Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.

► Information about Form 990 and its instructions is at www.irs.gov/form990. Internal Revenue Service Inspection and ending A For the 2014 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number Address change SHRINERS HOSPITALS FOR CHILDREN Name change 36-2193608 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ POST OFFICE BOX 31356 (813)281-0300 termin-ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 4,387,422,740. Amended return TAMPA, FL 33631-3356 H(a) Is this a group return Applica-F Name and address of principal officer: DOUGLAS MAXWELL for subordinates? 」Yes No pending 2900 ROCKY POINT DRIVE, TAMPA, FL 33607 H(b) Are all subordinates included? Yes) ◀ (insert no.) Tax-exempt status: \boxed{x} 501(c)(3) $\boxed{ }$ 501(c) (527 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► HTTP://WWW.SHRINERSHQ.ORG/ **H(c)** Group exemption number ▶ **K** Form of organization: X Corporation Association Other > L Year of formation: 1925 M State of legal domicile: CO Part I Summary Briefly describe the organization's mission or most significant activities: WE PROVIDE PEDIATRIC SPECIALTY Activities & Governance CARE WITHOUT FINANCIAL OBLIGATION TO PATIENTS OR THEIR FAMILIES. Check this box | if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 20 Number of independent voting members of the governing body (Part VI, line 1b) 16 5373 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 5000 Total number of volunteers (estimate if necessary) 6 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, line 34 7b 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 210,375,005 266,294,915. Revenue 123,099,846. Program service revenue (Part VIII, line 2g) 133,601,431 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 533,553,889 527,630,087. 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 48,018,396 29,419,483. 925,548,721 946,444,331. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 46,000. 46,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 351,498,680 347,324,927. Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) 6,549,429, 4,471,500. **b** Total fundraising expenses (Part IX, column (D), line 25) 290,528,128 310,796,148. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 648,622,237 662,638,575. 276,926,484. 283,805,756. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 8,971,718,639 8,952,599,841. 20 Total assets (Part X, line 16) 855,319,197 969,986,179. 21 Total liabilities (Part X, line 26) 8,116,399,442. 7,982,613,662. Net assets or fund balances. Subtract line 21 from line 20 . Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is

true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign		Signature of				Date
Here			MAXWELL, PRESIDENT			
		Type or prin	t name and title			
	Prin	t/Type prepare	er's name	Preparer's signature	Date	Check PTIN
Paid	NATI	HAN SMITH				self-employed P00543757
Preparer	Firm	n's name	CBIZ MHM, LLC			Firm's EIN 27-3605969
Use Only	Firm	n's address 🕨	13577 FEATHER SOUND DRIV	E, #400		
			CLEARWATER, FL 33762			Phone no.(727)572-1400
May the II	RS di	scuss this re	eturn with the preparer shown abo	ve? (see instructions)		X Yes No

Pa	rt III Statement of Program Service Accomplishments	v
_	Check if Schedule O contains a response or note to any line in this Part III	х
1	Briefly describe the organization's mission:	
	SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	ed by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the to	
	revenue, if any, for each program service reported.	,
4a	(Code:) (Expenses \$ 91,867,527. including grants of \$) (Revenue \$	22,490,466.)
	TREATMENT OF PEDIATRIC BURN VICTIMS ADMISSIONS: 1,128.	
	OUTPATIENT CLINIC VISITS: 23,245 AT 2 BURNS HOSPITALS AND ONE HOSPITAL	
	THAT SPECIALIZES IN BOTH BURNS AND ORTHOPAEDIC SERVICES.	
	OUTPATIENT CLINIC SURGERIES: 2,273.	
	EVERY YEAR THOUSANDS OF CHILDREN HAVE A GREATER CHANCE OF SURVIVING	
	FROM ALL TYPES OF BURN INJURIES, DUE TO SHC'S SPECIALIZED BURN CARE,	
	WHICH PROVIDES CRITICAL, SURGICAL, AND REHABILITATIVE CARE TO CHILDREN	
	WITH VARYING DEGREES OF NEW AND HEALED BURNS.	
	The state of the s	
4b	(Code:) (Expenses \$ 410,962,361. including grants of \$ 46,000.) (Revenue \$	100 609 380 \
713	TREATMENT OF ORTHOPAEDIC PATIENTS ADMISSIONS: 5,366.	
	OUTPATIENT CLINIC VISITS: 163,959 AT 16 ORTHOPAEDIC HOSPITALS AND ONE	
	HOSPITAL THAT SPECIALIZES IN BOTH ORTHOPAEDIC AND BURNS SERVICES.	
	OUTPATIENT CLINIC SURGERIES: 9,151.	
	SHC IS DEDICATED TO PROVIDING MEDICAL AND REHABILITATIVE SERVICES TO	
	CHILDREN WITH CONGENITAL DEFORMITIES AND CONDITIONS, PROBLEMS RESULTING	
	FROM ORTHOPEDIC INJURIES AND DISEASES OF THE NEUROMUSCULOSKELETAL	
	SYSTEM. COMMONLY TREATED CONDITIONS INCLUDE CLUBFOOT, HAND DISORDERS,	
	LIMB DEFICIENCIES, HIP DISORDERS, SCOLIOSIS, OSTEOGENESIS PERFECTA,	
	JUVENILE ARTHRITIS AND CEREBRAL PALSY AND SPINA BIFIDA. ALL CARE IS	
	PROVIDED REGARDLESS OF A PATIENT'S OR FAMILY'S ABILITY TO PAY.	
	TROVIDED REGARDLESS OF A FAITENT S ON FAMILIES ADIELTE TO FAI.	
	(0 +) (5 - 0 23 5/5 977 + + 15 + 40) (0 - 0	
40	(Code:) (Expenses \$23,545,977. including grants of \$) (Revenue \$) MEDICAL RESEARCH IS CONDUCTED AND PROVIDES A STRONG, POSITIVE IMPACT ON)
	THE CARE AND CURE OF CHILDREN WITH ORTHOPAEDIC PROBLEMS, BURN AND	
	SPINAL CORD INJURIES. 127 RESEARCH PROJECTS WERE FUNDED, AND 28	
	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 PROBLEMS, BURN AND SPINAL CORD	
	INJURIES.	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 526,375,865.	

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Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			v
_	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
9	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent		77	
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in		77	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- ' ' '		
124	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	3 3 3 7			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
4-	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	45		Х
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		
10	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
00-	complete Schedule G, Part III	19	Х	Х
20a		20a 20b	X	
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	_UD		(004.4)

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Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
C		24c		
al	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
		240		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
-	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
34		34	Х	
250	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	21	Х
		35a		_ A
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	051		
00	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			ų,
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
_	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	

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Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check it Scriedule O contains a response of note to any line in this Part V			LX.
	1 1		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 933			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		.,,	
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 5373	OI-	Х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Λ	
20	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
		3b		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	SD		_
4 a	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	х	
h	If "Yes," enter the name of the foreign country: SEE SCHEDULE O	Ta		
D	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	Х	
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	0-		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		_
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
		Form	1 990	(2014)

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

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
_	officer, director, trustee, or key employee?	2		х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	_		
•	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or	-		
1 a		7a	х	
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	1 a	21	
D		76	х	
	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7b	Λ	
8			v	
	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			37
<u></u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are	availab	le	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	SHARON RUSSELL - 813-281-0300			
	2900 ROCKY POINT DRIVE, TAMPA, FL 33607			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, 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 that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)			((C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos	itior		one	Reportable	Reportable	Estimated
	hours per week	box offi	, unle cer an	ss pe	erson directo	is bot or/trus	th an	compensation from	compensation from related	amount of other
	(list any	iot						the	organizations	compensation
	hours for	or director				ted		organization	(W-2/1099-MISC)	from the
	related		rustee			seu sa		(W-2/1099-MISC)		organization
	organizations	nal tru	onal t		ploye	t com				and related
	below line)	Individual trustee	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) JACK JONES	5.00	=	-	0		Τ ω	ш.			
DIRECTOR		х						0.	176,655.	1,440.
(2) DOUGLAS MAXWELL	35.00				İ					
PRESIDENT, TRUSTEE		х		х				18,000.	0.	0.
(3) JOHN CINOTTO	5.00									
DIRECTOR		Х						0.	23,750.	0.
(4) DALE STAUSS	5.00									
CHAIRMAN		Х		Х				0.	47,500.	0.
(5) JERRY GANTT	5.00									
FIRST V.P.		Х		Х				0.	0.	0.
(6) CHRIS SMITH	5.00									
SECOND V.P.		Х		Х				0.	0.	0.
(7) GARY BERGENSKE	5.00									
SECRETARY		Х		Х				0.	0.	0.
(8) JIM CAIN	5.00]								
ASSISTANT SECRETARY		Х		Х				0.	0.	0.
(9) JEFFREY SOWDER	5.00	1								
DIRECTOR		Х						0.	0.	0.
(10) WAYNE LACHUT	5.00	1								
DIRECTOR		Х						0.	0.	0.
(11) JAMES SMITH	5.00	1								
DIRECTOR		Х						0.	0.	0.
(12) RAOUL L. FREVAL	5.00	1								
TRUSTEE		Х			$oxed{oxed}$	$oxed{oxed}$		0.	0.	0.
(13) BOBBY SIMMONS	5.00	1								
TRUSTEE		Х			$oxed{oxed}$	$oxed{oxed}$		0.	0.	0.
(14) ANTHONY WEST	5.00	1								
TRUSTEE		Х			$oxed{oxed}$	$oxed{oxed}$		0.	0.	0.
(15) JAMES MCCONNELL	5.00	1								
TREASURER	1	Х	_	Х	\vdash	\vdash		0.	0.	0.
(16) JOSEPH SAVAGLIO	5.00	1								
DIRECTOR	1	Х	\vdash	_	\vdash	\vdash		0.	0.	0.
(17) SKIP STANAWAY	5.00	1_								
DIRECTOR		Х						0.	0.	0. Form 990 (2014)

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1 01111 000 (2014)	OSPITALS FOR	CHI.	LDR.	EN					36-2193608	Page &
Part VII Section A. Officers, Directors, T	rustees, Key Em	ploy	ees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)	
(A)	(B)			(0				(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle cer an	ss pe	more rson	than is bot	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(18) WILLIAM BAILEY	5.00									
DIRECTOR		Х						0.	0.	0
(19) KENNETH CRAVEN	5.00									
DIRECTOR		Х						0.	0.	0
(20) JAMES DOEL	5.00									
TRUSTEE		Х						0.	0.	0
(21) JOHN MCCABE	40.00									
EXECUTIVE VICE PRESIDENT					Х			374,019.	0.	1,843
(22) KEVIN YAKUBOFF	32.00									
GENERAL SURGEON						Х		296,911.	0.	288,662
(23) PAUL CASKEY	40.00									
CHIEF OF STAFF						Х		487,715.	0.	1,012,020
(24) MARGARET RICH	28.00									
ASST COS - ORTHO						Х		333,740.	0.	609,779
(25) LAWRENCE JACOBSON	40.00									
CHIEF ANESTHESIOLOGIST						Х		374,687.	0.	381,988
(26) STEPHEN SANTORA	40.00									
ORTHOPEDIC SURGEON						Х		296,592.	0.	397,150
1b Sub-total								2,181,664.	247,905.	2,692,882
c Total from continuation sheets to Par								0.	0.	0
d Total (add lines 1b and 1c)								2,181,664.	247,905.	2,692,882

