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.

<table>
<thead>
<tr>
<th>Form</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>990</td>
<td>Return of Organization Exempt From Income Tax</td>
</tr>
</tbody>
</table>

**Activities & Governance**

<table>
<thead>
<tr>
<th>Year of Formation</th>
<th>Current Year</th>
<th>Prior Year</th>
<th>Beginning of Current Year</th>
<th>End of Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Net Assets or Fund Balances**

<table>
<thead>
<tr>
<th>Part</th>
<th>Summary</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Total assets (Part X, line 16)</td>
</tr>
<tr>
<td>1b</td>
<td>Total liabilities (Part X, line 26)</td>
</tr>
<tr>
<td>1c</td>
<td>Revenue less expenses. Subtract line 18 from line 12</td>
</tr>
<tr>
<td>1d</td>
<td>Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)</td>
</tr>
<tr>
<td>1e</td>
<td>Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)</td>
</tr>
<tr>
<td>1f</td>
<td>Total fundraising expenses (Part IX, column (D), line 25)</td>
</tr>
<tr>
<td>1g</td>
<td>Professional fundraising fees (Part IX, column (A), line 11e)</td>
</tr>
<tr>
<td>1h</td>
<td>Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)</td>
</tr>
<tr>
<td>1i</td>
<td>Benefits paid to or for members (Part IX, column (A), line 4)</td>
</tr>
<tr>
<td>1j</td>
<td>Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)</td>
</tr>
<tr>
<td>1k</td>
<td>Program service revenue (Part VIII, line 2g)</td>
</tr>
<tr>
<td>1l</td>
<td>Contributions and grants (Part VIII, line 1h)</td>
</tr>
<tr>
<td>1m</td>
<td>Grants and similar amounts paid (Part IX, column (A), lines 1-3)</td>
</tr>
<tr>
<td>1n</td>
<td>Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td>
</tr>
</tbody>
</table>

**Net Assets or Fund Balances**

<table>
<thead>
<tr>
<th>Part</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a</td>
<td>Net assets or fund balances. Subtract line 21 from line 20</td>
</tr>
<tr>
<td>2b</td>
<td>Other gains and losses (must equal Part IX, column (C), line 24)</td>
</tr>
<tr>
<td>2c</td>
<td>Unrelated business taxable income from Form 990-T, line 34</td>
</tr>
<tr>
<td>2d</td>
<td>Total number of volunteers (estimate if necessary)</td>
</tr>
</tbody>
</table>

**Return of Organization Exempt From Income Tax**

**CARE MOTHERS FOUNDATION**

**Form 990**

**Public Disclosure Copy**

**Return of Organization Exempt From Income Tax**

**2013**

**Name of organization**

**Type or print name and title**

**Number and street**

**Telephone number**

**Signature of officer**

**Date**

**City or town, state or province, country, and ZIP or foreign postal code**

**Net assets or fund balances. Subtract line 21 from line 20**

**Total liabilities (Part X, line 26)**

**Total assets (Part X, line 16)**

**Revenue less expenses. Subtract line 18 from line 12**

**Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)**

**Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)**

**Total fundraising expenses (Part IX, column (D), line 25)**

**Professional fundraising fees (Part IX, column (A), line 11e)**

**Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)**

**Benefits paid to or for members (Part IX, column (A), line 4)**

**Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**

**Program service revenue (Part VIII, line 2g)**

**Contributions and grants (Part VIII, line 1h)**

**Grants and similar amounts paid (Part IX, column (A), lines 1-3)**

**Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)**

**Number of independent voting members of the governing body (Part VI, line 1b)**

**Number of voting members of the governing body (Part VI, line 1a)**

**Briefly describe the organization's mission or most significant activities:**

**Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets.**

**Check this box if the organization plans to disband in the current year.**

**If "No," attach a list. (see instructions)**

**Is this a group return for subordinates? Name and address of principal officer:**

**For Paperwork Reduction Act Notice, see the separate instructions.**

**OMB No. 1545-0047**

**Inspector General of the Treasury Department**

Form 990 (2013)
**Statement of Program Service Accomplishments Part III**

**SHRINERS HOSPITALS FOR CHILDREN 36-2193608**

**2013**

**TREATMENT OF PEDIATRIC BURN VICTIMS**

- Admissions: 885
- Outpatient clinic visits: 15,758 at 2 Burn Hospitals and one Hospital that specializes in both Burn and Orthopaedic Services.
- Outpatient clinic surgeries: 2,078

**TREATMENT OF ORTHOPAEDIC PATIENTS**

- Admissions: 11,612
- Outpatient clinic visits: 252,812 at 16 Orthopaedic Hospitals and one Hospital that specializes in both Orthopaedic and Burn Services.
- Outpatient clinic surgeries: 9,544

**MEDICAL RESEARCH**

- 138 Research projects were funded.
- 23 Research fellowships were provided.
- Shriners Hospitals for Children is committed to the sustained investment in clinically useful research so that fundamental knowledge can be acquired, improving the quality of life for children with Orthopaedic, Burn and Spinal Cord Injuries.

---

Additional notes:

1. The organization undertakes any significant program services during the year which were not listed on Schedule O.
2. Did the organization undertake any significant program services during the year which were not listed on Schedule O?
3. Did the organization make any significant changes in how it conducts any program services?
4. Did the organization make any significant changes in how it conducts any program services?
5. Did the organization undertake any significant program services during the year which were not listed on Schedule O?
<table>
<thead>
<tr>
<th>Part IV Checklist of Required Schedules</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?</td>
</tr>
<tr>
<td>2. Is the organization a school described in section 170(b)(1)(A)(ii)?</td>
</tr>
<tr>
<td>3. Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent or other endowments, or other such funds?</td>
</tr>
<tr>
<td>4. Did the organization, directly or through a related organization, hold assets in a private foundation?</td>
</tr>
<tr>
<td>5. Was the organization required to complete Schedule G, Unrelated Business Taxable Income?</td>
</tr>
<tr>
<td>6. Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for related organization?</td>
</tr>
<tr>
<td>7. 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?</td>
</tr>
<tr>
<td>8. Did the organization report an amount for other liabilities in Part X, line 25?</td>
</tr>
<tr>
<td>9. 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?</td>
</tr>
<tr>
<td>10. 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?</td>
</tr>
<tr>
<td>11. Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1a through 1d?</td>
</tr>
<tr>
<td>12. 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?</td>
</tr>
<tr>
<td>13. Did the organization have aggregate revenues of expenses of more than $10,000 from unrelated service activities outside the United States of $100,000 or more?</td>
</tr>
<tr>
<td>14. Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to determine the investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more?</td>
</tr>
<tr>
<td>15. Did the organization maintain an office, employees, or agents outside of the United States?</td>
</tr>
<tr>
<td>16. Did the organization report an amount in Part X, line 7b, for grants or other assistance to or for any individual resident of a foreign country?</td>
</tr>
<tr>
<td>17. Did the organization maintain an office, employees, or agents outside of the United States?</td>
</tr>
<tr>
<td>18. Did the organization report an amount for other liabilities in Part X, line 25?</td>
</tr>
<tr>
<td>19. 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?</td>
</tr>
<tr>
<td>20. Did the organization operate one or more hospital facilities?</td>
</tr>
</tbody>
</table>
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Did the organization conduct more than 5% of its activities through an entity that is not a related organization within the meaning of section 512(b)(13)?

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations?

Was the organization related to any tax-exempt or taxable entity?

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV):
- A current or former officer, director, trustee, or key employee? A family member of a current or former officer, director, trustee, or key employee?
- A current or former officer, director, trustee, or key employee? A family member of a current or former officer, director, trustee, or key employee?
- A current or former officer, director, trustee, or key employee? A family member of a current or former officer, director, trustee, or key employee?
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- A current or former officer, director, trustee, or key employee? A family member of a current or former officer, director, trustee, or key employee?

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?

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?

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

Did the organization liquidate, terminate, or dissolve and cease operations?

Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?

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?

Did the organization report more than $5,000 of grants or other assistance to any domestic organization or a foreign organization?

Did the organization engage in an excess benefit transaction with a
- Insurer/Reinsurer?
- Government?
- Labor organization?
- Trade association?
- Cult or Other Religious Activity?
- Person, entity, or official of the organization?

Did the organization report more than $25,000 in non-cash contributions?

Did the organization receive more than $25,000 in non-cash contributions?

Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Did the organization conduct more than 5% of its activities through an entity that is not a related organization within the meaning of section 512(b)(13)?

Was the organization related to any tax-exempt or taxable entity?

Did the organization have a controlled entity within the meaning of section 512(b)(13)?

Was the organization related to any tax-exempt or taxable entity?
**Part V Statements Regarding Other IRS Filings and Tax Compliance**

**Did the organization receive any payments for indoor tanning services during the tax year?**

Enter the amount of reserves on hand

**Is the organization licensed to issue qualified health plans in more than one state?**

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

**Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities**

**Did the organization receive a contribution of cars, boats, airplanes, or other vehicles?**

Did the organization file a Form 1098-C?

**Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?**

**Did the organization receive any contributions that were not tax deductible?**

**Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?**

Is the organization a party to a prohibited tax shelter transaction at any time during the tax year?

**Are the organization’s gross receipts normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?**

**Did the organization have unrelated business gross income of $1,000 or more during the year?**

**Did the organization have unrelated business holdings at any time during the year?**

**Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?**

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**Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?**

**Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?**

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

**Did the organization file a Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts?**

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)?

**Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable**

**Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements**

**Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming?**

**Did the organization file all required federal employment tax returns?**

If the sum of lines 1a and 2a is greater than 250, you may be required to (see instructions)
**Section A. Governing Body and Management**

- Did the organization have members or stockholders? (Yes/No)

- 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? (Yes/No)

- Did the organization have members, stockholders, or other persons who could control the policies of the organization? (Yes/No)

- Did the organization have members, stockholders, or other persons who could influence the policies of the organization? (Yes/No)

- Did the organization become aware during the year of a significant diversion of the organization's assets? (Yes/No)

- 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? (Yes/No)

**Section B. Policies**

- Did the organization have written policies and procedures governing the activities of such chapters, affiliates, or other parts of the organization? (Yes/No)

- Did the organization have written policies and procedures governing the activities of its officers, directors, trustees, and key employees? (Yes/No)

- Did the organization have written policies and procedures governing the activities of its officers, directors, trustees, and key employees? (Yes/No)

- Did the organization have a written whistleblower policy? (Yes/No)

- Did the organization regularly and consistently monitor and enforce compliance with the policy? (Yes/No)

- Did the organization have written policies and procedures governing the activities of such chapters, affiliates, or other parts of the organization? (Yes/No)

- Did the organization have written policies and procedures governing the activities of its officers, directors, trustees, and key employees? (Yes/No)

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- Did the organization have written policies and procedures governing the activities of its officers, directors, trustees, and key employees? (Yes/No)

**Section C. Disclosure**

- Did the organization have written policies that require the organization’s top 20 employees to disclose annually interests that could give rise to conflicts of interest? (Yes/No)

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- Did the organization have written policies that require the organization’s top 20 employees to disclose annually interests that could give rise to conflicts of interest? (Yes/No)
### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compenesated

#### Part VII

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 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 key employees, if any. See instructions for definition of “key employee.”**
- **List the organization’s five 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 officers, key employees, and 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 of the organization who received more than $10,000 of reportable compensation from the organization and any related organizations.**

<table>
<thead>
<tr>
<th>Position</th>
<th>Name and Title</th>
<th>Average Hours per Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIRECTOR</td>
<td>Jack Jones</td>
<td>15.00</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td>Douglas Maxwell</td>
<td>35.00</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td>Alan Madsen</td>
<td>5.00</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td>John Cinotto</td>
<td>5.00</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td>Dale Stauss</td>
<td>5.00</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td>Jerry Gantt</td>
<td>5.00</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td>Chris Smith</td>
<td>5.00</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td>Gary Bergen</td>
<td>5.00</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td>Jim Cain</td>
<td>6.00</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td>John Ottono</td>
<td>5.00</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td>Chris Smith</td>
<td>5.00</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td>Arctic Jones</td>
<td>5.00</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td>John Ottono</td>
<td>6.00</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td>Douglas Market</td>
<td>5.00</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td>Jim Cain</td>
<td>5.00</td>
</tr>
<tr>
<td>TRUSTEE</td>
<td>Jack Jones</td>
<td>5.00</td>
</tr>
</tbody>
</table>

#### Footnotes
- Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.
- Form (2013) Page 7
- SHRINERS HOSPITALS FOR CHILDREN 36-2193608

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Additional notes and explanations may be found in the document.
Form 990 (2013)  
SHRINERS HOSPITALS FOR CHILDREN 36-2193608  
2013, 04000 SHRINERS HOSPITALS FOR CHILD 67351  
15270710 144584 67351

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

<table>
<thead>
<tr>
<th>Name and title</th>
<th>Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(a)</td>
<td>(b)</td>
<td>(c)</td>
<td>(d)</td>
</tr>
<tr>
<td>JOSEPH SAVAGLIO</td>
<td>5.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>SKIP STANAWAY</td>
<td>5.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>JOHN MCCABE</td>
<td>40.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>MICHAEL ALONA</td>
<td>40.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>KEVIN YAKUBOFF</td>
<td>40.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>DENNIS GROGAN</td>
<td>40.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>PETER ARMSTRONG</td>
<td>40.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>JOHN LORANT</td>
<td>40.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>JOHN LONGHORN</td>
<td>665.50</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>BRIAN KAVANAGH</td>
<td>60.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>DENNIS STIMPSON</td>
<td>60.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>JOHN SCHRADER</td>
<td>60.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>MICHAEL LUCIA</td>
<td>60.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>JOHN CONROY</td>
<td>60.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>JOHN STANLEY</td>
<td>60.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>JOHN MACKAY</td>
<td>0.0</td>
<td>0.0</td>
<td>0.0</td>
</tr>
<tr>
<td>JOHN CONROY</td>
<td>60.00</td>
<td>0.0</td>
<td>0.0</td>
</tr>
</tbody>
</table>

**Part VII**

<table>
<thead>
<tr>
<th>Name and business address</th>
<th>Description of services</th>
<th>Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>S WILSON AND CO</td>
<td>CONSTRUCTION SERVICES</td>
<td>9,388,042</td>
</tr>
<tr>
<td>UTMB AT GALVESTON</td>
<td>MEDICAL SERVICES</td>
<td>8,127,019</td>
</tr>
<tr>
<td>JJ HEALTHCARE SYSTEMS</td>
<td>MEDICAL SUPPLIES</td>
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## Part VIII Statement of Revenue

**Contributions, Gifts, Grants, and Other Similar Amounts**

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<th>Description</th>
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<tr>
<td>a</td>
<td>Contributions</td>
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<td>b</td>
<td>Gifts</td>
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**Program Service Revenue**

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<td>Related organizations</td>
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<td>Exempt function</td>
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<td>Unrelated business</td>
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<td>Net income or (loss)</td>
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**Other Revenue**

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<td>Investment income</td>
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<td>Rental income or (loss)</td>
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<td>Net income or (loss)</td>
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<td>Miscellaneous Revenue</td>
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**Total Revenue**

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<td>Total revenue</td>
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__Noncash contributions included in lines 1a-1f: $332,009__

__Total revenue: $210,375,005__
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<td>Liabilities</td>
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Organizations that follow SFAS 117 (ASC 958), check here and complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34.

**Net Assets or Fund Balances**

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<td>Cash - non-interest-bearing</td>
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<td>28</td>
<td>Savings and temporary cash investments</td>
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<td>29</td>
<td>Pledges and grants receivable, net</td>
</tr>
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<td>30</td>
<td>Accounts receivable, net</td>
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<tr>
<td>31</td>
<td>Loans and other receivables from current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L</td>
</tr>
<tr>
<td>32</td>
<td>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 instr). Complete Part II of Sch L</td>
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<td>33</td>
<td>Notes and loans receivable, net</td>
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<tr>
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<td>Inventories for sale or use</td>
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<td>Prepaid expenses and deferred charges</td>
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<tr>
<td>36</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
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<td>37</td>
<td>Less: accumulated depreciation</td>
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<td>38</td>
<td>Investments - publicly traded securities</td>
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<td>39</td>
<td>Investments - other securities. See Part IV, line 11</td>
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<tr>
<td>40</td>
<td>Investments - program-related. See Part IV, line 11</td>
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<td>Add lines 1 through 15 (must equal line 34)</td>
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<tr>
<td>46</td>
<td>Deferred revenue</td>
</tr>
<tr>
<td>47</td>
<td>Tax-exempt bond liabilities</td>
</tr>
<tr>
<td>48</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
</tr>
<tr>
<td>49</td>
<td>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</td>
</tr>
<tr>
<td>50</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
</tr>
<tr>
<td>51</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
</tr>
<tr>
<td>52</td>
<td>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</td>
</tr>
<tr>
<td>53</td>
<td>Add lines 17 through 25</td>
</tr>
<tr>
<td>54</td>
<td>Unrestricted net assets</td>
</tr>
<tr>
<td>55</td>
<td>Temporarily restricted net assets</td>
</tr>
<tr>
<td>56</td>
<td>Permanently restricted net assets</td>
</tr>
<tr>
<td>57</td>
<td>Capital stock or trust principal, or current funds</td>
</tr>
<tr>
<td>58</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
</tr>
<tr>
<td>59</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
</tr>
<tr>
<td>60</td>
<td>Total net assets or fund balances</td>
</tr>
</tbody>
</table>

Form 990 (2013) Page Balance Sheet Part X

Check if Schedule O contains a response or note to any line in this Part X.
Form 990 (2013) Page 12

Part XI Reconciliation of Net Assets

<table>
<thead>
<tr>
<th>2013.44584</th>
<th>SHRINERS HOSPITALS FOR CHILDREN</th>
<th>671511</th>
</tr>
</thead>
<tbody>
<tr>
<td>2a. Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>7,320,958,346.</td>
<td></td>
</tr>
<tr>
<td>2b. Total expenses (must equal Part IX, column (A), line 25)</td>
<td>648,622,237.</td>
<td></td>
</tr>
<tr>
<td>2c. Revenue less expenses. Subtract line 2b from line 2a</td>
<td>6,672,336,109.</td>
<td></td>
</tr>
</tbody>
</table>

Form X in Schedule O contains a response or note to any line in this Part XI.

Part XII Financial Statements and Reporting

Yes No

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

Total revenue (must equal Part VIII, column (A), line 12) 7,320,958,346.
Total expenses (must equal Part IX, column (A), line 25) 648,622,237.
Revenue less expenses. Subtract line 2b from line 2a 6,672,336,109.
Net unrealized gains (losses) on investments 84,392,067.
Donated services and use of facilities 8,116,399,442.
Investment expenses 434,122,545.
Prior period adjustments 276,926,484.
Other changes in net assets or fund balances (explain in Schedule O) 84,392,067.
Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, column (B)) 8,525,468,722.

Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 925,548,721.

Was the organization's financial statements compiled or reviewed by an independent accountant? Yes No

If "Yes," check a box below to indicate whether the financial statements for the year were compiled on a separate basis, consolidated basis, or both:

Separate basis \checkmark
Consolidated basis
Neither

If "Yes," were the financial statements consolidated? Yes No

If "Yes," check a box below to indicate whether the financial statements were consolidated or reviewed on a separate basis, consolidated basis, or both:

Separate basis \checkmark
Consolidated basis
Neither

Was the organization's financial statements audited by an independent accountant? Yes No

If "Yes," check a box below to indicate whether the financial statements were audited on a separate basis, consolidated basis, or both:

Separate basis \checkmark
Consolidated basis
Neither

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? Yes No

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

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? Yes No

If "Yes," did the organization undergo the required audit or audits? Yes No

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.

Form (2013) Page 9 of 90

1570710 144584 671511 12-29-13

Page 12
### Schedule A (Form 990 or 990-EZ) 2013

**Part I** Reason for Public Charity Status

<table>
<thead>
<tr>
<th>Reason for Public Charity Status</th>
<th>Yes</th>
<th>No</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A person who directly or indirectly controls, either alone or together with persons described in (i) and (ii), a 50% or greater proportion of the board of directors of the supported organization</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A family member of a person described in (i) above</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The organization is not a private foundation because it is:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(i) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i)</td>
<td></td>
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<td></td>
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<tr>
<td>(ii) A school described in section 170(b)(1)(A)(ii)</td>
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</tr>
<tr>
<td>(iii) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>(iv) A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iv)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>(v) 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)(v)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>(vi) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(vi)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>(vii) 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)(vii)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(viii) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from admissions to events described in section 170(b)(1)(A)(viii)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(ix) An organization that normally receives 33 1/3% or more 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 described in section 170(b)(1)(A)(ix)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(x) An organization operated or managed 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)(2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(xi) An organization operated or managed 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)(2)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(xii) An organization organized and operated exclusively to test for public safety described in section 509(a)(4)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(xiii) 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)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(xiv) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from admissions to events described in section 170(b)(1)(A)(xvi)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(xv) An organization organized and operated exclusively to test for public safety</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(xvi) 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)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Type of organization**

Type I Type II Type III - Functionally integrated Type III - Non-functionally integrated

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. 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)

The organization is not a private foundation because it is:

1. A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iv) that entered into a joint venture agreement with a hospital described in section 170(b)(1)(A)(iv)
2. A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iv) that entered into an agreement under section 170(h)(5)(C)
3. A hospital that was acquired by a public charity described in section 170(b)(1)(A)(iv)
4. A hospital that was acquired by a public charity described in section 170(b)(1)(A)(iv)
5. A hospital that was acquired by a public charity described in section 170(b)(1)(A)(iv)
6. A hospital that was acquired by a public charity described in section 170(b)(1)(A)(iv)
7. A hospital that was acquired by a public charity described in section 170(b)(1)(A)(iv)
8. A hospital that was acquired by a public charity described in section 170(b)(1)(A)(iv)
9. A hospital that was acquired by a public charity described in section 170(b)(1)(A)(iv)
10. A hospital that was acquired by a public charity described in section 170(b)(1)(A)(iv)

**Name of Supported Organization**

<table>
<thead>
<tr>
<th>Name of Supported Organization</th>
<th>EIN</th>
<th>Amount of Monetary Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHRINERS HOSPITALS FOR CHILDREN</td>
<td>36-2193608</td>
<td>$671,511</td>
</tr>
</tbody>
</table>

**Schedule A (Form 990 or 990-EZ)**

[Form 990 or 990-EZ] Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

For Paperwork Reduction Act Notice, see the Instructions for Schedule A (Form 990 or 990-EZ).
### Schedule A (Form 990 or 990-EZ) 2013

**Section A. Public Support**

<table>
<thead>
<tr>
<th>Year</th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
<th>(f)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2010</td>
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<tr>
<td>2011</td>
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<tr>
<td>2012</td>
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<tr>
<td>2013</td>
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<td></td>
</tr>
</tbody>
</table>

**Section B. Total Support**

<table>
<thead>
<tr>
<th>Year</th>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
<th>(f)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2010</td>
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<td></td>
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<tr>
<td>2011</td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>2012</td>
<td></td>
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<tr>
<td>2013</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section C. Computation of Public Support Percentage**

<table>
<thead>
<tr>
<th>Year</th>
<th>%</th>
<th>Column (f)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
<th>(f)</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>2012</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2013</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Public Support Schedule**

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...

