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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493190004255

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public
▶ Information about Form 990 and its instructions is at www.IRS.gov/form990

OMB No 1545-0047

2014

Open to Public Inspection

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

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

C Name of organization
SHRINERS HOSPITALS FOR CHILDREN

Doing business as

Number and street (or P O box if mail is not delivered to street address) | Room/suite
POST OFFICE BOX 31356

City or town, state or province, country, and ZIP or foreign postal code
TAMPA, FL 336313356

D Employer identification number
36-2193608

E Telephone number
(813) 281-0300

G Gross receipts $ 4,387,422,740

F Name and address of principal officer
DOUGLAS MAXWELL
2900 ROCKY POINT DRIVE
TAMPA,FL 33607

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ HTTP //WWW SHRINERSHQ ORG/

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1925

M State of legal domicile CO

Part I Summary

1 Briefly describe the organization's mission or most significant activities
WE PROVIDE PEDIATRIC SPECIALTY CARE WITHOUT FINANCIAL OBLIGATION TO PATIENTS OR THEIR FAMILIES

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	20
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	16
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	**5**	5,373
6	Total number of volunteers (estimate if necessary)	**6**	5,000
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	210,375,005	266,294,915
9	Program service revenue (Part VIII, line 2g)	133,601,431	123,099,846
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	533,553,889	527,630,087
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	48,018,396	29,419,483
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	925,548,721	946,444,331
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	46,000	46,000
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	351,498,680	347,324,927
16a	Professional fundraising fees (Part IX, column (A), line 11e)	6,549,429	4,471,500
b	Total fundraising expenses (Part IX, column (D), line 25) ▶31,658,253		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	290,528,128	310,796,148
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	648,622,237	662,638,575
19	Revenue less expenses Subtract line 18 from line 12	276,926,484	283,805,756

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	8,971,718,639	8,952,599,841
21	Total liabilities (Part X, line 26)	855,319,197	969,986,179
22	Net assets or fund balances Subtract line 21 from line 20	8,116,399,442	7,982,613,662

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

****** | 2015-07-09
Signature of officer | Date

DOUGLAS MAXWELL PRESIDENT
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
NATHAN SMITH	NATHAN SMITH			P00543757

Firm's name ▶ CBIZ MHM LLC | Firm's EIN ▶ 27-3605969

Firm's address ▶ 13577 FEATHER SOUND DRIVE 400
CLEARWATER, FL 33762 | Phone no (727) 572-1400

May the IRS discuss this return with the preparer shown above? (see instructions) ☑ Yes ☐ No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

SEE SCHEDULE OSHRINERS HOSPITALS FOR CHILDREN OFFERS "CHARITY CARE" THROUGH AN INTERNATIONAL NETWORK OF PEDIATRIC HOSPITALS DEDICATED TO PROVIDING EXCELLENT PATIENT CARE, RESEARCH, AND EDUCATION FOR ORTHOPAEDIC CONDITIONS, BURNS, SPINAL CORD INJURIES AND CLEFT LIP AND PALATE OUR SPECIALIZED MEDICAL CARE, BACKED BY THE SKILLS AND KNOWLEDGE OF THE STAFF IN 18 HOSPITALS, DELIVERS EXPERT, FAMILY-FOCUSED CARE REAGRDLESS OF THE FAMILY'S ABILITY TO PAY AS A 501(C)3 NON-PROFIT ORGANIZATION, SHRINERS HOSPITALS RELIES ON THE GENEROUS DONATIONS OF SHRINERS AND THE GENERAL PUBLIC TO CARRY OUT OUR MISSION AND CHANGE THE LIVES OF CHILDREN EVERY DAY FOR MORE INFORMATION ABOUT SUPPORTING SHRINERS HOSPITALS, PLEASE VISIT WWW SHRINERSHQ ORG OR CALL 1-800-241-GIFT

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 91,867,527 including grants of $) (Revenue $ 22,490,466)

TREATMENT OF PEDIATRIC BURN VICTIMS ADMISSIONS 1,128 OUTPATIENT CLINIC VISITS 23,245 AT 2 BURNS HOSPITALS AND ONE HOSPITAL THAT SPECIALIZES IN BOTH BURNS AND ORTHOPAEDIC SERVICES OUTPATIENT CLINIC SURGERIES 2,273 EVERY YEAR THOUSANDS OF CHILDREN HAVE A GREATER CHANCE OF SURVIVING FROM ALL TYPES OF BURN INJURIES, DUE TO SHC'S SPECIALIZED BURN CARE, WHICH PROVIDES CRITICAL, SURGICAL, AND REHABILITATIVE CARE TO CHILDREN WITH VARYING DEGREES OF NEW AND HEALED BURNS

