#### \*\* PUBLIC DISCLOSURE COPY \*\*

Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

A F	or the	2017 calendar year, or tax year beginning	and	ending	_				
<b>B</b> (a	heck if pplicable	C Name of organization			D Employer	identific	cation number		
	Addres	SS SHRINERS HOSPITALS FOR CHILDREN							
F	Name change	5			1	36-21	.93608		
F	Initial	Number and street (or P.O. box if mail is not de	livered to street address)	Room/suite	E Telephone	numbei	r		
F	Final return/	POST OFFICE BOX 31356		rio orin, o anto			81-0300		
	termin- ated		ZIP or foreign postal code		<b>G</b> Gross receipts \$ 2,288,068,031.				
	Ameno				H(a) Is this a	aroup re			
F	Application	F Name and address of principal officer: JERRY	Y GANTT				? Yes X	No	
	pendin	2900 ROCKY POINT DRIVE, TAMPA, FL			1			No	
<u> </u>	ax-exe	·	<b>◄</b> (insert no.) 4947(a)(1)	or 527	7		list. (see instructions)		
		e: HTTP://WWW.SHRINERSHOSPITALSFORCE		<u> </u>	H(c) Group e			,	
			ssociation Other	L Year			State of legal domicile	: co	
	rt I	Summary		12 100	or formation,	,	a otato or logal dofficito		
_	1	Briefly describe the organization's mission or most	significant activities: WE PRO	VIDE PED	IATRIC SPECI	ALTY			
če		CARE WITHOUT FINANCIAL OBLIGATION TO							
nar	2	Check this box  if the organization disco	ntinued its operations or dispos	sed of more	than 25% of its	net ass	sets.		
ver	I	Number of voting members of the governing body						20	
ဗိ		Number of independent voting members of the go						17	
ა ა		Total number of individuals employed in calendar y					5	5537	
itie		Total number of volunteers (estimate if necessary)					5	5000	
Activities & Governance		Total unrelated business revenue from Part VIII, co				. –		0.	
ď		Net unrelated business taxable income from Form						0.	
			,		Prior Year		Current Year		
4	8	Contributions and grants (Part VIII, line 1h)			281,919	,186.	359,633,5	554.	
Revenue	l				132,230	,293.	143,530,7	710.	
eve	I	Investment income (Part VIII, column (A), lines 3, 4			142,771	,872.	309,438,1	L07.	
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c			27,362	2,691.	25,695,9		
	l .	Total revenue - add lines 8 through 11 (must equal			584,284		838,298,3	361.	
	13	Grants and similar amounts paid (Part IX, column (	A), lines 1-3)		94,871	,002.	44,508,9	948.	
	l .	Benefits paid to or for members (Part IX, column (A				0.		0.	
s	45	Salaries, other compensation, employee benefits (I			388,317	7,379.	417,680,5	79.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), I			7,462	2,180.	9,860,9	956.	
ed.	b ·	Total fundraising expenses (Part IX, column (D), line							
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d			362,776	,988.	384,193,4	160.	
	18	Total expenses. Add lines 13-17 (must equal Part I	X, column (A), line 25)		853,427	,	856,243,9		
	19	Revenue less expenses. Subtract line 18 from line	12		-269,143	3,507.	-17,945,5	82.	
Or Sec				Ве	eginning of Curre		End of Year		
Net Assets	20	Total assets (Part X, line 16)			8,194,679	,019.	9,210,344,1	L13.	
t As	21	Total liabilities (Part X, line 26)			643,337	_	949,741,3		
		Net assets or fund balances. Subtract line 21 from	line 20		7,551,341	,964.	8,260,602,7	744.	
	art II	Signature Block							
	-	lties of perjury, I declare that I have examined this return,				-	knowledge and belief, it	t is	
true	correc	t, and complete. Declaration of preparer (other than office	er) is based on all information of w	hich preparer	has any knowled	ge.			
		O'mateur of affice			D-1-				
Sig	n	Signature of officer			Date				
Her	е	JERRY GANTT, CHAIRMAN							
		Type or print name and title	Г	1	Doto		DTIN		
_		Print/Type preparer's name	Preparer's signature		Date	Check if	PTIN		
Paid		ALICIA BROWN				self-employ			
	arer	Firm's name CBIZ MHM, LLC			Firm's	EIN 🕨	27-3605969		
Use	Only	Firm's address 13577 FEATHER SOUND DR.,					550 440°		
		CLEARWATER, FL 33762-553			Phone	no.727	-572-1400	1	
May	the IF	RS discuss this return with the preparer shown abo	ve? (see instructions)				X Yes	No	

1 Briefly describe the organization's mission:  888 SCREDULE 0  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 900 or 900-E2?  11 "Yes", describe these new services on Schedule 0.  2 Did the organization case conducting, or make a spificant changes in how it conducts, any program services?  12 Ves X N  11 "Yes", describe these heavy services on Schedule 0.  3 Did the organization occurred conducting, or make a spificant changes in how it conducts, any program services, as measured by expenses.  4 Section 501(c)(8) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, section 501(c)(8) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, section 501(c)(8) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, section 501(c)(8) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any for ceach program services, as measured by expenses.  5 STATE-OF-THE-ARY MIDDICAL CARE 1  5 STATE-OF-THE-ARY MIDICAL CARE 1  5 STA	Pa	Check if Schedule O contains a response or note to any line in this Part III	X
prior form 990 or 990-E27  If Yes, 'describe these new services on Schedule O.  Ji the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X N  If Yes, 'describe these new services on Schedule O.  Did the organization organization sprogram service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service sprofted.  Form 1975 or 1975 and 1975 or	1	Briefly describe the organization's mission:	
prior Form 990 or 990 E27  If Yes, "describe these new services on Schedule O.  If Yes, "describe these new services on Schedule O.  If Yes, "describe these new services on Schedule O.  If Yes, "describe these new services on Schedule O.  If Yes, "describe these new services on Schedule O.  If Yes, "describe these new services on Schedule O.  If Yes, "describe these conducting, or make significant changes in how it conducts, any program services, as measured by expenses. Section 501(c)3) and 501(c)4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reverse, if any, for each program service sported.  4a (code)   Firepress 6 685,455,660, including grants of 8 44,508,948.) (Revenue 5 143,530,710 1912)   Firepress 6 685,455,660, including grants of 8 44,508,948.) (Revenue 5 143,530,710 1912)   Firepress 6 685,455,660, including grants of 8 44,508,948.) (Revenue 5 143,530,710 1912)   Firepress 6 685,455,660, including grants of 8 44,508,948.) (Revenue 5 143,530,710 1912)   Firepress 6 685,455,660, including grants of 8 44,508,948.) (Revenue 5 143,530,710 1912)   Firepress 6 685,455,660, including grants of 8 44,508,948.) (Revenue 5 143,530,710 1912)   Firepress 6 143,530,710 1912)   Firepress 7 143,530,730 1912)   Firepress 7 143,530,730 1912)   Firepress 8 143,530,710 1912   Firepress 8 143,530,710 1912   Firepress 9 143,530,710 1912   F			
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### Revenue, if any, for each program service reported.  ### Code	4	Describe the organization's program service accomplishments for each of its three largest program services, as measure	ed by expenses.
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RESEARCH: SHRINERS HOSPITALS FOR CHILDREN PRIDES ITSELF ON THE WRAP-AROUND CARE THAT IT PROVIDES TO PATIENTS AND FAMILIES. AS A HEALTH CARE SYSTEM WITH  22 LOCATIONS IN THE U.S., CANADA AND MEXICO, OUR STAFF IS DEDICATED TO IMPROVING THE LIVES OF CHILDREN BY PROVIDING PEDIATRIC SPECIALTY CARE, CONDUCTING INNOVATIVE RESEARCH, AND OFFERING OUTSTANDING TEACHING PROGRAMS FOR MEDICAL PROFESSIONALS.  OUR RESEARCH TEAM IS AMONG THE MOST HIGHLY RENOWNED, GAINING NATIONAL RECOGNITION FOR CLINICAL RESEARCH, SIX SHC LOCATIONS ARE MAJOR RESEARCH HOSPITALS, WORKING TO DEVELOP NEW TREATMENTS AND TECHNOLOGICAL ADVANCES WITHIN THE MEDICAL COMMUNITY.  4c (Code:) (Expenses S		CONTINUED ON SCHEDULE O	
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			)
	4e	Total program service expenses ▶ 712,811,456.	Form <b>990</b> (2017

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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			
-	during the tax year? If "Yes," complete Schedule C, Part II	4		x
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		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		
′		7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<b>-</b> ′-		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			l x
_	Schedule D, Part III	8		Α .
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_	v	
	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			
	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			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
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			
	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	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
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	Г <u>.</u>		
.5	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."	_ <del></del>		
.5		19		x
	complete Schedule G. Part III	_ 13	000	

## Part IV Checklist of Required Schedules (continued)

			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Х	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Х	
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	Х	
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		х
b	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			
·	any tax-exempt bonds?	24c		
Ь	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	200		
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	, , ,	25b		x
26	Schedule L, Part I	230		<del></del>
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"			
		26		x
07	complete Schedule L, Part II	20		<u> </u>
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	07		l x
00	of any of these persons? If "Yes," complete Schedule L, Part III	27		_ A
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):			х
	, , , , , , , , , , , , , , , , , , , ,	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		
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	37	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		X
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		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		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	

#### Statements Regarding Other IRS Filings and Tax Compliance Part V

	Check if Schedule O contains a response or note to any line in this Part V					X
		ı			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	866			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re			_	37	
_	(gambling) winnings to prize winners?	 I		1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		5537			
	filed for the calendar year ending with or within the year covered by this return			01-	Х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return.			2b	Λ	
2-	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions			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 At any time during the calendar year, did the organization have an interest in, or a signature or other a			SD		
Ta	financial account in a foreign country (such as a bank account, securities account, or other financial a		· · ·	4a	х	
h	If "Yes," enter the name of the foreign country: SEE SCHEDULE O	iccouri	9:	Ta		
~	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccount	s (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		Х
b	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?		T I	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th					
	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 contributi		T I			
	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 \ sense \ for \ goods \ good$	vices p	rovided 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	-				
	to file Form 8282?	1		7c	Х	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	2			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or		?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contri			7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		1	7g		
н 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizations contributions maintaining donor advised funds. Did a donor advised fund maintained to be donor advised funds.			7h		
•	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained sponsoring organization have excess business holdings at any time during the year?	i by tile	,,	8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?		N/A	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A	9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A	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 N/A	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	'	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		N/A	120		
а	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.			13a		
h	Enter the amount of reserves the organization is required to maintain by the states in which the					
D	organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		х
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule	e O		14b		
				Form	990	(2017)

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.

	Check if Schedule O contains a response or note to any line in this Part VI			Х
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			
	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 15			
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		X
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	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	х	
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
~	persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	- 00		
3	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.)			
	(This Section B requests information about policies not required by the internal nevenue code.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	100	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	100		
_	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	_
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	_
	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) as	ailable		
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website 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	financ	ial	
	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		Pos		l than d	nne.	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week	_	Ceran	lu a u	recto	i / ii us	lee)	from	from related	other
	(list any hours for	irecto				_		the organization	organizations (W-2/1099-MISC)	compensation from the
	related	e or c	stee			sated		(W-2/1099-MISC)	(***2/1099*****130)	organization
	organizations	truste	al tru:		yee	шрег		(** = /* *******************************		and related
	below	ndividual trustee or director	nstitutional trustee	je je	Key employee	lest co	ner			organizations
	line)	Indi	Insti	Officer	Key	Highest compensated employee	Former			
(1) JERRY GANTT	40.00									
CHAIRMAN, TRUSTEE	2.00	Х		Х				10,500.	0.	0.
(2) GARY BERGENSKE	9.00									
PRESIDENT	32.00	Х		Х				0.	47,500.	0.
(3) JIM CAIN	9.00									
VICE CHAIRMAN	7.00	Х		Х				0.	0.	0.
(4) JAMES MCCONNELL	12.00									
TREASURER (1/1/17 - 7/31/17)	12.00	Х		Х				0.	0.	0.
(5) BRAD KOEHN	12.00									
TREASURER	10.00	Х		Х				0.	0.	0.
(6) JEFFREY SOWDER	5.00									
2ND VICE CHAIRMAN	5.00	Х		Х				0.	0.	0.
(7) JAMES R. SMITH	5.00									
SECRETARY	5.00	Х		Х				0.	0.	0.
(8) WILLIAM BAILEY	5.00									
ASSISTANT SECRETARY	5.00	Х		Х				0.	0.	0.
(9) KENNETH CRAVEN	5.00									
DIRECTOR	5.00	Х						0.	0.	0.
(10) JAMES STOLZE	5.00									
DIRECTOR	5.00	Х						0.	0.	0.
(11) RICHARD BURKE	5.00									
DIRECTOR	5.00	Х						0.	0.	0.
(12) KEVIN COSTELLO	5.00									
DIRECTOR	5.00	Х						0.	0.	0.
(13) JACK JONES	5.00									
DIRECTOR (1/1/17 - 5/31/17)	7.00	Х						0.	0.	0.
(14) RANDY RUDGE	5.00									
DIRECTOR	5.00	Х						0.	0.	0.
(15) LAWRENCE LEIB	5.00									
DIRECTOR	5.00	Х				_		0.	0.	0.
(16) PETER DIAZ	5.00									
TRUSTEE	2.00	Х				_		0.	0.	0.
(17) SKIP STANAWAY	5.00									
TRUSTEE	2.00	Х						0.	0.	0.
										Form <b>990</b> (2017)

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10111 330 (2017)	HOSPITALS FOR	CHI	LDR.	EN					36-219360	8 Page <b>8</b>
Part VII Section A. Officers, Directors,	Trustees, Key Emp	loy	ees,	anc	l Hig	ghes	t C	ompensated Employee	s (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not cl		ition		nne	Reportable	Reportable	Estimated
	hours per	box	, unles	ss per	son is	s both	n an	compensation	compensation	amount of
	week		cer an	u a u	recto	r/irus	lee)	from	from related	other
	(list any hours for	recto						the	organizations	compensation
	related	or di	ee.			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	rustee	l trus		99	uedu		(88-2/1099-181130)		and related
	below	dual tr	itiona	_	nploy	st cor	<u></u>			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			0.ga <u>=</u> a00
(18) ANTHONY WEST	5.00									
TRUSTEE	2.00	х						0.	0.	0.
(19) JAMES DOEL	5.00									
TRUSTEE	2.00	Х						0.	0.	0.
(20) BRANDT BEDE	5.00									
TRUSTEE	2.00	Х						0.	0.	0.
(21) CHUCK PITTMAN	5.00									
TRUSTEE	0.00	Х						0.	0.	0.
(22) CHRIS SMITH	5.00									
PAST IMPERIAL POTENTATE	10.00	Х		Х				0.	57,500.	0.
(23) JOHN MCCABE	40.00									
EXECUTIVE VICE PRESIDENT	0.00				Х			517,379.	0.	1,923.
(24) MICHAEL AIONA	40.00									
CHIEF OF STAFF	0.00					Х		692,471.	0.	434,381.
(25) JEFFREY ACKMAN	40.00									
ORTHOPEDIC SURGEON, PROFESSOR	0.00					Х		531,165.	0.	1,368,661.
(26) DAVID GREENHALGH	32.00									
CHIEF OF STAFF, BURNS	0.00					Х		461,817.	0.	1,207,787.
1b Sub-total							ightharpoons	2,213,332.	105,000.	3,012,752.
c Total from continuation sheets to Pa	rt VII, Section A						ightharpoons	1,080,184.	0.	711,349.
d Total (add lines 1b and 1c)							<u> </u>	3,293,516.	105,000.	3,724,101.
2 Total number of individuals (including h	out not limited to th	റടേ	liste	d ah	OVE	) wh	o re	ceived more than \$100	000 of reportable	