- The organization qualifies as a publicly supported organization.
- The organization meets the "facts-and-circumstances" test and the organization qualifies as a publicly supported organization.
- 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...
- The organization did not check a box on line 13, 16a, or 17a, and line 15 is 10% or more, check this box and...
- The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 33 1/3% or more, check this box and...

---

**Calendar year (or fiscal year beginning in)**

- **2013**

---

**Public support.**

- **33 1/3% support test - 2013.**
- **33 1/3% support test - 2012.**

---

**First five years.**

- **Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)).**
- **Public support percentage from 2012 Schedule A, Part II, line 14.**

---

**Private foundation.**

- **Schedule A (Form 990 or 990-EZ) 2013**
<table>
<thead>
<tr>
<th>Section</th>
<th>Description</th>
<th>2009</th>
<th>2010</th>
<th>2011</th>
<th>2012</th>
<th>2013</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Public support - Part II</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B</td>
<td>Total Support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>Computation of Public Support Percentage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D</td>
<td>Computation of Investment Income Percentage</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The organization qualifies as a publicly supported organization if:
1. The organization did not check the box on line 14, and line 15 is more than 33 1/3%. and line 16 is not more than 33 1/3%.
2. The organization did not check the box on line 19a, and line 17 is not more than 33 1/3%, and line 18 is not more than 33 1/3%.
3. The organization did not check a box on line 14, 19a, or 19b, and line 19b is more than 33 1/3%.

If the organization did not check the box on line 9 of Part I or if the organization failed to qualify under Part II, the organization must complete Part III of the Form 990 or 990-EZ.
Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

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

Certify that if the organization has more than $5,000 of contributions received from any one contributor during the year, complete Parts I and II.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See Instructions.

Check if your organization is covered by the General Rule or a Special Rule.

General Rule

Special Rules

For an organization that received more than $1,000 of contributions from any one contributor during the year, complete Parts I, II, and III.

Form 990 or 990-EZ

Name of the organization

Employer identification number

Organization number

Employer identification number

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and Attached to Form 990, Form 990-EZ, or Form 990-PF.

** PUBLIC DISCLOSURE COPY **

SHRINERS HOSPITALS FOR CHILDREN 36-2193608
**Part I Contributors**

<table>
<thead>
<tr>
<th>No.</th>
<th>Name, address, and ZIP + 4</th>
<th>Total contributions</th>
<th>Type of contribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>15270710 144584 67151</td>
<td>$12,891,500</td>
<td>Person</td>
</tr>
<tr>
<td>2</td>
<td>84320934</td>
<td>$8,492,092</td>
<td>Payroll</td>
</tr>
<tr>
<td>3</td>
<td>12345678</td>
<td>$12,932,090</td>
<td>Noncash</td>
</tr>
<tr>
<td>4</td>
<td>89012345</td>
<td>$12,891,500</td>
<td>Person</td>
</tr>
<tr>
<td>5</td>
<td>12345678</td>
<td>$8,492,092</td>
<td>Payroll</td>
</tr>
<tr>
<td>6</td>
<td>12345678</td>
<td>$12,891,500</td>
<td>Noncash</td>
</tr>
<tr>
<td>7</td>
<td>12345678</td>
<td>$12,891,500</td>
<td>Person</td>
</tr>
<tr>
<td>8</td>
<td>84320934</td>
<td>$8,492,092</td>
<td>Payroll</td>
</tr>
<tr>
<td>9</td>
<td>12345678</td>
<td>$12,891,500</td>
<td>Noncash</td>
</tr>
</tbody>
</table>

(Complete Part II for noncash contributions.)
<table>
<thead>
<tr>
<th>No. from Part I</th>
<th>Description of noncash property given</th>
<th>Date received</th>
<th>FMV (or estimate)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
Name of organization

Employer Identification number

Complete columns through the following line entry. For organizations completing Part III, enter the total of religious, charitable, etc., contributions for the year.

Schedule B (Form 990, 990-EZ, or 990-PF) (2013)
<table>
<thead>
<tr>
<th>Part</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>III</td>
<td>Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.</td>
</tr>
<tr>
<td></td>
<td>Conservation Easements.</td>
</tr>
</tbody>
</table>

**Yes**  **No**

1. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of conservation easements?

2. Does the organization informValunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year:

3. Number of conservation easements held at the end of the tax year:

4. Number of conservation easements reported in (a) section 170(h)(4)(B)(i), and (b) section 170(h)(4)(B)(ii)?

5. Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i)?

6. Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year:

7. Does the organization include, if applicable, the text of the footnote to its financial statements that describes the organization’s accounting for conservation easements?

8. Does the organization include, if applicable, the text of the footnote to its financial statements that describes these items:

9. Does the organization include, if applicable, the text of the footnote to its financial statements that describes these items:

10. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of conservation easements?
### Part III: Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets

#### Schedule D (Form 990) 2013

<table>
<thead>
<tr>
<th>Description of Property</th>
<th>Cost or Other Basis (investment)</th>
<th>Cost or Other Basis (other)</th>
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<th>Book Value</th>
<th>Cost or Other Basis (other)</th>
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### Part IV: Escrow and Custodial Arrangements

#### Schedule D (Form 990) 2013

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<th>Description of Property</th>
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<th>Cost or Other Basis (other)</th>
<th>Accumulated Depreciation</th>
<th>Book Value</th>
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### Part V: Endowment Funds

#### Schedule D (Form 990) 2013

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<th>Cost or Other Basis (other)</th>
<th>Accumulated Depreciation</th>
<th>Book Value</th>
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</thead>
<tbody>
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</table>

### Part VI: Land, Buildings, and Equipment

#### Schedule D (Form 990) 2013

<table>
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<th>Description of Property</th>
<th>Cost or Other Basis (investment)</th>
<th>Cost or Other Basis (other)</th>
<th>Accumulated Depreciation</th>
<th>Book Value</th>
<th>Cost or Other Basis (other)</th>
<th>Accumulated Depreciation</th>
<th>Book Value</th>
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<tbody>
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**Schedule D (Form 990) 2013**

**Total**

- Part I: Land, Buildings, and Equipment
- Part II: Endowment Funds
- Part III: Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets
- Part IV: Escrow and Custodial Arrangements
- Part V: Endowment Funds
- Part VI: Land, Buildings, and Equipment
### Schedule D (Form 990) 2013

<table>
<thead>
<tr>
<th>Description of Security or Category</th>
<th>Book Value</th>
<th>Method of Valuation</th>
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</thead>
<tbody>
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</table>

### Part IX Other Liabilities

<table>
<thead>
<tr>
<th>Description of Liability</th>
<th>Book Value</th>
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<tbody>
<tr>
<td>(a)</td>
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### Part X Other Assets

<table>
<thead>
<tr>
<th>Description of Investment</th>
<th>Book Value</th>
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<tbody>
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<td>(a)</td>
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</tbody>
</table>

### Part VIII Investments - Other Securities

<table>
<thead>
<tr>
<th>Description of Investment</th>
<th>Book Value</th>
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<tbody>
<tr>
<td>(a)</td>
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</table>

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Schedule D (Form 990) 2013

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

<table>
<thead>
<tr>
<th>Description of Security or Category</th>
<th>Book Value</th>
<th>Method of Valuation</th>
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<tbody>
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</table>

### Part XII Beneficial Interests in Trusts

<table>
<thead>
<tr>
<th>Description of Trust Interest</th>
<th>Book Value</th>
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<tbody>
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<td>(a)</td>
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</table>

### Part XIII Estates in Process

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<th>Description of Estate</th>
<th>Book Value</th>
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### Part XIV Federal Income Taxes

<table>
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<tr>
<th>Description of Liability</th>
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<tbody>
<tr>
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Part VII Investments - Program Related

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<th>Description of Investment</th>
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Other Securities

<table>
<thead>
<tr>
<th>Description of Security</th>
<th>Book Value</th>
</tr>
</thead>
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<tr>
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Page 3

Schedule D (Form 990) 2013

SHRINERS HOSPITALS FOR CHILDREN 36-2193608

2013.04.000 SHRINERS HOSPITALS FOR CHILDREN 671511

36-2193608

Page 3
Schedule D (Form 990) 2013

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

**Total revenue, gains, and other support per audited financial statements**

Amounts included on line 1 but not on Form 990, Part VIII, line 12:

- Net unrealized gains on investments
- Donated services and use of facilities
- Recoveries of prior year grants
- Other (Describe in Part XIII.)

Add lines through ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
Subtract line from line ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

Amounts included on Form 990, Part VIII, line 12, but not on line 1:

- Investment expenses not included on Form 990, Part VIII, line 7b
- Other (Describe in Part XIII.)

Add lines and ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

**Total revenue. Add lines and ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

**Total expenses and losses per audited financial statements**

Amounts included on line 1 but not on Form 990, Part IX, line 25:

- Donated services and use of facilities
- Prior year adjustments
- Other losses
- Other (Describe in Part XIII.)

Add lines through
Subtract line from line

Amounts included on Form 990, Part IX, line 25, but not on line 1:

- Investment expenses not included on Form 990, Part VIII, line 7b
- Other (Describe in Part XIII.)

Add lines and ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~

**Total expenses. Add lines and ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~**

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.