4b (Code) (Expenses $ 410,962,361 including grants of $ 46,000) (Revenue $ 100,609,380)

TREATMENT OF ORTHOPAEDIC PATIENTS ADMISSIONS 5,366 OUTPATIENT CLINIC VISITS 163,959 AT 16 ORTHOPAEDIC HOSPITALS AND ONE HOSPITAL THAT SPECIALIZES IN BOTH ORTHOPAEDIC AND BURNS SERVICES OUTPATIENT CLINIC SURGERIES 9,151 SHC IS DEDICATED TO PROVIDING MEDICAL AND REHABILITATIVE SERVICES TO CHILDREN WITH CONGENITAL DEFORMITIES AND CONDITIONS, PROBLEMS RESULTING FROM ORTHOPEDIC INJURIES AND DISEASES OF THE NEUROMUSCULOSKELETAL SYSTEM COMMONLY TREATED CONDITIONS INCLUDE CLUBFOOT, HAND DISORDERS, LIMB DEFICIENCIES, HIP DISORDERS, SCOLIOSIS, OSTEOGENESIS PERFECTA, JUVENILE ARTHRITIS AND CEREBRAL PALSY AND SPINA BIFIDA ALL CARE IS PROVIDED REGARDLESS OF A PATIENT'S OR FAMILY'S ABILITY TO PAY

4c (Code) (Expenses $ 23,545,977 including grants of $) (Revenue $)

MEDICAL RESEARCH IS CONDUCTED AND PROVIDES A STRONG, POSITIVE IMPACT ON THE CARE AND CURE OF CHILDREN WITH ORTHOPAEDIC PROBLEMS, BURN AND SPINAL CORD INJURIES 127 RESEARCH PROJECTS WERE FUNDED, AND 28 RESEARCH FELLOWSHIPS WERE PROVIDED SHRINERS HOSPITALS FOR CHILDREN IS COMMITTED TO THE SUSTAINED INVESTMENT IN CLINICALLY USEFUL RESEARCH SO THAT FUNDAMENTAL KNOWLEDGE CAN BE ACQUIRED, IMPROVING THE QUALITY OF LIFE FOR CHILDREN WITH ORTHOPAEDIC PROBLEMS, BURN AND SPINAL CORD INJURIES

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ 526,375,865

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**	Yes	
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**	Yes	
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	**34**	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	**35a**		No
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	1a	933		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	5,373			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			3a		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			4a	Yes	
b	If "Yes," enter the name of the foreign country ▶ AS , AU , BE , BR , CA , DA , FI , FR , GM , HK , ID , IT , JA , KS , MX , NL , NO , PL , SN , SF , SP , SW , SZ , TH , UK , PO See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .			6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c	Yes	
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 contract?			7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?			8		
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			9b		
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b				
c	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			14b		

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	**1a**	20		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	16		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	**2**			No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	**3**			No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	**4**			No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	**5**			No
6	Did the organization have members or stockholders?	**6**		Yes	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	**7a**		Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	**7b**		Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?	**8a**		Yes	
b	Each committee with authority to act on behalf of the governing body?	**8b**		Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	**9**			No

Section B. Policies (*This Section B requests information about policies not required by the Internal Revenue Code.*)

				Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	**10a**			No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**		Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**		Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**		Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**		Yes	
13	Did the organization have a written whistleblower policy?	**13**		Yes	
14	Did the organization have a written document retention and destruction policy?	**14**		Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
a	The organization's CEO, Executive Director, or top management official	**15a**		Yes	
b	Other officers or key employees of the organization	**15b**		Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	**16a**			No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	**16b**			

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ 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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply

☐ Own website ☑ Another's website ☑ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records ▶ SHARON RUSSELL

2900 ROCKY POINT DRIVE
TAMPA, FL 33607 (813) 281-0300

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

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			

1b	**Sub-Total** . . . . . ▶			
c	**Total from continuation sheets to Part VII, Section A** . . . . ▶			
d	**Total (add lines 1b and 1c)** . . . . . ▶	2,181,664	247,905	2,692,882

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 ▶462

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
S M WILSON AND CO 2185 HAMPTON AVE ST LOUIS, MO 63139	CONSTRUCTION SERVICES	21,811,617
BARTON COTTON HOLDINGS 3030 WATERVIEW AVE BALTIMORE, MD 21230	FUNDRAISING AND MARKETING SERVICES	13,078,624
UTMB AT GALVESTON 301 UNIVERSITY BLVD GALVESTON, TX 77550	MEDICAL SERVICES	9,194,198
EDGE DIRECT LLC PO BOX 35672 TULSA, OK 74153	FUNDRAISING AND MARKETING SERVICES	8,170,749
JJ HEALTHCARE SYSTEMS 425 HOES LANE PISCATAWAY TOWNSHIP, NJ 08854	MEDICAL SUPPLIES	6,924,785

