



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



Form

990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

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.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
Miami Children's Health System Inc

Number and street (or P O box, if mail is not delivered to street address) Room/suite
3100 SW 62nd Avenue

City or town, state or province, country, and ZIP or foreign postal code
Miami, FL 33155

D Employer identification number
45-3481327
E Telephone number
(305) 666-6511
F Group Exemption Number

G Accounting Method ☐ Cash ☒ Accrual Other (specify) _____

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: www.nicklauschildrens.org

J Tax-exempt status (check only one) - ☒ 501(c)(3) ☒ 501(c)() (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other _____

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 0

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
	c	Less direct expenses from gaming and fundraising events	6c	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	0
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	0
	8	Other revenue (describe in Schedule O)	8	0
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	0
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	0
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	0
	17	Total expenses. Add lines 10 through 16	17	0
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	0
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	0
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	0

Part II

Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments		2250
23 Land and buildings		23
24 Other assets (describe in Schedule O)	0	240
25 Total assets	0	2550
26 Total liabilities (describe in Schedule O)	0	2650
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	0	270

Part III

Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

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

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28

A NOT-FOR-PROFIT CORPORATION CREATED IN 2011 WHICH IS THE PARENT COMPANY FOR VARIETY CHILDREN'S HOSPITAL, THE MIAMI CHILDREN'S HEALTH SYSTEM FOUNDATION, INC. AND OTHER FOR-PROFIT AND NOT FOR-PROFIT ENTITIES DESCRIBED AS FOLLOWS: VARIETY CHILDREN'S HOSPITAL D/B/A NICKLAUS CHILDREN'S HOSPITAL, PROVIDES SPECIALIZED PEDIATRIC HEALTHCARE TO CHILDREN. MIAMI CHILDREN'S HEALTH SYSTEM FOUNDATION, INC., IS A NOT-FOR-PROFIT CORPORATION WITH THE PRIMARY PURPOSE TO RAISE FUNDS AND AWARENESS FOR MIAMI CHILDREN'S HEALTH SYSTEM, VARIETY CHILDREN'S HOSPITAL, AND ANY AFFILIATED ORGANIZATIONS THAT ARE CLASSIFIED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. CANAVAN PARTNERS LLP, IS A TAXABLE PARTNERSHIP THAT ENTERS INTO LICENSING AGREEMENTS WITH HEALTHCARE PROVIDERS TO PERFORM LABORATORY TESTS. CHILDREN'S HEALTH VENTURES, INC., IS A FOR-PROFIT ENTITY WHICH OWNS FOR PROFIT BUSINESS VENTURES. KIDZSTUFF INC., IS A FOR-PROFIT ENTITY THAT DEVELOPS RETAIL PRODUCTS FOR CHILDREN. MIAMI CHILDREN'S HEALTH SYSTEM MANAGEMENT SERVICES, LLC, IS A FOR-PROFIT CORPORATION