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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 FOUNDATION 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
59-2481738

E Telephone number
(727) 767-4401

G Gross receipts $ 95,203,106

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 1984

M State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO SUPPORT THE MISSION OF ALL CHILDREN'S HOSPITAL, INC THROUGH PHILANTHROPIC AND VOLUNTEER SUPPORT BY WORKING WITH INDIVIDUAL DONORS, CHARITABLE FOUNDATIONS AND CORPORATIONS

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**	25
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	23
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	**5**	23
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
Revenue **8**	Contributions and grants (Part VIII, line 1h)	11,693,363	16,681,227
9	Program service revenue (Part VIII, line 2g)	402,112	402,114
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,199,770	3,153,848
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-887,230	-602,901
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	13,408,015	19,634,288
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,217,090	6,348,118
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)	1,668,102	2,044,952
16a	Professional fundraising fees (Part IX, column (A), line 11e)	65,750	23,657
b	Total fundraising expenses (Part IX, column (D), line 25) ▶3,175,452		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	2,087,756	2,213,149
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	7,038,698	10,629,876
19	Revenue less expenses Subtract line 18 from line 12	6,369,317	9,004,412

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	150,167,547	170,948,718
21	Total liabilities (Part X, line 26)	808,843	2,176,602
22	Net assets or fund balances Subtract line 21 from line 20	149,358,704	168,772,116

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 — 2015-05-05 Date

▶ NANCY STAHL VP-FINANCE & 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

ALL CHILDREN'S HOSPITAL FOUNDATION, INC SUPPORTS THE MISSION OF ALL CHILDREN'S HOSPITAL, INC , ALL CHILDREN'S HEALTH SYSTEM, INC , ALL CHILDREN'S RESEARCH INSTITUTE, INC AND OTHER 501(C)(3) ORGANIZATIONS THROUGH PHILANTHROPIC AND VOLUNTEER SUPPORT ALL CHILDREN'S HOSPITAL FOUNDATION WORKS WITH INDIVIDUAL DONORS, CHARITABLE FOUNDATION AND CORPORATIONS TO ENHANCE MEDICAL SERVICES AND PROGRAMS FOR ITS PEDIATRIC PATIENT POPULATION

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 $ 674,994 including grants of $ 0) (Revenue $ 405,893)