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶390

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b	1,275,671			
	c	Fundraising events	1c	19,363,318			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	31,403,078			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	214,252,848			
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f		266,294,915			
Program Service Revenue			Business Code				
	2a	PATIENT SERVICE	621110	123,099,846	123,099,846		
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		123,099,846			
	3	Investment income (including dividends, interest, and other similar amounts)		195,155,160			195,155,160
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		82,860			82,860
			(i) Real / (ii) Personal				
	6a	Gross rents	15,234,759 /				
	b	Less rental expenses	0 /				
	c	Rental income or (loss)	15,234,759 /				
	d	Net rental income or (loss)		15,234,759			15,234,759
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	3,772,881,775 /				
	b	Less cost or other basis and sales expenses	3,437,383,656 / 3,023,192				
	c	Gain or (loss)	335,498,119 / -3,023,192				
	d	Net gain or (loss)		332,474,927			332,474,927
Other Revenue	8a	Gross income from fundraising events (not including $ 19,363,318 of contributions reported on line 1c) See Part IV, line 18	a 11,889,939				
	b	Less direct expenses	b 571,561				
	c	Net income or (loss) from fundraising events		11,318,378			11,318,378
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a	OTHER INCOME	900099	2,783,486			2,783,486
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d		2,783,486			
	12	**Total revenue.** See Instructions		946,444,331	123,099,846	0	557,049,570

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	46,000	46,000		
2 Grants and other assistance to domestic individuals See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	393,862	338,721	55,141	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	270,190,451	240,807,788	27,657,985	1,724,678
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	23,212,548	21,321,154	1,891,394	
9 Other employee benefits	35,359,097	31,345,046	4,014,051	
10 Payroll taxes	18,168,969	16,202,942	1,966,027	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17	4,471,500			4,471,500
f Investment management fees	14,221,333		14,221,333	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	81,514,807	59,523,847	19,116,458	2,874,502
12 Advertising and promotion	14,489,951	5,317,140	218,652	8,954,159
13 Office expenses	19,627,478	6,955,650	12,602,570	69,258
14 Information technology	6,034,796	289,255	5,744,006	1,535
15 Royalties				
16 Occupancy	20,059,311	16,113,072	3,946,239	
17 Travel	7,138,386	4,171,161	2,394,796	572,429
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	573,919	235,875	316,954	21,090
20 Interest	211,380		211,380	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	44,766,528	37,409,086	7,357,442	
23 Insurance	4,037,584	3,520,093	517,491	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a MEDICAL SUPPLIES	74,265,088	74,144,181	120,131	776
b PGA EVENT EXPENSES	10,709,637			10,709,637
c PATIENT COSTS	2,943,018	2,112,081	830,937	
d DUES AND REGISTRATIONS	2,129,924	1,866,023	249,780	14,121
e All other expenses	8,073,008	4,656,750	1,171,690	2,244,568
25 **Total functional expenses.** Add lines 1 through 24e	662,638,575	526,375,865	104,604,457	31,658,253
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		10,708,836	2	6,362,805
	3	Pledges and grants receivable, net		32,381,302	3	43,175,411
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		18,050,435	8	16,372,801
	9	Prepaid expenses and deferred charges		10,361,996	9	9,825,475
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 1,232,185,242			
	b	Less accumulated depreciation	10b 618,087,011	610,291,578	10c	614,098,231
	11	Investments—publicly traded securities		6,520,990,621	11	6,428,157,840
	12	Investments—other securities See Part IV, line 11			12	
	13	Investments—program-related See Part IV, line 11		257,723,656	13	288,897,840
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		1,511,210,215	15	1,545,709,438
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		8,971,718,639	16	8,952,599,841
Liabilities	17	Accounts payable and accrued expenses		197,332,431	17	285,557,421
	18	Grants payable			18	
	19	Deferred revenue		12,126,811	19	12,798,769
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		36,981,955	21	38,381,142
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties		0	24	10,000,000
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		608,878,000	25	623,248,847
	26	**Total liabilities.** Add lines 17 through 25		855,319,197	26	969,986,179
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		6,726,358,349	27	6,588,673,776
	28	Temporarily restricted net assets		309,908,402	28	296,919,343
	29	Permanently restricted net assets		1,080,132,691	29	1,097,020,543
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		8,116,399,442	33	7,982,613,662
	34	Total liabilities and net assets/fund balances		8,971,718,639	34	8,952,599,841

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	946,444,331
2	Total expenses (must equal Part IX, column (A), line 25)	2	662,638,575
3	Revenue less expenses Subtract line 2 from line 1	3	283,805,756
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,116,399,442
5	Net unrealized gains (losses) on investments	5	-266,836,026
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-150,755,510
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	7,982,613,662

