206,078	211,119
Estimated professional liability costs, net of current portion	24,194	22,573
Interest rate swap agreements	25,163	23,501
Other liabilities	1,925	1,269
Total liabilities	337,326	331,321
Commitments and contingencies		
Net assets		
Unrestricted	609,852	577,157
Temporarily restricted	9,306	9,716
Permanently restricted	14,074	13,011
Total net assets	633,232	599,884
Total liabilities and net assets	$ 970,558	$ 931,205

The accompanying notes are an integral part of these financial statements

All Children's Hospital, Inc.
Statements of Operations and Changes in Net Assets
For the Years Ended June 30, 2014 and 2013

(in thousands)

	2014	2013
Unrestricted revenues and other support		
Patient service revenue before bad debts	$ 387,822	$ 369,333
Provision for bad debts	(6,149)	(10,370)
Net patient service revenue	381,673	358,963
Other revenues	38,082	33,252
Investment income	4,138	3,933
Net assets released from restrictions used for operations	971	649
Total unrestricted revenues and other support	424,864	396,797
Expenses		
Salaries, wages and benefits	205,273	193,949
Supplies	62,197	58,353
Purchased services	89,632	78,888
Depreciation and amortization	36,529	36,518
Interest expense	5,785	6,253
Total expenses	399,416	373,961
Income from operations	25,448	22,836
Nonoperating gains (losses), net		
Net realized and changes in unrealized gains on investments	34,689	18,709
Interest expense on swap agreements	(3,365)	(3,343)
Change in market value of interest rate swap agreements	(1,662)	10,773
Non-operating services	(6,000)	(6,000)
Other non-operating gains	2,811	-
Change in unrestricted interest in net assets of the Foundation	1,053	2,085
Total nonoperating gains (losses), net	27,526	22,224
Excess of revenues, gains, and other support over expenses	52,974	45,060
Change in unrestricted net assets		
Contributions to affiliates, net	(20,279)	(10,437)
Net assets released from restrictions used for purchase of property and equipment	-	3,208
Increase in unrestricted net assets	32,695	37,831
Change in temporarily restricted net assets		
Gifts, grants, and bequests	654	477
Change in temporarily restricted interest in net assets of the Foundation	(93)	(135)
Net assets released from restrictions used for purchase of property and equipment	-	(3,208)
Net assets released from restrictions	(971)	(649)
Decrease in temporarily restricted net assets	(410)	(3,515)
Change in permanently restricted net assets		
Change in fair value of gifts, grants, and bequests	70	58
Change in permanently restricted interest in net assets of the Foundation	993	499
Increase in permanently restricted net assets	1,063	557
Increase in net assets	33,348	34,873
Net assets		
Beginning of year	599,884	565,011
End of year	$ 633,232	$ 599,884

The accompanying notes are an integral part of these financial statements

All Children's Hospital, Inc.
Statements of Cash Flows
For the Years Ended June 30, 2014 and 2013

(in thousands)

	2014	2013
Operating activities		
Change in net assets	$ 33,348	$ 34,873
Adjustments to reconcile change in net assets to the net cash provided by operating activities		
Depreciation and amortization	36,529	36,518
Restricted contributions	(654)	(477)
Net realized and changes in net unrealized (gains) losses on investments	(34,689)	(18,709)
Change in market value of interest rate swap agreements	1,663	(10,773)
Contributions to affiliates	20,279	10,437
Other operating activities	(2,168)	(1,955)
Other non-operating activities	(3,502)	-
Provision for bad debts	6,149	10,370
Changes in operating assets and liabilities		
Patient accounts receivable	(30,794)	(10,218)
Inventories of supplies, prepaid expenses and other current assets	3,615	(6,936)
Due from affiliates, net	(890)	(2,625)
Accounts payable, accrued liabilities and accrued vacation	9,670	(1,042)
Advances from third-party payors	722	(1,075)
Estimated professional liability costs	(435)	6,637
Net cash provided by operating activities	38,843	45,025
Investing activities		
Purchases of property, plant and equipment	(10,767)	(12,269)
Proceeds from sales of property, plant and equipment	46	22
Purchases of investment securities	(133,459)	(53,662)
Sales of investment securities	136,973	53,932
Net cash used in investing activities	(7,207)	(11,977)
Financing activities		
Repayment of long-term debt	(4,440)	(4,270)
Payments on obligations under capital leases	(548)	(496)
Contributions to affiliates	(20,839)	(14,671)
Proceeds from restricted contributions received	654	477
Net cash used in financing activities	(25,173)	(18,960)
Increase in cash and cash equivalents	6,463	14,088
Cash and cash equivalents		
Beginning of year	117,001	102,913
End of year	$ 123,464	$ 117,001
Supplemental disclosure of noncash transactions		
Change in anticipated insurance recoveries on estimated professional liability costs	$ (1,684)	$ 2,396
Transfer of property, plant and equipment from All Children's Health System, Inc	$ -	$ 4,234

The accompanying notes are an integral part of these financial statements

1. Organization and Summary of Significant Accounting Policies

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

The Johns Hopkins Health System Corporation ("JHHS") is the sole corporate member of the Hospital

The Hospital is affiliated with the following entities whose sole corporate member is All Children's Health System, Inc (the "Health System")

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

JHHS is also the sole corporate member of the Health System

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

Basis of Presentation. The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with U S GAAP

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

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

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

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

Investments and Investment Income. Investments in equity securities with readily determinable fair values and all investments in debt securities are recorded at fair value in the Balance Sheets Debt and equity securities traded on a national securities and international exchanges are valued as of the last reported sales price on the last business day of the fiscal year, investments traded on the over-the-counter market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and ask prices

Investments include equity method investments in managed funds, and include private limited partnerships and other investments which do not have readily ascertainable fair values and may be subject to withdrawal restrictions Investments in these private limited partnerships, and other investments in managed funds (collectively "alternative investments"), are accounted for under the equity method The equity method income or loss from these alternative investments is included in the Statements of Operations and Changes in Net Assets as an unrealized gain or loss above excess of revenues, gains, and other support over expenses

Alternative investments are less liquid than the Hospital's other investments These instruments may contain elements of both credit and market risk Risks include, but are not limited to, limited liquidity, absence of oversight, dependence upon key individuals, and emphasis on speculative investments

Investment income earned on cash, cash equivalents and investment balances (interest and dividends) is reported in the operating income section of the Statements of Operations and Changes in Net Assets under "Investment income " Realized gains or losses related to the sale of investments and realized gains or losses on alternative investments, are included in the non-operating section of the Statements of Operations and Changes in Net Assets unless the income or loss is restricted by donor or law