THAT PROVIDES MANAGEMENT SERVICES TO PHYSICIAN PRACTICES. MIAMI CHILDREN'S HOSPITAL RESEARCH INSTITUTE, INC., IS A NOT-FOR-PROFIT CORPORATION THAT PERFORMS COMPREHENSIVE RESEARCH IN THE CAUSE, CURE AND PREVENTION OF CHILDHOOD DISEASES. MIAMI CHILDREN'S HOSPITAL WORKER'S COMPENSATION, WAS FORMED TO ENABLE THE HOSPITAL TO FUND AND PAY THE COST OF WORKER'S COMPENSATION CLAIMS. MIAMI CHILDREN'S INSURANCE SPC, LTD., WAS FORMED TO ACCESS PROFESSIONAL LIABILITY INSURANCE MARKETS OUTSIDE THE UNITED STATES OF AMERICA. PEDIATRIC SPECIALTY GROUP, INC., A NOT-FOR-PROFIT CORPORATION INCORPORATED TO EVENTUALLY BECOME A SPECIALTY GROUP OWNED BY MIAMI CHILDREN'S HEALTH SYSTEM. VARIETY CHILDREN'S HOSPITAL PROFESSIONAL LIABILITY TRUST, WAS FORMED TO ENABLE NCH TO FUND AND PAY THE COST OF PROFESSIONAL LIABILITY CLAIMS. VARIETY CHILDREN'S HOSPITAL, ESTABLISHED IN 1950, OWNS AND OPERATES A PEDIATRIC SPECIALTY HOSPITAL KNOWN AS NICKLAUS CHILDREN'S HOSPITAL. THE HOSPITAL IS ONE OF THE LARGEST FREESTANDING PEDIATRIC TEACHING HOSPITALS IN THE SOUTHEASTERN UNITED STATES. IT PROVIDES SPECIALIZED PEDIATRIC HEALTHCARE FOR CHILDREN REGARDLESS OF RACE, CREED, SEX, NATIONAL ORIGIN, AGE OR ABILITY TO PAY. THE HOSPITAL HAS 289 LICENSED BEDS. NICKLAUS CHILDREN'S HOSPITAL SERVES AS A REFERRAL CENTER FOR CHILDREN WITH COMPLEX, CRITICAL OR LIFE-THREATENING ILLNESSES REQUIRING SPECIALIZED CARE. IT HAS A 28-BED PEDIATRIC INTENSIVE CARE UNIT, A 37-BED NEONATAL INTENSIVE CARE UNIT AND A 12-BED CARDIAC INTENSIVE CARE UNIT. IT ALSO HAS A STATE-DESIGNATED PEDIATRIC TRAUMA CENTER. MANY PATIENTS ARE REFERRED BY OTHER HOSPITALS REGARDLESS OF THE EXISTENCE OF FORMAL ARRANGEMENTS. IN 2014, 3,100 PATIENTS WERE TRANSFERRED FROM HOSPITALS THROUGHOUT FLORIDA, CENTRAL AND SOUTH AMERICA AND THE CARIBBEAN. WHEN CHILDREN NEED THE SERVICES OF A SPECIALIST, IT IS IMPORTANT THAT SUCH SERVICES BE PROVIDED BY A PRACTITIONER WITH SPECIFIC TRAINING AND EXPERTISE IN PEDIATRIC CARE. THE CARE OF CHILDREN WITH CERTAIN COMPLEX CHRONIC CONDITIONS, SUCH AS JUVENILE DIABETES, CANCER, OR CYSTIC FIBROSIS IS BEST MANAGED BY A PEDIATRIC SPECIALIST IN ORDER TO ELIMINATE REFERRAL DELAYS AND EXPEDITE POSITIVE TREATMENT. CHILDREN ARE MORE VULNERABLE TO COMPLICATIONS DUE TO DELAYS THAN ADULTS. THEY DEVELOP SERIOUS COMPLICATIONS MORE RAPIDLY THAN ADULTS BECAUSE THEY HAVE LESS PHYSIOLOGICAL RESERVES AND LESS DEVELOPED ORGAN SYSTEMS. THERE ARE PRESENTLY MORE THAN 200 PEDIATRIC SUB-SPECIALTY PHYSICIANS GEOGRAPHICALLY LOCATED AT NICKLAUS CHILDREN'S HOSPITAL. PEDIATRIC SUB-SPECIALTY AREAS INCLUDE: ADOLESCENT MEDICINE, ALLERGY/IMMUNOLOGY, CARDIOLOGY, CARDIOVASCULAR SURGERY, CLINICAL GENETICS AND METABOLISM, CRITICAL CARE MEDICINE, DENTISTRY, DERMATOLOGY, EMERGENCY MEDICINE, ENDOCRINOLOGY, GASTROENTEROLOGY, GENERAL PEDIATRICS, HEMATOLOGY/ONCOLOGY, INFECTIOUS DISEASES, NEONATOLOGY, NEPHROLOGY, NEUROLOGY, PREVENTIVE MEDICINE, PSYCHIATRY, PULMONOLOGY, RHEUMATOLOGY, CARDIOVASCULAR SURGERY, NEUROLOGY, NEUROSURGERY, OPHTHALMOLOGY, ORTHOPEDIC SURGERY, OTOLARYNGOLOGY, PEDIATRIC SURGERY, PLASTIC AND RECONSTRUCTIVE SURGERY, PATHOLOGY, RADIOLOGY, UROLOGY AND ANESTHESIOLOGY. THIS CRITICAL MASS OF PHYSICIANS SIGNIFICANTLY CONTRIBUTES TO THE QUALITY AND RANGE OF PEDIATRIC SERVICES AVAILABLE AT THE HOSPITAL. 