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

Additional Data

Software ID:
Software Version:
EIN: 36-2193608
Name: SHRINERS HOSPITALS FOR CHILDREN

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JACK JONES DIRECTOR	5 00	X						0	176,655	1,440
(1) DOUGLAS MAXWELL PRESIDENT, TRUSTEE	35 00	X		X				18,000	0	0
(2) JOHN CINOTTO DIRECTOR	5 00	X						0	23,750	0
(3) DALE STAUSS CHAIRMAN	5 00	X		X				0	47,500	0
(4) JERRY GANTT FIRST V P	5 00	X		X				0	0	0
(5) CHRIS SMITH SECOND V P	5 00	X		X				0	0	0
(6) GARY BERGENSKE SECRETARY	5 00	X		X				0	0	0
(7) JIM CAIN ASSISTANT SECRETARY	5 00	X		X				0	0	0
(8) JEFFREY SOWDER DIRECTOR	5 00	X						0	0	0
(9) WAYNE LACHUT DIRECTOR	5 00	X						0	0	0
(10) JAMES SMITH DIRECTOR	5 00	X						0	0	0
(11) RAOUL L FREVAL TRUSTEE	5 00	X						0	0	0
(12) BOBBY SIMMONS TRUSTEE	5 00	X						0	0	0
(13) ANTHONY WEST TRUSTEE	5 00	X						0	0	0
(14) JAMES MCCONNELL TREASURER	5 00	X		X				0	0	0
(15) JOSEPH SAVAGLIO DIRECTOR	5 00	X						0	0	0
(16) SKIP STANAWAY DIRECTOR	5 00	X						0	0	0
(17) WILLIAM BAILEY DIRECTOR	5 00	X						0	0	0
(18) KENNETH CRAVEN DIRECTOR	5 00	X						0	0	0
(19) JAMES DOEL TRUSTEE	5 00	X						0	0	0
(20) JOHN MCCABE EXECUTIVE VICE PRESIDENT	40 00				X			374,019	0	1,843
(21) KEVIN YAKUBOFF GENERAL SURGEON	32 00					X		296,911	0	288,662
(22) PAUL CASKEY CHIEF OF STAFF	40 00					X		487,715	0	1,012,020
(23) MARGARET RICH ASST COS - ORTHO	28 00					X		333,740	0	609,779
(24) LAWRENCE JACOBSON CHIEF ANESTHESIOLOGIST	40 00					X		374,687	0	381,988

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(26) STEPHEN SANTORA ..... ORTHOPEDIC SURGEON	40 00					X		296,592	0	397,150

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493190004255

SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SHRINERS HOSPITALS FOR CHILDREN

Employer identification number
36-2193608

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11 **Total support** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) **12**

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶☐

Section C. Computation of Public Support Percentage

14	Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	**14**
15	Public support percentage for 2013 Schedule A, Part II, line 14	**15**

16a **33 1/3% support test—2014.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support test—2013.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2014.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2013.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶☐

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 **Total support.** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2013 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2014** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2013** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2014.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

b **33 1/3% support tests—2013.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶☐

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**

- **a** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions)

			Yes	No
2	Activities Test **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in* ***Part VI identify those supported organizations and explain*** *how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in* ***Part VI*** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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

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

Section A - Adjusted Net Income

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

Section B - Minimum Asset Amount

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

Section C - Distributable Amount

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

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

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

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

Facts And Circumstances Test

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493190004255

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SHRINERS HOSPITALS FOR CHILDREN

Employer identification number
36-2193608

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area
☐ Protection of natural habitat ☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenue included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
c	Beginning balance	1c
d	Additions during the year	1d
e	Distributions during the year	1e
f	Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☑ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII . . . . . ☑

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

		(a) Current year	(b) Prior year	b (c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance	7,305,707,433	6,725,272,450	6,340,401,648	6,598,994,424	6,299,536,273
b	Contributions					
c	Net investment earnings, gains, and losses	263,100,355	968,695,800	830,356,472	3,569,133	696,982,199
d	Grants or scholarships					
e	Other expenditures for facilities and programs	323,489,628	388,260,817	445,485,670	262,161,909	397,524,048
f	Administrative expenses					
g	End of year balance	7,245,318,162	7,305,707,433	6,725,272,450	6,340,401,648	6,598,994,424

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a Board designated or quasi-endowment ▶ 80 760 %
- b Permanent endowment ▶ 15 140 %
- c Temporarily restricted endowment ▶ 4 100 %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		28,638,234		28,638,234
b Buildings		800,065,942	366,957,160	433,108,782
c Leasehold improvements		10,651,244	8,632,901	2,018,343
d Equipment		314,668,929	242,496,950	72,171,979
e Other		78,160,893		78,160,893
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				614,098,231