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

462

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
S M WILSON AND CO		
2185 HAMPTON AVE, ST LOUIS, MO 63139	CONSTRUCTION SERVICES	21,811,617.
BARTON COTTON HOLDINGS	FUNDRAISING AND MARKETING	
3030 WATERVIEW AVE, BALTIMORE, MD 21230	SERVICES	13,078,624.
UTMB AT GALVESTON		
301 UNIVERSITY BLVD, GALVESTON, TX 77550	MEDICAL SERVICES	9,194,198.
EDGE DIRECT LLC	FUNDRAISING AND MARKETING	
PO BOX 35672, TULSA, OK 74153	SERVICES	8,170,749.
JJ HEALTHCARE SYSTEMS, 425 HOES LANE,		
PISCATAWAY TOWNSHIP, NJ 08854	MEDICAL SUPPLIES	6,924,785.
2 Total number of independent contractors (including but not limited t	o those listed above) who received more than 390	
\$100,000 of compensation from the organization	370	5 000 (22.4.1)

Form **990** (2014)

Form 990 (2014) SHRINERS HO
Part VIII | Statement of Revenue

		Check if Schedule O cont.	ains a resnonse	or note to any lin	e in this Part VIII			
		Crieck if Scriedule O Cort.	airis a response	or note to any iii	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
3rai our	k	Membership dues	1b	1,275,671.				
S, (Am	c	Fundraising events	1c	19,363,318.				
Giff lar	c	Related organizations	1d					
imi	e	Government grants (contribut	ions) 1e	31,403,078.				
tior S	f	All other contributions, gifts, gran	ts, and					
ibu		similar amounts not included abov	ve 1f	214,252,848.				
d C	ç	Noncash contributions included in lines	1a-1f: \$					
<u>2 g</u>	ŀ	Total. Add lines 1a-1f			266,294,915.			
				Business Code				
ce	2 8	PATIENT SERVICE		621110	123,099,846.	123,099,846.		
er	k							
n S en	c	·						
Jrar Rev	C	t						
Program Service Revenue	e							
п.		All other program service reve						
		Total. Add lines 2a-2f			123,099,846.			
	3	Investment income (including			105 155 160			105 155 160
		other similar amounts)			195,155,160.			195,155,160.
	4	Income from investment of tax			92 960			82,860.
	5	Royalties			82,860.			82,860.
		Overe vente	(i) Real 15,234,759.	(ii) Personal				
		Gross rents	13,234,739.					
		Less: rental expenses Rental income or (loss)	15,234,759.					
		Net rental income or (loss)		•	15,234,759.			15,234,759.
		a Gross amount from sales of	(i) Securities	(ii) Other	13,234,733.			13,234,733.
	1 6	assets other than inventory	3772881775.	(ii) Otriei				
	ŀ	Less: cost or other basis						
	•	and sales expenses	3437383656.	3,023,192.				
				-3,023,192.				
		Net gain or (loss)			332,474,927.			332,474,927.
Φ		Gross income from fundraising			, ,			
		including \$ 19,363						
eve		contributions reported on line						
Other Revenu		Part IV, line 18	•	11,889,939.				
the	k	Less: direct expenses		571,561.				
0	c	Net income or (loss) from fund	draising events		11,318,378.			11,318,378.
	9 a	a Gross income from gaming ac	tivities. See					
		Part IV, line 19	а					
	k	Less: direct expenses	b					
	c	Net income or (loss) from gam	ing activities					
	10 a	a Gross sales of inventory, less	returns					
		and allowances						
	k	Less: cost of goods sold	b					
		Net income or (loss) from sale	s of inventory					
		Miscellaneous Revenu	e	Business Code				
	11 a			900099	2,783,486.			2,783,486.
	k							+
	C							1
		All other revenue			2 702 406			
		Total rayanua See instructions			2,783,486.	123,099,846.	0.	557,049,570.
43200 11-07	12	Total revenue. See instructions.		>	946,444,331.	123,033,040.	0.	Form 990 (2014)
11-07	-14							1 01111 330 (20 14)

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Do not include amounts repo	dule O contains a respons	(A)	(B)	(C)	(D)
7b, 8b, 9b, and 10b of Part Vi		Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1 Grants and other assistance	-				
and domestic governments	s. See Part IV, line 21	46,000.	46,000.		
2 Grants and other assists					
individuals. See Part IV,					
3 Grants and other assista	ŭ				
organizations, foreign go					
individuals. See Part IV,					
4 Benefits paid to or for m					
5 Compensation of curren		202.060	222 724	55 444	
trustees, and key emplo	· —	393,862.	338,721.	55,141.	
6 Compensation not included					
persons (as defined under s					
persons described in sectio		050 100 451	0.40 0.00 0.00	07.657.005	1 504 650
7 Other salaries and wage		270,190,451.	240,807,788.	27,657,985.	1,724,678
8 Pension plan accruals and o	· ·	22 212 540	21 221 154	1 001 204	
section 401(k) and 403(b) 6		23,212,548.	21,321,154.	1,891,394.	
9 Other employee benefits		35,359,097.	31,345,046.	4,014,051.	
Payroll taxes		18,168,969.	16,202,942.	1,966,027.	
11 Fees for services (non-er					
a Management					
b Legal					
c Accounting					
d Lobbying		4 471 500			4 471 500
e Professional fundraising se	_	4,471,500.		14,221,333.	4,471,500
f Investment managemen		14,221,333.		14,221,333.	
g Other. (If line 11g amount column (A) amount, list line		81,514,807.	59,523,847.	19,116,458.	2 874 502
	· -	14,489,951.	5,317,140.	218,652.	2,874,502 8,954,159
Advertising and promoti		19,627,478.	6,955,650.	12,602,570.	69,258
Office expenses		6,034,796.	289,255.	5,744,006.	1,535
Information technology		0,034,730.	205,255.	3,744,000.	1,333
15 Royalties		20,059,311.	16,113,072.	3,946,239.	
1 /		7,138,386.	4,171,161.	2,394,796.	572,429
17 Travel		,,200,000.	-,-/-,	2,002,700	0.2,222
for any federal, state, or					
19 Conferences, convention	· -	573,919.	235,875.	316,954.	21,090
	no, and meetings	211,380.		211,380.	,
Payments to affiliates					
2 Depreciation, depletion,		44,766,528.	37,409,086.	7,357,442.	
	and amortization	4,037,584.	3,520,093.	517,491.	
4 Other expenses. Itemize exp				, , , , ,	
above. (List miscellaneous 24e amount exceeds 10% of amount, list line 24e expens	expenses in line 24e. If line of line 25, column (A)				
a MEDICAL SUPPLIES	/	74,265,088.	74,144,181.	120,131.	776
b PGA EVENT EXPENSES	;	10,709,637.			10,709,637
c PATIENT COSTS		2,943,018.	2,112,081.	830,937.	
d DUES AND REGISTRAT	IONS	2,129,924.	1,866,023.	249,780.	14,121
e All other expenses		8,073,008.	4,656,750.	1,171,690.	2,244,568
5 Total functional expenses.	. Add lines 1 through 24e	662,638,575.	526,375,865.	104,604,457.	31,658,253
Joint costs. Complete this I			-		•
reported in column (B) joint					
educational campaign and f					
. —	ing SOP 98-2 (ASC 958-720)				
32010 11-07-14					Form 990 (2014

Form 990 (2014) Part X | Balance Sheet

Part 2	X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			10,708,836.	2	6,362,805
;	3	Pledges and grants receivable, net			32,381,302.	3	43,175,411
.	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensation	ated en	nployees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disquali					
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 50	I(c)(9) voluntary			
ស		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
< ;	8	Inventories for sale or use			18,050,435.	8	16,372,801
	9	Prepaid expenses and deferred charges			10,361,996.	9	9,825,475
10	0a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,232,185,242.			
	b	Less: accumulated depreciation	10b	618,087,011.	610,291,578.	10c	614,098,231
1	1	Investments - publicly traded securities			6,520,990,621.	11	6,428,157,840
1:	2	Investments - other securities. See Part IV, line	11			12	
1:	3	Investments - program-related. See Part IV, line	11		257,723,656.	13	288,897,840
1	4	Intangible assets				14	
1:	5	Other assets. See Part IV, line 11			1,511,210,215.	15	1,545,709,438
10	6	Total assets. Add lines 1 through 15 (must equ	al line 3	34)	8,971,718,639.	16	8,952,599,841
1	7	Accounts payable and accrued expenses			197,332,431.	17	285,557,421
18	8	Grants payable				18	
11	9	Deferred revenue			12,126,811.	19	12,798,769
2	0:	Tax-exempt bond liabilities				20	
2	1	Escrow or custodial account liability. Complete	Part IV	of Schedule D	36,981,955.	21	38,381,142
ក្ខ 2	2	Loans and other payables to current and former	officer	s, directors, trustees,			
		key employees, highest compensated employee					
		Complete Part II of Schedule L				22	
- 2	3	Secured mortgages and notes payable to unrela		F		23	
2	4	Unsecured notes and loans payable to unrelate			0.	24	10,000,000
2	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on lines	17-24)	. Complete Part X of			
		Schedule D			608,878,000.	25	623,248,847
2	6	Total liabilities. Add lines 17 through 25			855,319,197.	26	969,986,179
		Organizations that follow SFAS 117 (ASC 958		k here 🕨 🗓 and			
Se		complete lines 27 through 29, and lines 33 an					
		Unrestricted net assets			6,726,358,349.	27	6,588,673,776
B 2	8	Temporarily restricted net assets			309,908,402.	28	296,919,343
2	9				1,080,132,691.	29	1,097,020,543
2		Organizations that do not follow SFAS 117 (A	SC 958	3), check here			
5		and complete lines 30 through 34.					
3	0	Capital stock or trust principal, or current funds				30	
{ 3	1	Paid-in or capital surplus, or land, building, or ed		_		31	
¥	2	Retained earnings, endowment, accumulated in			0 116 202 115	32	7 000 510 55
3	3	Total net assets or fund balances			8,116,399,442.	33	7,982,613,662
3	4	Total liabilities and net assets/fund balances			8,971,718,639.	34	8,952,599,841 Form 990 (2014

Form **990** (2014)

Form	990 (2014) SHRINERS HOSPITALS FOR CHILDREN	36-2193608		Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>		Х
1	Total revenue (must equal Part VIII, column (A), line 12)	1	946	,444,	,331.
2	Total expenses (must equal Part IX, column (A), line 25)	2		<u> </u>	,575.
3	Revenue less expenses. Subtract line 2 from line 1	3			,756.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,116	,399,	,442.
5	Net unrealized gains (losses) on investments	5	-266	,836,	,026.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-150	,755,	,510.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	7,982	,613,	,662.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Х
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	-	За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SHRINERS HOSPITALS FOR CHILDREN