ALL CHILDRENS HOSPITAL FOUNDATION, INC PRIMARILY FUNDRAISES AND CONDUCTS FRIEND RAISING ACTIVITIES TO SOLICIT COMMUNITY PHILANTHROPIC SUPPORT FOR ALL CHILDRENS HOSPITAL, INC , AN AFFILIATED ENTITY, AND ITS CONTROLLING ENTITY, ALL CHILDRENS HEALTH SYSTEM, INC ALL CHILDRENS HEALTH SYSTEM, INC SUPPORTS AND COORDINATES ALL THE ACTIVITIES OF THE FOLLOWING ENTITIES WHICH ALL CHILDRENS HOSPITAL FOUNDATION, INC ALSO SUPPORTS THROUGH FUNDRAISING EFFORTS ALL CHILDRENS RESEARCH INSTITUTE, INC WEST COAST NEONATOLOGY, INC PEDIATRIC PHYSICIAN SERVICES, INC KIDS HOME CARE, INC SURGIKID OF FLORIDA, INC FUNDRAISING PROGRAMS ARE FOCUSED IN THREE CORE AREAS PLANNED, ANNUAL, AND MAJOR GIVING PLANNED GIFTS ARE FUTURE GIFTS THAT ARE MADE THROUGH MANY ESTATE-PLANNING VEHICLES, SUCH AS WILLS, CHARITABLE OR LIVING TRUST, LIFE INSURANCE POLICIES, CHARITABLE GIFT ANNUITIES, A LIFE ESTATE, AND/OR POOLED INCOME FUND DEPENDENT UPON THE VEHICLE USED, THESE FUTURE GIFTS ARE NOT OFTEN RECORDED OR REALIZED BY THE FOUNDATION UNTIL A FUTURE TIME DONORS WHO HAVE NOTIFIED THE FOUNDATION OF A FUTURE GIFT ARE RECOGNIZED AS DREAM BUILDERS WITH THE FOUNDATION RECOGNITION PROGRAM EACH DREAM BUILDER COMPLETES A PLANNED GIFT COMMITMENT FORM FOR RECORDKEEPING THE PLANNED GIFTS STAFF WORKS WITH OVER 2,000 ESTATE PLANNING PROFESSIONALS THROUGHOUT THE GREATER TAMPA BAY COMMUNITY THIS GROUP OF PROFESSIONALS INCLUDES TRUST OFFICERS, ATTORNEYS, CERTIFIED FINANCIAL ADVISORS, LIFE INSURANCE PROFESSIONALS, CERTIFIED PUBLIC ACCOUNTANTS, BROKERS AND OTHER ADVISORS ANNUALLY, THE FOUNDATION CONDUCTS A LARGE ESTATE AND TAX PLANNING SEMINAR AND SEVERAL MINI-SEMINARS FOR THESE PROFESSIONALS TO PROVIDE CONTINUING EDUCATION CREDITS, NETWORKING OPPORTUNITIES, AND FURTHER THE AWARENESS OF ALL CHILDRENS HOSPITAL THE ANNUAL GIVING PROGRAM ENGAGES CONSTITUENTS WHO GIVE ON AN ANNUAL BASIS, WITH THE EXCEPTION OF THE TELETHON CORPORATE DONORS, THESE CONTRIBUTIONS ARE GENERALLY UP TO $10,000 A YEAR THIS PROGRAM CONSISTS OF THE FOLLOWING FUNDRAISING AND FRIEND RAISING PROGRAMS ALL CHILDRENS HOSPITAL IS A MEMBER OF CHILDRENS MIRACLE NETWORK (CMN), REPRESENTING OVER 170 CHILDRENS HOSPITALS ACROSS NORTH AMERICA, THE ACH TELETHON BEGAN 31 YEARS AGO AND IS A MAJOR COMMUNITY AWARENESS AND CAUSE-RELATED MARKETING/FUNDRAISER FOR THE FOUNDATION HELD THE SUNDAY AFTER MEMORIAL DAY OF EACH YEAR, THE ACH TELETHON IS A 12-HOUR LIVE BROADCAST FROM THE HOSPITAL CAMPUS ON TAMPAS WFLA NEWS CHANNEL 8 AND A FIVE-HOUR PRE-TAPED BROADCAST ON WXCW 6 IN FT MYERS/NAPLES THE ACH TELETHON IS CONSISTENTLY AMONG THE MOST SUCCESSFUL TELETHON OF CMN THE FOUNDATION ALSO CONDUCTS US 103 5 FM CARES FOR KIDS RADIOTHON BROADCAST DURING THE TAMPA BAY BUCCANEERS BYE-WEEK IN ASSOCIATION WITH CMN TRIBUTE AND GIVING CLUBS THE FOUNDATION HAS AN ACTIVE TRIBUTE GIVING PROGRAM WHERE CONSTITUENTS GIVE SMALL CONTRIBUTIONS IN MEMORY OR HONOR OF SOMEONE SPECIAL THESE INCLUDE A BIRTHDAY GIVING CLUB, MOTHERS DAY PROGRAM, AND A LEGACY PROGRAM DIRECT MAIL AND PERIODIC SOLICITATIONS ARE MAILED TO SUPPORTERS AND PROSPECTIVE DONORS TO GENERATE UNRESTRICTED GIFTS TO THE FOUNDATION THIS INCLUDES PRE-TELETHON MAILINGS, AND THE ALL CHILDRENS PUBLICATIONS, TENDER LOVING CARE AND MIRACLE BUILDERS THE FOUNDATION RECEIVES NUMEROUS IN-KIND GIFTS THROUGHOUT THE YEAR, PRIMARILY FOR THE CHILD LIFE PROGRAM AND THE NEONATAL INTENSIVE CARE UNIT THESE GIFTS ARE OFTEN IN THE FORM OF TOYS, GAMES, AND BOOKS FOR CHILD LIFE AND KNITTED BOOTIES, CAPS, AND BLANKETS FOR THE NEWBORN INFANTS SINCE 1987 EMPLOYEES OF ALL CHILDRENS HEALTH SYSTEM HAVE MADE ANNUAL PLEDGES TO SUPPORT THE MISSION OF ALL CHILDRENS HOSPITAL THROUGH THE EMPLOYEES GENEROSITY, THEY HAVE GIVEN OVER $2 MILLION TO ALL CHILDRENS AND RECENTLY FINISHED $1 MILLION COMMITMENT TO THE NEW REPLACEMENT HOSPITAL WHICH OPENED JANUARY 2010

4b (Code) (Expenses $ 2,615,422 including grants of $ 2,615,422) (Revenue $ 0)

MAJOR GIFTS ARE CONTRIBUTIONS FROM INDIVIDUALS, CORPORATIONS, FAMILY AND COMMUNITY FOUNDATION THAT ARE $10,000 OR MORE THESE GIFTS MAY BE UNRESTRICTED OR RESTRICTED TO SUPPORT A SPECIFIC PROGRAM OR NEED BY THE HOSPITAL CURRENTLY, THE FOUNDATION IS A MEMBER OF THE WOODMARK GROUP, AN ASSOCIATION OF THE TOP 23 CHILDRENS HOSPITALS ACROSS NORTH AMERICA, AND ALL NON-CORPORATE MAJOR DONORS ARE RECOGNIZED AMONGST THEIR PEERS THROUGH THIS ORGANIZATION VIA THE CHILDRENS CIRCLE OF CARE MANY ACTIVITIES ARE HELD BY THE MAJOR GIFTS TEAM TO GENERATE SUPPORT FOR THESE GIFTS INCLUDING ONE-ON-ONE APPOINTMENTS, SMALL AWARENESS EVENTS AT DONORS HOMES, HOSPITAL TOURS, COMMUNITY ROUNDS (A WHITE COAT SHADOWING PROGRAM), AND GROUP PRESENTATIONS THESE ACTIVITIES ARE SUPPORTED THROUGH A BASE OF VOLUNTEERS COMPRISED OF ALL CHILDRENS TRUSTEES/DIRECTORS AND OTHER CAMPAIGN DONORS