Part VII **Investments—Other Securities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 12)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1) BENEFICIAL INTERESTS IN TRUSTS	543,919,635
(2) ESTATES IN PROCESS	259,166,846
(3) PATIENT TRANSPORTATION FUNDS	57,353,253
(4) COLLATERAL CASH AND SECURITIES	623,164,849
(5) RECEIVABLES FROM INCOME TRUSTS	1,946,465
(6) RELATED PARTY RECEIVABLES	60,158,390
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	1,545,709,438

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

1 (a) Description of liability	(b) Book value
Federal income taxes	
LIABILITY UNDER SEC LENDING	623,164,849
SUSPENSE ACCOUNTS	83,998
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	623,248,847

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	663,357,144
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains (losses) on investments	2a	-266,836,025		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines **2a** through **2d**			2e	-266,836,025
3	Subtract line **2e** from line **1**			3	930,193,169
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	16,251,162		
c	Add lines **4a** and **4b**			4c	16,251,162
5	Total revenue Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12)			5	946,444,331

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	646,659,911
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d	571,561		
e	Add lines **2a** through **2d**			2e	571,561
3	Subtract line **2e** from line **1**			3	646,088,350
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	16,550,225		
c	Add lines **4a** and **4b**			4c	16,550,225
5	Total expenses Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18)			5	662,638,575

Part XIII Supplemental Information

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Return Reference	Explanation
PART IV, LINE 2B	THE AMOUNT INCLUDED ON FORM 990, PART X, LINE 21 CONSISTS OF ANNUITY LIABILITIES ASSOCIATED WITH CHARITABLE REMAINDER TRUSTS HELD BY SHRINERS HOSPITALS FOR CHILDREN, WHICH ARE DETERMINED BASED ON PRESENT VALUE OF THE ESTIMATED FUTURE PAYMENTS TO BE PAID TO THE DESIGNATED BENEFICIARIES DEFERRED INCOME IS RECOGNIZED ON GIFTS TO SHRINERS HOSPITALS FOR CHILDREN POOLED INCOME FUNDS WHICH REPRESENT THE DISCOUNTED VALUE OF THE ASSETS FOR THE ESTIMATED TIME PERIOD UNTIL THE DONOR'S DEATH
PART V, LINE 4	THE ENDOWMENT FUNDS (INCLUDING UNRESTRICTED FUND BALANCES) ARE THE PRIMARY SOURCE OF SUPPORT FROM WHICH SHRINERS HOSPITALS FOR CHILDREN PERFORMS ITS PROGRAM SERVICES TO ACHIEVE ITS PRIMARY EXEMPT PURPOSE
PART XI, LINE 4B - OTHER ADJUSTMENTS	SPECIAL EVENTS EXPENSES RECLASSIFIED FROM EXPENSES -571,561 OTHER CHANGES 272,498 RECLASSIFIED INVESTMENT EXPENSES 13,830,225 RECLASSIFIED MISCELLANEOUS EXPENSES 2,720,000
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENTS EXPENSES RECLASSIFIED TO NET WITH REVENUES 571,561
PART XII, LINE 4B - OTHER ADJUSTMENTS	RECLASSIFIED INVESTMENT EXPENSES 13,830,225 RECLASSIFIED MISCELLANEOUS EXPENSES 2,720,000
FORM 990, PART XI, LINE 9	CHANGE IN MINIMUM PENSION LIABILITY (100,698,085) TRANSFERS SHRINERS HOSPITALS FOR CHILDREN, A MASSACHUSETTS CORPORATION = (25,592,194) SHRINERS HOSPITALS FOR CHILDREN, A CANADIAN CORPORATION = (13,220,664) SHRINERS HOSPITALS FOR CHILDREN, A MEXICAN CORPORATION = (14,337,787) SHRINERS HOSPITALS FOR CHILDREN, A COLORADO CORPORATION = (2,854,065) SUBTOTAL TRANSFERS (56,004,710) CHANGE IN PATIENT TRANSPORTATION FUNDS HELD BY SHRINE TEMPLES 2,486,681 PGA NET ASSETS 5,286,352 OTHER CHANGE IN FUND BALANCE (1,825,748) TOTAL (150,755,510)

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493190004255

SCHEDULE F (Form 990)

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

▶ Attach to Form 990.