Employer identification number

36-2193608 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calendar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from mirelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI). Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Computation of Public Support Percentage Public support percentage from 2013 Schedule A, Part II, line 14 Sa 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 14 is 10% or more, and if the organization meets the "facts and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box on line 13, 16a, or 16b, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test, check this box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts	Sec	ction A. Public Support						
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		more, and if the organization meets th	e "facts-and-circu	mstances" test, c	heck this box and	stop here. Explair	n in Part VI how the	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		organization meets the "facts-and-circ	umstances" test.	The organization	qualifies as a publ	icly supported org	anization	▶∐
	18	Private foundation. If the organization	n did not check a	box on line 13, 16	Sa, 16b, 17a, or 17	b, check this box a	and see instruction	s

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	olow, ploade com	proto i dit ii.j				
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and					, ,	
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7:	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
ı	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year Add lines 7a and 7b						<u> </u>
							<u> </u>
	Public support (Subtract line 7c from line 6.) ction B. Total Support						<u> </u>
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6	(a) 2010	(b) 2011	(6) 2012	(u) 2013	(e) 2014	(I) TOTAL
	Gross income from interest,						
	dividends, payments received on securities loans, rents, royalties and income from similar sources						
ı	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is						
10	regularly carried on			1	-		
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
	check this box and stop here						>
	ction C. Computation of Publ						
15	Public support percentage for 2014 (I	ine 8, column (f) c	divided by line 13,	column (f))		15	%
	Public support percentage from 2013					16	%
<u>Se</u>	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	14 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2	2013 Schedule A,	Part III, line 17			18	%
	a 33 1/3% support tests - 2014. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box as	nd stop here. The	e organization qua	lifies as a publicly	supported organiz	ation	>
ı	33 1/3% support tests - 2013. If the						
	line 18 is not more than 33 1/3%, che	ck this box and s	top here. The org	anization qualifies	as a publicly supp	orted organization	
20	Private foundation. If the organizatio	n did not check a	box on line 14, 19	a, or 19b, check to	his box and see in	structions	

Page 4

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in part yi when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in part VI including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in

Part VI.

- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
-		
2		
3a		
3b		
Зс		
4a		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
0-		
9a		
9b		
9с		
10a		
401		
10b		

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Pai	t IV Supporting Organizations _(continued)			
	(STAILING)		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
-	below, the governing body of a supported organization?	11a		
h	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations	110		
Sec	tion B. Type i Supporting Organizations		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
800	tion D. Type III Supporting Organizations			
Sec	tion b. Type in Supporting Organizations		V	NI.
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year(see inst	tructions):		
а	The organization satisfied the Activities Test. Complete line 2 below.	ractionsy.		
b	The organization is the parent of each of its supported organizations. <i>Complete line 3</i> below.			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity	v (see instructions)_	
2		, (000	Yes	No
a	Activities Test. <i>Answer (a) and (b) below.</i> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		.03	
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in part VI the role played by the organization in this regard.	3b		

	dule A (Form 990 or 990-EZ) 2014 SHRINERS HOSPITALS FOR CHILDREN			36-2193608	Page 6
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	g Orga	anizations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust o	n Nov. 20, 1970. See ins	tructions. All	
	other Type III non-functionally integrated supporting organizations must con	mplete S	Sections A through E.		
Soct	ion A - Adjusted Net Income		(A) Prior Year	(B) Curren	t Year
	ion A - Adjusted Net income		(A) I Hol Teal	(option	ıal)
_1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3	4			
_5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
_ 7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Curren (option	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
c	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other				
	factors (explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d	3			
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by .035	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current '	Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2	Enter 85% of line 1	2			
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4	Enter greater of line 2 or line 3	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions)	6			
7	Check here if the current year is the organization's first as a non-functionally	y-integra	ated Type III supporting of	organization (see	
	instructions).				

Schedule A (Form 990 or 990-EZ) 2014

Par	TV Type III Non-Functionally Integrated 509	9(a)(3) Supporting Org	anizations _(continued)	
Secti	ion D - Distributions		,	Current Year
1	Amounts paid to supported organizations to accomplish ex	empt purposes		
2	Amounts paid to perform activity that directly furthers exem	pt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
.	in E. Distribution Allegations (see instructions)	Excess Distributions	Underdistributions	Distributable
Secti	ion E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

SHRINERS HOSPITALS FOR CHILDREN

Employer identification number 36-2193608

Pai	t I Organizations Maintaining Donor Advised		or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	÷ 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advis-	ed funds
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ac		
	for charitable purposes and not for the benefit of the donor or		
Pai			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation) Preservation of a histo	orically important land area
	Protection of natural habitat	Preservation of a certi	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	T		01
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele		
	year >		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the peri	iodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a	and enforcing conservation easements du	uring the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and e	enforcing conservation easements during	the year ▶ \$
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ion's financial statements that describes	the organization's accounting for
_	conservation easements.		
Pai	t III Organizations Maintaining Collections of	-	tner Similar Assets.
	Complete if the organization answered "Yes" to Form 9		
1a	If the organization elected, as permitted under SFAS 116 (AS	•	
	historical treasures, or other similar assets held for public exh	,	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ		
b	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pub	olic service, provide the following amounts
	relating to these items:		. .
	(i) Revenue included in Form 990, Part VIII, line 1		
_	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea		gain, provide
	the following amounts required to be reported under SFAS 11	-	• •
	Revenue included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		▶ \$

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

Schedule D (Form 990) 2014

Sche	dule D (Form 990) 2014 SHRINERS HO	SPITALS FOR CH	ILDREN			3	6-21936	808	Pag	e 2
Pai	t III Organizations Maintaining C	Collections of A	rt, Historical Tr	easures, or	Other	Simila	r Asse	ts (continu	ed)	
3	Using the organization's acquisition, access	on, and other record	ds, check any of the	following that a	are a sigr	nificant u	se of its	collection i	tems	
	(check all that apply):									
а	Public exhibition	c	l Loan or exc	hange program	ns					
b	Scholarly research	e	e U Other							
С	Preservation for future generations									
4	Provide a description of the organization's constitution of the organization of the or	ollections and explai	in how they further t	he organization	i's exemp	ot purpos	se in Par	t XIII.		
5	During the year, did the organization solicit of							_		
	to be sold to raise funds rather than to be m						L	Yes		No
Pai	t IV Escrow and Custodial Arran		ete if the organization	on answered "Ye	es" to Fo	orm 990,	Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod							7		
	on Form 990, Part X?						L	Yes	X	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing table:							
								Amount		
	Beginning balance					1c				
	Additions during the year					1d				
	Distributions during the year					1e				
	Ending balance					1f		1.,		
	Did the organization include an amount on F					/?	<u> X</u>	Yes		No
Pai	If "Yes," explain the arrangement in Part XIII.								X	
Pai	t V Endowment Funds. Complete		i	1			باممط مید	() Faure		
4.	Device in a state of the least	(a) Current year	(b) Prior year	(c) Two years b		, ,		(e) Four yo		
	Beginning of year balance	7,305,707,433.	6,725,272,450.	6,340,401,	040. 0	, 596 , 93	4,424.	0,299,5	30,2	13.
	Contributions	262 100 255	060 605 000	020 256	472	2 56	0 122	606 0	02 1	00
	Net investment earnings, gains, and losses	263,100,355.	968,695,800.	830,356,	4/2.	3,30	59,133.	696,9	02,1	"
	Grants or scholarships									—
е	Other expenditures for facilities	323,489,628.	388,260,817.	115 185	670	262 16	1,909.	397 5	24 0	/ R
	and programs	323,403,020.	300,200,017.	445,485,	070.	202,10	11,909.	397,5	24,0	±0.
Τ	Administrative expenses	7 2/15 318 162	7,305,707,433.	6 725 272	450 6	3/0 /0	11 6/18	6 598 9	91 1	21
9	End of year balance Provide the estimated percentage of the cur			•	450.	, 340 , 40	71,040.	0,330,3	J=,=	<u> </u>
2	Board designated or quasi-endowment	rent year end baland 80.76		a)) rieiu as.						
	Permanent endowment 15.14	%	%							
	Temporarily restricted endowment									
C	The percentages in lines 2a, 2b, and 2c shou									
32	Are there endowment funds not in the posse		ation that are held a	and administers	d for the	organiza	ation			
oa	by:	331011 Of the organiz	ation that are ned a	ina administere	a for the	organiza	2011	[v	es l	No
	(i) unrelated organizations							3a(i)	$\overline{}$	X
	(ii) related organizations							3a(ii)	-	<u>x</u>
b	If "Yes" to 3a(ii), are the related organization:	s listed as required o	on Schedule R?					3b	\dashv	—
4	Describe in Part XIII the intended uses of the							00		
	t VI Land, Buildings, and Equipm		ownione fariab.							
	Complete if the organization answere). Part IV. line 11a. S	See Form 990. P	art X. lin	e 10.				
	Description of property	(a) Cost or o	i i	or other		umulated	4 T	(d) Book v	/alue	
	2000. plant of proporty	basis (investr	' '	(other)		eciation		(4) 5001(1	2.00	
1a	Land	,		3,638,234.				28,6	38,2	34.
	Buildings			0,065,942.	360	6,957,1	.60.	433,1		
	Leasehold improvements			,651,244.		8,632,9			18,3	
	Equipment			1,668,929.		2,496,9		<u>-</u>	71,9	
	Other			3,160,893.					60,8	
	. Add lines 1a through 1e. (Column (d) must e		<u>, </u>	<u> </u>			▶	614,0	98,2	31.
	<u>- · · · · · · · · · · · · · · · · · · ·</u>									_

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 SHRINERS HOSPITA	LS FOR CHILDREN	36-2	193608 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes'			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes	to Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.	•		
Complete if the organization answered "Yes"	to Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) BENEFICIAL INTERESTS IN TRUSTS			543,919,635
(2) ESTATES IN PROCESS			259,166,846
(3) PATIENT TRANSPORTATION FUNDS			57,353,253
(4) COLLATERAL CASH AND SECURITIES			623,164,849
(5) RECEIVABLES FROM INCOME TRUSTS			1,946,465
(6) RELATED PARTY RECEIVABLES			60,158,390
(7)			, , ,
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) lir	20.15.)	•	1,545,709,438

Part X Other Liabilities.

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

1. (a) De	escription of liability	(b) Book value
(1) Federal income taxes		
(2) LIABILITY UNDER SE	C. LENDING	623,164,849.
(3) SUSPENSE ACCOUNTS		83,998.
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Fo	orm 990, Part X, col. (B) line 25.)	623,248,847.