4c (Code) (Expenses $ 3,732,696 including grants of $ 3,732,696) (Revenue $ 42,525)

THE FOUNDATION HAS FOUR VOLUNTEER GROUPS WITH WHOM IT WORKS TO ENGAGE SUPPORT AND FURTHER THE FUNDRAISING AND FRIEND RAISING SUPPORT THROUGHOUT THE GREATER TAMPA BAY COMMUNITY THE ALL CHILDRENS HOSPITAL FOUNDATION DEVELOPMENT COUNCIL THE COUNCIL IS AN AD-HOC GROUP OF VOLUNTEERS WHOSE SOLE PURPOSE IS TO RAISE FRIENDS AND FUNDS FOR ALL CHILDRENS WITH A MEMBERSHIP OF 150+ PROFESSIONAL MEN AND WOMEN, PRIMARILY FROM ST PETERSBURG, CLEARWATER AND TAMPA, THE GROUP HOLDS PERIODIC MEMBERSHIP MEETINGS FOR EDUCATION, NETWORKING, AND MEMBERSHIP RECRUITMENT, COOKS DINNER FOR HOSPITAL FAMILIES AT THE RONALD MCDONALD HOUSE, ASSISTS WITH ADVOCACY NEEDS AS DIRECTED BY THE HOSPITAL, SUPPORTS COMMUNITY EDUCATION EVENTS AS DAY OF VOLUNTEERS, AND HOLDS SEVERAL PREMIER FUNDRAISING EVENTS ON AN ANNUAL BASIS THE VIP AUCTION AND FISHING TOURNAMENT IN THE FALL AN EXECUTIVE COMMITTEE GOVERNS THE COUNCIL AND THE PRESIDENT OF THE COUNCIL SERVES AS AN EX-OFFICIO MEMBER OF THE FOUNDATION BOARD OF TRUSTEES THE ALL CHILDRENS HOSPITAL GUILD IS A SEPARATE 501(C)3 THAT RAISES CHARITABLE SUPPORT FOR ALL CHILDRENS HOSPITAL FOUNDATION SUPPORTED BY 2 STAFF MEMBERS OF THE FOUNDATION, THIS GROUP OF 800+ WOMEN AND MEN AND HAS 8 BRANCHES THROUGHOUT THE TAMPA BAY COMMUNITY EACH BRANCH HAS ITS OWN FUNDRAISING PROGRAMS AND IS GOVERNED BY OFFICERS WITHIN EACH BRANCH EACH BRANCH THEN HAS REPRESENTATION ON THE GUILD COUNCIL, WHICH IS THE OVERALL GOVERNING BOARD OF THE GUILD THE CHAIRPERSON OF THE GUILD SERVES AS AN EX-OFFICIO MEMBER OF THE ALL CHILDRENS HOSPITAL AND FOUNDATION BOARDS OF TRUSTEES THE PLANNED GIFT ADVISORY COUNCIL (PGAC) IS THE GROUP OF 2,000+ ESTATE PLANNING PROFESSIONAL THIS IS A LOOSELY FORMED GROUP WHO IS INVITED TO PARTICIPATE IN SEMINARS AND LUNCH AND LEARN PROGRAMS THROUGHOUT THE YEAR, BUT ALSO RECEIVE WEEKLY AND PERIODICALLY COMMUNICATIONS FROM THE FOUNDATION THERE IS NO GOVERNING ENTITY FOR THE PGAC TYPES OF GIFTSTHE MOST COMMON FORMS OF GIFTS ACCEPTED BY THE ALL CHILDRENS HOSPITAL FOUNDATION ARE CASH, APPRECIATED ASSETS AND REAL ESTATE (PERSONAL OR COMMERCIAL PROPERTY) OTHER ACCEPTED FORMS OF GIFTS INCLUDE GIFTS-IN-KIND, COMMERCIAL ANNUITIES, LIFE INSURANCE POLICIES, PERSONAL PROPERTY, AND INCOME FROM CHARITABLE TRUSTS GIFTS MAY BE MADE OUTRIGHT, PLEDGED OVER A PERIOD OF TIME OR DEFERRED, I E PLANNED GIFTS GIFTS MAY BE UNRESTRICTED, WHICH WILL BE USED UNDER THE DIRECTION OF THE FOUNDATION BOARD OF TRUSTEES, OR RESTRICTED FOR A SPECIFIC USE, SUCH AS PROGRAMS, RESEARCH, EDUCATION, OR CAPITAL EXPENDITURES

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses ▶** 7,023,112

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	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	Yes	
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		No
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	Yes	
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	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants 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**	Yes	
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**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	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	28		
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	23		
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**	25		
	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**	23		
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 VP-FINANCE & CFO 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)** ▶								247,876	9,555,144	2,331,490