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SHRINERS HOSPITALS FOR CHILDREN

Employer identification number
36-2193608

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

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

2 **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 Activites per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e g , fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) MEXICO	1	327	FUNDING TO HOSPITAL SHRINERS PARA NINOS, A RELATED NONPROFIT ORGANIZATION ,LISTTOTAL 15499000		16,169,000
(2) CANADA	1	259	FUNDING TO SHRINERS HOSPITALS FOR CHILDREN, A RELATED NONPROFIT ORGANIZATION ,LISTTOTAL 23961000		21,876,000
(3)					
(4)					
(5)					
3a Sub-total	2	586			38,045,000
b Total from continuation sheets to Part I	0	0			0
c **Totals** (add lines 3a and 3b)	2	586			38,045,000

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to 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.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									

2 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 . . . . ▶ _____

3 Enter total number of other organizations or entities . . . . . ▶

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

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	☑ No
2	Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)*	☐ Yes	☑ 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	☑ 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	☑ 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	☑ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)*	☐ Yes	☑ No

Part V **Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

990 Schedule F, Supplemental Information

Return Reference	Explanation
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

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493190004255

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SHRINERS HOSPITALS FOR CHILDREN

Employer identification number
36-2193608

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

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

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

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

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

	(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	No	**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col **(i)**	**(vi)** Amount paid to (or retained by) organization
1	EDGE DIRECT 3030 WATERVIEW AVE BALTIMORE, MD 21230	DIRECT MAIL SOLICITATION		No	14,609,642	3,755,500	10,854,142
2	EDGE DIRECT 3030 WATERVIEW AVE BALTIMORE, MD 21230	TELEVISION ADVERTISEMENT		No	2,747,170	716,000	2,452,327
3							
4							
5							
6							
7							
8							
9							
10							
Total . . . . . ▶					17,356,812	4,471,500	13,306,469

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

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

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

		(a) Event #1 PAPER CRUSADE (event type)	(b) Event #2 FOOTBALL GAME (event type)	(c) Other events 31 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	9,846,231	5,703,106	15,703,920	31,253,257
	2 Less Contributions	6,100,347	3,533,426	9,729,545	19,363,318
	3 Gross income (line 1 minus line 2)	3,745,884	2,169,680	5,974,375	11,889,939
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	180,068	104,299	287,194	571,561
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(571,561)
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				11,318,378

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

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

13 Indicate the percentage of gaming activities conducted in

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

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

Name ▶ .....

Address ▶ .....

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

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

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

Name ▶ .....

Address ▶ .....

16 Gaming manager information

Name ▶ .....

Gaming manager compensation ▶ $ .....

Description of services provided ▶ .....

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions

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

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

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

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493190004255

SCHEDULE H (Form 990)

Department of the Treasury
Internal Revenue Service

Hospitals

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at *www.irs.gov/form990*.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SHRINERS HOSPITALS FOR CHILDREN

Employer identification number
36-2193608

Part I Financial Assistance and Certain Other Community Benefits at Cost

			Yes	No
1a	Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	Yes	
b	If "Yes," was it a written policy?	1b	Yes	
2	If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year			
	☑ Applied uniformly to all hospital facilities ☐ Applied uniformly to most hospital facilities ☐ Generally tailored to individual hospital facilities			
3	Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year			
a	Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing *free* care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for *free* care	3a	Yes	
	☐ 100% ☐ 150% ☐ 200% ☑ Other 30000 0000000000 %			
b	Did the organization use FPG as a factor in determining eligibility for providing *discounted* care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care	3b	Yes	
	☐ 200% ☐ 250% ☐ 300% ☐ 350% ☑ 400% ☐ Other _____ %			
c	If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care			
4	Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	Yes	
5a	Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	Yes	
b	If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		No
c	If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligibile for free or discounted care?	5c		
6a	Did the organization prepare a community benefit report during the tax year?	6a	Yes	
b	If "Yes," did the organization make it available to the public?	6b	Yes	
	Complete the following table using the worksheets provided in the Schedule H instructions Do not submit these worksheets with the Schedule H			

7 Financial Assistance and Certain Other Community Benefits at Cost

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			502,829,888	123,099,846	379,730,042	57 310 %
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d **Total** Financial Assistance and Means-Tested Government Programs			502,829,888	123,099,846	379,730,042	57 310 %
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			23,545,977		23,545,977	3 550 %
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j **Total.** Other Benefits			23,545,977		23,545,977	3 550 %
k **Total.** Add lines 7d and 7j			526,375,865	123,099,846	403,276,019	60 860 %

Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expense	(d) Direct offsetting revenue	(e) Net community building expense	(f) Percent of total expense
1 Physical improvements and housing						
2 Economic development						
3 Community support						
4 Environmental improvements						
5 Leadership development and training for community members						
6 Coalition building						
7 Community health improvement advocacy						
8 Workforce development						
9 Other						
10 **Total**						

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

			Yes	No
1	Did the organization report bad debt expense in accordance with Heathcare Financial Management Association Statement No 15?	1		No
2	Enter the amount of the organization's bad debt expense Explain in Part VI the methodology used by the organization to estimate this amount	2		
3	Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization's financial assistance policy Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit	3		
4	Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements			