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

Schedule D (Form 990) 2014

36-2193608

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities c Recoveries of prior year grants 1 2a -266,836,025. b Donated services and use of facilities 2b c Recoveries of prior year grants	663,357,144.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities 2b	003,337,144.
a Net unrealized gains (losses) on investments b Donated services and use of facilities 2b	
b Donated services and use of facilities 2b	
c Recoveries of prior year grants	
d Other (Describe in Part XIII.)	066 036 005
e Add lines 2a through 2d	-266,836,025.
3 Subtract line 2e from line 1	930,193,169.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.) 4b 16,251,162.	
c Add lines 4a and 4b	16,251,162.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5	946,444,331.
Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.	
Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	
1 Total expenses and losses per audited financial statements 1	646,659,911.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a Donated services and use of facilities	
b Prior year adjustments	
c Other losses 2c	
d Other (Describe in Part XIII.) 2d 571,561.	
e Add lines 2a through 2d 2e	571,561.
3 Subtract line 2e from line 1	646,088,350.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a Investment expenses not included on Form 990, Part VIII, line 7b	
b Other (Describe in Part XIII.) 4b 16,550,225.	
c Add lines 4a and 4b 4c	16,550,225.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	662,638,575.
Part XIII Supplemental Information.	, , ,
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line	ne 2: Part XI
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	ie z, i ait Xi,
illes 24 and 45, and 1 art All, lines 24 and 45. Also complete this part to provide any additional information.	
PART IV, LINE 2B:	
TAKI IV, BIKE 2D.	
MUE AMOUNT THOUGHDED ON FORM 000 DARM V LINE 21 CONCIONS OF ANNUATIVE	
THE AMOUNT INCLUDED ON FORM 990, PART X, LINE 21 CONSISTS OF ANNUITY	
I TARTI THIRD AGGOSTANDE NITHE GUARTHARIA RENATIVEDE HERICAGO HERE DV GURTHURG	
LIABILITIES ASSOCIATED WITH CHARITABLE REMAINDER TRUSTS HELD BY SHRINERS	
HOSPITALS FOR CHILDREN, WHICH ARE DETERMINED BASED ON PRESENT VALUE OF THE	
ESTIMATED FUTURE PAYMENTS TO BE PAID TO THE DESIGNATED BENEFICIARIES.	
DEFERRED INCOME IS RECOGNIZED ON GIFTS TO SHRINERS HOSPITALS FOR CHILDREN	
POOLED INCOME FUNDS WHICH REPRESENT THE DISCOUNTED VALUE OF THE ASSETS FOR	
THE ESTIMATED TIME PERIOD UNTIL THE DONOR'S DEATH	
PART V, LINE 4:	
THE ENDOWMENT FUNDS (INCLUDING UNRESTRICTED FUND BALANCES) ARE THE PRIMARY	
SOURCE OF SUPPORT FROM WHICH SHRINERS HOSPITALS FOR CHILDREN PERFORMS ITS	

Schedule D (Form 990) 2014 SHRINERS HOSPITALS FOR CHIL	DREN	36-2193608	Page 5
Part XIII Supplemental Information (continued)			
PROGRAM SERVICES TO ACHIEVE ITS PRIMARY EXEMPT PURPOSE.			
PART XI, LINE 4B - OTHER ADJUSTMENTS:			
SPECIAL EVENTS EXPENSES RECLASSIFIED FROM EXPENSES	-571,561.		
OTHER CHANGES	272,498.		
RECLASSIFIED INVESTMENT EXPENSES	13,830,225.		
RECLASSIFIED MISCELLANEOUS EXPENSES	2,720,000.		
TOTAL TO SCHEDULE D, PART XI, LINE 4B	16,251,162.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
SPECIAL EVENTS EXPENSES RECLASSIFIED TO NET WITH REVENUES	571,561.		
PART XII, LINE 4B - OTHER ADJUSTMENTS:			
RECLASSIFIED INVESTMENT EXPENSES	13,830,225.		
RECLASSIFIED MISCELLANEOUS EXPENSES	2,720,000.		
TOTAL TO SCHEDULE D, PART XII, LINE 4B	16,550,225.		
FORM 990, PART XI, LINE 9			
CHANGE IN MINIMUM PENSION LIABILITY :	(100 698 085)		
TRANSFERS: SHRINERS HOSPITALS FOR CHILDREN, A			
MASSACHUSETTS CORPORATION = (25,592,1	.94)		
SHRINERS HOSPITALS FOR CHILDREN, A			
CANADIAN CORPORATION = (13,220,664) SHRINERS HOSPITALS FOR CHILDREN A			
SHRINERS HOSPITALS FOR CHILDREN, A MEXICAN CORPORATION = (14,337,787)			
SHRINERS HOSPITALS FOR CHILDREN, A			
COLORADO CORPORATION = (2,854,065) SUBTOTAL TRANSFERS : (
SUBIUTAL TRANSFERS : (,,	Schedule D (For	m 990) 2014

SCHEDULE F (Form 990)

Department of the Treasury

Internal Revenue Service

Statement of Activities Outside the United States

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

2014
Open to Public Inspection

Name of the organization

Employer identification number

SHRINERS HOSPITALS FOR CHILDREN 36-2193608 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? X Yes For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in region (e) If activity listed in (d) (f) Total employees, agents, and independent expenditures (by type) (e.g., fundraising, program offices is a program service, for and in the region services, investments, grants to describe specific type investments contractors recipients located in the region) of service(s) in region in region in region FUNDING TO HOSPITAL SHRINERS PARA NINOS, A RELATED NONPROFIT MEXICO 327 ORGANIZATION. 16,169,000. FUNDING TO SHRINERS HOSPITALS FOR CHILDREN, A RELATED NONPROFIT 259 ORGANIZATION. 21,876,000. CANADA 3 a Sub-total 586 38,045,000. **b** Total from continuation 0 0. sheets to Part I c Totals (add lines 3a

432071

and 3b)

Schedule F (Form 990) 2014

38,045,000.

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

36-2193608

Schedule F (Form 990) 2014 SHRINERS HOSPLTALS FOR CHILDREN 36-2193608

Part II 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.

(i) Method of valuation (book, FMV, appraisal, other)						Schedule F (Form 990) 2014
(h) Description of non-cash assistance						Schedu
(g) Amount of non-cash assistance					xempt by	
(f) Manner of cash disbursement					recognized as tax-e	
(e) Amount of cash grant					foreign country,	
(d) Purpose of grant					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	
(c) Region					s listed above that are r	r entities
(b) IRS code section and EIN (if applicable)					recipient organization the grantee or counse	other organizations or
1 (a) Name of organization						Enter total number of other organizations or entitles

Page 3

Schedule F (Form 990) 2014 SHRINERS HOSPITALS FOR CHILDREN 36–2193608

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.

ı	1		l					 	4
	(h) Method of valuation (book, FMV, appraisal, other)								Schedule F (Form 990) 2014
	(g) Description of non-cash assistance								Schedu
	(f) Amount of non-cash assistance								
	(e) Manner of cash disbursement								
	(d) Amount of cash grant								
j	(c) Number of (d) Amount of recipients cash grant								
dditional space is neede	(b) Region								
Part III can be duplicated if additional space is needed.	(a) Type of grant or assistance								

Schedule F (Form 990) 2014 SPART IV Foreign Forms

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)	Yes	X No

Schedule F (Form 990) 2014

Part V Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
(estimated number of recipients), as applicable. Also complete this part to provide any additional information.
PART I, LINE 2:
THE FOREIGN ORGANIZATIONS RECEIVING FUNDING ARE ENTIRELY CONTROLLED BY
THIS ORGANIZATION'S OFFICERS. THE SAME PROTOCOLS FOR THIS ORGANIZATION'S
PROGRAM SERVICE INITIATIVES APPLY TO THE FOREIGN ORGANIZATIONS.

SCHEDULE G

Department of the Treasury

Internal Revenue Service

Part I

(Form 990 or 990-EZ)

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization

required to complete this part.

SHRINERS HOSPITALS FOR CHILDREN

36-2193608 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not

 Indicate whether the organization ra a X Mail solicitations b X Internet and email solicitation c X Phone solicitations d X In-person solicitations 	e X Solicita	tion of tion of	non-g gover	overnment grants		
 2 a Did the organization have a written key employees listed in Form 990, I b If "Yes," list the ten highest paid incompensated at least \$5,000 by the 	Part VII) or entity in connection with pdividuals or entities (fundraisers) purs	rofess	ional f	fundraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
EDGE DIRECT - 3030 WATERVIEW		Yes	No			
AVE., BALTIMORE, MD 21230	DIRECT MAIL SOLICITATION		Х	14,609,642.	3,755,500.	10,854,142.
EDGE DIRECT - 3030 WATERVIEW						
AVE., BALTIMORE, MD 21230	TELEVISION ADVERTISEMENT		Х	2,747,170.	716,000.	2,452,327.
				17,356,812.		· · ·
3 List all states in which the organization or licensing.					d it is exempt from re	egistration
AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, G						
MO,MT,NE,NV,NH,NJ,NM,NY,NC,ND,C	H,OK,OK,PA,RI,SC,SD,IN,IX,O	1, V1,	VA,W	A,WV,WI		
MI						

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Schedule G (Form 990 or 990-EZ) 2014

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

Pa	ırt	II Fundraising Events. Complete if the	ne organization answered	l "Yes" to Form 990, Parl	t IV, line 18, or reported	more than \$15,000		
		of fundraising event contributions and gr	oss income on Form 990	-EZ, lines 1 and 6b. List	events with gross receip	ts greater than \$5,000.		
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events		
						(add col. (a) through		
				FOOTBALL GAME	31	col. (c))		
ne			(event type)	(event type)	(total number)			
Revenue	1	Gross receipts	9,846,231.	5,703,106.	15,703,920.	31,253,257.		
	2	Less: Contributions	6,100,347.	3,533,426.	9,729,545.	19,363,318.		
	3	Gross income (line 1 minus line 2)	3,745,884.	2,169,680.	5,974,375.	11,889,939.		
Direct Expenses	4	Cash prizes						
	5	Noncash prizes						
	6	Rent/facility costs						
	7	Food and beverages						
	8	Entertainment						
	9	Other direct expenses		104,299.	287,194.	571,561.		
	10			,		571,561.		
	11					11,318,378.		
Pa	ırt		answered "Yes" to Form	990, Part IV, line 19, or r	reported more than			
		\$15,000 on Form 990-EZ, line 6a.						
Ф			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add		
Revenue			(4) 590	bingo/progressive bingo	(e) out or guithing	col. (a) through col. (c))		
Rev								
	1	Gross revenue						
ses	2	Cash prizes						
Direct Expenses	3	Noncash prizes						
Direct	4	Rent/facility costs						
	5	Other direct expenses						
	۲	Other direct expenses	Yes %	Yes %	Yes %			
	6	Volunteer labor	No No	No No	No No			
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		>			
8 Net gaming income summary. Subtract line 7 from line 1, column (d)								
а	9 Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain:							
		ere any of the organization's gaming licenses re	evoked, suspended or te	rminated during the tax y	year?	Yes No		
	_							

Schedule G (Form 990 or 990-EZ) 2014

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Sch	edule G (Form 990 or 990-EZ) 2014 SHRINERS HOSPITALS FOR CHILDREN 36-2	193608		Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	□ No
13	Indicate the percentage of gaming activity conducted in:	. —		
	The organization's facility	13a	l	%
	An outside facility			
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	. 100	1	
14	cinter the fiame and address of the person who prepares the organization's gaming/special events books and records.			
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	☐ No
b	If "Yes," enter the amount of gaming revenue received by the organization \$\bigs\sum_{\text{s}} = \text{and the amount}\$ and the amount of gaming revenue retained by the third party \$\bigs\sum_{\text{s}} = \text{s}.			
	If "Yes," enter name and address of the third party:			
	The s, effect hame and address of the tillid party.			
	Name			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation \$			
	Description of services provided			
	☐ Director/officer ☐ Employee ☐ Independent contractor			
17	Mandatory distributions:			
	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
•	retain the state gaming license?		Yes	□ No
	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	—	103	110
L				
Da	organization's own exempt activities during the tax year > \$ **T IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III	lines O	Ob 10	0h 15h
Га		, imes 9,	96, 10	, מכו, מנ
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).			

SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

Hospitals

► Complete if the organization answered "Yes" to Form 990, Part IV, question 20.

Attach to Form 990. ▶ Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990 . OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

SHRINERS HOSPITALS FOR CHILDREN 36-2193608 Part I Financial Assistance and Certain Other Community Benefits at Cost Yes No 1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a Х 1a If "Yes," was it a written policy?

If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital 1b X facilities during the tax year. X Applied uniformly to all hospital facilities Applied uniformly to most hospital facilities Generally tailored to individual hospital facilities 3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year. a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: 3a Х 200% ___ 150% X Other 300 % b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: X 3b 250% 300% 350% X 400% U Other c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care. 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 Х 4 Х 5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? 5a b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? 5b X c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? 6a Did the organization prepare a community benefit report during the tax year? Х 6a **b** If "Yes," did the organization make it available to the public? X Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H. Financial Assistance and Certain Other Community Benefits at Cost (a) Number of activities or (b) Persons served (c) Total community (d) Direct offsetting (e) Net community (f) Percent of total Financial Assistance and programs (optional) (optional) expense **Means-Tested Government Programs** a Financial Assistance at cost (from Worksheet 1) 502,829,888 123,099,846 379,730,042 57.31% **b** Medicaid (from Worksheet 3, column a) c Costs of other means-tested government programs (from Worksheet 3, column b) d Total Financial Assistance and 502,829,888 123,099,846, 379,730,042 57.31% Means-Tested Government Programs Other Benefits e Community health improvement services and community benefit operations (from Worksheet 4) f Health professions education (from Worksheet 5) g Subsidized health services (from Worksheet 6) 23,545,977 23,545,977 3.55% h Research (from Worksheet 7) i Cash and in-kind contributions for community benefit (from Worksheet 8) 23,545,977 23,545,977 3.55% j Total. Other Benefits 403,276,019.

432091 12-29-14 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule H (Form 990) 2014

60.86%

526,375,865.

k Total. Add lines 7d and 7i

123,099,846.

Sche	edule H (Form 990) 2014 SHRII	NERS HOSPITALS	FOR CHILDREN				36-21	93608		Pa	age 2
	rt II Community Building A	Activities Compl	ete this table if the	e organizatior	n conduct	ed any co	mmunity building	activitie	es d	uring 1	the
	tax year, and describe in Par	t VI how its commu	unity building activ	ities promote	ed the hea	alth of the	communities it se	rves.			
		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total communit building expe	y of	(d) Direct fsetting rever	(e) Net community building exper			Percent al expen	
1	Physical improvements and housing										
2	Economic development										
3	Community support										
4	Environmental improvements										
5	Leadership development and										
	training for community members										
6	Coalition building										
7	Community health improvement										
	advocacy										
8	Workforce development										
9	Other										
10	Total										
Pa	rt III Bad Debt, Medicare, &	& Collection P	ractices	•	•		•				
Sect	ion A. Bad Debt Expense									Yes	No
1	Did the organization report bad deb	•			•		ociation		1		х
2	Statement No. 15? Enter the amount of the organization										
_	methodology used by the organization		•			2					
3	Enter the estimated amount of the o					-					
Ü	patients eligible under the organizat	•	•		l the						
	methodology used by the organizati										
	for including this portion of bad deb					3					
4	Provide in Part VI the text of the foo						eht .				
7	expense or the page number on whi						CDI				
Sect	ion B. Medicare		contained in the t	attacrica iiriai	noiai state	incino.					
5	Enter total revenue received from M	edicare (including	DSH and IME)			5					
6	Enter Medicare allowable costs of ca										
7	Subtract line 6 from line 5. This is th										
8	Describe in Part VI the extent to whi										
o	Also describe in Part VI the costing					•					
	Check the box that describes the m	0,	dice asca to acto	arrille tric tir	iodini repe	orted orr iii	10 0.				
	Cost accounting system	Cost to cha	rge ratio	Other							
Sect	ion C. Collection Practices	Coot to ona	go ratio	_ 011101							
	Did the organization have a written of	debt collection noti	icy during the tax	vear?				١,	9a		Х
	If "Yes," did the organization's collection								Ju		
D	collection practices to be followed for pat		-		-	-			9b		
Pa	rt IV Management Compar	nies and Joint	Ventures (owned	d 10% or more by	officers, dire	ctors, trustee	es, key employees, and	physician		e instru	ctions)
	<u> </u>										
	(a) Name of entity		scription of primar ctivity of entity	y	(c) Organ	nization's or stock	(d) Officers, directions, trustees, o		•	iysicia fit % d	
			or order		owners		key employees	,	•	tock	,
						•	profit % or stoo ownership %	K c	owne	ership	%
							 				
							1	+			
							1	+			
								+			
							+	+			

432092 12-29-14

Part V Facility Information **Dritical access hospital** Section A. Hospital Facilities Gen. medical & surgical (list in order of size, from largest to smallest) Children's hospital icensed hospital Feaching hospital Research facility How many hospital facilities did the organization operate during the tax year? ER-24 hours Name, address, primary website address, and state license number Facility (and if a group return, the name and EIN of the subordinate hospital reporting organization that operates the hospital facility) group Other (describe) SHRINERS HOSPITAL FOR CHILDREN-CHICAG 2211 NORTH OAK PARK AVENUE CHICAGO, IL 60707-3392 Х Х Х Х Α SHRINERS HOSPITAL FOR CHILDREN-CINCIN 3229 BURNET AVENUE CINCINNATI, OH 45229-3095 Х Х Х Α SHRINERS HOSPITAL FOR CHILDREN-ERIE 1645 WEST 8TH STREET ERIE, PA 16505 OUTPATIENT AMBULATORY SURGICAL CENTER & CLINIC Х Α SHRINERS HOSPITAL FOR CHILDREN-GALVES 815 MARKET STREET GALVESTON, TX 77550 Х Х Х X SHRINERS HOSPITAL FOR CHILDREN-GREENV 950 WEST FARIS ROAD GREENVILLE, SC 29605 Х Х Α SHRINERS HOSPITAL FOR CHILDREN-HONOLU 1310 PUNAHOU STREET HONOLULU, HI 96826-1099 Х Х Х Х SHRINERS HOSPITAL FOR CHILDREN-HOUSTO 6977 MAIN STREET HOUSTON, TX 77030-3701 Х Х Х Х Α SHRINERS HOSPITAL FOR CHILDREN-LEXING 1900 RICHMOND ROAD LEXINGTON, KY 40502 Х Х Х Х Α SHRINERS HOSPITAL FOR CHILDREN-L.A. 3160 GENEVA STREET LOS ANGELES, CA 90020 Х Х Х Α 10 SHRINERS HOSPITAL FOR CHILDREN-PHILAD 3551 NORTH BROAD STREET PHILADELPHIA, PA 19140-4131

Schedule II (Form 330/2014									00 223000	r age 3
Part V Facility Information										
Section A. Hospital Facilities (list in order of size, from largest to smallest)		gical	<u></u>	_	ospital					
How many hospital facilities did the organization operate during the tax year?	icensed hospital	ıl & surç	Children's hospital	Teaching hospital	sess ho	acility	rs			
Name, address, primary website address, and state license number		dice	'n	β.	acc	ch 1	ER-24 hours	je Je		Facility
(and if a group return, the name and EIN of the subordinate hospital	SU SK	m.	dre	li E	ical	ear	24	ER-other		reporting
organization that operates the hospital facility)	ļ.	Gen.	등	Tea	i.i	Res	HH HH	H.	Other (describe)	group
11 SHRINERS HOSPITAL FOR CHILDREN-PORTLA			Ĭ	Γ	Ť	-	_		,	
3101 SW SAM JACKSON PARK RD.										
PORTLAND, OR 97239-3095										
	Х		Х	Х		Х				A
12 SHRINERS HOSPITAL FOR CHILDREN-SALT L										
FAIRFAX ROAD AT VIRGINIA STREET										
SALT LAKE CITY, UT 84103										
	Х	$oxed{oxed}$	Х	Х		Х		Ш		A
13 SHRINERS HOSPITAL FOR CHILDREN-SHREVE										
3100 SAMFORD AVENUE										
SHREVEPORT, LA 71103										
	Х	_	Х	Х		Х		Ш		A
14 SHRINERS HOSPITAL FOR CHILDREN-SPOKAN										
911 WEST 5TH AVENUE	_									
SPOKANE, WA 99204	_									
	-		X	х		X				A
15 SHRINERS HOSPITAL FOR CHILDREN-ST. LO		\vdash	1	1		121		Н		11
2001 S. LINDBERGH BOULEVARD										
ST. LOUIS, MO 63131-3597										
	X		х	х		х				A
16 SHRINERS HOSPITAL FOR CHILDREN-TAMPA				İ						
12502 USF PINE DRIVE										
TAMPA, FL 33612-9499										
	Х		Х	Х		Х		Ш		A
17 SHRINERS HOSPITAL FOR CHILDREN-TWIN C										
2025 EAST RIVER PARKWAY										
MINNEAPOLIS, MN 55414										
	Н.,									
18 SHRINERS HOSPITAL FOR CHILDREN-N. CAL	Х	-	I X	Х		Х		Н		A
2425 STOCKTON BOULEVARD										
SACRAMENTO, CA 95817	-									
Bickinimito, cir 55017	$\overline{}$									
	-		x	x		x				A
	+-	\vdash				 		Н		+
						Ì		П		

Section B. Facility Policies and Practices

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

Name of hospital facility or letter of facility reporting group SHRINERS HOSPITAL FOR CHILDREN-GROUP A

Line number of hospital facility, or line numbers of hospital

facilities in a facility reporting group (from Part V, Section A): 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17

			Yes	No
C	ommunity Health Needs Assessment			
1	Was the hospital facility first licensed, registered, or similarly recognized by a State as a hospital facility in the			
	current tax year or the immediately preceding tax year?	1		Х
2	Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or			
	the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		Х
3	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a			
	community health needs assessment (CHNA)? If "No," skip to line 12	3	Х	
	If "Yes," indicate what the CHNA report describes (check all that apply):			
a	A definition of the community served by the hospital facility			
k	Demographics of the community			
C	Existing health care facilities and resources within the community that are available to respond to the health needs			
	of the community			
C	How data was obtained			
e	The significant health needs of the community			
f	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority			
	groups			
ç	The process for identifying and prioritizing community health needs and services to meet the community health needs			
r	The process for consulting with persons representing the community's interests			
i	Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA: 20 12			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad			
	interests of the community served by the hospital facility, including those with special knowledge of or expertise in public			
	health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the			
	community, and identify the persons the hospital facility consulted	5	Х	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other			
	hospital facilities in Section C	6a	Х	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes,"			
	list the other organizations in Section C	6b		Х
7	Did the hospital facility make its CHNA report widely available to the public?	7	Х	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a	Hospital facility's website (list url): HTTP://WWW.SHRINERSHOSPITALFORCHILDREN.ORG			
b	Other website (list url):			
c	Made a paper copy available for public inspection without charge at the hospital facility			
c	Other (describe in Section C)			
8	Did the hospital facility adopt an implementation strategy to meet the significant community health needs			
	identified through its most recently conducted CHNA? If "No," skip to line 11	8		Х
9	Indicate the tax year the hospital facility last adopted an implementation strategy: 20			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		
a	If "Yes," (list url):			
k	If "No", is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11	Describe in Section C how the hospital facility is addressing the significant needs identified in its most			
	recently conducted CHNA and any such needs that are not being addressed together with the reasons why			
	such needs are not being addressed.			
12 a	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a			
	CHNA as required by section 501(r)(3)?	12a		Х
b	If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
	If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720			
	for all of its hospital facilities? \$			