Property, Plant and Equipment. Property, plant and equipment acquisitions are recorded at cost Depreciation is allocated over the estimated useful life of each class of depreciable asset and is computed using the straight-line method Equipment under capital lease obligations is amortized using the straight-line method over the shorter of the lease term period or its estimated useful life Estimated useful lives assigned by the Hospital range from 3 to 25 years for land improvements, 3 to 40 years for buildings and improvements, 3 to 25 years for fixed and movable equipment, and 4 to 20 years for leasehold improvements Interest costs incurred on borrowed funds, net of income earned, during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets Repair and maintenance costs are expensed as incurred When property, plant and equipment are retired, sold or otherwise disposed of, the asset's carrying amount and related accumulated depreciation are removed from the accounts and any gain or loss is included in operations

The cost of software is capitalized provided the cost of the project is at least $30 thousand and the expected life is at least two years Costs include payment to vendors for the purchase of software, assistance in its installation, payroll costs of employees directly involved in the implementation of the software, and interest costs of the software project Preliminary costs to document system requirements, vendor selection, and any costs incurred before the software purchase are expensed Capitalization of costs ends when the project is completed and is ready to be used

Where implementation of the project is in phases, only those costs incurred which further the development of the project will be capitalized Costs incurred to maintain the system are expensed

Gifts of long-lived assets such as land, buildings or equipment are recorded at fair value and reported as unrestricted support, and are excluded from the excess of revenues over expenses, unless explicit donor stipulations specify how the donated assets must be used Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support Absent explicit donor stipulations about how long those long-lived assets must be maintained, expiration of donor restrictions are reported when the donated or acquired long-lived assets are placed into service

Impairment of Long-Lived Assets. Long-lived assets are reviewed for impairment when events and circumstances indicate that the carrying amount of an asset may not be recoverable The Hospital's policy is to record an impairment loss when it is determined that the carrying amount of the asset exceeds the sum of the expected undiscounted future cash flows resulting from use of the asset and its eventual disposition Impairment losses are measured as the amount by which the carrying amount of the asset exceeds its fair value and are reported in the non-operating section of the Statements of Operations and Changes in Net Assets Long-lived assets to be disposed of are reported at the lower of the carrying amount or fair value less cost to sell No impairment charges were recorded in the years ended June 30, 2014 and 2013

Impairment of Intangible Assets. Intangible assets are reviewed for impairment annually and more often if impairment indicators arise There were no impairment charges recorded for the years ended June 30, 2014 and 2013

Estimated Malpractice Costs. The provision for estimated medical malpractice claims includes estimates of the ultimate gross costs for both reported claims and claims incurred but not reported Additionally, an insurance recovery has been recorded representing the amount expected to be recovered from third-party insurance

Accounts Payable and Accrued Liabilities. The Hospital records liabilities for goods and services received but not yet paid As of June 30, 2014 and 2013, accounts payable and accrued liabilities consisted of (in thousands)

	2014	2013
Accounts payable	$ 16,885	$ 12,630
Accrued expenses	8,778	5,480
Employee compensation, payroll taxes and withholdings payable	18,881	18,967
Indigent care taxes	6,269	5,855
	$ 50,813	$ 42,932

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

Derivative Financial Instruments. The Hospital maintains three interest rate swap agreements to mitigate the Hospital's cash flow risk relating to changes in the variable interest rates of its Series 2012 Bonds The Hospital pays interest at fixed rates and receives interest at variable rates All swap agreements are recorded at fair value on the Balance Sheets Changes in the fair value of

these swap agreements are recorded in nonoperating gains (losses), net on the Statements of Operations and Changes in Net Assets

Temporarily and Permanently Restricted Net Assets. Temporarily restricted net assets are those whose use has been limited by donors or law to a specific time period or purpose Permanently restricted net assets have been restricted by donors to be maintained in perpetuity Income generated from these assets is available as restricted by the donor or for general program support

Grants, Contracts, and Awards Revenue. Income from grants, contracts, and awards is recognized as the requirements of the grants, contracts, or awards are met The amounts are recorded in other revenues on the Statements of Operations and Changes in Net Assets Grant monies received and disbursed by the Hospital are for specific purposes and are subject to audit by the grantor agencies Such audits may result in requests for reimbursement due to disallowed expenditures The Hospital does not believe that these disallowances, if any, would have a material effect on the financial position or the results of operations of the Hospital

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

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

Income Taxes. The Hospital is a not-for-profit organization that qualifies under Section 501(c)(3) of the Internal Revenue Code and Chapter 220 of the Florida Statutes, and is therefore not subject to income tax under current regulations

Financial Accounting Standards Board's ("FASB") guidance on accounting for uncertainty in income taxes clarifies the accounting for uncertainty of income tax positions This guidance defines the threshold for recognizing tax return positions in the financial statements as "more likely than not" that the position is sustainable, based on its technical merits The guidance also provides guidance on the measurement, classification and disclosure of tax return positions in the financial statements There were no amounts recorded for income tax positions in the Hospital's financial statements during the years ended June 30, 2014 and 2013

Nonoperating Gains (Losses), Net. For purposes of display, transactions deemed by management to be ongoing, major, or central to the provision of health care services are reported as revenues and expenses Peripheral or incidental transactions are reported as nonoperating gains (losses), net For the years ended June 30, 2014 and 2013, nonoperating gains (losses), net are comprised primarily of realized and unrealized gains (losses) on investments, nonoperating services, changes in unrestricted interest in the net assets of the Foundation, and interest paid and changes in market value on interest rate swap agreements

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

Donor-Restricted Net Assets. Unconditional promises to give cash and other assets are reported at fair value at the date the promise is received Unconditional promises to give cash to the Hospital that are due in greater than one year are discounted using a rate of return that the Hospital would expect to receive at the date the pledge is received Conditional promises to give and indications of intentions to give are reported at fair value on the date the gift is received The gifts are reported as either temporarily or permanently restricted support if they are received with donor stipulations that limit the use of the donated assets When a donor restriction expires, temporarily restricted net assets are reclassified as unrestricted net assets and reported in the Statements of Operations and Changes in Net Assets as net assets released from restrictions Donor restricted contributions whose restrictions are met within the same year as received are reported as unrestricted contributions in the accompanying financial statements

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

Recently Issued Accounting Pronouncements. In May 2014, the FASB issued Accounting Standards Update ("ASU") 2014-09, *Revenue from Contracts with Customers*, which outlines a single comprehensive model for recognizing revenue and supersedes most existing revenue recognition guidance specific to the healthcare industry This ASU is effective for fiscal years beginning after December 15, 2016 The Hospital will adopt this ASU on July 1, 2017 and is currently evaluating the impact on its revenue recognition policies, procedures and controls and the resulting impact on its financial position, results of operations and cash flows