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

Programment of 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

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

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

Yes No

Yes No

X

#### 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
THE UNIVERSITY OF TEXAS MEDICAL		
301 UNIVERSITY BLVD, GALVESTON, TX 77555	MEDICAL SERVICES	8,580,866.
UC REGENTS UC DAVIS MED CTR		
ONE SHIELDS AVE, DAVIS, CA 95616	MEDICAL SERVICES	8,278,158.
PASADENA HOSPITAL ASSOCIATION		
100 W CALIFORNIA BLVD, PASADENA, CA 91109	MEDICAL SERVICES	3,966,692.
UNIVERSITY OF ILLINOIS		
209 HAB MC399, URBANA, IL 61801	MEDICAL SERVICES	2,789,430.
GREENVILLE HOSPITAL SYSTEM		
701 GROVE RD, GREENVILLE, SC 29605	MEDICAL SERVICES	2,136,422.
2 Total number of independent contractors (including but not limited to those lister \$100,000 of compensation from the organization ► 65	ed above) who received more than	

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2017)

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Form 990 SHRINERS HOS	PITALS FOR	CHI	LDR	EN					36-21936	508
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, a	nd F	ligh	est	Compensated Employe	es (continued)	
(A) Name and title	(B) Average			Pos	C) ition			( <b>D)</b> Reportable	<b>(E)</b> Reportable	<b>(F)</b> Estimated
	hours per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer Officer	Key employee	Highest compensated employee	Former Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensatior from the organization and related organizations
27) SALMAN MASUD	40.00									
ANESTHESIOLOGIST	0.00					Х		430,394.	0.	514,81
(28) DOUGLAS BARNES CHIEF OF SURGERY	0.00					х		649,790.	0.	196,53
		-								
	<u> </u>	<u> </u>		<u> </u>		<u> </u>	<u> </u>	4 000 101		<b></b>
otal to Part VII, Section A, line 1c								1,080,184.		711,34

Form 990 (2017) SHRINERS HOPE Part VIII Statement of Revenue

		Check if Schedule O conta	ains a response	or note to any lin	e in this Part VIII			
			·		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
S S	1 a	Federated campaigns	1a					012 014
ant		Membership dues	1 1	1,164,327.				
G Do		Fundraising events		38,415,536.				
fts, r Ai		Related organizations		,,				
, Gi		Government grants (contributi		37,488,946.				
Sin		All other contributions, gifts, grant		,,				
utic	•	similar amounts not included abov		282,564,745.				
trib Ott	a	Noncash contributions included in lines		15,779,030.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Total. Add lines 1a-1f			359,633,554.			
<u> </u>				Business Code	, ,			
ø.	2 a	PATIENT SERVICE		621110	143,530,710.	143,530,710.		
vic	b							
Ser	С							
am	d							
Program Service Revenue	е							
Pro	f	All other program service reve	nue					
		Total. Add lines 2a-2f			143,530,710.			
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)			167,680,227.			167,680,227.
	4	Income from investment of tax						
	5	Royalties		<b></b>	259,587.			259,587.
			(i) Real	(ii) Personal				
	6 a	Gross rents	9,704,940	,				
	b	Less: rental expenses	0					
	С	Rental income or (loss)	9,704,940					
	d	Net rental income or (loss)		<b>.</b>	9,704,940.			9,704,940.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	1587940710	•				
	b	Less: cost or other basis	1445000405	000 225				
		and sales expenses	1445900495					
		Gain or (loss)			141 757 000			141 757 000
		Net gain or (loss)		<b>.</b>	141,757,880.			141,757,880.
ne	8 а	Gross income from fundraising						
Other Revenu		including \$ 38,415,						
Re		contributions reported on line	,	11,971,248.				
her	h	Part IV, line 18		449,001.				
ŏ		Net income or (loss) from fund		<b></b>	11,522,247.			11,522,247.
		Gross income from gaming ac			, , ,			, ,
	<i>5 a</i>	Part IV, line 19		,				
	b	Less: direct expenses						
		Net income or (loss) from gam						
		Gross sales of inventory, less						
		and allowances	á	3,624,979.				
	b	Less: cost of goods sold						
	С	Net income or (loss) from sales	487,140.			487,140.		
		Miscellaneous Revenue	e	Business Code				
	11 a							
	b							
	С							
		d All other revenue		900099	3,722,076.			3,722,076.
		Total. Add lines 11a-11d			3,722,076.	440 500 515		225 421 225
	12	Total revenue. See instructions.			838,298,361.	143,530,710.	0.	335,134,097.

732009 11-28-17

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) Х Check if Schedule O contains a response or note to any line in this Part IX (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 19,566,208 19,566,208 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... 24,942,740. 24,942,740. Benefits paid to or for members ..... Compensation of current officers, directors, 74,172. trustees, and key employees ..... 529,802, 455,630. Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 330,750,254. Other salaries and wages 306,673,226. 21,127,394. 2,949,634. 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 17,736,543 15,876,577 1,859,966 40,015,012 46,779,328 6,764,316 Other employee benefits 9 21,884,652 19,113,205. 2,771,447 10 Payroll taxes Fees for services (non-employees): Management Legal Accounting Lobbying 9,860,956. 9,860,956. Professional fundraising services. See Part IV, line 17 15,443,128. Investment management fees ..... 1,223,835. 14,219,293. Other. (If line 11g amount exceeds 10% of line 25, 111,738,778 91,915,473 12,368,447 7,454,858. column (A) amount, list line 11g expenses on Sch O.) 30,817,735 9,108,002 271,489 21,438,244. Advertising and promotion 12 22,936,839. 11,176,041 5,399,527. 6,361,271 13 Office expenses 20,404,207 3,724,669. 16,526,117 153,421. Information technology 14 Royalties 15 16,606,486 15,939,263. 667,223 16 Occupancy 8,371,978 5,405,925 2,094,271 871,782. 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 261,583 1,242,905. 941,581. 39,741. Conferences, conventions, and meetings 19 720,037. 720,037 20 Payments to affiliates 21 41,350,296, 37,687,625 3,662,671 22 Depreciation, depletion, and amortization ..... 5,852,847. 5,634,786 218,061. 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) MEDICAL SUPPLIES 80,218,127. 80,122,712. 93,412, 2,003. PGA EVENT EXPENSES 11,796,403 8,251,634 3,544,769. TAXES AND FEES - TPP 4,767,597 4,767,597. PATIENT COSTS 4,397,484. 4,397,484. 7,528,613, 5,872,231, 1,228,932 427,450. All other expenses е 856,243,943 712,811,456. 91,290,102 52,142,385. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form **990** (2017)

if following SOP 98-2 (ASC 958-720)

# Form 990 (2017) Part X | Balance Sheet

Par	t X	Balance Sheet							
		Check if Schedule O contains a response or not	e to any	line in this Part X					
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year		
	1	Cash - non-interest-bearing			1,641,107.	1	2,098,972		
	2	Savings and temporary cash investments			13,240,358.	2	22,470,231		
	3	Pledges and grants receivable, net				3			
	4	Accounts receivable, net		28,159,885.	4	38,402,588			
	5	Loans and other receivables from current and fo							
		trustees, key employees, and highest compensa	ted emp	oloyees. Complete					
		Part II of Schedule L				5			
	6	Loans and other receivables from other disqualit							
		section 4958(f)(1)), persons described in section	4958(c)	(3)(B), and contributing					
		employers and sponsoring organizations of sect	ion 501(	(c)(9) voluntary					
ς, l		employees' beneficiary organizations (see instr).	employees' beneficiary organizations (see instr). Complete Part II of Sch L						
Assets	7	Notes and loans receivable, net				7			
ଝ	8	Inventories for sale or use			19,464,187.	8	19,338,184		
	9	Description of the second state of the second			10,937,651.	9	8,505,159		
	10a	Land, buildings, and equipment: cost or other							
		basis. Complete Part VI of Schedule D	10a	1,345,735,875.					
	b	Less: accumulated depreciation	1	663,723,685.	681,435,620.	10c	682,012,190		
	11	Investments - publicly traded securities			6,045,707,787.	11	6,594,861,36		
	12	Investments - other securities. See Part IV, line 1			276,227,296.	12	287,764,25		
	13	Investments - program-related. See Part IV, line	11		19,885,871.	13	23,098,95		
	14	Intangible assets			14				
	15	Other assets. See Part IV, line 11		1,097,979,257.	15	1,531,792,21			
	16	Total assets. Add lines 1 through 15 (must equal			8,194,679,019.	16	9,210,344,11		
	17	Accounts payable and accrued expenses			312,787,800.	17	319,753,614		
	18	Grants payable		18					
	19	Deferred revenue		20,870,454.	19	22,967,563			
	20	Tax-exempt bond liabilities			20				
	21	Escrow or custodial account liability. Complete I			36,393,499.	21	40,273,463		
ا يو	22	Loans and other payables to current and former	officers	, directors, trustees,					
≝		key employees, highest compensated employee	s, and c	lisqualified persons.					
Liabilities		Complete Part II of Schedule L				22			
-	23	Secured mortgages and notes payable to unrela	ted third	d parties		23			
	24	Unsecured notes and loans payable to unrelated	third p	arties		24			
	25	Other liabilities (including federal income tax, pa		<b>I</b>					
		parties, and other liabilities not included on lines	17-24).	Complete Part X of					
		Schedule D	273,285,302.	25	566,746,733				
_	26	Total liabilities. Add lines 17 through 25			643,337,055.	26	949,741,369		
		Organizations that follow SFAS 117 (ASC 958		there 🕨 🗓 and					
se		complete lines 27 through 29, and lines 33 an							
Ĕ	27	Unrestricted net assets		6,176,799,921.	27	6,841,156,148			
) ă	28	Temporarily restricted net assets	272,589,144.	28	264,415,912				
ᅙ	29	Permanently restricted net assets	1,101,952,899.	29	1,155,030,684				
호		Organizations that do not follow SFAS 117 (A	SC 958)	, check here					
ة		and complete lines 30 through 34.		Ļ					
ets	30	Capital stock or trust principal, or current funds				30			
ASS	31	Paid-in or capital surplus, or land, building, or ed				31			
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32			
z	33	Total net assets or fund balances		L	7,551,341,964.	33	8,260,602,744		
	34	Total liabilities and net assets/fund balances		<u> </u>	8,194,679,019.	34	9,210,344,113 Form <b>990</b> (201		

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>			X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		838,	298,	361.
2	Total expenses (must equal Part IX, column (A), line 25)	2		856,	243,	943.
3	Revenue less expenses. Subtract line 2 from line 1	3		-17,	945,	582.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,	,551,	341,	964.
5	Net unrealized gains (losses) on investments	5		620,	791,	854.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8			-17,	443.
9	Other changes in net assets or fund balances (explain in Schedule O)	9		106,	431,	951.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	8,	,260,	602,	744.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			X
			_		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	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?		<u></u>	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,				
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,					
	review, or compilation of its financial statements and selection of an independent accountant?					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Aud	lit [			
	Act and OMB Circular A-133?			3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audi	it			1
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization
SHRINERS HOSPITALS FOR CHILDREN

Employer identification number

						36-2193608			
Pa	rt I	Reason for Public C	Charity Status (	All organizations must co	mplete th	is part.) Se	e instructions.		
Γhe	organi	zation is not a private found	ation because it is: (F	or lines 1 through 12, c	neck only	one box.)			
1		A church, convention of chu	urches, or associatio	n of churches described	in <b>sectio</b>	n 170(b)(1	)(A)(i).		
2		A school described in secti	on 170(b)(1)(A)(ii). (	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3	X	A hospital or a cooperative	hospital service orga	nization described in se	ection 170	(b)(1)(A)(ii	i).		
4		A medical research organiza	ation operated in cor	njunction with a hospital	described	in <b>sectio</b>	n 170(b)(1)(A)(	iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a col	lege or university owned	or operat	ed by a go	vernmental uni	t describe	ed in
		section 170(b)(1)(A)(iv). (C	omplete Part II.)						
6		A federal, state, or local gov	vernment or governm	ental unit described in	section 17	70(b)(1)(A)(	(v).		
7		An organization that normal	lly receives a substar	ntial part of its support fi	om a gove	ernmental ı	unit or from the	general p	public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8		A community trust describe	d in section 170(b)(	1)(A)(vi). (Complete Par	t II.)				
9		An agricultural research org				ed in conju	nction with a la	and-grant	college
		or university or a non-land-g	rant college of agricu	ulture (see instructions).	Enter the i	name, city,	and state of the	ne college	e or
		university:							
10		An organization that normal	lly receives: (1) more	than 33 1/3% of its supp	oort from o	contribution	ns, membershi	p fees, an	nd gross receipts from
		activities related to its exem	pt functions - subjec	t to certain exceptions,	and (2) no	more than	33 1/3% of its	support f	from gross investment
		income and unrelated busin	ess taxable income	(less section 511 tax) fro	m busines	ses acquir	ed by the orga	ınization a	after June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclusi	vely to test for public sa	ety. See	section 50	9(a)(4).		
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform t	he function	ns of, or to carr	y out the	purposes of one or
		more publicly supported org	ganizations describe	d in <b>section 509(a)(1)</b> d	r section :	509(a)(2).	See <b>section 5</b> 0	)9(a)(3). (	Check the box in
		lines 12a through 12d that of	describes the type of	supporting organization	and com	plete lines	12e, 12f, and 1	l2g.	
а		<b>Type I.</b> A supporting orga	ınization operated, sı	upervised, or controlled	by its supp	orted orga	anization(s), typ	oically by	giving
		the supported organization	n(s) the power to reg	jularly appoint or elect a	majority o	of the direc	tors or trustees	s of the su	upporting
		organization. You must c	omplete Part IV, Se	ctions A and B.					
b		Type II. A supporting orga	anization supervised	or controlled in connect	ion with its	s supporte	d organization	(s), by hav	ving
		control or management of	f the supporting orga	inization vested in the sa	ame perso	ns that cor	ntrol or manage	e the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
С		Type III functionally inte	<b>grated.</b> A supporting	g organization operated	in connect	tion with, a	nd functionally	integrate	ed with,
	_	its supported organization	n(s) (see instructions)	. You must complete I	Part IV, Se	ctions A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection w	ith its supporte	ed organiz	zation(s)
		that is not functionally into	egrated. The organiz	ation generally must sat	isfy a distr	ibution req	uirement and a	an attentiv	veness
		requirement (see instructi	•	-					
е		Check this box if the orga					Type I, Type II,	, Type III	
		functionally integrated, or		nally integrated supporting	ng organiz	ation.			
f		r the number of supported o	•						
g		ride the following information  Name of supported	about the supporte	d organization(s).  (iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of r		(vi) Amount of other
	,	organization	(-,	(described on lines 1-10	in your governi	ng document?	support (see ins	•	support (see instructions)
				above (see instructions))	103	110			
									<del>                                     </del>