**PART XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.**

**PART XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.**

**PART XIII Supplemental Information.**

EXPLANATION: THE ENDOWMENT FUNDS (INCLUDING UNRESTRICTED FUND BALANCES) ARE THE PRIMARY SOURCE OF SUPPORT FROM WHICH SHRINERS HOSPITALS FOR CHILDREN PERFORMS ITS PROGRAM SERVICES TO ACHIEVE ITS PRIMARY EXEMPT PURPOSE.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

- SPECIAL EVENTS EXPENSES RECLASSIFIED FROM EXPENSES - 477,350.
- OTHER CHANGES - 379,498.
- LIFE MEMBERSHIPS INCOME FROM CHANGE IN FUND BALANCE - 98,211.
- RECLASSIFIED INVESTMENT EXPENSES - 12,484,900.
- TOTAL TO SCHEDULE D, PART XI, LINE 4B - 11,726,263.

PART XII, LINE 2 - OTHER ADJUSTMENTS:

- Donation revenue included on line 1 but not on Form 990, Part VIII, line 25.
- Other revenues and expenses per audited financial statements.

PART XIII, LINE 1:

- Total expenses and losses per audited financial statements.

PART XIII, LINE 4:

- Other (Describe).

PART XIII, LINE 12:

- Other loss.

PART XIII, LINE 13:

- Other gain.

PART XIII, LINE 14:

- Other revenue.

PART XIII, LINE 15:

- Other income.

PART XIII, LINE 16:

- Other expenses.

PART XIII, LINE 17:

- Other gains.

PART XIII, LINE 18:

- Other losses.

PART XIII, LINE 19:

- Other revenue.

PART XIII, LINE 20:

- Other expenses.

PART XIII, LINE 21:

- Other gains.

PART XIII, LINE 22:

- Other losses.

PART XIII, LINE 23:

- Other revenue.

PART XIII, LINE 24:

- Other expenses.
<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Part XII, Line 2D - Other Adjustments: Special Events Expenses Reclassified to Net with Revenues</td>
<td>477,350.</td>
</tr>
<tr>
<td>Part XII, Line 4B - Other Adjustments: Bank Fees Reclassified from Revenues</td>
<td>12,484,900.</td>
</tr>
<tr>
<td>Part XIII, Supplemental Information</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Change in Minimum Pension Liability:</td>
<td>124,173,204</td>
</tr>
<tr>
<td>Transfers:</td>
<td></td>
</tr>
<tr>
<td>Massachusetts Corporation = (22,336,842)</td>
<td></td>
</tr>
<tr>
<td>SHRINERS HOSPITALS FOR CHILDREN, A MEXICAN CORPORATION = (13,683,320)</td>
<td></td>
</tr>
<tr>
<td>SHRINERS HOSPITALS FOR CHILDREN, A CANADIAN CORPORATION = (8,140,680)</td>
<td></td>
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<tr>
<td>SHRINERS HOSPITALS FOR CHILDREN, A</td>
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<td></td>
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</tr>
<tr>
<td>Change in Patient Transportation Funds:</td>
<td>2,932,318</td>
</tr>
<tr>
<td>Change in Minimum Pension Liability</td>
<td>124,173,204</td>
</tr>
<tr>
<td>Part IV, Line 2B - Explanation:</td>
<td>The amount included on Form 990, Part X, Line 21 consists of annuity, deferred income is recognized on gifts to Shriner's Hospitals for Children, which are determined based on present value of the liabilities associated with charitable remainder trusts held by Shriner's Hospitals for Children.</td>
</tr>
</tbody>
</table>
The estimated time period until the donor's death, pooled income funds which represent the discounted value of the assets for

SHRINERS HOSPITALS FOR CHILDREN 36-2193608
### Part I: General Information on Activities Outside the United States

<table>
<thead>
<tr>
<th>Region</th>
<th>Number of offices in the region</th>
<th>Number of employees, agents, and independent contractors in region</th>
<th>Activities conducted in region (by type)</th>
<th>if activity listed in (d) is a program service, describe specific type of service(s) in region</th>
<th>Total expenditures for and investments in region</th>
<th>Sub-total</th>
<th>Total from continuation sheets to Part I</th>
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<tbody>
<tr>
<td>CANADA</td>
<td>1 252</td>
<td>2 583</td>
<td>SHRINERS FOR CHILDREN, FUNDING TO SHRINERS HOSPITALS FOR CHILDREN</td>
<td>Total expenditures for and investments in region</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MEXICO</td>
<td>1 331</td>
<td>2 583</td>
<td>SHRINERS PARA NINOS, A RELATED NONPROFIT</td>
<td>Total expenditures for and investments in region</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>
Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than $5,000. Part II can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th></th>
<th>(a) Name of organization</th>
<th>(b) IRS code section and EIN (if applicable)</th>
<th>(c) Region</th>
<th>(d) Purpose of grant</th>
<th>(e) Amount of cash grant</th>
<th>(f) Manner of cash disbursement</th>
<th>(g) Amount of non-cash assistance</th>
<th>(h) Description of non-cash assistance</th>
<th>(i) Method of valuation (book, FMV, appraisal, other)</th>
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<tr>
<td>2</td>
<td>Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter</td>
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<td>3</td>
<td>Enter total number of other organizations or entities</td>
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</table>

Schedule F (Form 990) 2013
Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered “Yes” on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Region</th>
<th>(c) Number of recipients</th>
<th>(d) Amount of cash grant</th>
<th>(e) Manner of cash disbursement</th>
<th>(f) Amount of non-cash assistance</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Method of valuation (book, FMV, appraisal, other)</th>
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<tr>
<td>Did the organization have any operations in a foreign country during the tax year?</td>
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<tr>
<td>Did the organization have an ownership interest in a foreign corporation during the tax year?</td>
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<tr>
<td>Did the organization have an ownership interest in a foreign partnership during the tax year?</td>
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</tr>
<tr>
<td>Did the organization have any operations in or related to any boycotting countries during the tax year?</td>
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</tbody>
</table>
Schedule F (Form 990) 2013

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3 (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

EXPLANATION: The foreign organizations receiving funding and entirely controlled by this organization's officers. The same protocols for this organization's program service initiatives apply to the foreign organizations.

PART V Supplemental Information

SHRINERS HOSPITALS FOR CHILDREN 36-2193608

2013.04000 SHRINERS HOSPITALS FOR CHILDREN
<table>
<thead>
<tr>
<th>Activity</th>
<th>Gross receipts</th>
<th>Amount paid to (or retained by) fundraiser listed in col. (v)</th>
<th>Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct mail solicitation</td>
<td>$9,146,639</td>
<td>$3,272,577</td>
<td>$5,874,062</td>
</tr>
<tr>
<td>Direct mail solicitation</td>
<td>$2,166,794</td>
<td>$664,339</td>
<td>$1,502,455</td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

- AL
- AK
- AZ
- AR
- CA
- CO
- CT
- DE
- DC
- FL
- GA
- HI
- ID
- IL
- IN
- IA
- KS
- KY
- LA
- ME
- MD
- MA
- MI
- MN
- MS
- MO
- MT
- NE
- NV
- NH
- NJ
- NM
- NY
- NC
- ND
- OH
- OK
- OR
- PA
- RI
- SC
- SD
- TN
- TX
- UT
- VT
- VA
- WA
- WV
- WI
- WY

2. 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 [X]  No [ ]

3. 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.

<table>
<thead>
<tr>
<th>Name and address of individual or entity (fundraiser)</th>
<th>Activity</th>
<th>Gross receipts</th>
<th>Amount paid to (or retained by) fundraiser listed in col. (v)</th>
<th>Amount paid to (or retained by) organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>EDGE DIRECT - 3030 WATERVIEW AVE., BALTIMORE, MD 21230</td>
<td>Direct mail solicitation</td>
<td>$9,146,639</td>
<td>$3,272,577</td>
<td>$5,874,062</td>
</tr>
<tr>
<td>LEO BURNETT - 35 WEST WACKER DRIVE, CHICAGO, IL 60601</td>
<td>Direct mail solicitation</td>
<td>$2,166,794</td>
<td>$664,339</td>
<td>$1,502,455</td>
</tr>
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<td>SHRINERS HOSPITALS FOR CHILDREN 36-2193608</td>
<td>Direct mail solicitation</td>
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</tbody>
</table>
### Part I Fundraising Events

<table>
<thead>
<tr>
<th>Event #1</th>
<th>Event #2</th>
<th>Other events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>Revenue</td>
<td>Revenue</td>
</tr>
<tr>
<td>Gross receipts</td>
<td>Less: Contributions</td>
<td>Gross income (line 1 minus line 2)</td>
</tr>
<tr>
<td>Direct Expenses</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash prizes</td>
<td>Noncash prizes</td>
<td>Rent/facility costs</td>
</tr>
<tr>
<td>Entertainment</td>
<td>Other direct expenses</td>
<td>Food and beverages</td>
</tr>
</tbody>
</table>

### Part II Gaming

<table>
<thead>
<tr>
<th>Event #1</th>
<th>Event #2</th>
<th>Other events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
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<td>Revenue</td>
</tr>
<tr>
<td>Gross revenue</td>
<td>Cash prizes</td>
<td>Noncash prizes</td>
</tr>
<tr>
<td>Entertainment</td>
<td>Other direct expenses</td>
<td>Food and beverages</td>
</tr>
</tbody>
</table>

### Part III Gaming

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<tr>
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<th>Event #2</th>
<th>Other events</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td>Revenue</td>
<td>Revenue</td>
</tr>
<tr>
<td>Gross income (line 1 minus line 2)</td>
<td>Cash prizes</td>
<td>Noncash prizes</td>
</tr>
<tr>
<td>Entertainment</td>
<td>Other direct expenses</td>
<td>Food and beverages</td>
</tr>
</tbody>
</table>

---

Other notes and explanations:

- Enter the state(s) in which the organization operates gaming activities.
- Is the organization licensed to operate gaming activities in each of these states?
- Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?
- Did the organization receive gaming revenue from an event that occurred in the current tax year?
Supplemental Information

Schedule G (Form 990 or 990-EZ) 2013 Page

Does the organization operate gaming activities with nonmembers?

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?

Indicate the percentage of gaming activity operated in:

- The organization's facility
- An outside facility

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

Gaming manager information:

- Name
- Gaming manager compensation
- Description of services provided
- Address
- Name
- Address
- Name
- Address
- Name

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

If “Yes,” enter the amount of gaming revenue received by the organization $ and the amount retained by the third party $. If “Yes,” enter name and address of the third party:

Mandatory distributions:

Is the organization required under state law to make charitable distributions from the gaming proceeds to a) retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization’s own exempt activities during the tax year $.