Effective July 1, 2013 the Hospital adopted the provisions of ASU 2012-05, *Classification of the Sale Proceeds of Donated Financial Assets in the Statement of Cash Flows in U.S. GAAP*, including an amendment to ASC 230, *Statement of Cash Flows* ASU 2012-05 requires classification of cash receipts from the sale of donated financial assets to be consistent with cash donations received in the Statement of Cash Flows, and provides guidance on the classification of the cash receipts as either operating, financing, or investing activities The adoption of ASU 2012-05 had no effect on the Hospital's Statements of Cash Flows for the year ended June 30, 2014

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

Concentrations of Credit Risk. The Hospital grants credit without collateral to its patients, most of whom are local residents and are insured under governmental or third-party payor agreements The Hospital does not charge interest on accounts receivable Approximately 53 6% of patient accounts receivable were due from the Medicaid program, 0 9% from the Medicare program, 12 3% from Blue Cross and Blue Shield, 16 8% from self-pay and other third-party payors, and 16 4% from Medicaid managed care organizations as of June 30, 2014 Approximately 25 9% of patient accounts receivable were due from the Medicaid program, 1 5% from the Medicare program, 13 3% from Blue Cross and Blue Shield, 48 4% from self-pay and other third-party payors, and 10 9% from Medicaid managed care organizations as of June 30, 2013 The credit risk for other concentrations of receivables is limited due to the large number of insurance companies and other payors that provide payments for services

Accounts Receivable and Allowance for Uncollectible Accounts. Patient accounts receivable are reported net of estimated allowances for uncollectible accounts and contractual adjustments in the accompanying financial statements The provision for bad debts is based upon a combination of the payor source, the aging of receivables and management's assessment of historical and expected net collections, trends in health insurance coverage, and other collection indicators For uninsured patients that do not qualify for charity care, the Hospital recognizes revenue on the basis of its standard rates for services provided On the basis of historical experience, a portion of the Hospital's uninsured patients will be unable or unwilling to pay for the services provided As a result, provision for bad debts is recorded related to uninsured patients in the period services are provided Management continuously assesses the adequacy of the allowance for uncollectible accounts based upon historical write-off experience and payment trends by payor classification

Patient service revenue, net of contractual allowances (but before the provision for bad debts), recognized in the year ended June 30, 2014 is as follows

	Third-Party Payors	Self-pay	Total All Payors
Patient service revenue (net of contractual allowances)	$ 383,413	$ 4,409	$ 387,822

Patient service revenue, net of contractual allowances (but before the provision for bad debts), recognized in the year ended June 30, 2013 is as follows

	Third-Party Payors	Self-pay	Total All Payors
Patient service revenue (net of contractual allowances)	$ 364,118	$ 5,215	$ 369,333

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

Medicaid Inpatient services through June 30, 2013 and outpatient services provided by the Hospital rendered to Medicaid program beneficiaries are reimbursed under a cost reimbursement methodology Reimbursable cost is determined in accordance with the principles of reimbursement established by the State of Florida Title XIX Hospital Reimbursement Plan supplemented by the Medicare Principles of Reimbursement The interim rates are tentatively established on an

individual per diem basis for each hospital, subject to cost ceilings with exceptions The Hospital is reimbursed at a tentative rate with final settlement determined when the prospectively determined rate is adjusted as a result of intermediary audit of the cost report used in the establishment of the prospective rate Retroactive adjustments for interim rate changes anticipated after the intermediary audit of the cost report are accrued on an estimated basis in the period when final settlements are determined Approximately 55% and 50% of the Hospital's net patient service revenue was derived from the Medicaid program for the years ended June 30, 2014 and 2013, respectively

The Hospital's Medicaid interim rates are based on the Medicaid cost report which has been audited by the fiscal intermediary for the cost report years 2001, 2002, 2005, 2006, 2007, 2008 and 2009 However, final audited rates have not been issued by Medicaid as of June 30, 2014 Estimated impacts of the anticipated changes in interim rates after audit of the cost reports are recorded at year end The Medicaid interim rates have been final settled for the years 2003 and 2004 in prior years Substantial time elapses between receipt of a final audited cost report and the actual processing of the audited rates by the State of Florida ("State") Agency for Health Care Administration ("AHCA")

Effective with inpatient admissions on or after July 1, 2013, the Medicaid program reimburses Hospital inpatient services utilizing Diagnosis Related Groups ("DRGs") The patient's acuity and resource utilization determine the payment for an inpatient stay subject to additional payments for high-cost inpatient cases and for hospitals with high Medicaid utilization Payments made under DRGs are not subject to retroactive cost settlements At June 30, 2014 the Hospital has recorded approximately $4 0 million in DRG transitional payments due to a decrease in Medicaid inpatient reimbursement from the cost reimbursement methodology to DRGs This amount is included in net patient service revenue in the Statement of Operations and Changes in Net Assets

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

Other Government Funding The Hospital is eligible to receive Low Income Pool ("LIP") payments from the State The Hospital's policy is to recognize income as amounts are appropriated and collection is reasonably assured The receipt of future distributions is contingent upon future State legislative action and Federal government concurrence During the years ended June 30, 2014 and 2013, the Hospital recorded approximately $5 8 million and $5 5 million, respectively for payments received and accrued under the LIP program These amounts are included in net patient service revenue in the Statements of Operations and Changes in Net Assets

The Hospital was determined eligible to receive a graduate medical education payment under the Florida Statewide Medicaid Residency Program This program was established by Florida Statute to improve the quality of care for Medicaid recipients, expand graduate medical education on an equitable basis, and increase the supply of highly trained physicians During the year ended June 30, 2014, the Hospital recorded approximately $1 3 million for payments received under this program These amounts are included in net patient service revenue in the Statements of Operations and Changes in Net Assets

The Hospital was also eligible to receive an annual distribution from the Health Resources and Services Administration under the Children's Hospital Graduate Medical Education program, as funded annually by the United States Congress During the years ended June 30, 2014 and 2013, the Hospital received approximately $2 1 million and $1 8 million, respectively, in payments under this program These amounts are included in net patient service revenue in the Statements of Operations and Changes in Net Assets

Medicare Inpatient and most outpatient services related to Medicare beneficiaries are paid based on a cost reimbursement methodology subject to certain limitations The Hospital is reimbursed at a tentative rate with final amounts determined after submission of annual cost reports by the Hospital and audits thereof by the Medicare fiscal intermediary The Hospital's Medicare cost reports have been audited by the Medicare fiscal intermediary through June 30, 2012