2014 STATISTICAL DATA INCLUDES TOTAL INPATIENT DAYS: 60,359; TOTAL INPATIENT ADMISSIONS: 10,899; INPATIENT AVERAGE DAILY CENSUS: 165.4; TOTAL ED VISITS (MAIN CAMPUS): 91,465; NCH GENERAL CLINIC VISITS: 11,471; AMBULATORY VISITS: 85,526; PRIVATE OUTPATIENT VISITS (MAIN CAMPUS): 107,320; PRIVATE OUTPATIENT VISITS (AMBULATORY CENTERS): 150,951; TOTAL SURGICAL CASES: 14,817; AVERAGE LENGTH OF STAY: 5.5 DAYS. THE HEALTH SYSTEM IS INTERNATIONALLY RECOGNIZED FOR CARE EXCELLENCE. NICKLAUS CHILDREN'S HOSPITAL PROGRAMS WERE RANKED AMONG THE NATION'S BEST IN ALL 10 PEDIATRIC SUBSPECIALTY PROGRAMS SURVEYED BY U.S. NEWS AND WORLD REPORT IN ITS 2013-2014 LISTING OF "AMERICA'S BEST CHILDREN'S HOSPITALS." (RESULTS WERE RELEASED IN 2013.) THE HOSPITAL WAS THE ONLY FACILITY IN FLORIDA TO HAVE PROGRAMS RANKED IN ALL CATEGORIES SURVEYED BY U.S. NEWS. THESE PROGRAMS INCLUDE: CANCER, CARDIOLOGY AND HEART SURGERY, DIABETES AND ENDOCRINOLOGY, GASTROENTEROLOGY, NEONATOLOGY, NEPHROLOGY, NEUROLOGY/NEUROSURGERY, PULMONOLOGY, ORTHOPEDICS, UROLOGY. IN ADDITION, THE HEALTH SYSTEM INCLUDES A NETWORK OF AMBULATORY CENTERS THAT EXTEND CARE THROUGHOUT THE SOUTH FLORIDA REGION. DURING 2014, THESE CENTERS OFFERED OUTPATIENT SERVICES AS FOLLOWS: NCH DAN MARINO OUTPATIENT CENTER OFFERS COMPREHENSIVE SERVICES FOR CHILDREN WITH NEURODEVELOPMENTAL DISORDERS. SERVICES INCLUDE IMAGING AND REHABILITATION. ALSO ON SITE IS A SWIMMING POOL FOR AQUATIC THERAPY. NCH DORAL OUTPATIENT CENTER OFFERS REHABILITATION SERVICES, IMAGING SERVICES, AN AFTER-HOURS URGENT CARE CENTER AND OUTPATIENT SUBSPECIALTY OFFICE VISITS. NCH MIDTOWN OUTPATIENT CENTER OFFERS REHABILITATION SERVICES, IMAGING SERVICES, AN AFTER-HOURS URGENT CARE CENTER AND OUTPATIENT SUB-SPECIALTY OFFICE VISITS. NCH MIRAMAR OUTPATIENT CENTER OFFERS REHABILITATION SERVICES, IMAGING SERVICES, AN AFTER-HOURS URGENT CARE CENTER AND OUTPATIENT SUB-SPECIALTY OFFICE VISITS. NCH PALMETTO BAY OUTPATIENT CENTER OFFERS REHABILITATION SERVICES, IMAGING SERVICES, AN AFTER-HOURS URGENT CARE CENTER AND OUTPATIENT SUB-SPECIALTY OFFICE VISITS. ALSO ON-SITE IS EARLY STEPS SOUTHERNMOST COAST, A RESOURCE FOR CHILDREN UNDER THE AGE OF 3 WHO ARE AT RISK OF DEVELOPMENTAL DELAYS. NCH WEST KENDALL OUTPATIENT CENTER OFFERS REHABILITATION SERVICES, IMAGING SERVICES, AN AFTER-HOURS URGENT CARE CENTER AND OUTPATIENT SUB-SPECIALTY OFFICE VISITS. NCH NICKLAUS OUTPATIENT CENTER (PALM BEACH GARDENS) OFFERS REHABILITATION SERVICES, IMAGING SERVICES, AN AFTER-HOURS URGENT CARE CENTER AND OUTPATIENT SUB-SPECIALTY OFFICE VISITS. NCH MIAMI LAKES OUTPATIENT CENTER OFFERS REHABILITATION SERVICES, IMAGING SERVICES, AN AFTER-HOURS URGENT CARE AND OUTPATIENT SUBSPECIALTY OFFICE VISITS. THIS NEW FACILITY OPENED IN 2013, REPLACING THE NCH REHABILITATION SERVICES - MIAMI LAKES AND OFFERING EXPANDED SERVICES. (Grants \$ 0) If this amount includes foreign grants, check here