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).
### SHRINERS HOSPITALS FOR CHILDREN

#### Schedule H (Form 990)

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

<table>
<thead>
<tr>
<th>Section</th>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a</td>
<td>Did the organization have a financial assistance policy during the tax year?</td>
<td>Yes</td>
<td>No</td>
<td>Notes</td>
</tr>
<tr>
<td>1b</td>
<td>Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the medically indigent?</td>
<td>Yes</td>
<td>No</td>
<td>Notes</td>
</tr>
<tr>
<td>2</td>
<td>Did the organization use FPG as a factor in determining eligibility for providing care?</td>
<td>Yes</td>
<td>No</td>
<td>Notes</td>
</tr>
<tr>
<td>3a</td>
<td>Did the organization prepare a community benefit report during the tax year?</td>
<td>Yes</td>
<td>No</td>
<td>Notes</td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; did the organization make it available to the public?</td>
<td>Yes</td>
<td>No</td>
<td>Notes</td>
</tr>
<tr>
<td>4a</td>
<td>Did the organization have a written policy?</td>
<td>Yes</td>
<td>No</td>
<td>Notes</td>
</tr>
<tr>
<td>5a</td>
<td>Did the organization use FPG as a factor in determining eligibility for providing care?</td>
<td>Yes</td>
<td>No</td>
<td>Notes</td>
</tr>
<tr>
<td>5b</td>
<td>If &quot;Yes,&quot; was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care because of budget considerations?</td>
<td>Yes</td>
<td>No</td>
<td>Notes</td>
</tr>
<tr>
<td>6a</td>
<td>Did the organization prepare a community benefit report during the tax year?</td>
<td>Yes</td>
<td>No</td>
<td>Notes</td>
</tr>
<tr>
<td>6b</td>
<td>If &quot;Yes,&quot; was it a written policy?</td>
<td>Yes</td>
<td>No</td>
<td>Notes</td>
</tr>
<tr>
<td>7</td>
<td>Compare the organization's financial assistance policy to the Federal Poverty Guidelines for the appropriate area of the country.</td>
<td>Yes</td>
<td>No</td>
<td>Notes</td>
</tr>
</tbody>
</table>

#### Means-Tested Government Programs

**Worksheet 1**

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2012</td>
<td>$378,824,368</td>
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<td>2013</td>
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</tr>
</tbody>
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**Worksheet 2**

<table>
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<tbody>
<tr>
<td>2012</td>
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**Worksheet 7**

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#### Financial Assistance and Other Benefits

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#### Other Benefits

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### Financial Assistance and Certain Other Community Benefits at Cost

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### Financial Assistance and Certain Other Community Benefits at Cost

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</table>
Part I: Management Companies and Joint Ventures

Section 6. Management Companies and Joint Ventures.

Part II: Community Building Activities

Section B. Medicare

Part III: Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

Section B. Medicare

Section C. Collection Practices

Section D. Other

Part IV: Management Companies and Joint Ventures

Section E. Other

Schedule H (Form 990) 2013

Physical improvements and housing

If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI how the organization's collection policy during the tax year:

5. Enter total revenue received from Medicare (excluding DSH and IME).

3. Enter total revenue received from Medicare (excluding DSH and IME).

2. Did the organization have a written debt collection policy during the tax year?

1. Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

4. Provide in Part VI the text of the organization's financial statements that describes bad debt expense.

3. Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?

2. Enter total revenue received from Medicare (excluding DSH and IME).

1. Did the organization have a written debt collection policy during the tax year?

Schedule H (Form 990) 2013 Page 37
### Section A. Hospital Facilities

#### Schedule H (Form 990) 2013

**How many hospital facilities did the organization operate during the tax year?**

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Address</th>
<th>License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHRINERS HOSPITAL FOR CHILDREN-CHICAGO</td>
<td>2211 NORTH OAK PARK AVENUE, CHICAGO, IL 60707-3392</td>
<td>1900 NICHOLSON ROAD</td>
</tr>
<tr>
<td>SHRINERS HOSPITAL FOR CHILDREN-CINCINNATI</td>
<td>3229 BURNETT AVENUE, CINCINNATI, OH 45229-3095</td>
<td>4500</td>
</tr>
</tbody>
</table>
| SHRINERS HOSPITAL FOR CHILDREN-ERIE | 1645 WEST 8TH STREET, ERIE, PA 16505 | OUTPATIENT | 1310 PUNAHOU STREET, HONOLULU, HI 96826-1099 | 2013.04000 SHRINERS HOSPITALS FOR CHILD 671511 | 38
| SHRINERS HOSPITAL FOR CHILDREN-GALVESTON | 815 MARKET STREET, GALVESTON, TX 77550 | 7750 | |
| SHRINERS HOSPITAL FOR CHILDREN-GREENVILLE | 950 WEST FARIS ROAD, GREENVILLE, SC 29605 | 671511 | |
| SHRINERS HOSPITAL FOR CHILDREN-HOUSTON | 6977 MAIN STREET, HOUSTON, TX 77030-3701 | 671511 | |
| SHRINERS HOSPITAL FOR CHILDREN-LEXINGTON | 1900 RICHMOND ROAD, LEXINGTON, KY 40502 | 671511 | |
| SHRINERS HOSPITAL FOR CHILDREN-L.A. | 3160 GENEVA STREET, LOS ANGELES, CA 90020 | 671511 | |
| SHRINERS HOSPITAL FOR CHILDREN-PHILADELPHIA | 3551 NORTH BROAD STREET, PHILADELPHIA, PA 19140-4131 | 671511 | |
| SHRINERS HOSPITAL FOR CHILDREN-PITTSBURGH | 2323 DEKALB AVENUE, PITTSBURGH, PA 15213-2107 | 671511 | |
| SHRINERS HOSPITAL FOR CHILDREN-ROCHESTER | 100 MULBERRY STREET, ROCHESTER, NY 14604 | 671511 | |
| SHRINERS HOSPITAL FOR CHILDREN-SAN ANTONIO | 1300 DIABLO STREET, SAN ANTONIO, TX 78215 | 671511 | |
| SHRINERS HOSPITAL FOR CHILDREN-SAN FRANCISCO | 1000 LOMBARD STREET, SAN FRANCISCO, CA 94109 | 671511 | |
| SHRINERS HOSPITAL FOR CHILDREN-SAN DIEGO | 12124 BYRON STREET, SAN DIEGO, CA 92121 | 671511 | |
| SHRINERS HOSPITAL FOR CHILDREN-SEATTLE | 1111 WASHINGTON STREET, SEATTLE, WA 98101 | 671511 | |
| SHRINERS HOSPITAL FOR CHILDREN-TULSA | 1020 EAST 11TH STREET, TULSA, OK 74120 | 671511 | |
| SHRINERS HOSPITAL FOR CHILDREN-UTICA | 6607 MAIN STREET, UTICA, NY 13504-2207 | 671511 | |
| SHRINERS HOSPITAL FOR CHILDREN-VERMONT | 2000 SOUTH MAIN STREET, WORCESTER, MA 01606 | 671511 | |
| SHRINERS HOSPITAL FOR CHILDREN-VINELAND | 2010 WASHINGTON AVENUE, VINELAND, NJ 08360 | 671511 | |
| SHRINERS HOSPITAL FOR CHILDREN-WASHINGTON, D.C. | 2010 CHESTNUT STREET, WASHINGTON, D.C. 20001 | 671511 | |
| SHRINERS HOSPITAL FOR CHILDREN-WEST CHESTER | 1600 WASHINGTON AVENUE, WEST CHESTER, PA 19382 | 671511 | |
| SHRINERS HOSPITAL FOR CHILDREN-WEST PALM BEACH | 1100 SOUTH COUNTY ROAD, WEST PALM BEACH, FL 33401 | 671511 | |
| SHRINERS HOSPITAL FOR CHILDREN-WICHIT | 1320 SOUTH THOMPSON STREET, WICHIT, KS 67202 | 671511 | |
| SHRINERS HOSPITAL FOR CHILDREN-WILLIAMSBURG | 620 WASHINGTON AVENUE, WILLIAMSBURG, VA 23185 | 671511 | |
| SHRINERS HOSPITAL FOR CHILDREN-WILLIAMSBURG CHARLES CITY | 620 WASHINGTON AVENUE, WILLIAMSBURG, VA 23185 | 671511 | |
| SHRINERS HOSPITAL FOR CHILDREN-WINSTON-SALEM | 1200 SOLLER ROAD, WINSTON-SALEM, NC 27103 | 671511 | |
| SHRINERS HOSPITAL FOR CHILDREN-WOLCOTT | 100 HILL STREET, WOLCOTT, CT 06716 | 671511 | |
| SHRINERS HOSPITAL FOR CHILDREN-YORK | 1000 PINE STREET, YORK, PA 17404 | 671511 | |
| SHRINERS HOSPITAL FOR CHILDREN-ZANESVILLE | 800 1ST STREET, ZANESVILLE, OH 43701 | 671511 | |

#### Section B. Hospital Facilities

**List in order of size, from largest to smallest.**

1. SHRINERS HOSPITAL FOR CHILDREN-CHICAGO
2. SHRINERS HOSPITAL FOR CHILDREN-CINCINNATI
3. SHRINERS HOSPITAL FOR CHILDREN-ERIE
4. SHRINERS HOSPITAL FOR CHILDREN-GALVESTON
5. SHRINERS HOSPITAL FOR CHILDREN-GREENVILLE
6. SHRINERS HOSPITAL FOR CHILDREN-HOUSTON
7. SHRINERS HOSPITAL FOR CHILDREN-LEXINGTON
8. SHRINERS HOSPITAL FOR CHILDREN-L.A.
9. SHRINERS HOSPITAL FOR CHILDREN-PHILADELPHIA
10. SHRINERS HOSPITAL FOR CHILDREN-PITTSBURGH
11. SHRINERS HOSPITAL FOR CHILDREN-ROCHESTER
12. SHRINERS HOSPITAL FOR CHILDREN-SAN ANTONIO
13. SHRINERS HOSPITAL FOR CHILDREN-SAN FRANCISCO
14. SHRINERS HOSPITAL FOR CHILDREN-SAN DIEGO
15. SHRINERS HOSPITAL FOR CHILDREN-SEATTLE
16. SHRINERS HOSPITAL FOR CHILDREN-UTICA
17. SHRINERS HOSPITAL FOR CHILDREN-VINELAND
18. SHRINERS HOSPITAL FOR CHILDREN-VERMONT
19. SHRINERS HOSPITAL FOR CHILDREN-WASHINGTON, D.C.
20. SHRINERS HOSPITAL FOR CHILDREN-WEST CHESTER
21. SHRINERS HOSPITAL FOR CHILDREN-WEST PALM BEACH
22. SHRINERS HOSPITAL FOR CHILDREN-WICHIT
23. SHRINERS HOSPITAL FOR CHILDREN-WILLIAMSBURG
24. SHRINERS HOSPITAL FOR CHILDREN-WILLSBURG CHARLES CITY
25. SHRINERS HOSPITAL FOR CHILDREN-WINSTON-SALEM
26. SHRINERS HOSPITAL FOR CHILDREN-WOLCOTT
27. SHRINERS HOSPITAL FOR CHILDREN-YORK
28. SHRINERS HOSPITAL FOR CHILDREN-ZANESVILLE
29. SHRINERS HOSPITAL FOR CHILDREN-ZANESVILLE CHARLES CITY