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

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

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

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

The following is a summary of the costs of providing charity care and the unreimbursed costs of Medicaid and other subsidized indigent care programs for the years ended June 30, 2014 and 2013 (in thousands)

	2014	2013
Cost of charity care	$ 2,397	$ 2,165
Costs of Medicaid and government-subsidized indigent care programs	12,583	24,673
Total costs of charity and indigent care	$ 14,980	$ 26,838

The Hospital sponsors and participates in numerous community health services, including classes, support programs, screenings, community education, and physician referral These include diabetic education, health screenings, parent support groups, child automobile passenger safety programs, the Fit4Allkids childhood obesity program, and the Safe Kids program

The Hospital provides health professional education through its affiliation with the University of South Florida College of Medicine pediatric and internal medicine residency programs In addition, the Hospital provides formal nursing training through internal programs and affiliations with various nursing schools The Hospital also provides continuing professional education to its physicians and nursing staff through weekly Grand Rounds, sponsorship of several annual professional conferences and other education opportunities

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

The Hospital provides other community benefits through financial and in-kind donations, participation in community activities, and community benefit operations

The following is a summary of the costs of community health services, health professional education, subsidized health services and other community building activities for the years ended June 30, 2014 and 2013 (in thousands)

	2014	2013
Community health services	$ 1,439	$ 2,598
Health professional education	3,313	5,200
Subsidized health services	5,516	4,322
Research support	1,028	-
Community benefit operations	599	112
Other community benefit activities	1,023	919
	12,918	13,151
Total costs of charity and indigent care	14,980	26,838
Total community benefits	$ 27,898	$ 39,989

In addition to the charity and indigent care services noted above, an assessment of 1 0% to 1 5% of net patient service revenue is paid by the Hospital to help fund the Florida Medicaid and indigent care program This assessment totaled approximately $5 1 million and $4 8 million for the years ended June 30, 2014 and 2013, respectively

3. Investments and Assets Whose Use is Limited

Investments (short and long-term) consisted of the following as of June 30, 2014 and 2013 (in thousands)

	2014	2013
U S treasuries and municipal bonds	$ 6,417	$ 1,711
Certificates of deposit	550	550
Corporate bonds	15,146	22,259
Asset backed securities	8,095	3,656
Fixed income fund	25,165	22,851
Equities and equity funds	119,123	100,913
Alternative investments	68,822	61,925
	$ 243,318	$ 213,865

Assets Whose Use is Limited

Assets whose use is limited stated at fair value consisted of the following as of June 30, 2014 and 2013 (in thousands)

	2014	2013
Cash equivalents	$ 2,562	$ 1,108
U S treasuries and municipal bonds	603	182
Corporate bonds	1,422	2,357
Asset backed securities	760	387
Fixed income fund	2,365	2,656
Equities and equity funds	11,075	10,593
Beneficial trusts	1,159	1,088
Alternative investments	6,590	6,443
	$ 26,536	$ 24,814

Gains and losses on assets whose use is limited, cash and cash equivalents, and short-term and long-term investments, include as of June 30, 2014 and 2013 (in thousands)

	2014	2013
Unrestricted		
Excess of revenues, gains, and other support over expenses		
Interest and dividend income (net of investment management expenses of $420 thousand and $413 thousand)	$ 4,138	$ 3,933
Realized gains on investments	6,011	2,271
Unrealized gains on investments	28,678	16,438
	$ 38,827	$ 22,642
Temporarily restricted		
Changes in temporarily restricted net assets		
Interest and dividend income	$ 79	$ 58
Realized gains on investments	68	4
	$ 147	$ 62
Permanently restricted		
Changes in permanently restricted net assets		
Unrealized gains on investments	$ 70	$ 58

4. Fair Value Measurements

FASB's guidance on the fair value option for financial assets and financial liabilities permits companies to choose to measure many financial assets and liabilities, and certain other items at fair value This guidance requires a company to record unrealized gains and losses on items for which the fair value option has been elected in its performance indicator The fair value option may be applied on an instrument by instrument basis Once elected, the fair value option is irrevocable for that instrument The fair value option can be applied only to entire instruments and not to portions thereof The Hospital did not elect fair value accounting for any asset or liability that was not currently required to be measured at fair value

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

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

Level 1 – Observable inputs such as quoted market prices for identical assets or liabilities in active markets,

Level 2 – Observable inputs for similar assets or liabilities in an active market, or other than quoted prices in an active market that are observable either directly or indirectly, and

Level 3 – Unobservable inputs in which there is little or no market data that require the reporting entity to develop its own assumptions There are no assets valued using Level 3 inputs as of June 30, 2014 or 2013

The financial instrument's categorization within the hierarchy is based upon the lowest level of input that is significant to the fair value measurement Each of the financial instruments below has been valued utilizing the market approach

The following table presents the financial instruments carried at fair value as of June 30, 2014 grouped by hierarchy level (in thousands)

	Level 1	Level 2	Total Fair Value
Assets			
Cash and cash equivalents	$ 126,026	$ -	$ 126,026
Certificates of deposit	-	550	550
U S treasuries and municipal bonds	-	7,020	7,020
Corporate bonds	-	16,568	16,568
Asset backed securities	-	8,855	8,855
Fixed income fund	27,530	-	27,530
Beneficial trusts	-	1,159	1,159
Equities and equity funds	130,198	-	130,198
	$ 283,754	$ 34,152	$ 317,906
Liabilities			
Interest rate swap agreements	$ -	$ 25,163	$ 25,163

The following table presents the financial instruments carried at fair value as of June 30, 2013, grouped by hierarchy level (in thousands)

	Level 1	Level 2	Total Fair Value
Assets			
Cash and cash equivalents	$ 118,109	$ -	$ 118,109
Certificates of deposit	-	550	550
U S treasuries and municipal bonds	-	1,893	1,893
Corporate bonds	-	24,616	24,616
Asset backed securities	-	4,043	4,043
Fixed income fund	25,507	-	25,507
Beneficial trusts	-	1,088	1,088
Equities and equity funds	111,506	-	111,506
	$ 255,122	$ 32,190	$ 287,312
Liabilities			
Interest rate swap agreements	$ -	$ 23,501	$ 23,501

During 2014 and 2013, there were no transfers between Level 1 and 2

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair value Furthermore, while the Hospital believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value as of the reporting date

The Hospital holds alternative investments that are not traded on national exchanges or over-the counter markets The Hospital is provided a net asset value per share for these alternative investments that has been calculated in accordance with investment company rules, which among other requirements, indicates that the underlying investments be measured at fair value There are no unfunded commitments related to the Hospital's alternative investments

The following table displays information by major alternative investment category as of June 30, 2014 (in thousands)