### 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
_6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support		_				
Cale	ndar year (or fiscal year beginning in) ► 📗	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	<b>Total support.</b> Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth to	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop						<b>&gt;</b>
	ction C. Computation of Public					<del> </del>	
	Public support percentage for 2017 (li					14	<u>%</u>
	Public support percentage from 2016					15	<u>%</u>
16a	33 1/3% support test - 2017. If the c						
	stop here. The organization qualifies a	. ,	· ·				
b	33 1/3% support test - 2016. If the o						. $\square$
	and <b>stop here.</b> The organization quali	. ,					
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fact			-	•	-	
_	meets the "facts-and-circumstances" to						
b	10% -facts-and-circumstances test	_				•	
	more, and if the organization meets th		•				•
	organization meets the "facts-and-circ		•	•	,	***************************************	
<u>18</u>	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Page 3

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

(Complete only if you checked the box on line 10 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						
Cale	endar year (or fiscal year beginning in)	(a) 2013	<b>(b)</b> 2014	(c) 2015	(d) 2016	<b>(e)</b> 2017	(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						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
	endar year (or fiscal year beginning in)	<b>(a)</b> 2013	<b>(b)</b> 2014	<b>(c)</b> 2015	(d) 2016	<b>(e)</b> 2017	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	ax year as a section	n 501(c)(3) organiza	ation,
<u></u>	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publi			. (5)		T .= I	
	Public support percentage for 2017 (I			olumn (t))		15	<u>%</u>
	Public support percentage from 2016 ction D. Computation of Inves					16	%
	Investment income percentage for 20			o 13 column (fl)		17	%
						18	%
18 19:	Investment income percentage from 2 a 33 1/3% support tests - 2017. If the			on line 14 and line			
136	more than 33 1/3%, check this box ar						N 13 110€
ı	33 1/3% support tests - 2016. If the						nd
K	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

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Page 4

#### Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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 VI** 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 12a or 12b 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) 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 section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ).
- 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 9a) 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 9a) 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 section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b 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		
3c		
_		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
6:		
9b		
90		
9c		
10a		
10b		

Pai	rt IV   Supporting Organizations <sub>(continued)</sub>			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
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		
Sec	tion D. All Type III Supporting Organizations	-		
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
-	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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	_		
Ū	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 <b>Part VI</b> 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 instructions)			
a	The organization satisfied the Activities Test. Complete line 2 below.	•		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		
2	Activities Test. Answer (a) and (b) below.	ructions,	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	140
ŭ	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	2a		
h	that these activities constituted substantially all of its activities.  Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	Zu		
b	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b		
•	activities but for the organization's involvement.  Perent of Supported Organizations. Answer (a) and (b) below.	20		
3	Parent of Supported Organizations. Answer (a) and (b) below.  Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
а		20		
L.	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
D	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ok-		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2017

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

instructions).

Sect	on D - Distributions	Current Year		
1	Amounts paid to supported organizations to accomplish exer			
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	}	
4	Amounts paid to acquire exempt-use assets	-		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	<b>Total annual distributions.</b> Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which th	e organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
<u>i</u>	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

2017

SHR	INERS HOSPITALS FOR CHILDREN	36-2193608			
Organization type (check on	ne):				
Filers of: Section:					
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization				
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation				
	527 political organization				
Form 990-PF	501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
• •	covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule	e. See instructions.			
General Rule					
_	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's				
Special Rules					
sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support to 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount line 1. Complete Parts I and II.	or 16b, and that received from			
year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a ions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educately to children or animals. Complete Parts I, II, and III.				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year					
but it <b>must</b> answer "No" on F	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Fo le filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	, , , , , , , , , , , , , , , , , , , ,			

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a)	(b)	(c)	(d)
No. 2	Name, address, and ZIP + 4	### Total contributions  \$ 6,807,878.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 3	Name, address, and ZIP + 4	* 6,128,052.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SHRINERS HOSPITALS FOR CHILDREN

36-2193608

Part II	Noncash Property (see instructions). Use duplicate copies of Pa	rt II if additional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	SECURITIES		
2			
		\$6,807,878.	12/29/17
(0)			
(a) No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate)	Date received
Part I		(See instructions.)	
		<u> </u>	
		<sub></sub>	
	-	\$	
(a)		(-)	
No.	(b)	(c) FMV (or estimate)	(d)
from	Description of noncash property given	(See instructions.)	Date received
Part I			
		<del></del>	
(a)		(c)	
No. from	(b)  Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I		(See Instructions.)	
	-	<del></del>	
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
1 4111			
		<del></del>	
		<sub>©</sub>	

Name of orga				Employer Identification number		
Part III	HOSPITALS FOR CHILDREN  Exclusively religious, charitable, etc., cont the year from any one contributor. Complete completing Part III, enter the total of exclusively religiou	columns (a) through (e) and the f	ollowina line entr	36-2193608 (c)(7), (8), or (10) that total more than \$1,000 for y. For organizations		
	Use duplicate copies of Part III if addition		o or less for the year	(Litter tills lifte, office.)		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	_	
-	Transferencia nomo addressa a	(e) Transfer of		onship of transferor to transferoe	_	
- - -	Transferee's name, address, a	MU ZIP + 4	neiau	onship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held		
		(e) Transfer of	gift			
	Transferee's name, address, a	nd ZIP + 4	Relati	onship of transferor to transferee	 _ _	
(a) No.					_	
from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	 _ _	
-					_	
	(e) Transfer of gift					
-	Transferee's name, address, a	nd ZIP + 4	neiau	onship of transferor to transferee	 _ _ _	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift		(d) Description of how gift is held	_	
					<u>-</u>	
	Transferee's name, address, a	(e) Transfer of		onship of transferor to transferee		
-			rioidu		 _ _	

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Inspection

Name of the organization

**Employer identification number** 

Pai	SHRINERS HOSPITALS FOR CHILD TI Organizations Maintaining Donor Advised		36-2193608
I al			Complete if the
	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
_	Tatal mounth on at and of many	(a) Bonor advised fands	(b) I dilas 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		and 6 and de
5	Did the organization inform all donors and donor advisors in w	_	
_	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad	• •	•
	for charitable purposes and not for the benefit of the donor or		
Pai	impermissible private benefit?		Yes No
			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or ed	· —	torically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic structure	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired af	•	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it $\boldsymbol{I}$	nolds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	andling of violations, and enforcing con-	servation easements during the year
	<b></b>		
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conserva	tion easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	on's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	0 958), not to report in its revenue stater	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exhib	bition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ-	es these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	2 958), to report in its revenue statement	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edu	ucation, or research in furtherance of pu	blic service, provide the following amounts
	relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b> \$
			<b>.</b> .
2	If the organization received or held works of art, historical treas		
_	the following amounts required to be reported under SFAS 11		3 - 7 Jan - 11 - 1
а	Revenue included on Form 990, Part VIII, line 1	-	<b>&gt;</b> \$
			<b>.</b> .
	For Paperwork Reduction Act Notice, see the Instructions		Schedule D (Form 990) 2017

Par	rt III   Organizations Maintaining C	collections of Ar	t, Historical Tre	asures, or Ot	her Si	milar Assets	s (conti	nued)		
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the f	ollowing that are	a signifi	cant use of its o	collection	items	i	
	(check all that apply):									
а	Public exhibition	C	Loan or exc	hange programs						
b	Scholarly research	e	e Other							
С	Preservation for future generations									
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.									
5										
Day	to be sold to raise funds rather than to be m						Yes		No	
Par	rt IV Escrow and Custodial Arran		ete if the organizatio	n answered "Yes'	" on For	m 990, Part IV,	line 9, or	•		
	reported an amount on Form 990, Pa									
1a	a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included								٦	
	on Form 990, Part X?  Description:  Yes  X No								」No	
D	if "Yes," explain the arrangement in Part XIII	and complete the to	llowing table:		ſ		Λ			
_	Deginning belongs				ŀ	10	Amoun	IT.		
	• • • • • • • • • • • • • • • • • • • •					1c				
	Additions during the year					1e				
e •	Distributions during the year					1f				
20	Ending balance  Did the organization include an amount on F					·	Yes		No	
	If "Yes," explain the arrangement in Part XIII.				-		_ 165	X	=	
	rt V Endowment Funds. Complete									
	o simplisto	(a) Current year				Three years back	(e) Fou	r vears	hack	
1a	Beginning of year balance		6,833,070,742.							
b	Contributions	, , , , .	, , , , .	, , ,	1 /	, , .		, ,		
c	Net investment earnings, gains, and losses	922,744,387.	478,266,581.	-95,886,80	8. 2	263,100,355.	968	,695,	800.	
d		, ,	, ,	, ,		, ,		<u>, , , , , , , , , , , , , , , , , , , </u>		
	Other expenditures for facilities									
	and programs	303,339,038.	453,082,291.	316,360,61	2. 3	323,489,628.	388	,260,	817.	
f	Administrative expenses									
g	End of year balance	7,477,660,381.	6,858,255,032.	6,833,070,74	2. 7,2	45,318,162.	7,305	,707,	433.	
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a)	) held as:						
а	Board designated or quasi-endowment		%							
b	Permanent endowment  6.25	%								
С	Temporarily restricted endowment ▶	1.40 %								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiza	ation that are held an	nd administered fo	or the or	ganization				
	by:							Yes	No	
	(i) unrelated organizations						3a(i)		X	
							3a(ii)		X	
b	If "Yes" on line 3a(ii), are the related organiza						3b			
4	Describe in Part XIII the intended uses of the		wment funds.							
Par	rt VI Land, Buildings, and Equipm									
	Complete if the organization answere			l l						
	Description of property	(a) Cost or obasis (investr		or other (other)	<b>c)</b> Accui depred	mulated ciation	( <b>d</b> ) Boo	k valu	e 	
1a	Land		30	,143,419.			30	,143,	419.	
	Buildings		882	,759,323.	374,	348,073.	508	,411,	250.	
			10	,083,841.	8,	490,274.	1	,593,	567.	
	d Equipment 348,445,080. 280,779,466. 67,665,61						614.			
	Other		74	,304,212.		105,872.		,198,		
Total	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990. Part	X. column (B). line 10	0c.)			682	,012,	190.	
						Schodule	D /Farr	~ ^^^	2017	

Schedule D (Form 990) 2017

Part VII	Investments -	Other	Securities

Complete if the organization answered "Yes"	on Form 990 Part IV line	11h See Form 990 Part X line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(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"	on 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)		

# Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.

(6) (7) (8) (9)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTERESTS IN TRUSTS	572,103,377.
(2) ESTATES IN PROCESS	224,042,008.
(3) PATIENT TRANSPORTATION FUNDS	66,834,371.
(4) COLLATERAL CASH AND SECURITIES	563,087,302.
(5) RECEIVABLES FROM INCOME TRUSTS	2,609,445.
(6) INTERCOMPANY RECEIVABLES	103,115,708.
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,531,792,211.

Part X | Other Liabilities.

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

1.	(a) Description of liability	(b) Book value	
(1)	Federal income taxes		
(2)	LIABILITY UNDER SECURITIES LENDING	563,087,302.	
(3)	INTERCOMPANY PAYABLE	3,659,431.	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	566,746,733.	

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) 2017

1 Total revenue, gains, and other support per audited financial statement	rt IV, line 12a.			1 424 020 004
The state of the s	nts		1	1,424,920,084.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	600 701 051		
a Net unrealized gains (losses) on investments		620,791,854.		
<b>b</b> Donated services and use of facilities				
c Recoveries of prior year grants				
d Other (Describe in Part XIII.)	2d	-17,733,052.		
e Add lines 2a through 2d			2e	603,058,802.
3 Subtract line 2e from line 1			3	821,861,282.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a	15,438,209.		
<b>b</b> Other (Describe in Part XIII.)	4b	998,870.		
c Add lines 4a and 4b			4c	16,437,079.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I.	ine 12.)		5	838,298,361.
Part XII Reconciliation of Expenses per Audited Financi		Expenses per H	leturn	•
Complete if the organization answered "Yes" on Form 990, Pa				700 600 000
			1	789,689,999.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	1.1			
a Donated services and use of facilities				
<b>b</b> Prior year adjustments				
c Other losses				
d Other (Describe in Part XIII.)	2d	-998,870.		
e Add lines 2a through 2d			2e	-998,870.
3 Subtract line 2e from line 1			3	790,688,869.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1			
<b>a</b> Investment expenses not included on Form 990, Part VIII, line 7b		15,438,209.		
<b>b</b> Other (Describe in Part XIII.)	4b	50,116,865.		
c Add lines 4a and 4b			4c	65,555,074.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I	. line 18.)		5	856,243,943.
Part XIII Supplemental Information.				
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1			; Part X	line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to pro	vide any additional inforn	nation.		
PART IV, LINE 2B:				
TIME IV, DINE 25.				
THE AMOUNT INCLUDED ON FORM 990, PART X, LINE 21 CONSIST	S OF ANNUITY			
LIABILITIES ASSOCIATED WITH CHARITABLE REMAINDER TRUSTS	HELD BY SHRINERS			
HUSDIAT'S EUB CHIIUBEM MATCH 705 DEWEDWINED DYGED ON DE				
MOSTITUDO FOR CHIDDREN. MUTCH WER DETERMINED DWOED ON LL	ESENT VALUE OF THE			
HOSPITALS FOR CHILDREN, WHICH ARE DETERMINED BASED ON PR	RESENT VALUE OF THE			
ESTIMATED FUTURE PAYMENTS TO BE PAID TO THE DESIGNATED BY				
	BENEFICIARIES.			
ESTIMATED FUTURE PAYMENTS TO BE PAID TO THE DESIGNATED B	BENEFICIARIES.			
ESTIMATED FUTURE PAYMENTS TO BE PAID TO THE DESIGNATED B	BENEFICIARIES.			
ESTIMATED FUTURE PAYMENTS TO BE PAID TO THE DESIGNATED E	BENEFICIARIES.			
ESTIMATED FUTURE PAYMENTS TO BE PAID TO THE DESIGNATED E	BENEFICIARIES.			
ESTIMATED FUTURE PAYMENTS TO BE PAID TO THE DESIGNATED EDEFERRED INCOME IS RECOGNIZED ON GIFTS TO SHRINERS HOSPIPOOLED INCOME FUNDS WHICH REPRESENT THE DISCOUNTED VALUE	BENEFICIARIES.			
ESTIMATED FUTURE PAYMENTS TO BE PAID TO THE DESIGNATED EDUCATION OF THE DESIGNATION OF THE DESI	BENEFICIARIES.			
ESTIMATED FUTURE PAYMENTS TO BE PAID TO THE DESIGNATED EDUCATION OF THE DESIGNATED EDU	BENEFICIARIES.			
ESTIMATED FUTURE PAYMENTS TO BE PAID TO THE DESIGNATED EDUCATION OF THE DESIGNATION OF THE DESI	BENEFICIARIES.			
ESTIMATED FUTURE PAYMENTS TO BE PAID TO THE DESIGNATED EDUCATION DEFERRED INCOME IS RECOGNIZED ON GIFTS TO SHRINERS HOSPI POOLED INCOME FUNDS WHICH REPRESENT THE DISCOUNTED VALUE THE ESTIMATED TIME PERIOD UNTIL THE DONOR'S DEATH	BENEFICIARIES.  TALS FOR CHILDREN  OF THE ASSETS FOR			

Schedule D (Form 990) 2017

44,460,948.