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**Part V Facility Information**

- SHRINERS HOSPITALS FOR CHILDREN: 332093 10-03-13
- Section A: Hospital Facilities
- Schedule H (Form 990) 2013
- Gen. medical & surgical, License hospital, Children's hospital, Teaching hospital, Critical access hospital, Research facility, ER-24 hours, ER-other, Other (describe)
### Part V - Facility Information

<table>
<thead>
<tr>
<th>#</th>
<th>Name, Address, Primary Website Address, and State License Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>SHriners Hospital for Children-Portland, 3225 S.E. Powell Boulevard, Portland, OR 97202-2898</td>
</tr>
<tr>
<td>2</td>
<td>Shriners Hospital for Children, 36-2193608, 3910 S.W. 64th Avenue, Portland, OR 97239-2931</td>
</tr>
<tr>
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**Note:** The table above lists the names, addresses, primary website addresses, and state license numbers of the hospitals operated by the organization during the tax year.
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### Financial Assistance Policy

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>Did the hospital facility have in place during the tax year a written financial assistance policy that:</td>
<td></td>
<td><img src="https://i.imgur.com/3Q8z5Qk.png" alt="" /></td>
</tr>
<tr>
<td>Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?</td>
<td></td>
<td><img src="https://i.imgur.com/3Q8z5Qk.png" alt="Yes" /></td>
</tr>
<tr>
<td>Used federal poverty guidelines (FPG) to determine eligibility for providing care?</td>
<td></td>
<td><img src="https://i.imgur.com/3Q8z5Qk.png" alt="Yes" /></td>
</tr>
<tr>
<td>If “Yes,” indicate the FPG family income limit for eligibility for free care:</td>
<td></td>
<td><img src="https://i.imgur.com/3Q8z5Qk.png" alt="Yes" /></td>
</tr>
<tr>
<td>If “No,” explain in Section C the criteria the hospital facility used.</td>
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<td><img src="https://i.imgur.com/3Q8z5Qk.png" alt="Yes" /></td>
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<td>Used FPG to determine eligibility for providing discounted care?</td>
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<tr>
<td>Explained the basis for calculating amounts charged to patients?</td>
<td></td>
<td><img src="https://i.imgur.com/3Q8z5Qk.png" alt="Yes" /></td>
</tr>
<tr>
<td>If “Yes,” indicate the factors used in determining such amounts (check all that apply):</td>
<td><img src="https://i.imgur.com/3Q8z5Qk.png" alt="Income level" /></td>
<td><img src="https://i.imgur.com/3Q8z5Qk.png" alt="Residency" /></td>
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<td>Explained the method for applying for financial assistance?</td>
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<td><img src="https://i.imgur.com/3Q8z5Qk.png" alt="Yes" /></td>
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<td>Included measures to publicize the policy within the community served by the hospital facility?</td>
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<td><img src="https://i.imgur.com/3Q8z5Qk.png" alt="Yes" /></td>
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<tr>
<td>If “Yes,” indicate how the hospital facility publicized the policy (check all that apply):</td>
<td><img src="https://i.imgur.com/3Q8z5Qk.png" alt="The policy was posted on the hospital facility’s website" /></td>
<td><img src="https://i.imgur.com/3Q8z5Qk.png" alt="The policy was attached to billing invoices" /></td>
</tr>
</tbody>
</table>

### Billing and Collections

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making a payment or demand for non-payment?</td>
<td></td>
<td><img src="https://i.imgur.com/3Q8z5Qk.png" alt="Yes" /></td>
</tr>
<tr>
<td>Reporting to credit agency</td>
<td></td>
<td><img src="https://i.imgur.com/3Q8z5Qk.png" alt="Yes" /></td>
</tr>
<tr>
<td>Lawsuits</td>
<td></td>
<td><img src="https://i.imgur.com/3Q8z5Qk.png" alt="Yes" /></td>
</tr>
<tr>
<td>Liens on residences</td>
<td></td>
<td><img src="https://i.imgur.com/3Q8z5Qk.png" alt="Yes" /></td>
</tr>
<tr>
<td>Body attachments</td>
<td></td>
<td><img src="https://i.imgur.com/3Q8z5Qk.png" alt="Yes" /></td>
</tr>
<tr>
<td>Other similar actions (describe in Section C):</td>
<td></td>
<td><img src="https://i.imgur.com/3Q8z5Qk.png" alt="Yes" /></td>
</tr>
</tbody>
</table>

---

**Financial Assistance Policy**

**Part V Facility Information**

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**Schedule H (Form 990) 2013 Page 6**

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**SHRINERS HOSPITALS FOR CHILDREN 36-2193608**

SHRINERS HOSPITAL FOR CHILDREN-GROUP A 300

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**36-2193608 2013.04000 SHRINERS HOSPITALS FOR CHILDREN 36-2193608**

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**Schedule H (Form 990) 2013**

---

**SHRINERS HOSPITALS FOR CHILDREN**
### Schedule H (Form 990) 2013

#### Part V Facility Information

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Part V - Facility Information (continued)

**Policy Relating to Emergency Medical Care**

- Yes (check box in Section C)
- No (check box in Section C)

- Documented is determination of whether individuals were eligible for financial assistance under the hospital facility’s emergency medical conditions policy in communication with the individuals regarding the individuals’ benefits
- Noted in individual’s emergency medical conditions financial assistance policy to discharge
- Yes (check box in Section C)

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

- Yes (check box in Section C)
- No (check box in Section C)

- Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals:
  - The hospital facility used the average of the three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
  - Other (describe in Section C)

**Did the Hospital Facility Have in Place During the Tax Year a Written Policy Relating to Emergency Medical Care That Requires the Hospital Facility to Provide, Without Discrimination, Care for Emergency Medical Conditions to Individuals Regardless of Their Eligibility under the Hospital Facility’s Financial Assistance Policy?**

- Yes (check box in Section C)
- No (check box in Section C)

- Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):
  - Notified individuals of the financial assistance policy on admission
  - Notified individuals of the financial assistance policy prior to discharge
  - Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals’ bills
  - Documented its determination of whether individuals were eligible for financial assistance under the hospital facility’s financial assistance policy
  - Other (describe in Section C)

**Did the Hospital Facility Have in Place During the Tax Year a Written Policy Relating to Emergency Medical Care That Requires the Hospital Facility to Provide, Without Discrimination, Care for Emergency Medical Conditions to Individuals Regardless of Their Eligibility under the Hospital Facility’s Financial Assistance Policy?**

- Yes (check box in Section C)
- No (check box in Section C)

- Indicate why:
  - The hospital facility did not provide care for any emergency medical conditions
  - The hospital facility’s policy was not in writing
  - The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)
  - Other (describe in Section C)
Section C. Supplemental Information for Part V, Section B.

Schedule H (Form 990) 2013

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

Part V Facility Information

SHRINERS HOSPITALS FOR CHILDREN 36-2193608

SCHEDULE H, PART V, SECTION B. FACILITY REPORTING GROUP A

FACILITY REPORTING GROUP A CONSISTS OF:

- FACILITY 1: SHRINERS HOSPITAL FOR CHILDREN - CHICAGO
- FACILITY 10: SHRINERS HOSPITAL FOR CHILDREN - CHICAGO
- FACILITY 14: SHRINERS HOSPITAL FOR CHILDREN - SPOKANE
- FACILITY 15: SHRINERS HOSPITAL FOR CHILDREN - ST. LOUIS
- FACILITY 16: SHRINERS HOSPITAL FOR CHILDREN - TAMPA
- FACILITY 2: SHRINERS HOSPITAL FOR CHILDREN - CINCINNATI
- FACILITY 8: SHRINERS HOSPITAL FOR CHILDREN - LEHIGH VALLEY
- FACILITY 3: SHRINERS HOSPITAL FOR CHILDREN - ERIE
- FACILITY 9: SHRINERS HOSPITAL FOR CHILDREN - GADSDEN
- FACILITY 4: SHRINERS HOSPITAL FOR CHILDREN - GALVESTON
- FACILITY 5: SHRINERS HOSPITAL FOR CHILDREN - GREENVILLE
- FACILITY 6: SHRINERS HOSPITAL FOR CHILDREN - HONOLULU
- FACILITY 7: SHRINERS HOSPITAL FOR CHILDREN - HOUSTON
- FACILITY 11: SHRINERS HOSPITAL FOR CHILDREN - PORTLAND
- FACILITY 12: SHRINERS HOSPITAL FOR CHILDREN - SALT LAKE CITY
- FACILITY 13: SHRINERS HOSPITAL FOR CHILDREN - SHREVEPORT
- FACILITY 17: SHRINERS HOSPITAL FOR CHILDREN - TWIN CITY
- FACILITY 18: SHRINERS HOSPITAL FOR CHILDREN - N. CALIFORNIA
- FACILITY 19: SHRINERS HOSPITAL FOR CHILDREN - L.A.
- FACILITY 20: SHRINERS HOSPITAL FOR CHILDREN - PHILADELPHIA
- FACILITY 21: SHRINERS HOSPITAL FOR CHILDREN - RHODE ISLAND
- FACILITY 22: SHRINERS HOSPITAL FOR CHILDREN - SPOKANE

PART V, SECTION B, LINE 12I: PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES AND INTERNAL POLICY.
Section C. Supplemental Information for Part V, Section B.

Schedule H (Form 990) 2013

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

Part V, Section B, Line 20d: The amount charged is consistent for all payer classes. Patients qualify for financial assistance based on their income level and Federal Poverty Guidelines.

FACILITY 2 -- SHRINERS HOSPITAL FOR CHILDREN-CINCINNAT

Part V, Section B, Line 12i: Patients qualify for financial assistance based upon their income level compared to the Federal Poverty Guidelines and internal policy.

FACILITY 3 -- SHRINERS HOSPITAL FOR CHILDREN-ERIE

Part V, Section B, Line 20d: The amount charged is consistent for all payer classes. Patients qualify for financial assistance based on their income level and Federal Poverty Guidelines.

FACILITY 4 -- SHRINERS HOSPITAL FOR CHILDREN-GALVESTON

Part V, Section B, Line 12i: Patients qualify for financial assistance based upon their income level compared to the Federal Poverty Guidelines and internal policy.
Section C. Supplemental Information for Part V, Section B.

Schedule H (Form 990) 2013

Facility 4 -- SHRINERS HOSPITAL FOR CHILDREN-GALVESTON

PART V, SECTION B, LINE 20D: THE AMOUNT CHARGED IS CONSISTENT FOR ALL PAYER CLASSES. PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME LEVEL AND INTERNAL POLICY.

Facility 5 -- SHRINERS HOSPITAL FOR CHILDREN-GREENVILLE

PART V, SECTION B, LINE 12I: PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED UPON THEIR INCOME COMPARED TO THE FEDERAL POVERTY GUIDELINES AND INTERNAL POLICY.