28a0

29

QUALITY/SAFETY AND ERROR PREVENTION INITIATIVES FROM 2014: THE HEALTH SYSTEM IS COMMITTED TO ADVANCING QUALITY AND SAFETY. INITIATIVES FOR 2014 ARE DETAILED BELOW. LEAN INITIATIVES: LEAN IS AN INTERNATIONALLY RECOGNIZED BUSINESS IMPROVEMENT MODEL. IN 2014, THE HEALTH SYSTEM CONTINUED TO UTILIZE LEAN METHODS TO IMPROVE PROCESSES THAT ENHANCE SAFETY, EFFICIENCY AND PREVENT ERRORS AT THE HEALTH SYSTEM. FROM 2008 TO 2012, THE HOSPITAL HAS SAVED \$8.9 MILLION THROUGH LEAN-BASED EFFICIENCIES. FASTPASS SYSTEM: NICKLAUS CHILDREN'S WAS ALSO AN EARLY ADOPTER OF FASTPASS VISITOR BADGE IDENTIFICATION TECHNOLOGY. ALL VISITORS AT THE MAIN HOSPITAL CAMPUS MUST PRESENT PHOTO IDENTIFICATION UPON ARRIVAL AND A RECORD IS KEPT OF ALL THOSE ENTERING THE HOSPITAL. THIS SYSTEM CAN IDENTIFY INDIVIDUALS WITH RECORDS OF CHILD ABUSE AND MOLESTATION, HELPING ENHANCE THE SAFETY OF CHILDREN AT THE HOSPITAL. GETWELL NETWORK: SINCE 2009, THE HOSPITAL HAS OFFERED THE GETWELL NETWORK IN ALL MEDICAL SURGICAL ROOMS. THE SYSTEM, ACCESSIBLE THROUGH THE IN-ROOM TELEVISION SCREEN, OFFERS PATIENT EDUCATION INFORMATION THAT CAN SUPPORT ENHANCED PATIENT CARE AS WELL AS A PATIENT FEEDBACK SYSTEM, THROUGH WHICH FAMILIES CAN ADDRESS SAFETY CONCERNS. SOAR (FORMERLY LIFEWINGS): IN 2010, THE HEALTH SYSTEM BEGAN COLLABORATING WITH LIFEWINGS PARTNERS LLC TO TRAIN EMERGENCY DEPARTMENT STAFF, SURGEONS, ANESTHESIOLOGISTS, OR NURSES AND SUPPORT STAFF TO IMPLEMENT AVIATION-BASED SAFETY AND EFFICIENCY MEASURES AND CONTINUES TO DO SO. THE HOSPITAL WON AN OUTSTANDING INITIATIVE AWARD FROM TRAINING MAGAZINE FOR THIS SAFETY COLLABORATION AND CONTINUES TO USE THIS PROGRAM TO ENHANCE SAFETY AND QUALITY. CRITICAL CARE EXCELLENCE RECOGNITION: THE NICKLAUS CHILDREN'S HOSPITAL NEONATAL INTENSIVE CARE UNIT (NICU) AND PEDIATRIC INTENSIVE CARE UNIT (PICU) IN 2012 EACH RECEIVED A GOLD BEACON AWARD FOR EXCELLENCE FROM THE AMERICAN ASSOCIATION OF CRITICAL-CARE NURSES (AACN). IN ADDITION, THE HOSPITAL'S CARDIAC INTENSIVE CARE UNIT (CICU) RECEIVED AACN'S SILVER BEACON AWARD FOR EXCELLENCE. NCH IS ONE OF ONLY THREE CHILDREN'S HOSPITALS IN THE NATION TO BE AWARDED GOLD- AND SILVER-LEVEL BEACON AWARDS FOR ALL OF ITS ICUS AND THE ONLY CHILDREN'S HOSPITAL