Description	Fair Market Value	Liquidity	Notice Period	Receipt of Proceeds/Other
Long-only U S equity strategy	$ 13,528	Quarterly - last day of calendar quarter	30 days	90% within 30 days, balance after annual audited financial statements issued
International equities	16,297	Last day of each month	15 days	Within 10 days of withdrawal date
Global equity strategy	23,090	First business day of each month	5 business days	Within 14 days of withdrawal date
Real assets	9,315	Last day of each month	5 days	Within 30 days of withdrawal date
Fund of collateralized loan obligations	13,182	Monthly, first business day on or after the 15th of the month	15 days	On or prior to the fifth business day following the redemption date
	$ 75,412			

The following table displays information by major alternative investment category as of June 30, 2013 (in thousands)

Description	Fair Market Value	Liquidity	Notice Period	Receipt of Proceeds/Other
Long-only U S equity strategy	$ 10,636	Quarterly - last day of calendar quarter	30 days	90% within 30 days, balance after annual audited financial statements issued
International equities	9,978	Last day of each month	15 days	Within 10 days of withdrawal date
Global equity strategy	18,931	First business day of each month	5 business days	Within 14 days of withdrawal date
Real assets	16,080	Last day of each month	5 days	Within 30 days of withdrawal date
Fund of collateralized loan obligations	12,743	Monthly, first business day on or after the 15th of the month	15 days	On or prior to the fifth business day following the redemption date
	$ 68,368			

The Hospital entered into interest rate swaps to manage its interest rate risk on its Series 2005 and Series 2007A variable rate debt Both series were subsequently refunded The Hospital maintains these interest rate swaps because their notional amount approximates the principal amount outstanding of its Series 2012 Bonds that is approximately $99 1 million and $100 8 million as of June 30, 2014 and 2013, respectively The valuation of these instruments is determined using widely accepted valuation techniques, including discounted cash flow analysis on the expected cash flows of each derivative This analysis reflects the contractual terms of the derivative agreements, including the period to maturity, and uses observable market-based inputs, including interest rate curves and implied volatilities The Hospital also incorporates credit valuation

adjustments to appropriately reflect its own credit (risk of loss due to nonpayment) and nonperformance risk (the risk the obligation will not be fulfilled), as well as the credit and nonperformance risk of the counterparty In adjusting the fair value of the derivative contracts for the effect of nonperformance risk, the Hospital has considered the impact of netting and any applicable credit enhancements such as collateral postings, thresholds, mutual puts, and guarantees The Hospital pays fixed rates ranging from 3 9% to 3 6% and receives cash flows based upon percentages of LIBOR, ranging from 61 8% to 62 2%, plus a spread

Although the Hospital has determined that the majority of the inputs used to value its derivatives fall within Level 2 of the fair value hierarchy, the credit valuation adjustments associated with its derivatives utilize Level 3 inputs, such as estimates of current credit spreads to evaluate the likelihood of default by itself and its counterparties However, as of June 30, 2014 and 2013, the Hospital has assessed the significance of the impact of the credit valuation adjustments on the overall valuation of its derivative positions and has determined that the credit valuation adjustments are not significant to the overall valuation of its derivatives As a result, the Hospital has determined that the interest rate swap valuations are classified as Level 2 of the fair value hierarchy Refer to Note 8 for further details on the interest rate swaps

Reconciliation to the Balance Sheets

Financial assets are reflected in the Balance Sheets as of June 30, 2014 and 2013 as follows (in thousands)

	2014	2013
Cash and cash equivalents measured at fair value	$ 126,026	$ 118,109
Cash and cash equivalents included in assets whose use is limited	(2,562)	(1,108)
Total cash and cash equivalents	$ 123,464	$ 117,001
Short and long-term investments measured at fair value	$ 174,496	$ 151,940
Alternative investments accounted for under the equity method	68,822	61,925
Total short and long-term investments	$ 243,318	$ 213,865
Assets whose use is limited measured at fair value	$ 19,946	$ 18,371
Alternative investments accounted for under the equity method	6,590	6,443
Total assets whose use is limited	$ 26,536	$ 24,814

5. Property, Plant and Equipment

Property, plant and equipment and accumulated depreciation and amortization consisted of the following as of June 30, 2014 and 2013 (in thousands)

	2014		2013	
	Carrying Value	Accumulated Depreciation	Carrying Value	Accumulated Depreciation
Land and land improvements	$ 24,931	$ 1,022	$ 20,678	$ 670
Buildings and improvements	296,740	39,109	296,205	26,963
Fixed and moveable equipment	192,136	77,440	182,186	54,531
Capital leases	1,935	1,691	1,935	1,104
Construction-in-progress	3,479	-	4,381	-
	$ 519,221	$ 119,262	$ 505,385	$ 83,268

During the year ended June 30, 2014, the Hospital was the beneficiary of a land-swap agreement between an affiliate or a municipal government as well as a legislatively authorized transfer The land is subject to an unfavorable lease liability as well as restrictions on development The Hospital recorded contributions totaling approximately $2 8 million, net of related liabilities as other non-operating gains on the Statement of Operations and Changes in Net Assets As of June 30, 2014, an unfavorable lease liability of approximately $691 thousand is recorded in other liabilities on the Balance Sheet

The Hospital has two capital asset leases for photocopiers and laboratory equipment as of June 30, 2014 and 2013 that total approximately $0 2 million and $0 8 million, respectively Amortization expense for the capital leases totaled approximately $587 thousand and $553 thousand for the years ended June 30, 2014 and 2013, respectively Amortization expense is included in depreciation and amortization expense on the Statements of Operations and Changes in Net Assets

No impairments of long-lived assets were recorded in the years ended June 30, 2014 or 2013

6. Intangible Asset

In connection with the acquisition of the Hospital by JHHS in 2011, an intangible asset for the trade name "All Children's Hospital" of $11 7 million (included in other long-term assets) was recognized The trade name is considered to have an indefinite useful life and is not amortized into results of operations The trade name is reviewed for impairment annually or more often if impairment indicators arise No impairment charges were recorded for the years ended June 30, 2014 or 2013

7. Long-Term Debt

The Hospital is obligated under long-term debt agreements as of June 30, 2014 and 2013 as follows (in thousands)