GRANTS TO OTHER SHRINERS HOSPITALS

#### 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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2017
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 Form 990, Part IV, line 14b. 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, X Yes the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? 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 the region (e) If activity listed in (d) (f) Total émployees, expenditures offices (by type) (such as, fundraising, prois a program service, agents, and independent for and in the region gram services, investments, grants to describe specific type investments contractors recipients located in the region) of service(s) in the region in the region in the region GRANTS TO HOSPITAL SHRINERS PARA NINOS, A RELATED MEXICO 0 NONPROFIT ORGANIZATION. 18,926,044. GRANTS TO SHRINERS HOSPITALS FOR CHILDREN, A RELATED NONPROFIT CANADA 0 ORGANIZATION. 6,016,696. 0 0 24,942,740. 3 a Sub-total **b** Total from continuation 0 0 sheets to Part I ...... Totals (add lines 3a

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

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Schedule F (Form 990) 2017

24,942,740.

and 3b)

Page 2

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. Part II

(i) Method of valuation (book, FMV, appraisal, other)	N/A	N/A				5	Schedule F (Form 990) 2017
(h) Description of noncash assistance	N/A	N/A					Schedi
(g) Amount of noncash assistance	•0	•0				empt •	
(f) Manner of cash disbursement	CASH DI SBURSEMENT	CASH DISBURSEMENT				ecognized as tax-ex	
(e) Amount of cash grant	.969,016,696.	18,926,044.				oreign country, r	
(d) Purpose of grant	TO PROVIDE FUNDS FOR PATIENT'S NEEDS AT SHRINERS HOSPITALS IN CANADA, WHICH INCLUDE	TO PROVIDE FUNDS FOR PATIENT'S NEEDS AT SHRINERS HOSPITALS IN MEXICO, WHICH INCLUDE				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  Enter total number of other organizations or entities	
(c) Region	NORTH AMERICA - CANADA, BUT NOT THE UNITED STATES OR MEXICO	MEXICO, BUT NOT THE UNITED STATES OR CANADA				Enter total number of recipient organizations listed above that are recog by the IRS, or for which the grantee or counsel has provided a section 5 Enter total number of other organizations or entities	
(b) IRS code section and EIN (if applicable)						ecipient organizatior h the grantee or cour other organizations o	
1 (a) Name of organization						<ul> <li>2 Enter total number of recipient organizations listed aby the IRS, or for which the grantee or counsel has a Enter total number of other organizations or entities</li> </ul>	

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Page 3

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.

Schedule F (Form 990) 2017 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of noncash assistance (f) Amount of noncash assistance (e) Manner of cash disbursement (c) Number of recipients cash grant Part III can be duplicated if additional space is needed. (b) Region (a) Type of grant or assistance

### Part 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 separately 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; don't 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 separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	Yes	X No

Schedule F (Form 990) 2017

Schedule F (Form 990) 2017 SHRINERS HOSPITALS FOR CHILDREN	36-2193608	Page 5
Part V Supplemental Information		
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting	ng method; amounts of	
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method	d); 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.		
THOUSAND DERVICE INTIMITYEE MITEL TO THE TONDION CHAMPENTONE.		
PART II, COLUMN (D):		
REGION: NORTH AMERICA - CANADA, BUT NOT THE UNITED STATES OR MEXICO		
(D) PURPOSE OF GRANT: TO PROVIDE FUNDS FOR PATIENT'S NEEDS AT SHRINERS		
HOSPITALS IN CANADA, WHICH INCLUDE EMPLOYEE'S SALARIES, MEDICAL SUPPLIES,		
AND OTHER NECESSARY EXPENSES.		
REGION: NORTH AMERICA - MEXICO, BUT NOT THE UNITED STATES OR CANADA		
(D) PURPOSE OF GRANT: TO PROVIDE FUNDS FOR PATIENT'S NEEDS AT SHRINERS		
HOSPITALS IN MEXICO, WHICH INCLUDE EMPLOYEE'S SALARIES, MEDICAL SUPPLIES,		
AND OTHER NECESSARY EXPENSES.		

#### **SCHEDULE G**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

Go to www.irs.gov/Form990 for the latest instructions

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization **Employer identification number** SHRINERS HOSPITALS FOR CHILDREN 36-2193608 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations Solicitation of government grants X Phone solicitations g X Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) EDGE DIRECT - 3030 WATERVIEW DIRECT MAIL SOLICITATION & Yes No AVE, BALTIMORE, MD 21230 TELEVISION ADS Х 36,319,417 9,860,956 26,458,461. 36,319,417. 9,860,956. 26 458 461 Total 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI WY

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

Schedule G (Form 990 or 990-EZ) 2017

1 6	IT L I	of fundraising events. Complete if the	-		· · · · · · · · · · · · · · · · · · ·	
		or rundraising event contributions and gre	(a) Event #1	(b) Event #2	(c) Other events	
			(2) = 10/10 // 1	(2) 21311112	(5) 5 2.2.01 6 7 6 7 10	(d) Total events
			PAPER CRUSADE	FOOTBALL GAME	31	(add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue					·	
evel	1	Gross receipts	14,693,259.	8,420,189	. 27,273,335.	50,386,783.
ď						
	2	Less: Contributions	11,202,331.	6,419,660	. 20,793,544.	38,415,535.
_	3	Gross income (line 1 minus line 2)	3,490,928.	2,000,529	6,479,791.	11,971,248.
	4	Cash prizes				
	_	Nenegah prizes				
ý	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
xbe		rional addincy codes				
ct E	7	Food and beverages				
)ire	-					
	8	Entertainment				
	9	Other direct expenses	23,308.	163,739	. 261,954.	449,001.
	10	Direct expense summary. Add lines 4 through	9 in column (d)		<b>&gt;</b>	449,001.
_		Net income summary. Subtract line 10 from li			<b>&gt;</b>	11,522,247.
Pa	rt I		answered "Yes" on Form	n 990, Part IV, line 19, o	r reported more than	
		\$15,000 on Form 990-EZ, line 6a.	T	(L.) Dull taba/instant		(a) Tatal manaina (a dal
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				Singo/progressive singe		con (a) amoagn con (c)
Re	1	Gross revenue				
	•	aross revenue				
"	2	Cash prizes				
nse						
Direct Expenses	3	Noncash prizes				
ΉE						
)irec	4	Rent/facility costs				
		-u				
_	5	Other direct expenses				
		Valuate en lab en	Yes %			
	6	Volunteer labor	∟ No	No	No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		•	
	•	Bireet expense summary. And lines 2 timough	10 iii 00iaiiii (a)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		· · · · · · · · · · · · · · · · · · ·			•	
9	Ent	ter the state(s) in which the organization condu	cts gaming activities: _			
а	ls t	he organization licensed to conduct gaming ac	ctivities in each of these	states?		Yes No
b	If "	No," explain:				
	_					
		ere any of the organization's gaming licenses re			( year?	Yes No
O	II "	Yes," explain:				
	_					
	_					
7000		L13_17			Cabadula C (Ea	rm 990 or 990-F <b>7</b> ) 2017

<u>Scr</u>	nedule G (Form 990 or 990-EZ) 2017 SHRINERS HOSPITALS FOR CHILDREN	36-2193608	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	O No
13	Indicate the percentage of gaming activity conducted in:		
á	The organization's facility	13a	%
	o An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	☐ No
ŀ	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount		
	of gaming revenue retained by the third party > \$		
(	c If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation > \$		
	Description of services provided		
	-		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
	a Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
ı	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	е	
_	organization's own exempt activities during the tax year > \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part	III. lines 9. 9b. 1	0b. 15b.
	15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	, , , , , , , , , , , , , , , , , , , ,	, , ,
PAF	RT I, COLUMN V		
	IDRAISING SERVICES ARE PAID AS A FIXED FEE ONLY, FOR DONOR		
101	DIAIDING DERVICES ARE TAID AS A FIRED FEE ONET, FOR DONOR		
CUI	TIVATION, AND DO NOT INCLUDE ANY PAYMENT BASED ON AMOUNT RAISED. IN		
ADI	DITION, ALL AMOUNTS COME DIRECTLY TO THE ORGANIZATION AND ARE NOT		
REC	CEIVED BY THE FUNDRAISING COUNSEL TO OFFSET EXPENSES. WHILE THERE IS		
AN	UPFRONT INVESTMENT, THE LIFETIME VALUE OF GIVING FROM THESE DONORS		
GEN	BERATE SIGNIFICANT REVENUE TO SUPPORT THE CARE PROVIDED FOR THE		
PAT	TIENTS OF THE ORGANIZATION.		
_			

Schedule G (Form 990 or 990-EZ) SHRINERS HOSPITALS FOR CHILDREN	36-2193608	Page 4
Schedule G (Form 990 or 990-EZ)  SHRINERS HOSPITALS FOR CHILDREN  Part IV   Supplemental Information (continued)		
· · (continued)		

#### **SCHEDULE H** (Form 990)

Department of the Treasury Internal Revenue Service

# **Hospitals**

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

SHRINERS HOSPITALS FOR CHILDREN

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

**Employer identification number** 36-2193608

Par	rt I   Financial Assistance a	nd Certain Otl	ner Commun	ity Benefits at	Cost				
				<del>-</del>				Yes	No
1a	Did the organization have a financial	assistance policy	during the tax ve	ar? If "No." skip to o	guestion 6a		1a	Х	
b							1b	Х	
2									
	X Applied uniformly to all hospita	al facilities	Appl Appl	ied uniformly to mo	st hospital facilities	3			
	Generally tailored to individual			·	·				
3	Answer the following based on the financial assist	tance eligibility criteria tha	at applied to the larges	t number of the organization	on's patients during the ta	ax year.			
а	Did the organization use Federal Pov	erty Guidelines (FF	PG) as a factor in	determining eligibil	ity for providing fr	ee care?			
	If "Yes," indicate which of the followi	ng was the FPG fa	mily income limit	for eligibility for fre	e care:		За	Х	
	100% 150%	200% X	Other4	00 %					
b	Did the organization use FPG as a fa	ctor in determining	eligibility for pro	viding discounted	care? If "Yes," indi	cate which			
	of the following was the family incom	ne limit for eligibility	for discounted of	care:			3b		Х
	200% 250%	300%	350%	400% LO	ther 9	6			
С	If the organization used factors other					•			
	eligibility for free or discounted care. threshold, regardless of income, as a		•	•		other			
1	Did the organization's financial assistance policy		0 0 ,			are to the			
_	"medically indigent"?						4	X	
							5a	Х	Х
	If "Yes," did the organization's finance						5b		
С	If "Yes" to line 5b, as a result of budg	-	-	•			<b>-</b> -		
6.	care to a patient who was eligible for Did the organization prepare a comm						<u>5с</u> 6а	х	
	If "Yes," did the organization make it						6b	Х	
D	Complete the following table using the worksheet:						OD		
7	Financial Assistance and Certain Oth			ot submit these worksheet	S With the Schedule H.				
	Financial Assistance and	(a) Number of	(b) Persons	(c) Total community	(d) Direct offsetting	(e) Net community	(1	) Percer	nt
Mea	ans-Tested Government Programs	activities or programs (optional)	served (optional)	benefit expense	revenue	benefit expense		of total expense	
	Financial Assistance at cost (from								
	Worksheet 1)			318,749,025.	62,193,585.	256,555,440.	:	29.96	ક
b	Medicaid (from Worksheet 3,								
	column a)			366,707,635.	81,337,125.	285,370,510.	:	33.33	ક
С	Costs of other means-tested								
	government programs (from								
	Worksheet 3, column b)								
d	Total Financial Assistance and								
	Means-Tested Government Programs			685,456,660.	143,530,710.	541,925,950.	'	53.29	*
	Other Benefits								
е	Community health								
	improvement services and								
	community benefit operations (from Worksheet 4)								
f	Health professions education								
•	(from Worksheet 5)								
σ	Subsidized health services			1					
9	(from Worksheet 6)								
h	Research (from Worksheet 7)			27,354,796.		27,354,796.		3.19	ક
	Cash and in-kind contributions			,					
-	for community benefit (from								
	Worksheet 8)								
j	Total. Other Benefits			27,354,796.		27,354,796.		3.19	8
-	Total. Add lines 7d and 7i			712,811,456.	143,530,710.	569,280,746.		66.48	ક