IN FLORIDA TO RECEIVE THIS DISTINCTION. THIS RECOGNITION PUTS NCH AMONG THE TOP CHILDREN'S HOSPITALS IN THE COUNTRY AND DEMONSTRATES ORGANIZATIONAL COMMITMENT TO CRITICAL CARE EXCELLENCE. EMR: THE HEALTH SYSTEM HAS ACQUIRED A STATE-OF-THE-ART SYSTEM THAT WILL CAPTURE ALL PATIENT DATA, INCLUDING COMPREHENSIVE CARE RECORDS (RADIOLOGY, PHARMACY, REHABILITATION, OUTPATIENT AND INPATIENT) AS WELL AS REGISTRATION AND BILLING INFORMATION, ALL IN A COMPREHENSIVE SYSTEM. IN 2012, THE HEALTH SYSTEM WENT LIVE WITH THE NEW SYSTEM WHICH PROVIDES PHYSICIANS AND CAREGIVERS WITH ACCESS TO ALL MEDICAL DATA THROUGH A SECURE LOGIN SYSTEM FROM ANY PLACE AT ANY TIME, ENABLING THEM TO MAKE INFORMED DECISIONS WITH MAXIMUM EFFICIENCY. HUMPTY DUMPTY: MIAMI CHILDREN'S HEALTH SYSTEM HAS TAKEN THE LEAD IN DEVELOPING A TOOL TO PREVENT PEDIATRIC FALLS AND THEREBY ENHANCE SAFETY. AS OF 2014, THE TOOL WAS IN USE IN 1,130 HOSPITALS, INCLUDING FACILITIES IN VIRTUALLY EVERY U.S. STATE AS WELL AS IN EUROPE, THE MIDDLE EAST, HONG KONG, INDONESIA, JAPAN, THE PHILIPPINES, BERMUDA, CANADA, CARIBBEAN, US VIRGIN ISLANDS, CAYMAN ISLANDS, BRAZIL, AUSTRALIA AND NEW ZEALAND. THE PROGRAM IS ALSO IN USE BY EVERY BRANCH OF OUR U.S. MILITARY HOSPITALS THROUGHOUT THE WORLD. THIS FALL PREVENTION PROGRAM HAS BEEN IMPLEMENTED, TESTED AND PROVEN TO BE AN EFFECTIVE TOOL IN THE PREVENTION OF UNINTENTIONAL INJURY DUE TO FALLS. THE HUMPTY DUMPTY FALLS PREVENTION PROGRAM(TM) IS A COMPREHENSIVE PROGRAM AIMED AT IDENTIFYING PATIENTS WHO ARE AT RISK FOR FALLS AS WELL AS PREVENTING FALL EVENTS AND INJURIES. THIS PROGRAM WAS DEVELOPED BY AN INTERDISCIPLINARY GROUP OF FALLS EXPERTS DERIVED FROM NURSING, RESEARCH, REHABILITATION, QUALITY IMPROVEMENT, AND RISK MANAGEMENT. PROGRAM MATERIALS INCLUDE A VALIDATED FALLS RISK SCALE, AN INTERVENTION PROTOCOL, AND PATIENT EDUCATION INFORMATION. HYGREEN: IMPLEMENTATION OF XHALE INNOVATIONS' HYGREEN(R) HAND HYGIENE SYSTEM IS ANOTHER WAY MIAMI CHILDREN'S HEALTH SYSTEM LEADS THE WAY IN PATIENT SAFETY. HYGREEN HELPS PREVENT INFECTIONS BY MONITORING AND REMINDING HEALTHCARE WORKERS TO WASH THEIR HANDS. A SENSOR SCANS NEWLY CLEANED HANDS AND SENDS A WIRELESS "ALL CLEAN" MESSAGE TO A BADGE WORN BY THE CAREGIVER. COMMUNITY