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

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns . .	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	3,086,960			
	d	Related organizations . . .	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	13,594,267			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f . . . . . ▶		16,681,227			
Program Service Revenue			Business Code				
	2a	RENTAL INCOME	532000	402,114	402,114		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f . . . . . ▶		402,114			
	3	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		2,232,461			2,232,461
	4	Income from investment of tax-exempt bond proceeds . . ▶					
	5	Royalties . . . . . ▶					
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss) . . . . . ▶					
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	75,841,000				
	b	Less cost or other basis and sales expenses	73,406,613	1,513,000			
	c	Gain or (loss)	2,434,387	-1,513,000			
	d	Net gain or (loss) . . . . . ▶			921,387		921,387
Other Revenue	8a	Gross income from fundraising events (not including $ 3,086,960 of contributions reported on line 1c) See Part IV, line 18 . .	a	0			
	b	Less direct expenses . . .	b	649,205			
	c	Net income or (loss) from fundraising events . . ▶			-649,205		-649,205
	9a	Gross income from gaming activities See Part IV, line 19 . . .	a				
	b	Less direct expenses . . .	b				
	c	Net income or (loss) from gaming activities . . ▶					
	10a	Gross sales of inventory, less returns and allowances .	a				
	b	Less cost of goods sold . .	b				
	c	Net income or (loss) from sales of inventory . . ▶					
		Miscellaneous Revenue	Business Code				
	11a	MISCELLANEOUS	900099	42,525	42,525		
	b	TELETHON/E-STORE SALES	454110	3,779	3,779		
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d . . . . . ▶		46,304			
	12	**Total revenue.** See Instructions . . . . . ▶		19,634,288	448,418	0	2,504,643

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	6,348,118	6,348,118		
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	471,101		70,665	400,436
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	1,206,475		56,155	1,150,320
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	34,427		1,742	32,685
9 Other employee benefits	243,916		14,194	229,722
10 Payroll taxes	89,033		3,973	85,060
11 Fees for services (non-employees)				
a Management	140,240		11,728	128,512
b Legal				
c Accounting	16,296		16,296	
d Lobbying				
e Professional fundraising services See Part IV, line 17	23,657			23,657
f Investment management fees	169,071		169,071	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	2,516		139	2,377
12 Advertising and promotion				
13 Office expenses	458,615		16,623	441,992
14 Information technology	74,873		11,231	63,642
15 Royalties . .				
16 Occupancy	136,805		26,373	110,432
17 Travel	52,949		3,902	49,047
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	20,363		1,019	19,344
20 Interest	94,144			94,144
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	674,994	674,994		
23 Insurance	5,862			5,862
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 PUBLIC RELATIONS	190,786		12,170	178,616
b ALLOCATED EXPENSES	106,872		16,031	90,841
c BAD DEBT	68,763			68,763
d				
e All other expenses				
25 **Total functional expenses.** Add lines 1 through 24e	10,629,876	7,023,112	431,312	3,175,452
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		111,125	1	972,405
	2	Savings and temporary cash investments		26,223,465	2	32,709,947
	3	Pledges and grants receivable, net		3,177,690	3	8,407,760
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		40,172	9	51,419
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 23,729,480			
	b	Less accumulated depreciation	10b 2,381,856	24,099,060	10c	21,347,624
	11	Investments—publicly traded securities		74,047,465	11	82,799,670
	12	Investments—other securities See Part IV, line 11		19,815,170	12	22,798,188
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		2,653,400	15	1,861,705
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		150,167,547	16	170,948,718
Liabilities	17	Accounts payable and accrued expenses		148,994	17	249,362
	18	Grants payable			18	
	19	Deferred revenue		606,748	19	448,782
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		53,101	25	1,478,458
	26	**Total liabilities.** Add lines 17 through 25		808,843	26	2,176,602
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		52,018,161	27	60,027,455
	28	Temporarily restricted net assets		75,208,129	28	85,031,192
	29	Permanently restricted net assets		22,132,414	29	23,713,469
		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		149,358,704	33	168,772,116
	34	Total liabilities and net assets/fund balances		150,167,547	34	170,948,718

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	19,634,288
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,629,876
3	Revenue less expenses Subtract line 2 from line 1	3	9,004,412
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	149,358,704
5	Net unrealized gains (losses) on investments	5	10,409,000
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	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	168,772,116