	2014		2013	
	Current Portion	Long-Term Portion	Current Portion	Long-Term Portion
City of St Petersburg Health Facilities Authority Revenue Bonds, Series 2002, principal paid annually and interest payable semiannually through 2021, annual principal amounts range from $1 8 million to $2 7 million, plus interest at fixed rates ranging from 4 0% to 5 5% The amount includes a fair value adjustment of $323 thousand and $411 thousand at June 30, 2014 and 2013, respectively	$ 1,885	$ 16,807	$ 1,800	$ 18,741
City of St Petersburg Health Facilities Authority Revenue Bonds, Series 2007, principal paid annually and interest payable weekly through 2034, annual principal amounts range from $775 thousand to $1 8 million, plus interest at variable rates set in weekly auctions, currently 0 45% as of June 30, 2014	800	25,075	775	25,875
City of St Petersburg Health Facilities Authority Revenue Refunding Bonds, Series 2009A, principal paid annually and interest payable semiannually through 2039, annual principal amounts range from $190 thousand to $13 3 million, plus interest at fixed rates ranging from 3 5% to 6 5% The amount includes a fair value adjustment of $3 5 million at June 30, 2014 and 2013	290	66,746	190	67,090
City of St Petersburg Health Facilities Authority Revenue Refunding Bonds, Series 2012A, principal paid annually and interest payable monthly through 2035, annual principal amounts range from $1 7 million to $8 0 million, plus interest at 30-day LIBOR plus a spread, currently 0 61% as of June 30, 2014	1,650	97,450	1,675	99,100
Capital leases	316	-	582	313
	$ 4,941	$ 206,078	$ 5,022	$ 211,119

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

2007 Series – Revenue and Revenue Refunding Bonds
On October 1, 2007, the Hospital issued the Series 2007 Bonds through the City of St Petersburg Health Facilities Authority in the amount of $92 2 million The Series 2007 Bonds were issued as Series 2007A for $61 6 million and Series 2007B for $30 6 million The proceeds from Series 2007A were used to fund the construction of the replacement hospital and were subsequently

refunded The proceeds from Series 2007B refunded the Series 2005C Bonds in the amount of $30 0 million The Series 2007B Bonds are outstanding in auction rate mode and continue to be insured via a financial guaranty insurance policy In November 2010, this insurer filed a voluntary petition for relief under Chapter 11 of the United States Bankruptcy Code This filing has not adversely impacted the interest rates on the 2007B Bonds

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

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

The covenants in connection with the long-term debt agreements described above provide a security interest in the Hospital's gross revenues, require maintenance of certain levels of unrestricted net assets and working capital, contain certain restrictions on additional indebtedness, and require certain types and amounts of insurance protection As of June 30, 2014 and 2013, the Hospital was in compliance with these restrictions

For the year ended June 30, 2014, the Hospital incurred and paid interest costs of approximately $5 8 million For the year ended June 30, 2013, the Hospital incurred interest costs of approximately $6 3 million, and paid interest of approximately $6 0 million

The Series 2002, 2007, 2009 and 2012 Bonds are subject to rebate provisions per Section 148(f)(2) of the Internal Revenue Code of 1986, as amended These rebate provisions limit interest earnings on proceeds of tax-exempt bond issues There were no rebate liabilities as of June 30, 2014 and 2013

The fair value of the Hospital's long-term debt is based on the quoted market prices for the outstanding issues The estimated fair value of long-term debt at June 30, 2014 and 2013 is approximately $218 4 million and $220 4 million, respectively

The scheduled maturities of long-term debt are as follows as of June 30, 2014 (in thousands)

2015	$	4,625
2016		4,825
2017		5,035
2018		5,235
2019		5,490
Thereafter		181,670
	$	206,880

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

Future obligations under these capital leases are as follows (in thousands)

Years ended June 30,	
2015	$ 316
	316
Less	
Interest portion	(3)
Current portion	(313)
	$ -

8. Derivative Instruments and Hedging Activities

The Hospital's primary objective for holding derivative financial instruments is to manage interest rate risk Derivative financial instruments are recorded at fair value and are included in other long-term liabilities The total notional amount of interest rate swap agreements was $98 8 million and $98 9 million as of June 30, 2014 and 2013, respectively

The Hospital follows accounting guidance on derivative financial instruments based on whether the derivative instrument meets the criteria for designation as a cash flow or fair value hedge The criteria for designating a derivative as a hedge includes the assessment of the instrument's effectiveness in risk reduction, matching of the derivative instrument to its underlying transaction, and the assessment of the probability that the underlying transaction will occur All of the Hospital's derivative financial instruments are interest rate swap agreements without the hedge accounting designation

The value of interest rate swap agreements entered into by the Hospital are adjusted to market value monthly at the close of each accounting period based upon quotations from market makers Entering into interest rate swap agreements involves elements of credit, default, prepayment, market and documentation risk in excess of the amounts recognized on the Balance Sheets Such risks involve the possibility that there will be no liquid market for these agreements, the counterparty to these agreements may default on its obligation to perform and there may be unfavorable changes in interest rates The Hospital does not hold derivative instruments for the purpose of managing credit risk and limits the amount of credit exposure to any one counterparty The Hospital recognizes gains and losses from changes in fair values of interest rate swap agreements as a non-operating revenue or expense within excess of revenues, gains, and other support over expenses on the Statements of Operations and Changes in Net Assets

The following table outlines the terms and fair values of the interest rate swap agreements that are included in other liabilities on the Balance Sheets as of June 30, 2014 and 2013 Fair values presented are computed using estimated future cash flows, and also include assessments of credit risk and nonperformance risk (Note 4) (in thousands)

	Swap 1	Swap 2	Swap 3
Notional amount at June 30, 2014	$ 24,230	$ 14,520	$ 60,000
Effective date	5/1/2005	5/1/2005	10/1/2007
Termination date	11/15/2034	11/15/2034	11/15/2047
Fixed rate	3 6235 %	3 6235 %	3 8505 %
Fair value at June 30, 2012	$ (6,513)	$ (3,902)	$ (23,859)
Unrealized gain	2,127	1,237	7,409
Fair value at June 30, 2013	(4,386)	(2,665)	(16,450)
Unrealized loss	(216)	(85)	(1,361)
Fair value at June 30, 2014	$ (4,602)	$ (2,750)	$ (17,811)

The Hospital pays a fixed annual rate of 3 6235% on the notional amounts of Swaps 1 and 2, respectively, in return for the receipt of a floating rate of interest equal to 62 2% of the one-month LIBOR plus 0 27% The floating rates under the related swap agreements as of June 30, 2014 and 2013 were 0 36% and 0 39%, respectively

The Hospital pays a fixed annual rate of 3 8505% on the notional amount of Swap 3 in return for the receipt of a floating rate of interest equal to 61 8% of the one-month LIBOR plus 0 25% The floating rates under the related swap agreement as of June 30, 2014 and 2013 were 0 34% and 0 37%, respectively