432094 12-29-14

Name of hospital facility or letter of facility reporting group SHRINERS HOSPITAL FOR CHILDREN-GROUP A	Yes	
Traine of Hoopital Idollity of Iotal of Idollity Topol tillig group	Yes	
		No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?13	Х	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a X Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of		
and FPG family income limit for eligibility for discounted care of %		
b X Income level other than FPG (describe in Section C)		
c Asset level		
d Medical indigency		
e Insurance status		
f Underinsurance status		
g Residency h X Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	Х	
15 Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions)		
explained the method for applying for financial assistance (check all that apply):		
a Described the information the hospital facility may require an individual to provide as part of his or her application		
b Described the supporting documentation the hospital facility may require an individual to submit as part of his		
or her application		
c Provided the contact information of hospital facility staff who can provide an individual with information		
about the FAP and FAP application process		
d Provided the contact information of nonprofit organizations or government agencies that may be sources		
of assistance with FAP applications		
e X Otter (describe in Section C)		
16 Included measures to publicize the policy within the community served by the hospital facility?		Х
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a The FAP was widely available on a website (list url):		
b The FAP application form was widely available on a website (list url):		
c A plain language summary of the FAP was widely available on a website (list url):		
d The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e The FAP application form was available upon request and without charge (in public locations in the hospital		
facility and by mail)		
f A plain language summary of the FAP was available upon request and without charge (in public locations in		
the hospital facility and by mail) g Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
notice of availability of the FAP was conspicuously displayed throughout the hospital facility Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i Other (describe in Section C)		
The state (describe in ecotion by		
Billing and Collections		
17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial		
assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon		
non-payment?		Х
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax		
year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a Reporting to credit agency(ies)		
b Selling an individual's debt to another party		
c Actions that require a legal or judicial process		
d Other similar actions (describe in Section C)		
e None of these actions or other similar actions were permitted		

1 6	Facility information (continued)			
Nar	ne of hospital facility or letter of facility reporting group SHRINERS HOSPITAL FOR CHILDREN-GROUP A			
	<u>_</u>		Yes	No
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year			
	before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		Х
	If "Yes", check all actions in which the hospital facility or a third party engaged:			
a	Reporting to credit agency(ies)			
k	Selling an individual's debt to another party			
	Actions that require a legal or judicial process			
	Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):			
a	Notified individuals of the financial assistance policy on admission			
k	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	S		
c				
	financial assistance policy			
e				
f	Non of these efforts were made			
Poli	cy Relating to Emergency Medical Care			
	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care	Ī		
	that required the hospital facility to provide, without discrimination, care for emergency medical conditions to			
		21		Х
	If "No," indicate why:			
a	The hospital facility did not provide care for any emergency medical conditions			
k				
	rges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.			
a	The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts			
	that can be charged			
k	The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating			
	the maximum amounts that can be charged			
c	The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
c				
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided			
	emergency or other medically necessary services more than the amounts generally billed to individuals who had			
		23		Х
	If "Yes," explain in Section C.			
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any			
		24		Х
	If "Yes." explain in Section C.			

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

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

FACILITY REPORTING GROUP A CONSISTS OF:

- FACILITY 1: SHRINERS HOSPITAL FOR CHILDREN-CHICAGO
- FACILITY 2: SHRINERS HOSPITAL FOR CHILDREN-CINCINNAT
- FACILITY 3: SHRINERS HOSPITAL FOR CHILDREN-ERIE
- FACILITY 4: SHRINERS HOSPITAL FOR CHILDREN-GALVESTON
- FACILITY 5: SHRINERS HOSPITAL FOR CHILDREN-GREENV
- FACILITY 6: SHRINERS HOSPITAL FOR CHILDREN-HONOLULU
- FACILITY 7: SHRINERS HOSPITAL FOR CHILDREN-HOUSTON
- FACILITY 8: SHRINERS HOSPITAL FOR CHILDREN-LEXINGTON
- FACILITY 9: SHRINERS HOSPITAL FOR CHILDREN-L.A.
- FACILITY 10: SHRINERS HOSPITAL FOR CHILDREN-PHILADELP
- FACILITY 11: SHRINERS HOSPITAL FOR CHILDREN-PORTLAND
- FACILITY 12: SHRINERS HOSPITAL FOR CHILDREN-SALT LAKE
- FACILITY 13: SHRINERS HOSPITAL FOR CHILDREN-SHREVEPOR
- FACILITY 14: SHRINERS HOSPITAL FOR CHILDREN-SPOKANE
- FACILITY 15: SHRINERS HOSPITAL FOR CHILDREN-ST. LOUIS
- FACILITY 16: SHRINERS HOSPITAL FOR CHILDREN-TAMPA
- FACILITY 17: SHRINERS HOSPITAL FOR CHILDREN-TWIN CITY
- FACILITY 18: SHRINERS HOSPITAL FOR CHILDREN-N. CALI

GROUP A-FACILITY 1 -- SHRINERS HOSPITAL FOR CHILDREN - CHICAGO

PART V, SECTION B, LINE 15E: PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY

GROUP A-FACILITY 1 -- SHRINERS HOSPITAL FOR CHILDREN - CHICAGO

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

PART V, SECTION B, LINE 22D: THE AMOUNT CHARGED IS CONSISTENT FOR ALL PAYER

CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME

LEVEL AND FEDERAL POVERTY GUIDELINES.

GROUP A-FACILITY 2 -- SHRINERS HOSPITAL FOR CHILDREN-CINCINNAT

PART V, SECTION B, LINE 15E: PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

GROUP A-FACILITY 2 -- SHRINERS HOSPITAL FOR CHILDREN-CINCINNAT

PART V, SECTION B, LINE 22D: THE AMOUNT CHARGED IS CONSISTENT FOR ALL PAYER

CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME

LEVEL AND FEDERAL POVERTY GUIDELINES.

GROUP A-FACILITY 3 -- SHRINERS HOSPITAL FOR CHILDREN-ERIE

PART V. SECTION B. LINE 15E: PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

GROUP A-FACILITY 3 -- SHRINERS HOSPITAL FOR CHILDREN-ERIE

PART V, SECTION B, LINE 22D: THE AMOUNT CHARGED IS CONSISTENT FOR ALL PAYER

CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME

LEVEL AND FEDERAL POVERTY GUIDELINES.

GROUP A-FACILITY 4 -- SHRINERS HOSPITAL FOR CHILDREN-GALVESTON

PART V, SECTION B, LINE 15E: PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

AND INTERNAL POLICY.

GROUP A-FACILITY 4 -- SHRINERS HOSPITAL FOR CHILDREN-GALVESTON

PART V, SECTION B, LINE 22D: THE AMOUNT CHARGED IS CONSISTENT FOR ALL PAYER

CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME

LEVEL AND FEDERAL POVERTY GUIDELINES.

GROUP A-FACILITY 5 -- SHRINERS HOSPITAL FOR CHILDREN-GREENV

PART V. SECTION B. LINE 15E: PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

GROUP A-FACILITY 5 -- SHRINERS HOSPITAL FOR CHILDREN-GREENV

PART V, SECTION B, LINE 22D: THE AMOUNT CHARGED IS CONSISTENT FOR ALL PAYER

CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME

LEVEL AND FEDERAL POVERTY GUIDELINES.

GROUP A-FACILITY 6 -- SHRINERS HOSPITAL FOR CHILDREN-HONOLULU

PART V, SECTION B, LINE 15E: PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

GROUP A-FACILITY 6 -- SHRINERS HOSPITAL FOR CHILDREN-HONOLULU

PART V, SECTION B, LINE 22D: 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. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

GROUP A-FACILITY 7 -- SHRINERS HOSPITAL FOR CHILDREN-HOUSTON

PART V, SECTION B, LINE 15E: PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

GROUP A-FACILITY 7 -- SHRINERS HOSPITAL FOR CHILDREN-HOUSTON

PART V, SECTION B, LINE 22D: THE AMOUNT CHARGED IS CONSISTENT FOR ALL PAYER

CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME

LEVEL AND FEDERAL POVERTY GUIDELINES.

GROUP A-FACILITY 8 -- SHRINERS HOSPITAL FOR CHILDREN-LEXINGTON

PART V, SECTION B, LINE 15E: PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

GROUP A-FACILITY 8 -- SHRINERS HOSPITAL FOR CHILDREN-LEXINGTON

PART V, SECTION B, LINE 22D: THE AMOUNT CHARGED IS CONSISTENT FOR ALL PAYER

CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME

LEVEL AND FEDERAL POVERTY GUIDELINES.

GROUP A-FACILITY 9 -- SHRINERS HOSPITAL FOR CHILDREN-L.A.

PART V, SECTION B, LINE 15E: PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

GROUP A-FACILITY 9 -- SHRINERS HOSPITAL FOR CHILDREN-L.A.

PART V, SECTION B, LINE 22D: THE AMOUNT CHARGED IS CONSISTENT FOR ALL PAYER

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME

LEVEL AND FEDERAL POVERTY GUIDELINES.

GROUP A-FACILITY 10 -- SHRINERS HOSPITAL FOR CHILDREN-PHILADELP

PART V. SECTION B. LINE 15E: PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

GROUP A-FACILITY 10 -- SHRINERS HOSPITAL FOR CHILDREN-PHILADELP

PART V SECTION B LINE 22D: THE AMOUNT CHARGED IS CONSISTENT FOR ALL PAYER

CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME

LEVEL AND FEDERAL POVERTY GUIDELINES.

GROUP A-FACILITY 11 -- SHRINERS HOSPITAL FOR CHILDREN-PORTLAND

PART V, SECTION B, LINE 15E: PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

GROUP A-FACILITY 11 -- SHRINERS HOSPITAL FOR CHILDREN-PORTLAND

PART V, SECTION B, LINE 22D: THE AMOUNT CHARGED IS CONSISTENT FOR ALL PAYER

CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME

LEVEL AND FEDERAL POVERTY GUIDELINES.

GROUP A-FACILITY 12 -- SHRINERS HOSPITAL FOR CHILDREN-SALT LAKE

PART V, SECTION B, LINE 15E: 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. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

GROUP A-FACILITY 12 -- SHRINERS HOSPITAL FOR CHILDREN-SALT LAKE

PART V, SECTION B, LINE 22D: THE AMOUNT CHARGED IS CONSISTENT FOR ALL PAYER

CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME

LEVEL AND FEDERAL POVERTY GUIDELINES.

GROUP A-FACILITY 13 -- SHRINERS HOSPITAL FOR CHILDREN-SHREVEPOR

PART V. SECTION B. LINE 15E: PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

GROUP A-FACILITY 13 -- SHRINERS HOSPITAL FOR CHILDREN-SHREVEPOR

PART V, SECTION B, LINE 22D: THE AMOUNT CHARGED IS CONSISTENT FOR ALL PAYER

CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME

LEVEL AND FEDERAL POVERTY GUIDELINES.