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		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:
Software Version:
EIN: 59-2481738
Name: ALL CHILDREN'S HOSPITAL FOUNDATION 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			
MARTHA LITTLE CHAIRMAN/TRUSTEE	3 00	X		X				0	0	0
HARRIET DYER SECRETARY BOARD OF TRUSTEE	1 00	X		X				0	0	0
MARK LAPRADE VICE CHAIRMAN/TRUSTEE	1 00	X		X				0	0	0
JILLIAN DOYLE TRUSTEE	1 00	X						0	0	0
STEVEN EAVES EX OFFICIO/TRUSTEE	1 00	X						0	0	0
COURT JAMES TREASURER BOARD OF TRUSTEE	1 00	X		X				0	0	0
RON KOEPSEL TRUSTEE	1 00	X						0	0	0
RICHARD SANCHEZ TRUSTEE	1 00	X						0	0	0
RAY E NEWTON III TRUSTEE	1 00	X						0	0	0
DAN PRASATTHONG DDS TRUSTEE	1 00	X						0	0	0
TIM RAMSBERGER TRUSTEE	1 00	X						0	0	0
ALBERT SALTIEL MD TRUSTEE	1 00	X						0	0	0
BARBARA SANSONE TRUSTEE	1 00	X						0	0	0
KATHRYN STARKEY TRUSTEE	1 00	X						0	0	0
NANCY SWART TRUSTEE	1 00	X						0	0	0
JONATHAN ELLEN MD PRESIDENT/VICE DEAN/PIC/TR	1 00 53 00	X		X				0	805,337	97,840
R WILLIAM HORTON SR VP-STRATEGIC PLAN/TRUST	4 00 56 00	X		X				0	1,069,132	47,518
STEVEN RUM TRUSTEE	1 00	X						0	0	0
ALEX SHOUPPE TRUSTEE	1 00	X						0	0	0
TONI WALSH TRUSTEE	1 00	X						0	0	0
BETH KNOPIK TRUSTEE	1 00	X						0	0	0
BONNIE STRICKLAND TRUSTEE	1 00	X						0	0	0
JENNIFER GREENE TRUSTEE	1 00	X						0	0	0
DAVE CARRERA TRUSTEE	1 00	X						0	0	0
J MARK STROUD 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			
JENINE RABIN EVP, FOUNDATION	1 00 1 00			X				0	247,966	12,475
HELENE MARRA ASSISTANT SECRETARY	1 00 59 00			X				0	70,787	20,174
CYNTHIA ROSE VP MARKETING & COMMUNITY R	1 00 59 00			X				0	179,157	28,126
NANCY STAHL VP FINANCE/CFO	4 00 56 00			X				0	409,696	39,466
SYLVIA AMEEN VP FOUNDATION	60 00			X				145,364	0	29,321
STEPHANIE HALL DIRECTOR	60 00					X		102,512	0	16,399
ROBERTO SOSA MD FORMER TRUSTEE	0 00 60 00						X	0	616,140	25,259
GARY A CARNES FORMER PRESIDENT/CEO/TRUST	0 00						X	0	867,162	0
ARNOLD T STENBERG JR FORMER EXEC VP/CAO/TRUSTEE	4 00 56 00						X	0	817,650	32,981
RONALD WERTHMAN FORMER TRUSTEE	1 00 59 00						X	0	1,145,582	378,039
HELLA EWING FORMER VP CHIEF NURSING OFFICER	1 00 59 00						X	0	289,447	36,861
JOHN HARDING III FORMER VP OPERATIONS	1 00 59 00						X	0	250,132	30,753
JAY KUHNS FORMER VP HUMAN RESOURCES	4 00 56 00						X	0	298,242	47,850
CALVIN L POPOVICH FORMER VP INFORMATION TECHNOLOGY	4 00 56 00						X	0	316,615	43,626
TIMOTHY STROUSE FORMER VP FACILITIES MANAGEMENT	4 00 56 00						X	0	191,273	26,105
RONALD PETERSON FORMER OFFICER	0 00 60 00						X	0	1,980,826	1,418,697

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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 FOUNDATION INC
ATTN FINANCE DEPT 9010

Employer identification number
59-2481738

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 ")	10,670,030	6,336,397	10,097,958	11,693,363	16,681,227	55,478,975
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	10,670,030	6,336,397	10,097,958	11,693,363	16,681,227	55,478,975
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)						15,408,270
6 **Public support.** Subtract line 5 from line 4						40,070,705

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	10,670,030	6,336,397	10,097,958	11,693,363	16,681,227	55,478,975
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,694,664	1,708,131	2,231,389	2,098,648	2,232,461	10,965,293
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)						66,444,268

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**	60 310 %
15 Public support percentage for 2012 Schedule A, Part II, line 14	**15**	69 260 %

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
SCHEDULE A, PAGE 2, PART II, COLUMN (B)2010	IN OCTOBER, 2010, ALL CHILDRENS HOSPITAL FOUNDATIONS SOLE MEMBER, ALL CHILDRENS HEALTH SYSTEM BECAME INTEGRATED WITH THE JOHNS HOPKINS HEALTH SYSTEM ONE OF THE REQUIREMENTS OF THE INTERGRATION WAS FOR ALL CHILDRENS HEALTH SYSTEM AND ALL ITS AFFILIATES TO ADOPT THE FISCAL YEAR ACCOUNTING PERIOD OF JULY 1 - JUNE 30 CONSEQUENTLY, ALL CHILDRENS HOSPITAL FOUNDATION HAD FILED A SHORT PERIOD TAX RETURN FOR TAX YEAR BEGINNING OCTOBER 1, 2010 AND ENDING JUNE 30, 2011

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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 FOUNDATION INC
ATTN FINANCE DEPT 9010