TRAINING OUTREACH PROGRAMS: IN ADDITION, THE HEALTH SYSTEM SUPPORTS A NUMBER OF PROGRAMS THAT ENHANCE THE SKILLS AND WORK READINESS OF YOUNG PEOPLE AS WELL AS PROMOTE HEALTH AWARENESS. PROJECT VICTORY: THIS PROJECT IS A COOPERATIVE EFFORT BETWEEN MIAMI CHILDREN'S COMMUNITY AND VOLUNTEER RESOURCE PROGRAM AND THE COMMUNITY. TEENS WITH DISABILITIES ARE GIVEN THE OPPORTUNITY TO GAIN LIFE SKILLS THROUGH THE WORLD OF WORK. TWENTY STUDENTS ARE PROVIDED THREE HOURS OF WORK SERVICE PER DAY AT THE HOSPITAL DURING THE COURSE OF THE SCHOOL YEAR. THE STUDENTS GAIN VOCATIONAL EXPERIENCE WORKING IN THE HOSPITAL'S DIETARY DEPARTMENT, MAIL ROOM, VISITOR INFORMATION SERVICE AND OTHER DEPARTMENTS. HONORS AND EXECUTIVE INTERNSHIP PROGRAM, MIAMI DADE COUNTY PUBLIC SCHOOLS: EACH YEAR THE HEALTH SYSTEM ACCEPTS SEVEN STUDENTS WHO ARE SELECTED BY MIAMI DADE COUNTY PUBLIC SCHOOLS TO PARTICIPATE IN HEALTHCARE INTERNSHIPS FOR ADVANCED STUDENTS. STUDENTS ARE PAIRED WITH A STAFF MEMBER AT THE HEALTH SYSTEM WHO MENTORS AND PROVIDES OVERSIGHT TO THE STUDENT. EACH STUDENT IS ASSIGNED A PROJECT TO BENEFIT A HOSPITAL DEPARTMENT AND RECEIVES A GRADE FROM THE SCHOOL SYSTEM FOR HIS OR HER WORK. KIDS AND THE POWER OF WORK (KAPOW): THIS PROGRAM IS A NATIONAL VOLUNTEER PROGRAM. THE HEALTH SYSTEM PARTICIPATES WITH MIAMI-DADE COUNTY PUBLIC SCHOOLS. HEALTH SYSTEM STAFF MEMBERS VOLUNTEER TO VISIT STUDENTS AT ONE OF TWO AREA PUBLIC ELEMENTARY SCHOOLS. THEY PRESENT AND PREPARE LESSONS FOR SECOND GRADE STUDENTS TO HELP CREATE A FOUNDATION FOR YOUNG STUDENTS, INTRODUCING THEM TO WORK AND RELATED CONCEPTS. EMPLOYEES DONATE ABOUT 200 HOURS OF TIME TO THE PROGRAM. HEALTH TEACHER: NICKLAUS CHILDREN'S IS PARTNERING WITH SCHOOL DISTRICTS IN PALM BEACH AND BROWARD COUNTIES TO TEACH CHILDREN HOW TO INCORPORATE HEALTH AND WELLNESS INTO THEIR LIFESTYLES. THE HEALTH SYSTEM MAKES AVAILABLE AN ONLINE HEALTH CURRICULUM DEVELOPED BY HEALTH TEACHER. THE PROGRAM IS DESIGNED FOR KINDERGARTEN THROUGH HIGH SCHOOL STUDENTS, WITH TOPICS RANGING FROM GOOD NUTRITION TO BICYCLE SAFETY. THE GOAL IS TO EQUIP CHILDREN WITH THE KNOWLEDGE AND TOOLS NEEDED TO MAKE BETTER CHOICES FOR THEIR HEALTH. (Grants \$ 0) If this amount includes foreign grants, check here