Facility 6 -- SHRINERS HOSPITAL FOR CHILDREN-HONOLULU

PART V, SECTION B, LINE 20D: THE AMOUNT CHARGED IS CONSISTENT FOR ALL PAYER CLASSES. PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME LEVEL AND INTERNAL POLICY.
<table>
<thead>
<tr>
<th>Facility</th>
<th>Details</th>
</tr>
</thead>
</table>
| Facility 7 -- Shriner Hospitals for Children-Houston | **Part V, Section B, Line 12I:** Patients qualify for financial assistance based upon their income level compared to the Federal Poverty Guidelines.  
**Part V, Section B, Line 20D:** The amount charged is consistent for all payer classes, patients qualify for financial assistance based on their income level and Federal Poverty Guidelines. |
| Facility 8 -- Shriner Hospitals for Children-Lexington | **Part V, Section B, Line 12I:** Patients qualify for financial assistance based upon their income level compared to the Federal Poverty Guidelines.  
**Part V, Section B, Line 20D:** The amount charged is consistent for all payer classes, patients qualify for financial assistance based on their income level and Federal Poverty Guidelines. |
| Facility 9 -- Shriner Hospitals for Children-L.A. | **Part V, Section B, Line 12I:** Patients qualify for financial assistance based upon their income level compared to the Federal Poverty Guidelines.  
**Part V, Section B, Line 20D:** The amount charged is consistent for all payer classes, patients qualify for financial assistance based on their income level and Federal Poverty Guidelines. |
Section C. Supplemental Information for Part V, Section B.

Schedule H (Form 990) 2013

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

PART V, SECTION B, LINE 1J: PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES.

PART V, SECTION B, LINE 20D: THE AMOUNT CHARGED IS CONSISTENT FOR ALL PAYER CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME LEVEL AND FEDERAL POVERTY GUIDELINES.
Section C. Supplemental Information for Part V, Section B.

Schedule H (Form 990) 2013

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

Part V, Section B, Line 20D: The amount charged is consistent for all payer classes, patients qualify for financial assistance based on their income level and Federal Poverty Guidelines.

Facility 12 -- Shriner's Hospital for Children--Salt Lake

Part V, Section B, Line 12I: Patients qualify for financial assistance based on their income level compared to the Federal Poverty Guidelines and internal policy.

Facility 13 -- Shriner's Hospital for Children--Shreveport

Part V, Section B, Line 20D: The amount charged is consistent for all payer classes, patients qualify for financial assistance based on their income level and Federal Poverty Guidelines.

Facility 14 -- Shriner's Hospital for Children--Spokane

Part V, Section B, Line 12I: Patients qualify for financial assistance based on their income level compared to the Federal Poverty Guidelines and internal policy.

Facility 15 -- Shriner's Hospital for Children--St. Louis
Section C. Supplemental Information for Part V, Section B.

Schedule H (Form 990) 2013

Part V, Section B, Line 12I: Patients qualify for financial assistance based upon their income and internal policy.

Facility 15 -- Shriner's Hospital for Children-St. Louis

Part V, Section B, Line 20D: The amount charged is consistent for all payer classes, patients qualify for financial assistance based on their income.

Facility 16 -- Shriner's Hospital for Children-Tampa

Part V, Section B, Line 12I: Patients qualify for financial assistance based upon their income and internal policy.

Facility 17 -- Shriner's Hospital for Children-Twin City

Part V, Section B, Line 20D: The amount charged is consistent for all payer classes, patients qualify for financial assistance based on their income.
Section C. Supplemental Information for Part V, Section B.

Schedule H (Form 990) 2013

L10, 91; 95) 4 M

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

Part V, Section B, Line 1j: The amount charged is consistent for all payer.

Facility 18 -- Shriners Hospital for Children, N. Cali.

Level and Federal Poverty Guidelines.

Part V, Section B, Line 20d: The amount charged is consistent for all payer.

Facility 18 -- Shriners Hospital for Children, N. Cali.

AND INTERNAL POLICY.

Based upon their income level compared to the Federal Poverty Guidelines.

Part V, Section B, Line 12i: Patients qualify for financial assistance.

Facility 18 -- Shriners Hospital for Children, N. Cali.

Level and Federal Poverty Guidelines.

Section C. Supplementary Information for Part V, Section B.

Facility Information (continued)
### Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

#### Schedule H (Form 990) 2013

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of Facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHRINERS HOSPITALS FOR CHILDREN 36-2193608</td>
<td>0</td>
</tr>
</tbody>
</table>

How many non-hospital health care facilities did the organization operate during the tax year? (List in order of size, from largest to smallest)
Schedule H (Form 990) 2013

Provide the following information.
PART III, LINE 4:
EXPLANATION: SHRINERS HOSPITALS FOR CHILDREN PROVIDES PATIENT CARE REGARDLESS OF THEIR ABILITY TO PAY.

PART VI, LINE 2:
EXPLANATION: SHRINERS HOSPITALS FOR CHILDREN PROVIDES PATIENT CARE REGARDLESS OF THEIR ABILITY TO PAY.

PART VI, LINE 3:
EXPLANATION: SHRINERS HOSPITALS FOR CHILDREN PROVIDES PATIENT CARE REGARDLESS OF THEIR ABILITY TO PAY.

PART VI, LINE 4:
EXPLANATION: SHRINERS HOSPITALS FOR CHILDREN (THROUGH THIS ENTITY AND ITS RELATED ENTITY) SERVE CHILDREN IN NEED OF SPECIALIZED ORTHOPAEDIC AND BURN CARE. SHRINERS HOSPITALS FOR CHILDREN PROVIDES PATIENT CARE REGARDLESS OF THEIR ABILITY TO PAY.
**SCHEDULE I (Form 990)**

**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](http://www.irs.gov/form990).

<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHRINERS HOSPITALS FOR CHILDREN</td>
<td>36-2193608</td>
</tr>
</tbody>
</table>

### 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 **X**
   - No  

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

### 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.

<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section if applicable</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of non-cash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of non-cash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS - 6300 NORTH RIVER ROAD - ROSEMONT, IL 60018</td>
<td>36-2110592</td>
<td>501(C)(3)</td>
<td>46,000</td>
<td>0</td>
<td></td>
<td>SPONSORSHIP GRANT</td>
<td></td>
</tr>
<tr>
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</tr>
</tbody>
</table>

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

   - Enter total number of other organizations listed in the line 1 table

   - LHA

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

Schedule I (Form 990) (2013)
### 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.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of non-cash assistance</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

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

**PART I, LINE 2:**

**EXPLANATION:** SHRINERS HOSPITALS FOR CHILDREN IS ACTIVELY INVOLVED WITH ALL GRANT RECIPIENTS. THROUGH THIS ACTIVE INVOLVEMENT, THE ORGANIZATIONS ARE MONITORED TO ENSURE THEIR GRANT PROCEEDS ARE BEING USED APPROPRIATELY.
Schedule J (Form 990)

Part I: Questions Regarding Compensation

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Did the organization’s CEO or other executive officers receive any compensation for which the organization paid or accrued compensation, consistent with the applicable compensation provisions described in Form 990, Part VII, Section A, Line 1a?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Did the organization pay or accrue any compensation, consistent with the applicable compensation provisions described in Form 990, Part VII, Section A, Line 1a?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For Paperwork Reduction Act Notice, see Form 990, Schedule J, and the instructions for Form 990.
### 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.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(i)-(D)</th>
<th>(F) Compensation reported as deferred in prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(i) Base compensation (ii) Bonus &amp; incentive compensation (iii) Other reportable compensation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1) JOHN MCCABE</td>
<td>326,120. 0. 0. 17,000. 1,541. 344,661.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>EXECUTIVE VICE PRESIDENT</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2) MICHAEL ALONA</td>
<td>452,664. 0. 0. 1,300,531. 4,886. 1,758,081.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHIEF OF STAFF</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3) KEVIN YAKUBOFF</td>
<td>354,744. 0. 0. 547,062. 0. 901,806.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHIEF OF PLASTIC SURGERY</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4) DENNIS GROGAN</td>
<td>326,536. 0. 0. 9,423. 685,639. 1,021,598.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHIEF OF STAFF</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5) PETER ARMSTRONG</td>
<td>339,241. 0. 0. 149,450. 522,355. 1,011,048.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>CHIEF OF STAFF</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6) JOHN LORANT</td>
<td>385,444. 0. 0. 372,842. 11,609. 769,895.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>PLASTIC SURGEON, ASSOCIATE PROFESSOR</td>
<td>0. 0. 0. 0. 0. 0.</td>
<td></td>
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<td></td>
</tr>
<tr>
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</tr>
</tbody>
</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.

_________________________________________________________________________________________________________________________________________________________

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_________________________________________________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________________________________________________

_________________________________________________________________________________________________________________________________________________________
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. |

LHA

Name of the organization

LHA

SHRINERS HOSPITALS FOR CHILDREN 36-2193608

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SHRINERS HOSPITALS FOR CHILDREN OFFERS "CHARITY CARE" THROUGH AN INTERNATIONAL NETWORK OF PEDIATRIC HOSPITALS DEDICATED TO PROVIDING EXCELLENT PATIENT CARE, RESEARCH, AND EDUCATION FOR ORTHOPAEDIC CONDITIONS, BURNS, SPINAL CORD INJURIES AND CLEFT LIP AND PALATE. OUR SPECIALIZED MEDICAL CARE, BACKED BY THE SKILLS AND KNOWLEDGE OF THE STAFF IN 18 HOSPITALS, DELIVERS EXPERT, FAMILY-FOCUSED CARE AT NO CHARGE.

AS A 501(C)3 NON-PROFIT ORGANIZATION, SHRINERS HOSPITALS RELIES ON THE GENEROUS DONATIONS OF SHRINERS AND THE GENERAL PUBLIC TO CARRY OUT OUR MISSION AND CHANGE THE LIVES OF CHILDREN EVERY DAY. FOR MORE INFORMATION ABOUT SUPPORTING SHRINERS HOSPITALS, PLEASE VISIT WWW.SHRINERSHQ.ORG OR CALL 1-800-241-GIFT.

FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

AUSTRALIA, AUSTRIA, BELGIUM, BERMUDA, BRAZIL, BULGARIA, CANADA, CAYMAN ISLANDS, CHILE, CHINA, COLOMBIA, DENMARK, ECUADOR, EL SALVADOR, FINLAND, FRANCE, GERMANY, HONG KONG, INDIA, INDONESIA, IRELAND, ISRAEL, ITALY, JAPAN, SOUTH KOREA, LUXEMBOURG, MALAYSIA, MEXICO, NETHERLANDS, NORWAY, PANAMA, PERU, PORTUGAL, RUSSIA, SINGAPORE, SOUTH AFRICA, SPAIN, SWEDEN, SWITZERLAND, TAIWAN, UNITED KINGDOM, UNITED STATES, VENEZUELA.
The organization is organized as a nonprofit corporation with members. Members have the right to elect persons belonging to the governing body, and to approve significant decisions of the governing body. Compensation is not provided for being a member.