Employer identification number
59-2481738

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	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	26,344,649	22,518,649	21,331,649	19,354,826	17,234,546
b	Contributions	60,000	2,063,000	1,677,000	51,593	1,152,136
c	Net investment earnings, gains, and losses	2,859,000	1,763,000	-490,000	1,910,406	1,043,248
d	Grants or scholarships					
e	Other expenditures for facilities and programs	-125,000			-14,824	75,104
f	Administrative expenses					
g	End of year balance	29,388,649	26,344,649	22,518,649	21,331,649	19,354,826

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		16,027,000		16,027,000
b Buildings		7,157,040	2,027,098	5,129,942
c Leasehold improvements				
d Equipment		545,440	354,758	190,682
e Other				
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				21,347,624

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		
(3) Other		
(A) INVEST IN LTD PARTNERSHIPS	22,798,188	F
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶	22,798,188	

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
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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	
DUE TO AFFILIATES	1,478,458
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	1,478,458

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	30,609,000
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	10,409,002		
b	Donated services and use of facilities	2b	86,823		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d	647,958		
e	Add lines **2a** through **2d**			2e	11,143,783
3	Subtract line **2e** from line **1**			3	19,465,217
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	169,071		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	169,071
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	19,634,288

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	11,196,000
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	86,823		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	648,372		
e	Add lines **2a** through **2d**			2e	735,195
3	Subtract line **2e** from line **1**			3	10,460,805
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	169,071		
b	Other (Describe in Part XIII)	4b			
c	Add lines **4a** and **4b**			4c	169,071
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	10,629,876

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 ENDOWMENTS HELD BY THE FOUNDATION ARE USED AS DESIGNATED BY DONORS FOR SPECIFIC PROGRAM NEEDS
PART X, LINE 2	FINANCIAL ACCOUNTING STANDARD BOARD (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 WAS NO IMPACT ON THE FOUNDATIONS FINANCIAL STATEMENTS DURING THE YEARS ENDED JUNE 30, 2014 AND 2013
PART XI, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENTS & ACTIVITIES 649,205 ROUNDING -1,247
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENTS & ACTIVITIES 649,205 ROUNDING -833

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

▶ **Information about Schedule G (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 FOUNDATION INC
ATTN FINANCE DEPT 9010

Employer identification number
59-2481738

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

- **a** ☑ Mail solicitations
- **b** ☑ Internet and email solicitations
- **c** ☑ Phone solicitations
- **d** ☑ In-person solicitations
- **e** ☑ Solicitation of non-government grants
- **f** ☐ Solicitation of government grants
- **g** ☑ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☑ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

FL

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 TELETHON (event type)	(b) Event #2 RADIOTHON (event type)	(c) Other events 1 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	2,810,200	176,893	99,867	3,086,960
	2 Less Contributions	2,810,200	176,893	99,867	3,086,960
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	15,845	3,143		18,988
	8 Entertainment				
	9 Other direct expenses	594,114	22,489	13,614	630,217
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(649,205)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-649,205

Part III **Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain _____

11

Does the organization operate gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	%
b	An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ .....

Address ▶ .....

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____

c If "Yes," enter name and address of the third party

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

Return Reference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

▶ **Information about Schedule I (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 FOUNDATION INC
ATTN FINANCE DEPT 9010

Employer identification number
59-2481738

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . ▶ 7

3 Enter total number of other organizations listed in the line 1 table . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
PART I, LINE 2	ALL CHILDREN'S HOSPITAL FOUNDATION HAS AN INSTITUTIONAL GRANT FUNDING PROGRAM WHICH REQUIRES PROGRESSION AND EXPENSE DOCUMENTATION PRESENTED TO THE COMMITTEE MONTHLY MOST ASSISTANCE GIVEN BY THE FOUNDATION IS UNRESTRICTED AND TO AFFILIATE ORGANIZATIONS

Additional Data

Software ID:
Software Version:
EIN: 59-2481738
Name: ALL CHILDREN'S HOSPITAL FOUNDATION INC
ATTN FINANCE DEPT 9010

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALL CHILDREN'S RESEARCH INSTITUTE INC 501 SIXTH AVENUE SOUTH ST PETERSBURG,FL 33701	59-2481742	501(C)(3)	1,350,000				GENERAL USE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALL CHILDREN'S RESEARCH INSTITUTE INC 501 SIXTH AVENUE SOUTH ST PETERSBURG,FL 33701	59-2481742	501(C)(3)	2,127,739				RESEARCH

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALL CHILDREN'S HOSPITAL INC 501 SIXTH AVENUE SOUTH ST PETERSBURG,FL 33701	59-0683252	501(C)(3)	1,744,050				GENERAL USE

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALL CHILDREN'S HOSPITAL INC 501 SIXTH AVENUE SOUTH ST PETERSBURG,FL 33701	59-0683252	501(C)(3)	505,018				PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ALL CHILDREN'S HOSPITAL GUILD 521 PLAZA SEVILLE CTAPT43 TREASURE ISLAND, FL 33706	59-6173263	501(C)(3)	8,965				GENERAL SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
HEALTH SUPPORT NETWORK 5481 COMMUNICATIONS PKWY SARASOTA,FL 34240	65-0495067	501(C)(3)	5,000				PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN CANCER SOCIETY 250 WILLIAMS ST NW ATLANTA,GA 30303	13-1788491	501(C)(3)	5,000				PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
AMERICAN HEART SOCIETY 1101 NORTHCAHSE PKWY MARIETTA,GA 30067	13-5613798	501(C)(3)	10,000				PROGRAM SUPPORT