Section B. Medicare

5	Enter total revenue received from Medicare (including DSH and IME)	5		
6	Enter Medicare allowable costs of care relating to payments on line 5	6		
7	Subtract line 6 from line 5 This is the surplus (or shortfall)	7		
8	Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6 Check the box that describes the method used			

☐ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a	Did the organization have a written debt collection policy during the tax year?	9a		No
b	If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI	9b		

Part IV Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians—see instructions)

	(a) Name of entity	(b) Description of primary activity of entity	(c) Organization's profit % or stock ownership %	(d) Officers, directors, trustees, or key employees' profit % or stock ownership %	(e) Physicians' profit % or stock ownership %
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					

Part V Facility Information

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
18

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
See Additional Data Table										

Part V Facility Information *(continued)*

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):

			Yes	No
Community 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		No
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		No
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	Yes	
	If "Yes," indicate what the CHNA report describes (check all that apply)			
a	☑ A definition of the community served by the hospital facility			
b	☑ Demographics of the community			
c	☑ Existing health care facilities and resources within the community that are available to respond to the health needs of the community			
d	☑ How data was obtained			
e	☑ The significant health needs of the community			
f	☑ Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups			
g	☑ The process for identifying and prioritizing community health needs and services to meet the community health needs			
h	☑ The process for consulting with persons representing the community's interests			
i	☐ Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	☐ Other (describe in Section C)			
4	Indicate the tax year the hospital facility last conducted a CHNA 20 12			
5	In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	Yes	
6a	Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	Yes	
b	Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?" If "Yes," list the other organizations in Section C	6b		No
7	Did the hospital facility make its CHNA report widely available to the public?	7	Yes	
	If "Yes," indicate how the CHNA report was made widely available (check all that apply)			
a	☑ Hospital facility's website (list url) HTTP //WWW SHRINERSHOSPITALFORCHILDREN ORG			
b	☐ Other website (list url)			
c	☑ Made a paper copy available for public inspection without charge at the hospital facility			
d	☐ 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		No
9	Indicate the tax year the hospital facility last adopted an implementation strategy 20 ___			
10	Is the hospital facility's most recently adopted implementation strategy posted on a website?	10		
a	If "Yes" (list url)			
b	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	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		No
b	If "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)*

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

			Yes	No
Financial Assistance Policy (FAP)				
	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	Yes	
	If "Yes," indicate the eligibility criteria explained in the FAP			
a	☑ Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 300 000000000000% and FPG family income limit for eligibility for discounted care of 400 000000000000%			
b	☐ Income level other than FPG (describe in Section C)			
c	☐ Asset level			
d	☐ Medical indigency			
e	☐ Insurance status			
f	☐ Underinsurance discount			
g	☐ Residency			
h	☑ Other (describe in Section C)			
14	Explained the basis for calculating amounts charged to patients?	14	Yes	
15	Explained the method for applying for financial assistance?	15	Yes	
	If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply)			
a	☐ Described the information the hospital facility may require an individual to provide as part of his or her application			
b	☐ Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application			
c	☐ Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process			
d	☐ Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications			
e	☑ Other (describe in Section C)			
16	Included measures to publicize the policy within the community served by the hospital facility?	16		No
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply)			
a	☐ The FAP was widely available on a website (list url)			
b	☐ The FAP application form was widely available on a website (list url)			
c	☐ A plain language summary of the FAP was widely available on a website (list url)			
d	☐ The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e	☐ The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)			
f	☐ A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
g	☐ Notice of availability of the FAP was conspicuously displayed throughout the hospital facility			
h	☐ Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i	☐ Other (describe in Section C)			
Billing and Collections				
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	17		No
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
e	☐ None of these actions or other similar actions were permitted			

Part V Facility Information *(continued)*

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

			Yes	No
19	Did the hospital facility or other authorized third party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		No
	If "Yes," check all actions in which the hospital facility or a third party engaged			
a	☐ Reporting to credit agency(ies)			
b	☐ Selling an individual's debt to another party			
c	☐ Actions that require a legal or judicial process			
d	☐ Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 18 (check all that apply)			
a	☐ Notified individuals of the financial assistance policy on admission			
b	☐ Notified individuals of the financial assistance policy prior to discharge			
c	☐ Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills			
d	☐ Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy			
e	☐ Other (describe in Section C)			
f	☐ None of these efforts were made			
Policy Relating to Emergency Medical Care				
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21		No
	If "No," indicate why			
a	☑ The hospital facility did not provide care for any emergency medical conditions			
b	☐ The hospital facility's policy was not in writing			
c	☐ The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d	☐ Other (describe in Section C)			
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
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			
a	☐ The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b	☐ The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c	☐ The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d	☑ Other (describe in Section C)			
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23		No
	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		No
	If "Yes," explain in Section C			