The following tables outline the location and effect of the Hospital's derivative instruments on the accompanying Balance Sheets and Statements of Operations and Changes in Net Assets for the years ended June 30, 2014 and 2013 (in thousands)

	Liability Derivatives June 30, 2014			Liability Derivatives June 30, 2013		
	Balance Sheet Location	Net Assets Classification	Fair Value	Balance Sheet Location	Net Assets Classification	Fair Value
Interest rate swaps not designated as hedging instruments	Long-term liability	Unrestricted	$ (25,163)	Long-term liability	Unrestricted	$ (23,501)
Classification of derivative (loss) gain in statements of operations						
Interest rate swaps						
Nonoperating gains (losses), net			$ (1,662)			$ 10,773

The Hospital's derivative instruments contain provisions that require the Hospital to maintain minimum credit ratings from the major credit rating agencies If the Hospital's rating were to fall below the minimums established, the counterparties to the derivative agreements could demand immediate posting of collateral or termination of the instruments and payment of the derivative agreements in liability positions The aggregate fair value of all derivative instruments with credit-risk-related features that are in a liability position on June 30, 2014 is approximately $25 2 million for which no collateral is posted If the credit-risk-related contingent features underlying these instruments were triggered on June 30, 2014, the Hospital would be required to post approximately $25 9 million of collateral to its counterparties Collateral requirements exceed the fair value of the related instruments by approximately $0 5 million due to adjustments for credit and nonperformance risk

9. Endowments

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

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

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

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

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

achieving the Hospital's investment objectives include passively and actively managed funds invested in domestic and global equities, domestic and global fixed income, absolute return and real assets

Changes in endowment net assets for the year ended June 30, 2014 consisted of the following (in thousands)

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets at beginning of year	$ 614	$ 810	$ 13,011	$ 14,435
Investment return				
Investment income	35	60	-	95
Net appreciation (realized and unrealized)	217	67	1,063	1,347
Total investment return	252	127	1,063	1,442
Endowment net assets at end of year	$ 866	$ 937	$ 14,074	$ 15,877

Changes in endowment net assets for the year ended June 30, 2013 consisted of the following (in thousands)

	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Endowment net assets at beginning of year	$ 386	$ 760	$ 12,454	$ 13,600
Investment return				
Investment income	34	48	-	82
Net appreciation (realized and unrealized)	194	2	557	753
Total investment return	228	50	557	835
Endowment net assets at end of year	$ 614	$ 810	$ 13,011	$ 14,435

10. Temporarily and Permanently Restricted Net Assets

Temporarily restricted net assets at June 30, 2014 and 2013 are restricted to (in thousands)

	2014	2013
Hospital programs	$ 6,905	$ 7,284
Education	47	73
Property and equipment	2,130	2,198
Future time periods	224	161
	$ 9,306	$ 9,716

Permanently restricted net assets at June 30, 2014 and 2013 are restricted to (in thousands)

	2014	2013
Investments to be held in perpetuity, the income from which is expendable to support health care services	$ 13,752	$ 12,730
Investments to be held in perpetuity, the income from which is expendable to assist charity care	200	164
Investments to be held in perpetuity, the income from which is expendable to support the medical library	122	117
	$ 14,074	$ 13,011

11. Professional Liability Insurance

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

Effective December 15, 2013, the Hospital, through its affiliation with JHHS, entered into a risk retention group ("RRG") and a captive insurance company to provide self-insurance for a portion of its risk Primary coverage is insured under a retroactively rated claims made policy, premiums are accrued based upon an estimate of the ultimate cost of the experience to date of the Hospital The basis for loss accruals for unreported claims under the primary policy is an actuarial estimate of asserted and unasserted claims including reported and unreported incidents and includes costs associated with settling claims Claims incurred but not reported prior to December 15, 2013 are covered by separate "tail" policies issued by commercial insurance carriers and are subject to retention limits

Losses from asserted and unasserted claims occurring prior to December 15, 2013 are identified under the Hospital's incident reporting system and are accrued based on estimates that incorporate the Hospital's past experience, as well as other considerations, including the nature of each claim or incident and relevant trend factors Accruals for losses attributable to incidents that have occurred but that have not been identified under the incident reporting system have been made based upon the Hospital's experience and industry data

The Hospital may be liable for potential losses in excess of the amount recorded at June 30, 2014, however, in management's opinion, such losses, if any, would not have a material effect on the financial position or results of operations of the Hospital

As of June 30, 2014 and 2013, the Hospital has recorded a liability of $30 8 million and $31 2 million for losses on asserted and unasserted claims, respectively Additionally, the Hospital has recorded a receivable of $4 3 million and $6 0 million due from its commercial insurance carriers for losses on asserted claims exceeding its specified retention amounts as of June 30, 2014 and 2013, respectively

12. Retirement Plan

The Hospital participates in a defined contribution retirement plan of the Health System covering substantially all of its employees Contributions are determined at the discretion of the Board of Directors of the Health System Defined contribution plan expenses represent approximately 4 4% of eligible salaries for the year ended June 30, 2014 Expenses recorded by the Hospital were

approximately $5 7 million for the year ended June 30, 2014 Defined contribution plan expenses represent approximately 4 5% of eligible salaries for the year ended June 30, 2013 Expenses recorded by the Hospital were approximately $5 6 million for the year ended June 30, 2013

13. Operating Leases

Rental expense under operating leases amounted to approximately $3 5 million and $3 6 million for the years ended June 30, 2014 and 2013, respectively, and include amounts paid to affiliates as discussed in Note 14

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

Years ended June 30,	
2015	$ 1,441
2016	687
2017	604
	$ 2,732

14. Related Organizations

The Hospital and its affiliated organizations conduct certain types of business transactions with each other Amounts due from or to these affiliated organizations at June 30, 2014 and 2013 are included in the accompanying Balance Sheets as due from affiliates, net It is not practical to estimate the fair value of amounts due from or due to affiliates due to the uncertainty regarding timing of future payments The existence of transactions with affiliates could cause the Hospital's financial position or operating results to be significantly different from the financial position or operating results that would be achieved if the Hospital was autonomous

The Hospital paid Johns Hopkins University School of Medicine $6 0 million for each of the years ended June 30, 2014 and 2013 for financial support of the Baltimore campus faculty for the planning and development of the local academic program This amount is included in nonoperating services in the accompanying Statements of Operations and Changes in Net Assets

Distributions from the Foundation to the Hospital for the years ended June 30, 2014 and 2013 were approximately $2 2 million and $900 thousand, respectively Distributions to the Hospital for the years ended June 30, 2014 and 2013 included $567 thousand and $323 thousand, respectively, for equipment The Foundation is authorized by the Hospital to solicit contributions on its behalf