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC Code section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
V-FOUNDATION 106 TOWERVIEW CT CARY,NC 27513	13-3705951	501(C)(3)	12,500				PROGRAM SUPPORT

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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 FOUNDATION INC
ATTN FINANCE DEPT 9010

Employer identification number
59-2481738

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 00, JOHN HARDING $592,893 AND ARNOLD STENBERG $61,918 00 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, HELLA EWING $43,481, JAY KUHNS $49,392 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 SERP II AND SRP PLANS ARE DEFINED CONTRIBUTION TARGET BENEFIT PLANS THE PLANS ARE DESIGNED TO ACHIEVE A TARGETED BENEFIT LEVEL BASED UPON CERTAIN CRITERIA, SUCH AS THEIR LENGTH OF SERVICE THE PLANS ARE SUBJECT TO CLAIMS OF EMPLOYER'S BANKRUPTCY/INSOLVENCY CREDITORS 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 NON QUALIFIED RETIREMENT PLAN AND RECEIVED PAYMENT FROM THE PLAN, IT IS REPORTED ON SCHEDULE J, PART II, COLUMN (B)(III) AS WELL AS SCHEDULE J, PART II, COLUMN (F) IF THEY WERE REQUIRED TO BE DISCLOSED ON PRIOR YEAR'S FORMS 990 RONALD WERTHMAN $295,398 56 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 WERTHMAN $265,488 46 AND RON PETERSON $1,349,219 00
FORM 990, SCHEDULE J, PART 1, QUESTION 3	SUPPLEMENTAL COMPENSATION INFORMATION 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 FOUNDATION

Additional Data

Software ID:
Software Version:
EIN: 59-2481738
Name: ALL CHILDREN'S HOSPITAL FOUNDATION 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				
JONATHAN ELLEN MD PRESIDENT/VICE DEAN/PIC/TR	(I)	0	0	0	0	0	0	0
	(II)	584,882	209,759	10,696	72,000	25,840	903,177	0
R WILLIAM HORTON SR VP-STRATEGIC PLAN/TRUST	(I)	0	0	0	0	0	0	0
	(II)	392,676	0	676,456	26,746	20,772	1,116,650	0
JENINE RABIN EVP, FOUNDATION	(I)	0	0	0	0	0	0	0
	(II)	221,195	17,171	9,600	12,475	0	260,441	0
CYNTHIA ROSE VP MARKETING & COMMUNITY R	(I)	0	0	0	0	0	0	0
	(II)	178,711	0	446	18,835	9,291	207,283	0
NANCY STAHL VP FINANCE/CFO	(I)	0	0	0	0	0	0	0
	(II)	336,604	0	73,092	26,746	12,720	449,162	0
SYLVIA AMEEN VP FOUNDATION	(I)	145,026	0	338	14,941	14,380	174,685	0
	(II)	0	0	0	0	0	0	0
ROBERTO SOSA MD FORMER TRUSTEE	(I)	0	0	0	0	0	0	0
	(II)	616,140	0	0	13,373	11,886	641,399	0
GARY A CARNES FORMER PRESIDENT/CEO/TRUST	(I)	0	0	0	0	0	0	0
	(II)	0	0	867,162	0	0	867,162	0
ARNOLD T STENBERG JR FORMER EXEC VP/CAO/TRUSTEE	(I)	0	0	0	0	0	0	0
	(II)	224,739	0	592,911	25,688	7,293	850,631	0
RONALD WERTHMAN FORMER TRUSTEE	(I)	0	0	0	0	0	0	0
	(II)	619,578	179,690	346,314	352,306	25,733	1,523,621	0
HELLA EWING FORMER VP CHIEF NURSING OFFICER	(I)	0	0	0	0	0	0	0
	(II)	245,411	0	44,036	22,349	14,512	326,308	0
JOHN HARDING III FORMER VP OPERATIONS	(I)	0	0	0	0	0	0	0
	(II)	188,214	0	61,918	19,096	11,657	280,885	0
JAY KUHNS FORMER VP HUMAN RESOURCES	(I)	0	0	0	0	0	0	0
	(II)	248,237	0	50,005	26,746	21,104	346,092	0
CALVIN L POPOVICH FORMER VP INFORMATION TECHNOLOGY	(I)	0	0	0	0	0	0	0
	(II)	315,936	0	679	26,746	16,880	360,241	0
TIMOTHY STROUSE FORMER VP FACILITIES MANAGEMENT	(I)	0	0	0	0	0	0	0
	(II)	191,258	0	15	22,477	3,628	217,378	0
RONALD PETERSON FORMER OFFICER	(I)	0	0	0	0	0	0	0
	(II)	1,296,286	504,543	179,997	1,394,743	23,954	3,399,523	0