k Total. Add lines 7d and 7j

Sche	edule H (Form 990) 2017 SHRI	NERS HOSPITALS	FOR CHILDREN	Ī			36-219	3608	Р	age <b>2</b>
Pa	rt II Community Building A	<b>Activities</b> Compl	ete this table if the	e organization	conducted	any co	mmunity building act	tivities d		
	tax year, and describe in Par									
		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(C) Total community building expen	offse	<b>d)</b> Direct tting rever	(e) Net community building expense		Percer	
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 Pa		Collection Pr	actices							
		k Conconon i	dottoes						Yes	No
_	tion A. Bad Debt Expense		والمال والمنادي وموسوا	Financial	N 4 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	۸	_:_t:		163	INO
1	Did the organization report bad deb Statement No. 15?	•			•			1		х
2	Enter the amount of the organization	n's bad debt expen	se. Explain in Part	t VI the						
	methodology used by the organizati	on to estimate this	amount			2		_		
3	Enter the estimated amount of the o	rganization's bad o	debt expense attrib	butable to						
	patients eligible under the organizat	on's financial assis	stance policy. Expl	lain in Part VI t	:he					
	methodology used by the organizati	on to estimate this	amount and the r	ationale, if any	<b>'</b> ,					
	for including this portion of bad deb	t as community be	nefit			3				
4	Provide in Part VI the text of the foo	tnote to the organiz	zation's financial s	tatements tha	t describes	bad de	bt			
	expense or the page number on whi	ch this footnote is	contained in the a	ttached financ	ial stateme	ents.				
Sect	tion B. Medicare									
5	Enter total revenue received from M	edicare (including [	OSH and IME)			5				
6	Enter Medicare allowable costs of ca	are relating to payn	nents on line 5			6				
7	Subtract line 6 from line 5. This is th	e surplus (or shortf	all)			7				
8	Describe in Part VI the extent to whi	ch any shortfall rep	orted in line 7 sho	ould be treated	l as commi	unity be	nefit.			
	Also describe in Part VI the costing	methodology or so	urce used to deter	rmine the amo	unt reporte	ed on lin	e 6.			
	Check the box that describes the m	ethod used:								
	Cost accounting system	Cost to char	rge ratio	Other						
Sect	tion C. Collection Practices									
	Did the organization have a written of							9a		Х
b	If "Yes," did the organization's collection									
_	collection practices to be followed for pa	tients who are known	to qualify for financ	ial assistance? [	Describe in F	Part VI		. 9b		
Ра	rt IV Management Compar	ies and Joint	Ventures (owned	d 10% or more by o	fficers, directo	rs, trustees	, key employees, and physi	cians - see	instruct	ions)
	(a) Name of entity		scription of primar ctivity of entity	у	(c) Organiz profit % or ownersh	stock	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	pr	hysici ofit % stock nership	or

#### Part V | Facility Information Section A. Hospital Facilities ritical access hospital ien. medical & surgical (list in order of size, from largest to smallest) hildren's hospital eaching hospital censed hospital How many hospital facilities did the organization operate esearch facility during the tax year? R-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 WWW.SHRINERSHOSPITALSFORCHILDREN.ORG Х Х Х SHRINERS HOSPITAL FOR CHILDREN-CINCIN 3229 BURNET AVENUE CINCINNATI, OH 45229-3095 WWW.SHRINERSHOSPITALSFORCHILDREN.ORG 1808 Х Х Α SHRINERS HOSPITAL FOR CHILDREN-ERIE 1645 WEST 8TH STREET ERIE, PA 16505 OUTPATIENT WWW.SHRINERSHOSPITALSFORCHILDREN.ORG AMBULATORY SURGICAL 23661501 CENTER & CLINIC Α SHRINERS HOSPITAL FOR CHILDREN-GALVES 815 MARKET STREET GALVESTON, TX 77550 WWW.SHRINERSHOSPITALSFORCHILDREN.ORG 000247 x Х Х Х SHRINERS HOSPITAL FOR CHILDREN-GREENV 950 WEST FARIS ROAD GREENVILLE, SC 29605 WWW.SHRINERSHOSPITALSFORCHILDREN.ORG Х X Α SHRINERS HOSPITAL FOR CHILDREN-HONOLU 1310 PUNAHOU STREET HONOLULU, HI 96826-1099 WWW.SHRINERSHOSPITALSFORCHILDREN.ORG 8-HХ Х Х Х SHRINERS HOSPITAL FOR CHILDREN-HOUSTO 6977 MAIN STREET HOUSTON, TX 77030-3701 WWW.SHRINERSHOSPITALSFORCHILDREN.ORG 000526 Х Х Х Х Α SHRINERS HOSPITAL FOR CHILDREN-LEXING 1900 RICHMOND ROAD LEXINGTON, KY 40502 OUTPATIENT WWW.SHRINERSHOSPITALSFORCHILDREN.ORG AMBULATORY SURGICAL 300277; 101302; 740392 CENTER & CLINIC Α SHRINERS HOSPITAL FOR CHILDREN-PASADE 909 S. FAIR OAKS AVE PASADENA, CA 91105 OUTPATIENT WWW.SHRINERSHOSPITALSFORCHILDREN.ORG AMBULATORY SURGICAL 930000150 CENTER & CLINIC Α 10 SHRINERS HOSPITAL FOR CHILDREN-PHILAD 3551 NORTH BROAD STREET PHILADELPHIA, PA 19140-4131 WWW.SHRINERSHOSPITALSFORCHILDREN.ORG 07470100 Х

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Part V   Facility Information										
Section A. Hospital Facilities					<u>ia</u>					
(list in order of size, from largest to smallest)	_	gical	<u></u>	_	l so					
How many hospital facilities did the organization operate	hospital	surgic	hospital	eaching hospital	Critical access hospital	lity				
during the tax year?	- Sor	&   =		Son	l ses	Research facility	ırs			
Name, address, primary website address, and state license number		medical	l, u	l gu	g	r)	ER-24 hours	er		Facility
(and if a group return, the name and EIN of the subordinate hospital	icensed		Children?	.chi	ica	ear	24	ER-other		reporting group
organization that operates the hospital facility)	ļ.ĕ	Gen.	딍	Геа	ij	Res	ER-/	EP.	Other (describe)	group
11 SHRINERS HOSPITAL FOR CHILDREN-PORTLA				l '						
3101 SW SAM JACKSON PARK RD.										
PORTLAND, OR 97239-3095										
www.shrinershospitalsforchildren.org										
14-0073	x		х	х		х				A
12 SHRINERS HOSPITAL FOR CHILDREN-SALT L										
FAIRFAX ROAD AT VIRGINIA STREET										
SALT LAKE CITY, UT 84103										
WWW.SHRINERSHOSPITALSFORCHILDREN.ORG										
2015-HOSP-206	$\exists_{x}$		x	х						A
13 SHRINERS HOSPITAL FOR CHILDREN-SHREVE	+									+
3100 SAMFORD AVENUE	-									
	-									
SHREVEPORT, LA 71103	-									
WWW.SHRINERSHOSPITALSFORCHILDREN.ORG	⊢									
179	Х		Х	Х						A
14 SHRINERS HOSPITAL FOR CHILDREN-SPOKAN	_									
911 WEST 5TH AVENUE	4									
SPOKANE, WA 99204	4									
WWW.SHRINERSHOSPITALSFORCHILDREN.ORG	4									
HAC.FS.00000042	Х		Х	Х		Х				A
15 SHRINERS HOSPITAL FOR CHILDREN-ST. LO	_									
2001 S. LINDBERGH BOULEVARD	_									
ST. LOUIS, MO 63131-3597	_									
WWW.SHRINERSHOSPITALSFORCHILDREN.ORG										
142-60	Х		Х	Х		Х				A
16 SHRINERS HOSPITAL FOR CHILDREN-TAMPA										
12502 USF PINE DRIVE										
TAMPA, FL 33612-9499										
WWW.SHRINERSHOSPITALSFORCHILDREN.ORG										
4184	Х		Х	Х		Х				A
17 SHRINERS HOSPITAL FOR CHILDREN-TWIN C										
2025 EAST RIVER PARKWAY										
MINNEAPOLIS, MN 55414										
WWW.SHRINERSHOSPITALSFORCHILDREN.ORG										
N/A	х		х	х		х				A
18 SHRINERS HOSPITAL FOR CHILDREN-N. CAL										
2425 STOCKTON BOULEVARD										
SACRAMENTO, CA 95817										
WWW.SHRINERSHOSPITALSFORCHILDREN.ORG										
03000620	$\exists_{x}$		x	x		х				A
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										1

#### **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
	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):			
á	A definition of the community served by the hospital facility			
k	Demographics of the community			
(	Existing health care facilities and resources within the community that are available to respond to the health needs			
	of the community			
c	d X How data was obtained			
•	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			
ŀ	The process for consulting with persons representing the community's interests			
i	The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j	Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA:  20 15			
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	
6	a 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	
k	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):			
á	HTTP://WWW.SHRINERSHOSPITALSFORCHILDREN.ORG			
k	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 12			
10	1 / / / / / / / / / / / / / / / / / / /	10	Х	
á	a If "Yes," (list url): HTTP://WWW.SHRINERSHOSPITALSFORCHILDREN.ORG			
k	o 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.			
12a	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
k	olf "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c	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? \$			

Part V   Facility Information (continued)			
Financial Assistance Policy (FAP)			
Name of hospital facility or letter of facility reporting group SHRINERS HOSPITAL FOR CHILDREN-GROUP A			
. , , , , , , , , , , , , , , , , , , ,		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			
W			
d Medical indigency			
e Insurance status			
f Underinsurance status			
g Residency			
h X Other (describe in Section C)	44	х	
14 Explained the basis for calculating amounts charged to patients?	. 14	X	
15 Explained the method for applying for financial assistance?	15	Λ	
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>b</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 Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility?	16	Х	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a X The FAP was widely available on a website (list url): SEE PART V, PAGE 8	_		
b X The FAP application form was widely available on a website (list url): SEE PART V, PAGE 8	_		
c X A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8	_		
d X The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e X The FAP application form was available upon request and without charge (in public locations in the hospital			
facility and by mail)			
f X 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 X Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP,			
by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public			
displays or other measures reasonably calculated to attract patients' attention			
h Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s)			
spoken by LEP populations			
j Other (describe in Section C)			

Pa	rt V	Facility Information (continued)			
Billi	ng and	Collections			
Nan	ne of ho	spital facility or letter of facility reporting group SHRINERS HOSPITAL FOR CHILDREN-GROUP A			
				Yes	No
17	Did the	hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
	assista	nce policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon			1
		/ment?	17		х
18	Check	all of the following actions against an individual that were permitted under the hospital facility's policies during the			
	tax yea	r before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
а		Reporting to credit agency(ies)			
b		Selling an individual's debt to another party			
С		Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a			
		previous bill for care covered under the hospital facility's FAP			
d		Actions that require a legal or judicial process			
е		Other similar actions (describe in Section C)			
f		None of these actions or other similar actions were permitted			
19	Did the	hospital facility or other authorized party perform any of the following actions during the tax year before making			
	reason	able 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:			
а		Reporting to credit agency(ies)			
b		Selling an individual's debt to another party			
С		Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a			
		previous bill for care covered under the hospital facility's FAP			
d	Щ	Actions that require a legal or judicial process			
е		Other similar actions (describe in Section C)			
20	Indicat	e which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or			
	not ch	ecked) in line 19 (check all that apply):			
а		Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the			
		FAP at least 30 days before initiating those ECAs			
b		Made a reasonable effort to orally notify individuals about the FAP and FAP application process			
С	$\vdash$	Processed incomplete and complete FAP applications			
d	$\vdash$	Made presumptive eligibility determinations			
е		Other (describe in Section C)			
f		None of these efforts were made			
		ting to Emergency Medical Care	ı —		
21		hospital facility have in place during the tax year a written policy relating to emergency medical care			1
		quired the hospital facility to provide, without discrimination, care for emergency medical conditions to	۱		
			21		Х
	TT.	•			
a	=				
	一				
C					
b	individ  If "No,  X		21		

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Part V Facility Information (continued)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)			
Name of hospital facility or letter of facility reporting group  SHRINERS HOSPITAL FOR CHILDREN-GROUP A			
		Yes	No
22 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.			
The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period			
<b>b</b> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period			
c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior			
12-month period			
d The hospital facility used a prospective Medicare or Medicaid method			
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			
insurance covering such care?	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			
service provided to that individual?	24		Х
If "Ves " 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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

SHRINERS HOSPITAL FOR CHILDREN-GROUP A

PART V, LINE 16A, FAP WEBSITE:

HTTP://WWW.SHRINERSHOSPITALSFORCHILDREN.ORG/EN/FINANCIAL-ASSISTANCE

SHRINERS HOSPITAL FOR CHILDREN-GROUP A

PART V, LINE 16B, FAP APPLICATION WEBSITE:

HTTP://WWW.SHRINERSHOSPITALSFORCHILDREN.ORG/EN/FINANCIAL-ASSISTANCE

SHRINERS HOSPITAL FOR CHILDREN-GROUP A

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

HTTP://WWW.SHRINERSHOSPITALSFORCHILDREN.ORG/EN/FINANCIAL-ASSISTANCE

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-CINCINNATI
- FACILITY 3: SHRINERS HOSPITAL FOR CHILDREN-ERIE
- FACILITY 4: SHRINERS HOSPITAL FOR CHILDREN-GALVESTON
- FACILITY 5: SHRINERS HOSPITAL FOR CHILDREN-GREENVILLE
- FACILITY 6: SHRINERS HOSPITAL FOR CHILDREN-HONOLULU
- FACILITY 7: SHRINERS HOSPITAL FOR CHILDREN-HOUSTON
- FACILITY 8: SHRINERS HOSPITAL FOR CHILDREN-LEXINGTON
- FACILITY 9: SHRINERS HOSPITAL FOR CHILDREN-PASADENA
- FACILITY 10: SHRINERS HOSPITAL FOR CHILDREN-PHILADELPHIA
- FACILITY 11: SHRINERS HOSPITAL FOR CHILDREN-PORTLAND
- FACILITY 12: SHRINERS HOSPITAL FOR CHILDREN-SALT LAKE

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

- FACILITY 13: SHRINERS HOSPITAL FOR CHILDREN-SHREVEPORT
- 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 5: THE SHRINERS HOSPITALS FOR CHILDREN TOOK INTO

ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY FOR ITS MOST RECENT

CHNA THROUGH SURVEYS AND FOCUS GROUPS.