**Explanation:**

FORM 990, PART VI, SECTION A, LINE 7B:

The organization has approximately 1,400 members whom are appointed from the total membership of Shriners International (a related organization). Members may elect persons on the organization's governing body, and may approve significant decisions of the organization.

**Explanation:**

FORM 990, PART VI, SECTION A, LINE 7A:

Under the bylaws of the organization, significant decisions of the governing body require approval by the organization's 1,400 members. Such as changes to the bylaws, or significant restructuring of the organization. Elected persons serve a three-year term on the board of trustees, a one-year term on the board of directors, a one-year term for the organization's president, and a one-year term for the organization's treasurer. Members of the organization are not elected, and instead are hired by committee.
SHRINERS HOSPITALS FOR CHILDREN

FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: A FULL VERSION OF FORM 990 AS FILED WITH THE IRS IS MADE AVAILABLE TO EACH VOTING MEMBER OF THE GOVERNING BODY AND/OR DESIGNATED COMMITTEE RESPONSIBLE FOR PERFORMING A REVIEW PROCESS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:
EXPLANATION: THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY AND ALL MEMBERS ARE REQUIRED TO DISCLOSE ANY CONFLICTING INTERESTS OR STATE "NONE" ON THE ANNUAL CONFLICT OF INTEREST FORM. POTENTIAL CONFLICTS ARE DETERMINED BY THE BOARD OF DIRECTORS. THE PERSON(S) HAVING A POTENTIAL CONFLICT OF INTEREST ARE PROHIBITED FROM PARTICIPATING IN DELIBERATIONS/DECISIONS IN THE TRANSACTION.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VA, WA, WV, WI, WY

FORM 990, PART VI, SECTION C, LINE 19:
EXPLANATION: THESE DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:

15270710 144584 67151         2013.04000 SHRINERS HOSPITALS FOR CHILDREN 671511

62
<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Service Expenses</td>
<td>24,544,517.00</td>
</tr>
<tr>
<td>Management and General Expenses</td>
<td>5,532,783.00</td>
</tr>
<tr>
<td>Fundraising Expenses</td>
<td>923,787.00</td>
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<tr>
<td><strong>Total Expenses</strong></td>
<td>31,001,087.00</td>
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<tr>
<td>Medical Services</td>
<td>43,234,034.00</td>
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<tr>
<td>Program Service Expenses</td>
<td>34,776,299.00</td>
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<tr>
<td>Management and General Expenses</td>
<td>7,716,005.00</td>
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<tr>
<td>Fundraising Expenses</td>
<td>7,716,005.00</td>
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<tr>
<td><strong>Total Expenses</strong></td>
<td>56,716,005.00</td>
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<tr>
<td>Program Service Expenses</td>
<td>44,944,357.00</td>
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<tr>
<td>Management and General Expenses</td>
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<td>Fundraising Expenses</td>
<td>9,522,783.00</td>
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<tr>
<td><strong>Total Expenses</strong></td>
<td>63,989,922.00</td>
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<tr>
<td>Public Relations &amp; Other</td>
<td>75,468,165.00</td>
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<tr>
<td><strong>Total Other Fees on Form 990, Part IX, Line 11G, Col. A</strong></td>
<td>152,655,957.00</td>
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<tr>
<td>Change in Pension Funding Obligation</td>
<td>124,173,204.00</td>
</tr>
<tr>
<td>Transfers to Related Entities</td>
<td>-44,160,842.00</td>
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<tr>
<td>Change in Patient Transportation Funds Held by Shrine Temples</td>
<td>124,773,204.00</td>
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<tr>
<td>Form 990, Part XI, Line 9, Changes in Net Assets:</td>
<td>75,468,165.00</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>220,062.00</td>
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<tr>
<td>Program Service Expenses</td>
<td>1,233,044.00</td>
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<td>Management and General Expenses</td>
<td>976,239.00</td>
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<tr>
<td>Fundraising Expenses</td>
<td>220,062.00</td>
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<tr>
<td><strong>Total Expenses</strong></td>
<td>3,233,044.00</td>
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<tr>
<td>Fundraising Expenses</td>
<td>36,743.00</td>
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<tr>
<td>Management and General Expenses</td>
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</tr>
<tr>
<td>Program Service Expenses</td>
<td>7,716,005.00</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>15,233,044.00</td>
</tr>
<tr>
<td>Public Relations &amp; Other</td>
<td>43,234,034.00</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td>46,468,078.00</td>
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<tr>
<td>Other changes in fund balance</td>
<td>1,477,387.00</td>
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<td>Other changes in fund balance</td>
<td>2,322,118.00</td>
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<tr>
<td><strong>TOTAL TO FORM 990, Part XI, Line 9</strong></td>
<td>43,468,165.00</td>
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</tbody>
</table>
## Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

### Part I: Identification of Disregarded Entities

Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
<th>(f)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name, address, and EIN (if applicable) of disregarded entity</td>
<td>Primary activity</td>
<td>Legal domicile (state or foreign country)</td>
<td>Total income</td>
<td>End-of-year assets</td>
<td>Direct controlling entity</td>
</tr>
<tr>
<td>PEDIATRIC ORTHOPEDIC &amp; PROSTHETIC SERVICES - NORTH CALIFORNIA, LLC - 27-222, 2425</td>
<td></td>
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<tr>
<td>STOCKTON BLVD, SACRAMENTO, CA 95817</td>
<td>ORTHOPEDICS &amp; PROSTHETICS</td>
<td>DELAWARE</td>
<td>414,707</td>
<td>229,942</td>
<td>NO</td>
</tr>
<tr>
<td>PEDIATRIC ORTHOPEDIC &amp; PROSTHETIC SERVICES - TAMPA, LLC - 45-2723185, 12502 USF PINE DRIVE, TAMPA, FL 33612-9499</td>
<td>ORTHOPEDICS &amp; PROSTHETICS</td>
<td>DELAWARE</td>
<td>861,896</td>
<td>222,821</td>
<td>NO</td>
</tr>
<tr>
<td>PEDIATRIC ORTHOPEDIC &amp; PROSTHETIC SERVICES - GREENVILLE, LLC - 45-3940485, 950 W PARIS RD, GREENVILLE, SC 29605</td>
<td>ORTHOPEDICS &amp; PROSTHETICS</td>
<td>DELAWARE</td>
<td>188,263</td>
<td>140,991</td>
<td>NO</td>
</tr>
</tbody>
</table>

### 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.

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
<th>(d)</th>
<th>(e)</th>
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<th>(g)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name, address, and EIN of related organization</td>
<td>Primary activity</td>
<td>Legal domicile (state or foreign country)</td>
<td>Exempt Code section</td>
<td>Public charity status (if section 501(c)(3))</td>
<td>Direct controlling entity</td>
<td>Section 512(b)(13) controlled entity?</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
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<tr>
<td>THE SHRINERS’ HOSPITAL FOR CHILDREN -</td>
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<tr>
<td>04-2121377, POST OFFICE BOX 31356, TAMPA, FL 33631-3356</td>
<td>HOSPITAL SYSTEM</td>
<td>MASSACHUSETTS</td>
<td>501(C)(3)</td>
<td>3</td>
<td>NO</td>
<td>X</td>
</tr>
<tr>
<td>SHRINERS INTERNATIONAL - 36-2158164</td>
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<tr>
<td>POST OFFICE BOX 31356, TAMPA, FL 33631-3356</td>
<td>FOUNDED SHRINERS HOSPITALS FOR CHILDREN</td>
<td>IOWA</td>
<td>501(C)(10)</td>
<td>N/A</td>
<td>NO</td>
<td>X</td>
</tr>
<tr>
<td>SHRINERS HOSPITALS FOR CHILDREN EMPLOYEE DISASTER RELIEF FUND - 26-3733381, 2900 ROCKY POINT DRIVE, TAMPA, FL 33607</td>
<td>DISASTER RELIEF</td>
<td>DISTRICT OF COLUMBIA</td>
<td>501(C)(3)</td>
<td>9</td>
<td>NO</td>
<td>X</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
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<tbody>
<tr>
<td>Name, address, and EIN of related organization</td>
<td>Primary activity</td>
<td>Legal domicile (state or foreign country)</td>
<td>Direct controlling entity</td>
<td>Predominant income (related, unrelated, excluded from tax under sections 512-514)</td>
<td>Share of total income</td>
<td>Share of end-of-year assets</td>
<td>Disproportionate allocations?</td>
<td>Yes</td>
<td>No</td>
<td>Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</td>
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</table>

### 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.

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
<th>(c)</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Name, address, and EIN of related organization</td>
<td>Primary activity</td>
<td>Legal domicile (state or foreign country)</td>
<td>Direct controlling entity</td>
<td>Type of entity (C corp, S corp, or trust)</td>
<td>Share of total income</td>
<td>Share of end-of-year assets</td>
<td>Percentage ownership</td>
<td>Section 510(b)(13) controlled entity?</td>
<td>Yes</td>
<td>No</td>
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</tbody>
</table>
Part V Transactions With Related Organizations
Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

1. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
   - a. Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
   - b. Gift, grant, or capital contribution to related organization(s)
   - c. Gift, grant, or capital contribution from related organization(s)
   - d. Loans or loan guarantees to or for related organization(s)
   - e. Loans or loan guarantees by related organization(s)
   - f. Dividends from related organization(s)
   - g. Sale of assets to related organization(s)
   - h. Purchase of assets from related organization(s)
   - i. Exchange of assets with related organization(s)
   - j. Lease of facilities, equipment, or other assets to related organization(s)
   - k. Lease of facilities, equipment, or other assets from related organization(s)
   - l. Performance of services or membership or fundraising solicitations for related organization(s)
   - m. Performance of services or membership or fundraising solicitations by related organization(s)
   - n. Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
   - o. Sharing of paid employees with related organization(s)
   - p. Reimbursement paid to related organization(s) for expenses
   - q. Reimbursement paid by related organization(s) for expenses
   - r. Other transfer of cash or property to related organization(s)
   - s. Other transfer of cash or property from related organization(s)

<table>
<thead>
<tr>
<th>(a) Name of related organization</th>
<th>(b) Transaction type (a-s)</th>
<th>(c) Amount Involved</th>
<th>(d) Method of determining amount involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) THE SHRINERS’ HOSPITAL FOR CHILDREN</td>
<td>D</td>
<td>12,868,015</td>
<td></td>
</tr>
<tr>
<td>(2) SHRINERS INTERNATIONAL</td>
<td>J</td>
<td>1,003,386</td>
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</tr>
<tr>
<td>(3) THE SHRINERS’ HOSPITAL FOR CHILDREN</td>
<td>B</td>
<td>22,336,842</td>
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</tr>
<tr>
<td>(4) SHRINERS INTERNATIONAL</td>
<td>D</td>
<td>1,994,441</td>
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<td>(6)</td>
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</tbody>
</table>
## 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.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Predominant income (related, unrelated, excluded from tax under section 512-514)</th>
<th>(e) Are all unrelated service organizations?</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
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