The Hospital leases parking, clinical space, and office space from the Foundation Rental expense was approximately $402 thousand for each of the years ended June 30, 2014 and 2013, and is included in purchased services in the accompanying Statements of Operations and Changes in Net Assets The Foundation also leases office space from the Hospital Rental income was approximately $99 thousand for each of the years ended June 30, 2014 and 2013, and is included in other revenues in the accompanying Statements of Operations and Changes in Net Assets

The Hospital leases office space to ACRI Rental income for the years ended June 30, 2014 and 2013 was approximately $67 thousand and $77 thousand, respectively, and is included in other revenues in the accompanying Statements of Operations and Changes in Net Assets The Hospital received approximately $1,000 of grant funding from ACRI for industry-sponsored drug studies during the year ended June 30, 2014, also included in other revenues

The Hospital leases office space and equipment to KHC Rental income for the years ended June 30, 2014 and 2013 was approximately $66 thousand and is included in other revenues in the accompanying Statements of Operations and Changes in Net Assets

The Hospital leases clinical space to PPS Rental income for the years ended June 30, 2014 and 2013 was approximately $1 6 million and $1 2 million, respectively, and is included in other revenues in the accompanying Statements of Operations and Changes in Net Assets

The Hospital leases clinical space to WCN Rental income for the years ended June 30, 2014 and 2013 was approximately $128 thousand and $268 thousand, respectively, and is included in other revenues in the accompanying Statements of Operations and Changes in Net Assets

The Hospital provides billing and collection services to PPS and WCN For each of the years ended June 30, 2014 and 2013, revenue from these services was approximately $1 9 million and is included in other revenues in the accompanying Statements of Operations and Changes in Net Assets

The Hospital pays service fees to KHC for HTC 340(b) pharmacy services For the years ended June 30, 2014 and 2013 these fees totaled approximately $54 thousand and $79 thousand, respectively, and are included in purchased services in the accompanying Statements of Operations and Changes in Net Assets

The Hospital reimburses physicians employed by PPS and WCN for certain administrative and teaching services For the years ended June 30, 2014 and 2013, the amounts reimbursed were approximately $597 thousand and $601 thousand, respectively, and are included in purchased services in the accompanying Statements of Operations and Changes in Net Assets

The Hospital purchases clinical physician services from PPS and WCN For the years ended June 30, 2014 and 2013 these purchased clinical services totaled approximately $594 thousand and $559 thousand, respectively, and are included in purchased services in the accompanying Statements of Operations and Changes in Net Assets

The Hospital purchases physician directorship services from PPS and WCN For the years ended June 30, 2014 and 2013, these director services totaled approximately $296 thousand and $312 thousand, respectively, and are included in purchased services in the accompanying Statements of Operations and Changes in Net Assets

The Hospital leased office space to the Health System Rental income for the year ended June 30, 2013 was approximately $3 thousand, and is included in other revenues in the accompanying Statement of Operations and Changes in Net Assets

The Hospital leased office space from ACHPOB, Inc , an entity that has been dissolved as of December 31, 2012 Rental expense for the year ended June 30, 2013 was approximately $39 thousand, and is included in purchased services in the accompanying Statements of Operations and Changes in Net Assets

15. Significant Leases

On November 30, 2007, the Hospital entered into a leasing agreement with an adjacent adult hospital ("lessee") whereby the Hospital is the lessor of the third floor in its new replacement facility for the operation of the lessee's obstetrical program On April 1, 2013, the Hospital entered into a lease amendment with the lessee which extended the lease term to January 31, 2048 Gross assets under lease total approximately $28 1 million and are recorded in property and equipment on the accompanying Balance Sheets Accumulated depreciation on assets under lease total approximately $3 3 million and $2 6 million as of June 30, 2014 and 2013, respectively

The lease provides for receipt of graduated rental income ranging from approximately $1 1 million to $3 1 million annually through 2033, plus pass-through expenses for utilities and maintenance Beginning in 2034 and through the remainder of the term, the rental income will be based upon the then fair market value, plus pass-through expenses for utilities and maintenance The Hospital is also party to other stand-alone agreements with the lessee to provide environmental services and dietary services During the years ended June 30, 2014 and 2013, the Hospital recognized rental and other income pertaining to this lease of approximately $2 6 million and $2 5 million, respectively, reported in other revenues in the accompanying Statements of Operations and Changes in Net Assets

16. Concentrations of Credit Risk

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

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

During the year ended June 30, 2014, approximately 77% of the patients admitted to the Hospital were from the Suncoast region (Pasco, Pinellas, Hillsborough, Manatee & Sarasota Counties), 16% from additional counties in west central/southwest Florida, and the remaining 7% from the rest of Florida, other states and foreign countries During the year ended June 30, 2013, approximately 76% of the patients admitted to the Hospital were from the Suncoast region (Pasco, Pinellas, Hillsborough, Manatee & Sarasota Counties), 20% from additional counties in west central/southwest Florida, and the remaining 4% from the rest of Florida, other states and foreign countries

17. Functional Expenses

The Hospital provides general health care services to residents within its geographic location as well as to national and international patients Expenses related to providing these services for the years ended June 30, 2014 and 2013 consisted of the following (in thousands)

	2014	2013
Health care services	$ 303,672	$ 313,901
General and administrative services	95,744	60,060
	$ 399,416	$ 373,961

18. Contingencies

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

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

On July 29, 2011, a qui tam action was filed under seal under the federal and Florida False Claims Act in the United States District Court for the Middle District of Florida captioned United States ex rel Schubert et al v All Children's Hospital, Inc , et al , No 8 11-CV-1687-T-27EAJ (M D Fla) The action alleged certain civil claims under the federal False Claims Act and the Florida False Claims Act against All Children's Hospital, Inc for submitting false claims to Medicaid and Medicare and/or causing the State of Florida to submit false claims to the federal government through the State's requests for federal financial participation payments under Medicaid The United States and Florida did not intervene in the action The parties reached a settlement in principle in December 2013 that was finalized on April 1, 2014 and does not admit any wrongdoing by All Children's Hospital, Inc or any of its related entities The parties agreed to resolve the merits of the case for $7 0 million, which is included within purchased services on the Statement of Operations and Changes in Net Assets All Children's Hospital, Inc was also required to pay $550 thousand for the relator's expenses, attorneys' fees and costs, which is included within purchased services on the Statement of Operations and Changes in Net Assets The settlement agreement included a release of all claims

19. Subsequent Events

Management has evaluated all events and transactions that occurred after June 30, 2014 through September 25, 2014, the date these financial statements were issued During this period, there were no other material recognizable subsequent events that required recognition or disclosure