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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 FOUNDATION INC
ATTN FINANCE DEPT 9010

Employer identification number
59-2481738

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART V, QUESTION 2A	
FORM 990, PART VI, SECTION A, LINE 6	ALL CHILDRENS HEALTH SYSTEM, INC IS THE SOLE CORPORATE MEMBER OF ALL CHILDRENS HOSPITAL FOUNDATION, INC
FORM 990, PART VI, SECTION A, LINE 7A	TWENTY-FIVE OF THE MEMBERS OF THE BOARD OF TRUSTEES SHALL BE NOMINATED BY THE BOARD OF TRU STEES AND SHALL BE SUBJECT TO THE APPROVAL OF ALL CHILDRENS HOSPITAL, INC , A IRC 501(C)(3) TAX EXEMPT SUPPORTED ORGANIZATION OF ALL CHILDRENS HOSPITAL FOUNDATION, INC , AND THE JO HNS HOPKINS HEALTH SYSTEM CORPORATION, A IRC 501(C)(3) TAX EXEMPT SOLE MEMBER OF ALL CHILD RENS HEALTH SYSTEM, INC
FORM 990, PART VI, SECTION A, LINE 7B	THE GOVERNING BODY OF ALL CHILDRENS HOSPITAL FOUNDATION, INC IS EMPOWERED BY ITS BYLAWS T O MAKE CERTAIN DECISIONS, ALL OTHER DECISIONS ARE SUBJECT TO APPROVAL OF THE SOLE MEMBER A LL CHILDRENS HEALTH SYSTEM, INC
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 CHILDRENS HOSPITAL FOUNDATION, INC HAS AN ANNUAL CONFLICT OF INTEREST DISCLOSURE PROCE SS THAT HAS BEEN FORMALLY DOCUMENTED IN POLICY SINCE MAY 2002 THE PROCESS IS FACILITATED BY THE COMPLIANCE OFFICER WITH OVERSIGHT FROM THE ALL CHILDRENS HEALTH SYSTEM (PARENT) BOA RD'S COMPLIANCE COMMITTEE. DISCLOSURES ARE REQUESTED FROM KEY EMPLOYEES, KEY CONTRACTORS, BOARD MEMBERS AND OFFICERS, AND DESIGNATED MEDICAL STAFF ALL DISCLOSURES ARE REVIEWED BY THE COMPLIANCE OFFICER SELECTED DISCLOSURES ARE REVIEWED BY THE PRESIDENT/CHIEF EXECUTIVE OFFICER A FORMAL REPORT IS MADE ANNUALLY TO THE COMPLIANCE COMMITTEE WHERE CONFLICT MANA NGEMENT IS ADDRESSED FOR EMPLOYEES, CONTRACTORS, AND PHYSICIANS BOARD MEMEBER DISCLOSURES ARE REVIEWED BY THE RESPECTIVE BOARD PRESIDENT FOR CONFLICT MANAGEMENT BOARD MEMBERS ARE REQUIRED TO DECLARE ANY POTENTIAL CONFLICTS PRIOR TO CONDUCTING BUSINESS AT EACH MEETING IF A CONFLICT IS FOUND TO EXIST BY A BOARD MEMBER, THE BOARD MEMBER IS PROHIBITED FROM VO TING
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 CHILDRENS HOSPITAL FOUNDATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF INTER EST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC

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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 FOUNDATION INC
ATTN FINANCE DEPT 9010

Employer identification number
59-2481738

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) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(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	(i) No
See Additional Data Table									

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		No
d Loans or loan guarantees to or for related organization(s)	1d		No
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	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		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o		No
p Reimbursement paid to related organization(s) for expenses	1p		No
q Reimbursement paid by related organization(s) for expenses	1q		No
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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: 59-2481738
Name: ALL CHILDREN'S HOSPITAL FOUNDATION 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	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 CORPORATION		No
(1) 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 CORPORATION		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 CORPORATION		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 CORPORATION		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 CORPORATION		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 CORPORATION		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 CORPORATION		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 CORPORATION		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 CORPORATION		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 CORPORATION		No
(13) ALL CHILDREN'S HOSPITAL INC 501 SIXTH AVENUE SOUTH ST PETERSBURG, FL 33701 59-0683252	HOSPITAL	FL	501(C)(3)	LINE 3	JOHNS HOPKINS HEALTH SYSTEM CORPORATION		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 CORPORATION		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
HCP VENTURE ONE CORPORATION 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1558858	MEDICAL SERVICES	MD	N/A	C					No
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
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
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
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
TCAS INC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 52-1979344	NURSING SERVICES	MD	N/A	C					No
SUBURBAN HEALTH ENTERPRISES INC 8600 OLD GEORGETOWN ROAD BETHESDA, MD 20814 52-2052352	MEDICAL OFFICE LEASING AND RELEASING	MD	N/A	C					No
SLEEP SERVICES OF AMERICA INC 3910 KESWICK RD SOUTH BLDG 4TH FL S BALTIMORE, MD 21211 23-2833187	SLEEP SERVICES	PA	N/A	C					No