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

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2015 CHNA, SHRINERS

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

INCLUDES AFFILIATE AND COMMUNITY PROVIDERS IN COMMUNITY OUTREACH

COMMUNITY INVOLVEMENT, AND COMMUNITY EDUCATION TO ADDRESS IDENTIFIED

HEALTH CARE NEEDS WITHIN EACH MARKET. HEALTH CARE NEEDS THAT ARE

IDENTIFIED BUT NOT ADDRESSED WITHIN ANY ACTION PLAN FALL OUTSIDE OF THE

SERVICE OFFERINGS PROVIDED AT SHRINERS HOSPITALS FOR CHILDREN. SOME OF THE

NEEDS IDENTIFIED BUT NOT ADDRESSED ARE MENTAL HEALTH, DIABETES, ASTHMA,

AND DRUG & ALCOHOL ABUSE. THEREFORE, PATIENTS/FAMILIES PRESENTING WITH

HEALTH CARE NEEDS WHICH ARE OUTSIDE OF THE HOSPITAL SERVICE OFFERINGS

RECEIVE CARE COORDINATION AND ARE REFERRED TO THE APPROPRIATE

PROFESSIONALS WITHIN THE COMMUNITY FOR PROVISION OF THIS SERVICE

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, 16j, 18e, 19e, 20e, 21c, 21d, 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 2 -- SHRINERS HOSPITAL FOR CHILDREN-CINCINNAT

PART V. SECTION B. LINE 5: THE SHRINERS HOSPITALS FOR CHILDREN TOOK INTO

ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY FOR ITS MOST RECENT

CHNA THROUGH SURVEYS AND FOCUS GROUPS.

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

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2015 CHNA, SHRINERS

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

INCLUDES AFFILIATE AND COMMUNITY PROVIDERS IN COMMUNITY OUTREACH

COMMUNITY INVOLVEMENT, AND COMMUNITY EDUCATION TO ADDRESS IDENTIFIED

HEALTH CARE NEEDS WITHIN EACH MARKET. HEALTH CARE NEEDS THAT ARE

IDENTIFIED BUT NOT ADDRESSED WITHIN ANY ACTION PLAN FALL OUTSIDE OF THE

SERVICE OFFERINGS PROVIDED AT SHRINERS HOSPITALS FOR CHILDREN. SOME OF THE

NEEDS IDENTIFIED BUT NOT ADDRESSED ARE MENTAL HEALTH, DIABETES, ASTHMA,

AND DRUG & ALCOHOL ABUSE. THEREFORE, PATIENTS/FAMILIES PRESENTING WITH

HEALTH CARE NEEDS WHICH ARE OUTSIDE OF THE HOSPITAL SERVICE OFFERINGS

RECEIVE CARE COORDINATION AND ARE REFERRED TO THE APPROPRIATE

PROFESSIONALS WITHIN THE COMMUNITY FOR PROVISION OF THIS SERVICE.

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.

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, 16j, 18e, 19e, 20e, 21c, 21d, 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 3 -- SHRINERS HOSPITAL FOR CHILDREN-ERIE

PART V, SECTION B, LINE 5: THE SHRINERS HOSPITALS FOR CHILDREN TOOK INTO

ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY FOR ITS MOST RECENT

CHNA THROUGH SURVEYS AND FOCUS GROUPS.

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

PART V. SECTION B. LINE 11: AFTER CONDUCTING THE 2015 CHNA. SHRINERS

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

INCLUDES AFFILIATE AND COMMUNITY PROVIDERS IN COMMUNITY OUTREACH

COMMUNITY INVOLVEMENT, AND COMMUNITY EDUCATION TO ADDRESS IDENTIFIED

HEALTH CARE NEEDS WITHIN EACH MARKET. HEALTH CARE NEEDS THAT ARE

IDENTIFIED BUT NOT ADDRESSED WITHIN ANY ACTION PLAN FALL OUTSIDE OF THE

SERVICE OFFERINGS PROVIDED AT SHRINERS HOSPITALS FOR CHILDREN. SOME OF THE

NEEDS IDENTIFIED BUT NOT ADDRESSED ARE MENTAL HEALTH, DIABETES, ASTHMA,

AND DRUG & ALCOHOL ABUSE. THEREFORE, PATIENTS/FAMILIES PRESENTING WITH

HEALTH CARE NEEDS WHICH ARE OUTSIDE OF THE HOSPITAL SERVICE OFFERINGS

RECEIVE CARE COORDINATION AND ARE REFERRED TO THE APPROPRIATE

PROFESSIONALS WITHIN THE COMMUNITY FOR PROVISION OF THIS SERVICE.

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 4 -- SHRINERS HOSPITAL FOR CHILDREN-GALVESTON

PART V, SECTION B, LINE 5: THE SHRINERS HOSPITALS FOR CHILDREN TOOK INTO

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY FOR ITS MOST RECENT

CHNA THROUGH SURVEYS AND FOCUS GROUPS.

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

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2015 CHNA, SHRINERS

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

INCLUDES AFFILIATE AND COMMUNITY PROVIDERS IN COMMUNITY OUTREACH,

COMMUNITY INVOLVEMENT, AND COMMUNITY EDUCATION TO ADDRESS IDENTIFIED

HEALTH CARE NEEDS WITHIN EACH MARKET. HEALTH CARE NEEDS THAT ARE

IDENTIFIED BUT NOT ADDRESSED WITHIN ANY ACTION PLAN FALL OUTSIDE OF THE

SERVICE OFFERINGS PROVIDED AT SHRINERS HOSPITALS FOR CHILDREN. SOME OF THE

NEEDS IDENTIFIED BUT NOT ADDRESSED ARE MENTAL HEALTH, DIABETES, ASTHMA,

AND DRUG & ALCOHOL ABUSE. THEREFORE, PATIENTS/FAMILIES PRESENTING WITH

HEALTH CARE NEEDS WHICH ARE OUTSIDE OF THE HOSPITAL SERVICE OFFERINGS

RECEIVE CARE COORDINATION AND ARE REFERRED TO THE APPROPRIATE

PROFESSIONALS WITHIN THE COMMUNITY FOR PROVISION OF THIS SERVICE.

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

AND INTERNAL POLICY.

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

PART V, SECTION B, LINE 5: THE SHRINERS HOSPITALS FOR CHILDREN TOOK INTO

ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY FOR ITS MOST RECENT

CHNA THROUGH SURVEYS AND FOCUS GROUPS.

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, 16j, 18e, 19e, 20e, 21c, 21d, 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 5 -- SHRINERS HOSPITAL FOR CHILDREN-GREENVILL

PART V, SECTION B, LINE 6B: GREENVILLE HEALTH SYSTEM (GHS), BON SECOURS

ST. FRANCIS HEALTH SYSTEM, THE JOHNSON GROUP

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

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2015 CHNA, SHRINERS

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

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COMMUNITY INVOLVEMENT. AND COMMUNITY EDUCATION TO ADDRESS IDENTIFIED

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AND DRUG & ALCOHOL ABUSE. THEREFORE, PATIENTS/FAMILIES PRESENTING WITH

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PROFESSIONALS WITHIN THE COMMUNITY FOR PROVISION OF THIS SERVICE

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

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 5: THE SHRINERS HOSPITALS FOR CHILDREN TOOK INTO

ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY FOR ITS MOST RECENT

CHNA THROUGH SURVEYS AND FOCUS GROUPS

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, 16j, 18e, 19e, 20e, 21c, 21d, 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 6 -- SHRINERS HOSPITAL FOR CHILDREN-HONOLULU

PART V, SECTION B, LINE 6B: CASTLE MEDICAL CENTER, KAHI MOHALA BEHAVIORAL

HEALTH, KAISER PERMANENTE MEDICAL CENTER, KAPIOLANI MEDICAL CENTER FOR

WOMEN & CHILDREN, KUAKINI MEDICAL CENTER, PALI MOMI MEDICAL CENTER,

REHABILITATION HOSPITAL OF THE PACIFIC, SHRINERS HOSPITALS FOR CHILDREN -

HONOLULU, STRAUB CLINIC & HOSPITAL, THE QUEEN'S MEDICAL CENTER, THE

QUEEN'S MEDICAL CENTER - WEST OAHU. WAHIAWA GENERAL HOSPITAL

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

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2015 CHNA, SHRINERS

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

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SERVICE OFFERINGS PROVIDED AT SHRINERS HOSPITALS FOR CHILDREN. SOME OF THE

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AND DRUG & ALCOHOL ABUSE. THEREFORE, PATIENTS/FAMILIES PRESENTING WITH

HEALTH CARE NEEDS WHICH ARE OUTSIDE OF THE HOSPITAL SERVICE OFFERINGS

RECEIVE CARE COORDINATION AND ARE REFERRED TO THE APPROPRIATE

PROFESSIONALS WITHIN THE COMMUNITY FOR PROVISION OF THIS SERVICE.

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.

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, 16j, 18e, 19e, 20e, 21c, 21d, 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 5: THE SHRINERS HOSPITALS FOR CHILDREN TOOK INTO

ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY FOR ITS MOST RECENT

CHNA THROUGH SURVEYS AND FOCUS GROUPS.

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

PART V. SECTION B. LINE 11: AFTER CONDUCTING THE 2015 CHNA. SHRINERS

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

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COMMUNITY INVOLVEMENT, AND COMMUNITY EDUCATION TO ADDRESS IDENTIFIED

HEALTH CARE NEEDS WITHIN EACH MARKET. HEALTH CARE NEEDS THAT ARE

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SERVICE OFFERINGS PROVIDED AT SHRINERS HOSPITALS FOR CHILDREN. SOME OF THE

NEEDS IDENTIFIED BUT NOT ADDRESSED ARE MENTAL HEALTH, DIABETES, ASTHMA,

AND DRUG & ALCOHOL ABUSE. THEREFORE, PATIENTS/FAMILIES PRESENTING WITH

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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 8 -- SHRINERS HOSPITAL FOR CHILDREN-LEXINGTON

PART V, SECTION B, LINE 5: THE SHRINERS HOSPITALS FOR CHILDREN TOOK INTO

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY FOR ITS MOST RECENT

CHNA THROUGH SURVEYS AND FOCUS GROUPS.

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

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2015 CHNA, SHRINERS

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

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COMMUNITY INVOLVEMENT, AND COMMUNITY EDUCATION TO ADDRESS IDENTIFIED

HEALTH CARE NEEDS WITHIN EACH MARKET. HEALTH CARE NEEDS THAT ARE

IDENTIFIED BUT NOT ADDRESSED WITHIN ANY ACTION PLAN FALL OUTSIDE OF THE

SERVICE OFFERINGS PROVIDED AT SHRINERS HOSPITALS FOR CHILDREN. SOME OF THE

NEEDS IDENTIFIED BUT NOT ADDRESSED ARE MENTAL HEALTH, DIABETES, ASTHMA,

AND DRUG & ALCOHOL ABUSE. THEREFORE, PATIENTS/FAMILIES PRESENTING WITH

HEALTH CARE NEEDS WHICH ARE OUTSIDE OF THE HOSPITAL SERVICE OFFERINGS

RECEIVE CARE COORDINATION AND ARE REFERRED TO THE APPROPRIATE

PROFESSIONALS WITHIN THE COMMUNITY FOR PROVISION OF THIS SERVICE.

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

PART V, SECTION B, LINE 5: THE SHRINERS HOSPITALS FOR CHILDREN TOOK INTO

ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY FOR ITS MOST RECENT

CHNA THROUGH SURVEYS AND FOCUS GROUPS.

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, 16j, 18e, 19e, 20e, 21c, 21d, 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 9 -- SHRINERS HOSPITAL FOR CHILDREN-L.A.

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2015 CHNA, SHRINERS

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

INCLUDES AFFILIATE AND COMMUNITY PROVIDERS IN COMMUNITY OUTREACH,

COMMUNITY INVOLVEMENT, AND COMMUNITY EDUCATION TO ADDRESS IDENTIFIED

HEALTH CARE NEEDS WITHIN EACH MARKET. HEALTH CARE NEEDS THAT ARE

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SERVICE OFFERINGS PROVIDED AT SHRINERS HOSPITALS FOR CHILDREN. SOME OF THE

NEEDS IDENTIFIED BUT NOT ADDRESSED ARE MENTAL HEALTH, DIABETES, ASTHMA,

AND DRUG & ALCOHOL ABUSE. THEREFORE, PATIENTS/FAMILIES PRESENTING WITH

HEALTH CARE NEEDS WHICH ARE OUTSIDE OF THE HOSPITAL SERVICE OFFERINGS

RECEIVE CARE COORDINATION AND ARE REFERRED TO THE APPROPRIATE

PROFESSIONALS WITHIN THE COMMUNITY FOR PROVISION OF THIS SERVICE.

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 10 -- SHRINERS HOSPITAL FOR CHILDREN-PHILADELP

PART V, SECTION B, LINE 5: THE SHRINERS HOSPITALS FOR CHILDREN TOOK INTO

ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY FOR ITS MOST RECENT

CHNA THROUGH SURVEYS AND FOCUS GROUPS.

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

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2015 CHNA, SHRINERS

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

INCLUDES AFFILIATE AND COMMUNITY PROVIDERS IN COMMUNITY OUTREACH,

COMMUNITY INVOLVEMENT, AND COMMUNITY EDUCATION TO ADDRESS IDENTIFIED

HEALTH CARE NEEDS WITHIN EACH MARKET. HEALTH CARE NEEDS THAT ARE

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SERVICE OFFERINGS PROVIDED AT SHRINERS HOSPITALS FOR CHILDREN. SOME OF THE

NEEDS IDENTIFIED BUT NOT ADDRESSED ARE MENTAL HEALTH, DIABETES, ASTHMA,

AND DRUG & ALCOHOL ABUSE. THEREFORE, PATIENTS/FAMILIES PRESENTING WITH

HEALTH CARE NEEDS WHICH ARE OUTSIDE OF THE HOSPITAL SERVICE OFFERINGS

RECEIVE CARE COORDINATION AND ARE REFERRED TO THE APPROPRIATE

PROFESSIONALS WITHIN THE COMMUNITY FOR PROVISION OF THIS SERVICE.

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 11 -- SHRINERS HOSPITAL FOR CHILDREN-PORTLAND

PART V, SECTION B, LINE 5: THE SHRINERS HOSPITALS FOR CHILDREN TOOK INTO

ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY FOR ITS MOST RECENT

CHNA THROUGH SURVEYS AND FOCUS GROUPS.

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

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2015 CHNA, SHRINERS

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

INCLUDES AFFILIATE AND COMMUNITY PROVIDERS IN COMMUNITY OUTREACH,

COMMUNITY INVOLVEMENT, AND COMMUNITY EDUCATION TO ADDRESS IDENTIFIED

HEALTH CARE NEEDS WITHIN EACH MARKET. HEALTH CARE NEEDS THAT ARE

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

IDENTIFIED BUT NOT ADDRESSED WITHIN ANY ACTION PLAN FALL OUTSIDE OF THE

SERVICE OFFERINGS PROVIDED AT SHRINERS HOSPITALS FOR CHILDREN. SOME OF THE

NEEDS IDENTIFIED BUT NOT ADDRESSED ARE MENTAL HEALTH, DIABETES, ASTHMA,

AND DRUG & ALCOHOL ABUSE. THEREFORE, PATIENTS/FAMILIES PRESENTING WITH

HEALTH CARE NEEDS WHICH ARE OUTSIDE OF THE HOSPITAL SERVICE OFFERINGS

RECEIVE CARE COORDINATION AND ARE REFERRED TO THE APPROPRIATE

PROFESSIONALS WITHIN THE COMMUNITY FOR PROVISION OF THIS SERVICE.