29a0

30

EDUCATIONAL PROGRAMS: NCH IS AN ESTABLISHED TEACHING HOSPITAL AND IS ONE OF THE LARGEST FREESTANDING PEDIATRIC TEACHING HOSPITALS IN THE SOUTHEASTERN UNITED STATES. THE PEDIATRIC RESIDENCY TRAINING PROGRAM IS STRUCTURED IN ACCORDANCE WITH THE AMERICAN BOARD OF PEDIATRICS' REQUIREMENT OF THREE CORE YEARS IN GENERAL PEDIATRICS AND IS FULLY ACCREDITED BY THE ACCREDITATION COUNCIL FOR GRADUATE MEDICAL EDUCATION (ACGME). ALL FACETS OF PEDIATRIC CARE ARE ENCOMPASSED IN THE TRAINING PROGRAM. FROM THE COMPLEX INTENSIVE CARE TO THE OFFICE PRACTICE OF GENERAL PEDIATRICS. EACH YEAR, MEDICAL STUDENTS AND SCHOLARS FROM ALL PARTS OF THE UNITED STATES AND AROUND THE WORLD APPLY FOR ACCEPTANCE TO THE HOSPITAL'S PEDIATRIC RESIDENCY TRAINING PROGRAM, WHICH HAS BEEN IN OPERATION FOR OVER 40 YEARS. THE PROGRAM HAS A FORMAL AFFILIATION WITH FIU'S COLLEGE OF MEDICINE. OTHER PARTICIPATING INSTITUTIONS INCLUDE JACKSON MEMORIAL HOSPITAL, CLEVELAND CLINIC FLORIDA CENTER, UNIVERSITY OF FLORIDA - JACKSONVILLE, MOUNT SINAI MEDICAL CENTER OF FLORIDA AND NOVA SOUTHEASTERN UNIVERSITY. (Grants \$ 0) If this amount includes foreign grants, check here

30a0

31

Other program services (describe in Schedule O)

(Grants \$) If this amount includes foreign grants, check here

31a

32

Total program service expenses (add lines 28a through 31a)

32

Part IV

List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Narendra Kini MD President and CEO	1 000	0	0	0
Michael Fux Director	1 000	0	0	0
Marile Lopez Director	1 000	0	0	0
Juan C Mas Chairman	1 000	0	0	0
Barbara Nicklaus Director	1 000	0	0	0
Alex Soto Vice Chair	1 000	0	0	0
April Andrews-Singh Secretary and General Counsel	1 000	0	0	0
Timothy Birkenstock Treasurer	1 000	0	0	0

Form 990-EZ (2014)