GROUP A-FACILITY 14 -- SHRINERS HOSPITAL FOR CHILDREN-SPOKANE

PART V, SECTION B, LINE 15E: PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

GROUP A-FACILITY 14 -- SHRINERS HOSPITAL FOR CHILDREN-SPOKANE

PART V, SECTION B, LINE 22D: THE AMOUNT CHARGED IS CONSISTENT FOR ALL PAYER

CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME

LEVEL AND FEDERAL POVERTY GUIDELINES,

GROUP A-FACILITY 15 -- SHRINERS HOSPITAL FOR CHILDREN-ST. LOUIS

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

PART V, SECTION B, LINE 15E: PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

GROUP A-FACILITY 15 -- SHRINERS HOSPITAL FOR CHILDREN-ST. LOUIS

PART V, SECTION B, LINE 22D: THE AMOUNT CHARGED IS CONSISTENT FOR ALL PAYER

CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME

LEVEL AND FEDERAL POVERTY GUIDELINES.

GROUP A-FACILITY 16 -- SHRINERS HOSPITAL FOR CHILDREN-TAMPA

PART V, SECTION B, LINE 15E: PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

GROUP A-FACILITY 16 -- SHRINERS HOSPITAL FOR CHILDREN-TAMPA

PART V, SECTION B, LINE 22D: THE AMOUNT CHARGED IS CONSISTENT FOR ALL PAYER

CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME

LEVEL AND FEDERAL POVERTY GUIDELINES.

GROUP A-FACILITY 17 -- SHRINERS HOSPITAL FOR CHILDREN-TWIN CITY

PART V, SECTION B, LINE 15E: PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

GROUP A-FACILITY 17 -- SHRINERS HOSPITAL FOR CHILDREN-TWIN CITY

PART V, SECTION B, LINE 22D: THE AMOUNT CHARGED IS CONSISTENT FOR ALL PAYER

CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME

Part V Facility Information (continued)	<u> </u>							
Section D. Other Health Care Facilities That Are Not Licensed, Registered, or	Similarly Recognized as a Hospital Facility							
(list in order of size, from largest to smallest)								
How many non-hospital health care facilities did the organization operate during the	e tax year?0							
N	T (F 39 (1 3)							
Name and address	Type of Facility (describe)							
	-							
	1							
	1							
	1							
	1							
]							
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	1							

Part VI | Supplemental Information

Provide the following information.

- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds. etc.).
- **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:
SHRINERS HOSPITALS FOR CHILDREN OFFERS SPECIALIZED MEDICAL SERVICES
PERTAINING TO ORTHOPAEDIC CONDITIONS, BURNS, SPINAL CORD INJURIES AND
CLEFT LIP AND PALATE. UPON PATIENT ADMITTANCE FOR ONE OF THESE
CONDITIONS, SHRINERS HOSPITALS FOR CHILDREN REVIEWS THE PATIENT'S "ABILITY
TO PAY" USING THE FEDERAL POVERTY GUIDELINES SPECIFIED IN SCHEDULE H, PART
I, LINES 3A AND 3B, AND PROVIDES FREE OR DISCOUNTED CARE PURSUANT TO THESE
GUIDELINES. NEVERTHELESS, SHRINERS HOSPITALS FOR CHILDREN WILL ALWAYS
SERVE THESE SPECIALIZED NEEDS FOR ALL OF ITS PATIENTS, REGARDLESS OF THEIR
"ABILITY TO PAY". AS SUCH, SHRINERS HOSPITALS FOR CHILDREN DID NOT APPLY
ANY INCOME-BASED CRITERIA, ASSET TEST, OR OTHER MEANS TEST OR THRESHOLD
FOR PROVIDING FREE CARE TO PATIENTS IN 2014.
PART I, LINE 7:
A GENERAL LEDGER ACCOUNTING SYSTEM WAS USED TO CALCULATE THE AMOUNTS
REPORTED IN PART I, LINE 7. THE SYSTEM ADDRESSES ALL PATIENT SEGMENTS
(INPATIENT AND OUTPATIENT). A COST-TO-CHARGE RATIO IS NOT PART OF THE

SYSTEM

432099 12-29-14 Schedule H (Form 990) 2014

Part VI Supplemental Information (Continuation)
PART III, LINE 4:
BAD DEBT EXPENSE IS NOT APPLICABLE TO SHRINERS HOSPITALS FOR CHILDREN, AND
AS SUCH, IS NOT PART OF THE FOOTNOTES IN ITS FINANCIAL STATEMENTS.
SHRINERS HOSPITALS FOR CHILDREN PROVIDES PATIENT CARE REGARDLESS OF THEIR
ABILITY TO PAY. AS SUCH, THERE ARE NO REVENUES AGAINST WHICH A BAD DEBT
COULD ARISE.
PART III, LINE 9B:
SHRINERS HOSPITALS FOR CHILDREN PROVIDES PATIENT CARE REGARDLESS OF THEIR
ABILITY TO PAY. AS SUCH, THERE IS NO DEBT COLLECTION POLICY.
PART VI, LINE 2:
SHRINERS HOSPITALS FOR CHILDREN PROVIDES PEDIATRIC, ORTHOPAEDIC, AND BURN
CARE REGARDLESS OF THEIR ABILITY TO PAY.
PART VI, LINE 3:
SHRINERS HOSPITALS FOR CHILDREN POSTS ITS CHARITY CARE POLICY IN ADMISSION
AREAS, EMERGENCY ROOMS, AND OTHER AREAS OF FACILITIES WHERE ELIGIBLE
PATIENTS ARE LIKELY TO BE PRESENT, AND PROVIDES A COPY OF ITS POLICY TO
PATIENTS AS PART OF THE INTAKE PROCESS AND WITH DISCHARGE MATERIALS.
PART VI, LINE 4:
SHRINERS HOSPITALS FOR CHILDREN (THROUGH THIS ENTITY AND ITS RELATED
ENTITY) SERVE CHILDREN IN NEED OF SPECIALIZED ORTHOPAEDIC AND BURN CARE
ACROSS THE UNITED STATES AND WORLD-WIDE.

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

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.

Employer identification number

Schedule I (Form 990) (2014) **ջ** (h) Purpose of grant 36-2193608 or assistance SPONSORSHIP GRANT X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 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 (g) Description of non-cash assistance (f) Method of valuation (book, FMV, appraisal, other) Ö (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of 46,000 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section if applicable LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) Enter total number of other organizations listed in the line 1 table SHRINERS HOSPITALS FOR CHILDREN 36-2110592 General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization SURGEONS - 6300 NORTH RIVER ROAD AMERICAN ACADEMY OF ORTHOPAEDIC or government IL 60018 ROSEMONT, Part Part II ო

Page 2

(f) Description of non-cash assistance								
(e) Method of valuation (book, FMV, appraisal, other)			dditional information.					
(d) Amount of non- cash assistance			(b), and any other ac					
(c) Amount of cash grant			ne 2, Part III, column		RANT	ARE	IATELY.	
(b) Number of recipients			uired in Part I, Iir		D WITH ALL G	ORGANIZATIONS ARE	USED APPROPRIATELY.	
(a) Type of grant or assistance			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:	SHRINERS HOSPITALS FOR CHILDREN IS ACTIVELY INVOLVED WITH ALL GRANT	RECIPIENTS. THROUGH THIS ACTIVE INVOLVEMENT, THE O	MONITORED TO ENSURE THEIR GRANT PROCEEDS ARE BEING USED	

SCHEDULE J (Form 990)

Compensation Information

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

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

ZU 14

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

SHRINERS HOSPITALS FOR CHILDREN

Employer identification number 36-2193608

Part I **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. X First-class or charter travel Housing allowance or residence for personal use X Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain _____ X 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, X trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a? Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. X Compensation committee Compensation survey or study Independent compensation consultant Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: Х **a** Receive a severance payment or change-of-control payment? 4b b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? X If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? Х 5a Х **b** Any related organization? If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? Х 6a Х **b** Any related organization? 6b If "Yes" to line 6a or 6b, describe in Part III. 7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III Х 8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III X If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2014

Regulations section 53.4958-6(c)?

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.

		(B) Breakdown of W-2		and/or 1099-MISC compensation	(C) Retirement and	ple	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990
(1) JACK JONES	Ξ	0	0	0	0	0	0	0
DIRECTOR	€	159,155.	0	17,500.	1,440.	0	178,095.	0
(2) JOHN MCCABE	Ξ	356,519.	0	17,500.	1,843.	0	375,862.	0
EXECUTIVE VICE PRESIDENT	(ii)	•0	• 0	•0	0	0	0	0
(3) KEVIN YAKUBOFF	Ξ	282,103.	0	14,808.	288,662.	0	585,573.	0
GENERAL SURGEON	(ii)	•0	0	0	0	0	0	0
(4) PAUL CASKEY	Ξ	470,215.	0	17,500	1,012,020.	0	1,499,735.	0
CHIEF OF STAFF	€	0	0	0	0	0	0	0
(5) MARGARET RICH	(i)	333,740.	• 0	•0	611,609	0	943,519.	0
ASST COS - ORTHO	(ii)	•0	• 0	•0	0	0	0	0
(6) LAWRENCE JACOBSON	Ξ	357,187.	0	17,500.	381,988.	0	756,675.	0
CHIEF ANESTHESIOLOGIST	€	0	0	0	0	0	0	0
(7) STEPHEN SANTORA	Ξ	279,092.	0	17,500	397,150.	0	693,742.	0
ORTHOPEDIC SURGEON	(ii)	•0	0	• 0	0	0	0	0
	(i)							
	(ii)							
	(i)							
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432113 10-13-14

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

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

► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

Inspection

Name of the organization

SHRINERS HOSPITALS FOR CHILDREN

Employer identification number 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 REAGRDLESS
OF THE FAMILY'S ABILITY TO PAY.
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, BRAZIL,
CANADA, DENMARK, FINLAND, FRANCE,
GERMANY, HONG KONG, INDONESIA, ITALY,
JAPAN, SOUTH KOREA, MEXICO, NETHERLANDS,
NORWAY, POLAND, SINGAPORE, SOUTH AFRICA,
SPAIN, SWEDEN, SWITZERLAND, THAILAND,
UNITED KINGDOM, PORTUGAL
FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION IS ORGANIZED AS A NONPROFIT CORPORATION WITH MEMBERS. LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization SHRINERS HOSPITALS FOR CHILDREN	Employer identification number 36-2193608
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.	
FORM 990, PART VI, SECTION A, LINE 7A:	
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	
APPOVE SIGNIFICANT DECISIONS OF THE ORGANIZATION.	
FORM 990, PART VI, SECTION A, LINE 7B:	
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 OR EXTRAORDINARY	
EVENTS). THE ORGANIZATION'S MEMBERS ALSO MAY ELECT PERSONS TO SERVE ON THE	
ORGANIZATION'S GOVERNING BODY. THE ORGANIZATION'S MEMBERS DO NOT HAVE	
CONTROL OVER THE GENERAL OPERATIONS OR FINANCIAL MATTERS OF THE	
ORGANIZATION. ELECTIONS ARE HELD ANNUALLY BY THE MEMBERS AT VARYING	
LOCATIONS IN THE U.S VOTING IS DECIDED WITH SIMPLE MAJORITY, WHERE EACH	
MEMBER'S VOTE IS EQUAL WEIGHTED. 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. THE ORGANIZATION'S OFFICERS ARE NOT ELECTED, AND	
INSTEAD ARE HIRED BY COMMITTEE.	
FORM 000 DARM UT CECUTON R LINE 11	
FORM 990, PART VI, SECTION B, LINE 11: 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 432212	