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 12 -- SHRINERS HOSPITAL FOR CHILDREN-SALT LAKE

PART V, SECTION B, LINE 5: THE SHRINERS HOSPITALS FOR CHILDREN TOOK INTO

ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY FOR ITS MOST RECENT

CHNA THROUGH SURVEYS AND FOCUS GROUPS,

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

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2015 CHNA, SHRINERS

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

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COMMUNITY INVOLVEMENT, AND COMMUNITY EDUCATION TO ADDRESS IDENTIFIED

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SERVICE OFFERINGS PROVIDED AT SHRINERS HOSPITALS FOR CHILDREN. SOME OF THE

NEEDS IDENTIFIED BUT NOT ADDRESSED ARE MENTAL HEALTH, DIABETES, ASTHMA

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, 16j, 18e, 19e, 20e, 21c, 21d, 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 DRUG & ALCOHOL ABUSE. THEREFORE, PATIENTS/FAMILIES PRESENTING WITH

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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.

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

PART V, SECTION B, LINE 5: THE SHRINERS HOSPITALS FOR CHILDREN TOOK INTO

ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY FOR ITS MOST RECENT

CHNA THROUGH SURVEYS AND FOCUS GROUPS.

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

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2015 CHNA, SHRINERS

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

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COMMUNITY INVOLVEMENT, AND COMMUNITY EDUCATION TO ADDRESS IDENTIFIED

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HEALTH CARE NEEDS WHICH ARE OUTSIDE OF THE HOSPITAL SERVICE OFFERINGS

RECEIVE CARE COORDINATION AND ARE REFERRED TO THE APPROPRIATE

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, 16j, 18e, 19e, 20e, 21c, 21d, 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.

PROFESSIONALS WITHIN THE COMMUNITY FOR PROVISION OF THIS SERVICE.

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 14 -- SHRINERS HOSPITAL FOR CHILDREN-SPOKANE

PART V, SECTION B, LINE 5: THE SHRINERS HOSPITALS FOR CHILDREN TOOK INTO

ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY FOR ITS MOST RECENT

CHNA THROUGH SURVEYS AND FOCUS GROUPS.

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

PART V, SECTION B, LINE 6B: SPOKANE REGIONAL HEALTH DISTRICT, BETTER

HEALTH TOGETHER, SCHOOL HEALTH CARE ASSOCIATION OF SPOKANE COUNTY,

COMMUNITY HEALTH ASSESSMENT BOARD, GREATER SPOKANE, INC., HEALTH INDUSTRY

DEVELOPMENT GROUP, WASHINGTON RURAL HEALTH ASSOCIATION

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

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2015 CHNA, SHRINERS

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

INCLUDES AFFILIATE AND COMMUNITY PROVIDERS IN COMMUNITY OUTREACH,

COMMUNITY INVOLVEMENT, AND COMMUNITY EDUCATION TO ADDRESS IDENTIFIED

HEALTH CARE NEEDS WITHIN EACH MARKET. HEALTH CARE NEEDS THAT ARE

IDENTIFIED BUT NOT ADDRESSED WITHIN ANY ACTION PLAN FALL OUTSIDE OF THE

SERVICE OFFERINGS PROVIDED AT SHRINERS HOSPITALS FOR CHILDREN. SOME OF THE

NEEDS IDENTIFIED BUT NOT ADDRESSED ARE MENTAL HEALTH, DIABETES, ASTHMA

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, 16j, 18e, 19e, 20e, 21c, 21d, 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 DRUG & ALCOHOL ABUSE. THEREFORE, PATIENTS/FAMILIES PRESENTING WITH

HEALTH CARE NEEDS WHICH ARE OUTSIDE OF THE HOSPITAL SERVICE OFFERINGS

RECEIVE CARE COORDINATION AND ARE REFERRED TO THE APPROPRIATE

PROFESSIONALS WITHIN THE COMMUNITY FOR PROVISION OF THIS SERVICE.

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 15 -- SHRINERS HOSPITAL FOR CHILDREN-ST. LOUIS

PART V, SECTION B, LINE 5: THE SHRINERS HOSPITALS FOR CHILDREN TOOK INTO

ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY FOR ITS MOST RECENT

CHNA THROUGH SURVEYS AND FOCUS GROUPS.

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

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2015 CHNA, SHRINERS

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

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PROFESSIONALS WITHIN THE COMMUNITY FOR PROVISION OF THIS SERVICE.

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

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 5: THE SHRINERS HOSPITALS FOR CHILDREN TOOK INTO

ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY FOR ITS MOST RECENT

CHNA THROUGH SURVEYS AND FOCUS GROUPS.

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

PART V, SECTION B, LINE 6B: DOH-HILLSBOROUGH, BAYCARE, FLORIDA HOSPITAL,

TAMPA GENERAL HOSPITAL, MOFFITT CANCER CENTER, TAMPA FAMILY HEALTH

CENTERS, SUNCOAST COMMUNITY HEALTH CENTERS

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

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2015 CHNA, SHRINERS

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

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HEALTH CARE NEEDS WHICH ARE OUTSIDE OF THE HOSPITAL SERVICE OFFERINGS

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PROFESSIONALS WITHIN THE COMMUNITY FOR PROVISION OF THIS SERVICE.

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 17 -- SHRINERS HOSPITAL FOR CHILDREN-TWIN CITY

PART V, SECTION B, LINE 5: THE SHRINERS HOSPITALS FOR CHILDREN TOOK INTO

ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY FOR ITS MOST RECENT

CHNA THROUGH SURVEYS AND FOCUS GROUPS,

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

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2015 CHNA, SHRINERS

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

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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 18 -- SHRINERS HOSPITAL FOR CHILDREN-N. CALI

PART V. SECTION B. LINE 5: THE SHRINERS HOSPITALS FOR CHILDREN TOOK INTO

ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY FOR ITS MOST RECENT

CHNA THROUGH SURVEYS AND FOCUS GROUPS.

GROUP A-FACILITY 18 -- SHRINERS HOSPITAL FOR CHILDREN-N. CALI

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2015 CHNA, SHRINERS

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

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RECEIVE CARE COORDINATION AND ARE REFERRED TO THE APPROPRIATE

PROFESSIONALS WITHIN THE COMMUNITY FOR PROVISION OF THIS SERVICE.

GROUP A-FACILITY 18 -- SHRINERS HOSPITAL FOR CHILDREN-N. CALI

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

Schedule H (Form 990) 2017 SHRINERS HOSPITALS FOR CHILDREN		36-2193608	Page 9
Part V   Facility Information (continued)			
Section D. Other Health Care Facilities That Are Not Licensed, Registered, or	Similarly Recognized as a Hosp	ital 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	
Name and address	Type of Facility (describe)		
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#### 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.).
- **6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:
IMI I, BIND SC.
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, LINE 3A, 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 2017.
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

732100 11-28-17

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

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

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

Open to Public

Inspection

OMB No. 1545-0047

▶ Go to www.irs.gov/Form990 for the latest information. Attach to Form 990.

PATIENTS NEEDS AT THE TWO Schedule I (Form 990) (2017) å **Employer identification number** SHRINERS HOSPITALS FOR 36-2193608 (h) Purpose of grant TO PROVIDE FUNDS FOR or assistance SPONSORSHIP GRANT Χ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any CHILDREN IN 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 noncash assistance N/A N/A (f) Method of valuation (book, FMV, appraisal, other) N/A 0. N/A Ö (e) Amount of assistance 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 19,518,208. 48,000, 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. SEE PART IV FOR COLUMN (H) DESCRIPTIONS 501(C)(3) 501(C)(3) SHRINERS HOSPITALS FOR CHILDREN Enter total number of other organizations listed in the line 1 table 04-2121377 54-1323281 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? RD, SUITE 500 - ROSEMONT, IL 60018 THE SHRINERS HOSPITAL FOR CHILDREN 1 (a) Name and address of organization PEDIATRIC ORTHOPAEDIC SOCIETY OF NORTH AMERICA - 9400 W. HIGGINS or government POST OFFICE BOX 31356 TAMPA, FL 33631-3356 Name of the organization Part I Part II

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Schedule I (Form 990) (2017) 732102 11-01-17

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FUNDS FOR PATIENTS NEEDS

AT THE TWO SHRINERS HOSPITALS FOR CHILDREN IN MASSACHUSETTS, WHICH

NAME OF ORGANIZATION OR GOVERNMENT: THE SHRINERS HOSPITAL FOR CHILDREN

COLUMN (H):

Η,

LINE

PART II,

Schedule I (Form 990)

# 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.

2017
Open to Public

Inspection

OMB No. 1545-0047

► Attach to Form 990.

Co to www.irs.gov/Form990 for instructions and the latest information.

Internal Revenue Service Name of the organization

Department of the Treasury

SHRINERS HOSPITALS FOR CHILDREN

Employer identification number

36-2193608

Pa	rt 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 on 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 X Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, 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	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	Х	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant   X   Compensation survey or study			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		х
	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.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on 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	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 (458.6/c)?	9		

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

Schedule J (Form 990) 2017

SHRINERS HOSPITALS FOR CHILDREN

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed. Schedule J (Form 990) 2017

For each individual whose compensation must be reported on 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 aren't 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 \	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) JOHN MCCABE	(i)	499,379.	0	18,000.	0	1,923.	519,302.	0
EXECUTIVE VICE PRESIDENT	€	0	0	0	0	0	0	0
(2) MICHAEL AIONA	(i)	674,971.	0.	17,500.	428,516.	5,865.	1,126,852.	0
CHIEF OF STAFF	∷	0	0	0	0	0	0	0
(3) JEFFREY ACKMAN	Ξ	513,665.	0	17,500.	1,354,893.	13,768.	1,899,826.	0
ORTHOPEDIC SURGEON, PROFESSOR	∷	0	0	0	0	0	0	0
(4) DAVID GREENHALGH	Ξ	445,317.	0	16,500.	1,207,787.	0	1,669,604.	0
CHIEF OF STAFF, BURNS	€	0	0	• 0	0	0	0	• 0
(5) SALMAN MASUD	Ξ	413,894.	0	16,500.	508,594.	6,218.	945,206.	0
ANESTHESIOLOGIST	€	0	0	0	0	0	0	0
(6) DOUGLAS BARNES	Ξ	649,790.	0	0	190,202.	6,335.	846,327.	0
CHIEF OF SURGERY	€	0	0	0	0	0	0	0
	(i)							
	(ii)							
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	(ii)							
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## **SCHEDULE M** (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

► Go to www.irs.gov/Form990 for the latest information.

SHRINERS HOSPITALS FOR CHILDREN

Employer identification number 36-2193608

Part	t I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 10	(d) Method of de noncash contribu		•	s
1 .	Art - Works of art				'			
	Art - Historical treasures							
	Art - Fractional interests							
	Books and publications							
	Clothing and household goods							
	Cars and other vehicles							
	Boats and planes							
	Intellectual property							
	Securities - Publicly traded	x	472	15 779 030	STOCK QUOTE			
	Securities - Closely held stock			20,772,000	, proof. Quota			
	Securities - Partnership, LLC, or							
	Securities - Miscellaneous							
	Qualified conservation contribution -							
	Qualified conservation contribution - Other							
	Real estate - Residential							
	Real estate - Commercial							
	Real estate - Other							
	Collectibles							
	Food inventory							
	Drugs and medical supplies							
	Taxidermy							
	Historical artifacts							
	Scientific specimens							
	Archeological artifacts  Other ▶ ( )							
	Other							
	Other ( )  Number of Forms 8283 received by the organiz	totion during	the tax year for a	ontributions				
	for which the organization completed Form 828						0	
	To which the organization completed form oze	55, i ait iv, L	Donee Acknowledg	Jennent <u>29  </u>			Yes	No
302	During the year, did the organization receive by	, contributio	n any property rep	orted in Part I lines 1 throu	ah 28 that it		163	140
	must hold for at least three years from the date				- ·			
	exempt purposes for the entire holding period?					30a		Х
	If "Yes," describe the arrangement in Part II.					30a		
	Does the organization have a gift acceptance p	oolicy that re	equires the review o	of any nonstandard contribu	ıtions?	31	Х	
	Does the organization hire or use third parties of				***************************************			
			_	· ·		32a		x
	If "Yes," describe in Part II.					02a		
	n 165, describe in Lattil.							
33	If the organization didn't report an amount in c	olumn (c) for	a type of property	for which column (a) is che	cked			

732141 09-07-17

LHA

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

Schedule M (Form 990) 2017

Part II	<b>Supplemental Information.</b> Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Schedule M (Form 990) 2017

732142 09-07-17

### **SCHEDULE 0**

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

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 REGARDLESS
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.SHRINERSHOSPITALSFORCHILDREN.ORG OR CALL 1-800-241-GIFT.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
OUR SPECIALIZED CARE EXTENDS BEYOND THE CONVENTIONAL WALLS OF THE
HOSPITAL. SHRINERS HOSPITALS FOR CHILDREN ALSO SEEKS TO DELIVER CARE TO
THOSE INTERNATIONALLY THROUGH OUR TELEHEALTH PROGRAM, WHICH ALLOWS
PATIENTS TO RECEIVE OUR WRAP-AROUND CARE VIA VIDEO CONFERENCING. WE
ALSO STRIVE TO HELP THOSE IN NEED - ESPECIALLY WHEN DISASTER STRIKES.
MOST RECENTLY, SHC SENT GO-TEAMS TO BOTH MEXICO CITY AND GUATEMALA IN
THE WAKE OF DISASTER TO HELP THOSE AFFECTED BY THE TRAGEDIES.
FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:

BRAZIL, BULGARIA, CANADA, CHINA

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

Schedule O (Form 990 or 990-EZ) (2017)

Name of the organization SHRINERS HOSPITALS FOR CHILDREN	Employer identification number 36-2193608
COLOMBIA, CROATIA, CYPRUS, CZECH REPUBLIC,	
DENMARK, ESTONIA, FRANCE, GREECE,	
HUNGARY, ISRAEL, JAPAN, LATVIA,	
LITHUANIA, MEXICO, PERU, POLAND,  SOUTH KOREA, NORTH KOREA, TURKEY, UNITED ARAB EMIRATES	
SOUTH ROKER, NORTH ROKER, TORKET, ONTIED ARAD EMIRATES	
FORM 990, PART VI, SECTION A, LINE 6:	
THE ORGANIZATION IS ORGANIZED AS A NONPROFIT CORPORATION WITH MEMBERS.	
MEMBERS HAVE THE RIGHT TO ELECT PERSONS BELONGING TO THE GOVERNING BODY,	
AND TO APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BODY. COMPENSATION IS	
NOT PROVIDED FOR BEING A MEMBER.	
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	
APPROVE 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	