Part VOther Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34	No
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	0
b	Did the organization file Form 1120-POL for this year?	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	No
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization		
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	No
41	List the states with which a copy of this return is filed		
42a	The organization's books are in care of Michael Durr Telephone no (305) 666-6511 Located at 3100 SW 62nd Avenue Miami, FL ZIP + 4 331553009		
b	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)? If "Yes," enter the name of the foreign country CJ, EI	42b	Yes
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		
c	At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year	43	
		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	Yes
45b	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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

Part VI

Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

		Yes	No
47	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		No
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		No
49a	Did the organization make any transfers to an exempt non-charitable related organization?		No
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "				
(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f	Total number of other employees paid over \$100,000	0
---	---	---

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "		
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d	Total number of other independent contractors each receiving over \$100,000.	
---	--	--

52	Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
----	---	---

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	<div>*****</div> <div>Signature of officer</div>			<div>2015-11-12</div> <div>Date</div>	
	<div>Timothy Birkenstock SVP and CFO</div> <div>Type or print name and title</div>				
Paid Preparer Use Only	Print/Type preparer's name Cindy Kushner		Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN P00739493
	Firm's name <div>CROWE HORWATH LLP</div>				Firm's EIN <div>35-0921680</div>
	Firm's address <div>401 East Las Olas Blvd Suite 1100 Fort Lauderdale, FL 33301</div>				Phone no (954) 202-8600
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

Additional Data

Software ID: 14000329
Software Version: 2014v1.0
EIN: 45-3481327
Name: Miami Children's Health System Inc

Form 990EZ, Part V, Line 42b - If "Yes," enter the name of the foreign country:

Country
CJ
EI

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization Miami Children's Health System Inc	Employer identification number 45-3481327
--	--

Part I

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

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

1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2

☐

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

3

☐

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

4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7

☐

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8

☐

A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9

☐

An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10

☐

An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11

☒

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g

a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**

b

☒

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**

c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**

d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**

e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization

f

Enter the number of supported organizations 1

g

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 listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A) VARIETY CHILDREN'S HOSPITAL DBA NICKLAUS CHILDREN'S HOSPITAL	590638499	3	Yes		0	0
Total 1					0	

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 Total support Add lines 7 through 10						
12 Gross receipts from related activities, etc (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						▶

Section C. Computation of Public Support Percentage			
14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14		
15 Public support percentage for 2013 Schedule A, Part II, line 14	15		
16a 33 1/3% support test—2014. 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—2013. 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—2014. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
b 10%-facts-and-circumstances test—2013. 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization			▶
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			▶

Part IIISupport Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(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 VI.)						
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 section 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2014. 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—2013. 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 Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1 Yes	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2	No
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a	No
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.	3b	
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.	3c	
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a	No
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b	
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c	
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a	No
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b	
c Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c	
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	6	No
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7	No
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part II of Schedule L (Form 990).	8	No
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .	9a	No
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .	9b	No
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .	9c	No
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer b below.	10a	No
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).	10b	
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a	No
b A family member of a person described in (a) above?	11b	No
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c	No

Part IV

Supporting Organizations (continued)

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	Yes	

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 <u>Activities Test</u> Answer (a) and (b) below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3 <u>Parent of Supported Organizations</u> Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V – Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI) _____		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required--see instructions)			
3 Excess distributions carryover, if any, to 2014			
a From 2009.			
b From 2010.			
c From 2011.			
d From 2012.			
e From 2013.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2014 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2014, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
6 Remaining underdistributions for 2014 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3j and 4c			
8 Breakdown of line 7			
a From 2010.			
b From 2011.			
c From 2012.			
d From 2013.			
e From 2014.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference

Explanation

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 990-EZ 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

2014

**Open to Public
Inspection**

Name of the organization Miami Children's Health System Inc	Employer identification number 45-3481327
--	--

990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990-EZ, Part II, Line 26b Total Liabilities	ACCOUNTS PAYABLE - BOY 0,EOY 50,