432212

Name of the organization SHRINERS HOSPITALS FOR CHII	DREN	Employer identification number 36-2193608
FOR PERFORMING A REVIEW PROCESS PRIOR TO FILING.		
FORM 990, PART VI, SECTION B, LINE 12C:		
THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTER	REST POLICY AND ALL MEMBERS	
ARE REQUIRED TO DISCLOSE ANY CONFLICTING INTERES	STS OR STATE "NONE" ON THE	
ANNUAL CONFLICT OF INTEREST FORM. POTENTIAL CON	NFLICTS ARE DETERMINED BY	
THE BOARD OF DIRECTORS. THE PERSON(S) HAVING A	POTENTIAL CONFLICT OF	
INTEREST ARE PROHIBITED FROM PARTICIPATING IN DE	ELIBERATIONS/DECISIONS IN	
THE TRANSACTION.		
FORM 990, PART VI, SECTION B, LINE 15:		
A SALARY & PERSONNEL COMMITTEE IS INVOLVED WITH	ALL COMPENSATION AND	
APPROVES WAGES FOR MANAGEMENT AND COMPARES THESE	E SALARIES TO VARIOUS MARKET	
INDICATORS.		
FORM 990, PART VI, LINE 17, LIST OF STATES RECE	IVING 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,VT,VA,WA,WV,WI,WY	
FORM 990, PART VI, SECTION C, LINE 19:		
THESE DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON	N WRITTEN REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:		
PUBLIC RELATIONS & OTHER:		
PROGRAM SERVICE EXPENSES	6,833,068.	
MANAGEMENT AND GENERAL EXPENSES	10,594,641.	
FUNDRAISING EXPENSES	2,874,502.	
TOTAL EXPENSES 432212	20,302,211.	
432212 08-27-14	61	Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization SHRINERS HOSPITALS FOR CHILDREN		Employer identification number 36-2193608
		<u>'</u>
MEDICAL SERVICES:		
PROGRAM SERVICE EXPENSES	51,262,804.	
MANAGEMENT AND GENERAL EXPENSES		
FUNDRAISING EXPENSES		
TOTAL EXPENSES		
AGENCY PERSONNEL SERVICES:		
PROGRAM SERVICE EXPENSES	1,427,975.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	1,427,975.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	81,514,807.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
CHANGE IN PENSION FUNDING OBLIGATION	-100,698,085.	
TRANSFERS TO RELATED ENTITIES	-56,004,710.	
CHANGE IN PATIENT TRANSPORTATION FUNDS HELD BY SHRINE		
TEMPLES	2,486,681.	
OTHER CHANGES IN FUND BALANCE	-1,825,748.	
PGA NET ASSETS	5,286,352.	
TOTAL TO FORM 990, PART XI, LINE 9	-150,755,510.	
FORM 990, PART XI, LINE 2C, AUDIT COMMITTEE OVERSIGHT PR		
THE ORGANIZATION HAS NOT CHANGED (DURING THE CURRENT YEA		
OVERSIGHT PROCESS OR ITS SELECTION PROCESS REGARDING THE		
RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT OF THE FINANC	IAL STATEMENTS	

AND THE SELECTION OF THE INDEPENDENT ACCOUNTANT.

Schedule O (Form 990 or	990-EZ) (2014)	Page 2
Name of the organization	SHRINERS HOSPITALS FOR CHILDREN	Employer identification number 36-2193608
		_

SCHEDULE R (Form 990)

▶Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

▶ Attach to Form 990.

Open to Public Inspection 2014

OMB No. 1545-0047

▶Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number 36-2193608

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Name of the organization

Part I

Department of the Treasury Internal Revenue Service

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

Direct controlling entity 170,971,NO 326,545.NO 156,716,NO End-of-year assets 812,977. 634,851 287,801 Total income Legal domicile (state or foreign country) DELAWARE DELAWARE DELAWARE ORTHOPEDICS & PROSTHETICS DRIHOPEDICS & PROSTHETICS ORTHOPEDICS & PROSTHETICS Primary activity PEDIATRIC ORTHOPEDIC & PROSTHETIC SERVICES PEDIATRIC ORTHOPEDIC & PROSTHETIC SERVICES PEDIATRIC ORTHOPEDIC & PROSTHETIC SERVICES GREENVILLE, LLC - 45-3940485, 950 W FARIS TAMPA, LLC - 45-2723185, 12502 USF PINE NORTH CALIFORNIA, LLC - 27-2210, 2425 Name, address, and EIN (if applicable) STOCKTON BLVD, SACRAMENTO, CA 95817 of disregarded entity DRIVE, TAMPA, FL 33612-9499 RD, GREENVILLE, SC 29605

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. Part II

(a)	(q)	(၁)	(p)	(e)	(£)	(g)	(4,0)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 5 12(b) controlled	ed (5)
of related organization		foreign country)	section	status (if section	entity	entity?	5
				501(c)(3))		Yes	No
THE SHRINERS' HOSPITAL FOR CHILDREN -							
04-2121377, POST OFFICE BOX 31356, TAMPA, FL	-						
33631-3356	HOSPITAL SYSTEM	MASSACHUSETTS	501(C)(3)	LINE 3	NO		×
SHRINERS INTERNATIONAL - 36-2158164							
POST OFFICE BOX 31356	FOUNDED SHRINERS HOSPITALS						
TAMPA, FL 33631-3356	FOR CHILDREN	IOWA	501(C)(10)	N/A	NO		×
SHRINERS HOSPITALS FOR CHILDREN EMPLOYEE							
DISASTER RELIEF FUND - 26-3733381, 2900							
ROCKY POINT DRIVE, TAMPA, FL 33607	DISASTER RELIEF	DISTRICT OF COLUMBIA 501(C)(3)	501(C)(3)	LINE 9	NO		×
SHRINERS HOSPITALS FOR CHILDREN (QUEBEC)							
INC., 1529 CEDAR AVE, MONTREAL, CANADA H36			501(C)(3)				
1A6	HOSPITAL SYSTEM	CANADA	EQUIVALENT	LINE 3	NO		×

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

SHRINERS HOSPITALS FOR CHILDREN

Schedule R (Form 990)

36-2193608

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 512(b)(13) controlled organization?	12(b)(13) silled ation?
				201(c)(3))		Yes	No
PITALS			7				
CORFORATION, 1929 CEDAR AVE, MONTREAL, CANADA H36 146	HOSPITAL SYSTEM	AUANAD	BOIL(C)(S)	TNE 3	CN		×
F			1 1 1 2 1				
SHKINEKS HOSFITALS FOR CHILDREN, A MEXICAN ASSOCIATION MY AV DRI IMAN NO 257 MEXICO			501(2)(3)				
COTOTE 1 1 C 2	HOSPITAL SYSTEM	MEXICO	EOUIVALENT	LINE 3	ON		×
			k				

Page 2

36-2193608

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

(f) (g) (h) (i) (i) (j) (k) of total Share of end-of-year assets Disproportionate assets Code V-UBI amount in box amount in box partner? General or Percentage managing ownership partner? Yes No K-1 (Form 1065) Yes No			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.	(f) (g) (h) Share of total Share of of corp. S corp. S corp. S corp. S corp. or trust) (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g			
(redominant income (related, unrelated, income sections 512-514)			omplete if the organization answere	(c) (d) Legal domicile Direct controlling T (state or foreign country)			
(c) (d) Legal domicile (state or foreign country)	:		s a Corporation or Trust C g the tax year.	(b) Primary activity			
(b) Primary activity			I Organizations Taxable a a corporation or trust durin	nd EIN ation			
(a) Name, address, and EIN of related organization			Part IV Identification of Related or organizations treated as a	(a) Name, address, and EIN of related organization			

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.				Yes	oN se	9
1 During the tax year, did the organization engage in any of the following transaction	ns with one or more r	transactions with one or more related organizations listed in Parts II-IV?	in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	Δį.			1a	×	×
b Gift, grant, or capital contribution to related organization(s)				1b X		
c Gift, grant, or capital contribution from related organization(s)				10	× -	×
				1d ×		
				1e ×		
f Dividends from related organization(s)				11	×	×
g Sale of assets to related organization(s)				1g	×	×
h Purchase of assets from related organization(s)				1h	~	×
i Exchange of assets with related organization(s)				÷	×	×
j Lease of facilities, equipment, or other assets to related organization(s)				1j X	L L	
V I ages of facilities are immost or other accorts from related arganization(e)				÷	~	×
Deformance of services or membership or fundiciping solicitations for	((3) related organization(s)			≜ ∓		. _×
	related organization(s)			: Ę	*	×
	tion(s)			1	×	×
o Sharing of paid employees with related organization(s)				10 X		
n Reimbursement paid to related organization(s) for expenses				د		
d Reimbursement paid by related organization(s) for expenses				+	 	I
				-		
r Other transfer of cash or property to related organization(s)				+	~	×
s Other transfer of cash or property from related organization(s)				1s	~	×
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.	who must complete t	his line, including covered	relationships and transaction thresholds.			
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	lved		
(1) THE SHRINERS' HOSPITAL FOR CHILDREN	ы	51,846,504.	CASH			
(2) THE SHRINERS' HOSPITAL FOR CHILDREN	Д	25,592,194.	CASH			
(3) SHRINERS INTERNATIONAL	Q	106,670.	670.САЅН			
(4) THE SHRINERS' HOSPITAL FOR CHILDREN	0	0	0. AMOUNT UNDETERMINABLE			
(5) THE SHRINERS' HOSPITAL FOR CHILDREN	Q	61,174,942.CASH	CASH			
(6) SHRINERS INTERNATIONAL	b	487,607.	CASH			
432163 08-14-14	67		Schedule R (Form 990) 2014	(Form 9	90) 20	4

[Part V] Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(7)SHRINERS INTERNATIONAL	Q	232,720.CASH	ASH
(8)SHRINERS INTERNATIONAL	Ъ	5,605,163.CASH	ASH
(9)SHRINERS HOSPITALS FOR CHILDREN, CAN	В	13,220,664.CASH	ASH
(10)SHRINERS HOSPITALS FOR CHILDREN, MEX	В	14,337,787.CASH	ASH
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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.

(k)	entage ership) 2014
	Perc																		960 ر
9	eneral or lanaging lartner?	Yes No																_	(Forn
(5)	Code V-UBI General or Percentage amount in box 20 managing ownership of Schedule K-1	(Form 1065) Y																	Schedule R (Form 990) 2014
(F)	Dispropor- tionate a allocations?	Yes No																	
F	alloc alloc	ě																_	
(6)	Share of end-of-year	assets																	
(£)		Income																	
(e)	Are all partners sec. 501(c)(3) orgs.?	Yes No																	
	der st	× م																-	
(p)	Predominant income pre (related, unrelated, excluded from tax under	sections 512-514																	
(c)	ign ign	country)																	
(q)	Primary activity																		
(a)	Name, address, and EIN of entity																		