Name of the organization SHRINERS HOSPITALS FOR CHILDREN	Employer identification number 36-2193608
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 990, PART VI, SECTION B, LINE 11B:	
A COMPLETE COPY OF FORM 990 IS REVIEWED BY THE AUDIT AND FINANCE COMMITTEE.	
SUBSEQUENTLY, A COMPLETE COPY OF FORM 990 IS PROVIDED TO THE FULL BOARD.	
MANAGEMENT REVIEWS THE FORM WITH THE BOARD PRIOR TO FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE ORGANIZATION HAS A WRITTEN CONFLICT OF INTEREST POLICY AND ALL MEMBERS	
ARE REQUIRED TO DISCLOSE ANY CONFLICTING INTERESTS OR STATE "NONE" ON THE	
ANNUAL CONFLICT OF INTEREST FORM. POTENTIAL CONFLICTS ARE DETERMINED BY	
THE BOARD OF DIRECTORS. THE PERSON(S) HAVING A POTENTIAL CONFLICT OF	
INTEREST ARE PROHIBITED FROM PARTICIPATING IN DELIBERATIONS/DECISIONS IN	
THE TRANSACTION.	
FORM 990, PART VI, SECTION B, LINE 15:	
A SALARY AND PERSONNEL COMMITTEE IS INVOLVED WITH ALL COMPENSATION AND	
APPROVES WAGES FOR MANAGEMENT AND COMPARES THESE SALARIES TO VARIOUS MARKET	
INDICATORS.	
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:	
AL,AK,AZ,AR,CA,CO,CT,DE,FL,GA,HI,ID,IL,IN,IA,KS,KY,LA,ME,MD,MA,MI,MN,MS,MO	
MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY	
BODW 000 DADE UT GEGETON G. LINE 10	

Name of the organization SHRINERS HOSPITALS FOR CHILDREN		Employer identification number 36-2193608
THE ORGANIZATION'S GOVERNING DOCUMENTS (INCLUDING ITS CONF	LICT OF INTEREST	
POLICY AND FINANCIAL STATEMENTS) ARE AVAILABLE ON THE ORGA	NIZATION'S	
WEBSITE AND TO THE PUBLIC UPON WRITTEN REQUEST.		
FORM 990, PART IX, LINE 11G, OTHER FEES:		
PUBLIC RELATIONS & OTHER:		
PROGRAM SERVICE EXPENSES	14,540,957.	
MANAGEMENT AND GENERAL EXPENSES	9,262,947.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES		
MEDICAL SERVICES:		
PROGRAM SERVICE EXPENSES	75,170,804.	
MANAGEMENT AND GENERAL EXPENSES	3,105,500.	
FUNDRAISING EXPENSES	7,454,858.	
TOTAL EXPENSES	85,731,162.	
AGENCY PERSONNEL SERVICES:		
PROGRAM SERVICE EXPENSES	2,203,712.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	2,203,712.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	111,738,778.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
CHANGE IN PENSION FUNDING OBLIGATION	-11,902,890.	
CHANGE IN PATIENT TRANSPORTATION FUNDS HELD BY SHRINE		
TEMPLES	4,013,311.	
732212		Schedule O (Form 990 or 990-FZ) (201

Name of the organization SHRINERS HOSPITALS FOR CHILDREN	Employer identification number 36-2193608
CHANGE IN CHARITABLE GIFT ANNUITY -3,714,268.	
OTHER CHANGES IN FUND BALANCE -455,852.	
INTERCOMPANY EQUITY 118,491,650.	_
TOTAL TO FORM 990, PART XI, LINE 9 106,431,951.	
FORM 990, PART XI, LINE 2C, AUDIT COMMITTEE OVERSIGHT PROCESS:	
THE ORGANIZATION HAS AN AUDIT AND FINANCE COMMITTEE RESPONSIBLE FOR	
OVERSIGHT OF THE FINANCIAL STATEMENT AUDIT AND SELECTION OF THE	
INDEPENDENT ACCOUNTANT. THE COMMITTEE MEETS THREE TIMES A YEAR AND	
COORDINATES THE AUDIT WITH THE INDEPENDENT AUDITORS. ANY FINANCIAL	_
CONCERN ENCOUNTERED IN THE SYSTEM IS ROUTED TO THIS COMMITTEE FOR	
REVIEW. ALL MEMBERS OF THE COMMITTEE HOLD A CPA LICENSE. THIS PROCESS	
HAS NOT CHANGED FROM PRIOR YEARS.	

# 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.

OMB No. 1545-0047

Open to Public Inspection

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

**Employer identification number** 36-2193608

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

SHRINERS HOSPITALS FOR CHILDREN

Name of the organization

Department of the Treasury Internal Revenue Service

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
PEDIATRIC ORTHOTIC AND PROSTHETIC SERVICES -					
NORTHWEST, LLC - 45-3940402, 3101 SW SAM					SHRINERS HOSPITALS FOR
JACKSON PARK RD, PORTLAND, OR 97239-3009	ORTHOPEDICS & PROSTHETICS	DELAWARE	1,934,210.	2,021,109. CHILDREN	CHILDREN
PEDIATRIC ORTHOTIC AND PROSTHETIC SERVICES -					
WEST, LLC - 27-2210763, 2425 STOCKTON BLVD,					SHRINERS HOSPITALS FOR
SACRAMENTO, CA 95817-2215	ORTHOPEDICS & PROSTHETICS	DELAWARE	1,815,884.	922,104. CHILDREN	CHILDREN
PEDIATRIC ORTHOTIC AND PROSTHETIC SERVICES -					
MIDWEST, LLC - 36-4790476, 2025 E RIVER					SHRINERS HOSPITALS FOR
PKWY, MINNEAPOLIS, MN 55414-3604	ORTHOPEDICS & PROSTHETICS	DELAWARE	1,160,861.	702,269. CHILDREN	CHILDREN
PEDIATRIC ORTHOTIC AND PROSTHETIC SERVICES -					
NORTHEAST, LLC - 61-1700888, 3551 N BROAD					SHRINERS HOSPITALS FOR
ST, PHILADELPHIA, PA 19140-4160	ORTHOPEDICS & PROSTHETICS	DELAWARE	921,295.	738,556. CHILDREN	CHILDREN
	14 31 - 4 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		. 70		

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

(e)	(g)	(6)	(P)	(e)	( <del>L</del> )	(0)	
				2	E	Section 512(b)(13)	b)(13)
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	controlled	() () () ()
of related organization		foreign country)	section	status (if section	entity	entity?	
				501(c)(3))		Yes	No
THE SHRINERS' HOSPITAL FOR CHILDREN -				<u> </u>	SHRINERS		
04-2121377, POST OFFICE BOX 31356, TAMPA, FL					HOSPITALS FOR		
33631-3356	HOSPITAL SYSTEM	MASSACHUSETTS	501(C)(3)	LINE 3	CHILDREN	X	
SHRINERS INTERNATIONAL - 36-2158164							
POST OFFICE BOX 31356	FOUNDED SHRINERS HOSPITALS						
TAMPA, FL 33631-3356	FOR CHILDREN	IOWA	501(C)(10)	N/A			×
SHRINERS HOSPITALS FOR CHILDREN EMPLOYEE				02	SHRINERS		
DISASTER RELIEF FUND - 26-3733381, 2900					HOSPITALS FOR		
ROCKY POINT DRIVE, TAMPA, FL 33607	DISASTER RELIEF	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7	CHILDREN	×	
SHRINERS HOSPITALS FOR CHILDREN (QUEBEC)				02	SHRINERS		
INC., 1529 CEDAR AVE, MONTREAL, QUEBEC,			501(C)(3)		HOSPITALS FOR		
CANADA H36 1A6	HOSPITAL SYSTEM	CANADA	EQUIVALENT	LINE 3	CHILDREN	X	
							!

SEE PART VII FOR CONTINUATIONS For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2017

SHRINERS HOSPITALS FOR CHILDREN

36-2193608

OR CHI	
<u>₩</u>	
SHRINERS HOSPITALS FOR ification of Disregarded Entit	
cdule R (Form 990) SHRINERS HOSPITALS FOR C	
Schedule R (Form 990)  Part I Continuation	
Schedule Part I	

(a)	(g)	(3)	(b)	(e)	(#)
Name, address, and EIN of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
PEDIATRIC ORTHOTIC AND PROSTHETIC SERVICES - SOUTHEAST, LLC - 45-2723185, 12502 USF PINE DR STE 100 TAMPA FL 33612-9411	ORTHOPEDICS & PROSTHETICS	DELAWARE	2 146 649	1 242 102	SHRINERS HOSPITALS FOR
RTHOTIC AND PROSTHETIC SERVICES - LC - 38-4018709, 1310 PUNAHOU ST, I 96826-1099	_	DELAWARE	43,733.		SHRINERS HOSPITALS FOR

36-2193608

Schedule R (Form 990)

SHRINERS HOSPITALS FOR CHILDREN

	emnt Organizations						
(a)	(q)	(၁)	(Đ	(e)	(f)	<u>.</u>	-
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling	Section 512(b)(13) controlled	2(b)(13) lled
of related organization		foreign country)	section	status (if section	entity	organiza	ation?
				((s)(a))		Yes	<mark>۷</mark>
SHRINERS HOSPITALS FOR CHILDREN, A CANADIAN					SHRINERS		
CORPORATION, 1529 CEDAR AVE, MONTREAL,			501(C)(3)		HOSPITALS FOR		
	HOSPITAL SYSTEM	CANADA	EQUIVALENT	LINE 3	CHILDREN	×	
SHRINERS HOSPITALS FOR CHILDREN, A MEXICAN					SHRINERS		
ASSOCIATION, MX AV. DEL IMAN NO. 257, MEXICO			501(C)(3)		HOSPITALS FOR		
CITY, MEXICO 04600	HOSPITAL SYSTEM	MEXICO	EQUIVALENT	LINE 3	CHILDREN	×	
SHRINERS INTERNATIONAL EDUCATION FOUNDATION							
- 81-3788196, POST OFFICE BOX 25251, TAMPA, E	EDUCATION AND LEADERSHIP				SHRINERS		
FL 33622	TRAINING	TEXAS	501(C)(3)	LINE 7	INTERNATIONAL		×
SHRINERS HOSPITALS FOR CHILDREN AMBULATORY					SHRINERS		
CLINIC AT HIC AC, BOSQUE DE DURAZNOS NO. 61			501(C)(3)		HOSPITALS FOR		
PISO 4, BOSQUE DE LAS LOMAS, MEXICO CITY,	HOSPITAL SYSTEM	MEXICO	EQUIVALENT	LINE 3	CHILDREN	×	
73222 04-01-17							
		<b>ν</b> α					

Part III

Page 2

Seneral or Percentage managing ownership 3 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. managing partner? Yes No 9 Code V-UBI amount in box 120 of Schedule -K-1 (Form 1065) Ξ Disproportionate Yes allocations? Ξ Share of end-of-year assets <u>6</u> Share of total income Ξ Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> (d)
I Direct controlling entity (c)
Legal
domicile
(state or
foreign
country) Primary activity <u>@</u> Name, address, and EIN of related organization <u>a</u>

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. Part IV

(a) (b)
Primary activity
•

Schedule R (Form 990) 2017

Page 3

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

<b>Note:</b> Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				-	Yes	ŝ
1 During the tax year, did the organization engage in any of the following transaction	is with one or more re	transactions with one or more related organizations listed in Parts II-IV?	n Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>			1a		×
<b>b</b> Gift, grant, or capital contribution to related organization(s)				1b	×	
c Gift, grant, or capital contribution from related organization(s)				10		×
<b>d</b> Loans or loan guarantees to or for related organization(s)				14	×	
				1e	×	
f Dividends from related organization(s)				#		×
g Sale of assets to related organization(s)				19		X
h Purchase of assets from related organization(s)				4		×
i Exchange of assets with related organization(s)				÷		×
j Lease of facilities, equipment, or other assets to related organization(s)				1j	×	
k Lease of facilities, equipment, or other assets from related organization(s)				<b>*</b>		×
I Performance of services or membership or fundraising solicitations for related organization(s)	ınization(s)			=		×
${f m}$ Performance of services or membership or fundraising solicitations by related organization(s)	inization(s)			1m		×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	ion(s)			<b>1</b>		×
o Sharing of paid employees with related organization(s)				10	×	
p Reimbursement paid to related organization(s) for expenses				1р	×	
<b>q</b> Reimbursement paid by related organization(s) for expenses				19	×	
r Other transfer of cash or property to related organization(s)				1		×
s Other transfer of cash or property from related organization(s)				18		X
2 If the answer to any of the above is "Yes," see the instructions for information on w	vho must complete th	is line, including covered r	mation on who must complete this line, including covered relationships and transaction thresholds.			
<b>(a)</b> Name of related organization	(b) Transaction type (a·s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved	/olved		
(1) THE SHRINERS' HOSPITAL FOR CHILDREN	В	19,518,208.	САЅН			
(2) THE SHRINERS' HOSPITAL FOR CHILDREN	0	0.	AMOUNT UNDETERMINABLE			
(3) SHRINERS HOSPITALS FOR CHILDREN, CAN	В	6,016,696.	саѕн			
(4) SHRINERS HOSPITALS FOR CHILDREN, MEX	В	18,926,044.	саѕн			
(5) THE SHRINERS' HOSPITAL FOR CHILDREN	н	3,659,431.	саѕн			
(6) SHRINERS HOSPITALS FOR CHILDREN, CAN	Q	87,649,052.	САЅН			
			Schedule R (Form 990) 2017	R (Form	(066	2017

SHRINERS HOSPITALS FOR CHILDREN

36-2193608

Schedule R (Form 990)

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 HOSPITALS FOR CHILDREN, MEX	D	1,381,466.0	CASH
(8) SHRINERS HOSPITALS FOR CHILDREN AMBULATORY CLINIC AT HIC AC	D	10,079,231. CASH	ASH
(6)			
(10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Schedule R (Form 990) 2017 SHRINERS HOSPITALS FOR CHILDREN

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) ercentage wnership					Schedule R (Form 990) 2017
al or P ging C					orm (
(j) Genera manag partne					R Ē
(h)					Schedule
(h) spropor- tionate ocations?					
io je je					
(g) Share of end-of-year assets					
(f) Share of total income					
(e) Are all partners sec. 501(c)(3) er orgs.?					
partri 501					
(d) Predominant income prelated, unrelated, excluded from tax undersections 512-514)					
(c) Legal domicile (state or foreign e					
(b) Primary activity					
(a) Name, address, and EIN of entity					

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