Part V Facility Information *(continued)*

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

Form and Line Reference	Explanation

Part V Facility Information *(continued)*

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility
(list in order of size, from largest to smallest)

How many non-hospital health care facilities did the organization operate during the tax year? _____

Name and address	Type of Facility (describe)
1	
2	
3	
4	
5	
6	
7	
8	
9	
10	

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

5 **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

990 Schedule H, Supplemental Information

Form and Line Reference	Explanation
PART I, LINE 3C	
PART I, LINE 7	A GENERAL LEDGER ACCOUNTING SYSTEM WAS USED TO CALCULATE THE AMOUNTS REPORTED IN PART I, L INE 7 THE SYSTEM ADDRESSES ALL PATIENT SEGMENTS (INPATIENT AND OUTPATIENT) A COST-TO-CHA RGE RATIO IS NOT PART OF THE SYSTEM
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 PROVID ES 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, EMERGENC Y ROOMS, AND OTHER AREAS OF FACILITIES WHERE ELIGIBLE PATIENTS ARE LIKELY TO BE PRESENT, A ND PROVIDES A COPY OF ITS POLICY TO PATIENTS AS PART OF THE INTAKE PROCESS AND WITH DISCHA RGE MATERIALS
PART VI, LINE 4	SHRINERS HOSPITALS FOR CHILDREN (THROUGH THIS ENTITY AND ITS RELATED ENTITY) SERVE CHILDRE N IN NEED OF SPECIALIZED ORTHOPAEDIC AND BURN CARE ACROSS THE UNITED STATES AND WORLD-WIDE

Additional Data

Software ID:
Software Version:
EIN: 36-2193608
Name: SHRINERS HOSPITALS FOR CHILDREN

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
18

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1	SHRINERS HOSPITAL FOR CHILDREN-CHICAGO 2211 NORTH OAK PARK AVENUE CHICAGO,IL 607073392	X		X	X		X				A
2	SHRINERS HOSPITAL FOR CHILDREN-CINCINNAT 3229 BURNET AVENUE CINCINNATI,OH 452293095	X		X	X		X				A
3	SHRINERS HOSPITAL FOR CHILDREN-ERIE 1645 WEST 8TH STREET ERIE,PA 16505						X			OUTPATIENT AMBULATORY SURGICAL CENTER & CLINIC	A
4	SHRINERS HOSPITAL FOR CHILDREN-GALVESTON 815 MARKET STREET GALVESTON,TX 77550	X		X	X		X				A
5	SHRINERS HOSPITAL FOR CHILDREN-GREENV 950 WEST FARIS ROAD GREENVILLE,SC 29605	X		X	X		X				A
6	SHRINERS HOSPITAL FOR CHILDREN-HONOLULU 1310 PUNAHOU STREET HONOLULU,HI 968261099	X		X	X		X				A
7	SHRINERS HOSPITAL FOR CHILDREN-HOUSTON 6977 MAIN STREET HOUSTON,TX 770303701	X		X	X		X				A
8	SHRINERS HOSPITAL FOR CHILDREN-LEXINGTON 1900 RICHMOND ROAD LEXINGTON,KY 40502	X		X	X		X				A
9	SHRINERS HOSPITAL FOR CHILDREN-LA 3160 GENEVA STREET LOS ANGELES,CA 90020	X		X	X		X				A
10	SHRINERS HOSPITAL FOR CHILDREN-PHILADELP 3551 NORTH BROAD STREET PHILADELPHIA,PA 191404131	X		X	X		X				A

Form 990 Schedule H, Part V Section A. Hospital Facilities

Section A. Hospital Facilities

(list in order of size from largest to smallest—see instructions)
How many hospital facilities did the organization operate during the tax year?
18

	Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
11	SHRINERS HOSPITAL FOR CHILDREN-PORTLAND 3101 SW SAM JACKSON PARK RD PORTLAND,OR 972393095	X		X	X		X				A
12	SHRINERS HOSPITAL FOR CHILDREN-SALT LAKE FAIRFAX ROAD AT VIRGINIA STREET SALT LAKE CITY,UT 84103	X		X	X		X				A
13	SHRINERS HOSPITAL FOR CHILDREN-SHREVEPOR 3100 SAMFORD AVENUE SHREVEPORT,LA 71103	X		X	X		X				A
14	SHRINERS HOSPITAL FOR CHILDREN-SPOKANE 911 WEST 5TH AVENUE SPOKANE,WA 99204	X		X	X		X				A
15	SHRINERS HOSPITAL FOR CHILDREN-ST LOUIS 2001 S LINDBERGH BOULEVARD ST LOUIS,MO 631313597	X		X	X		X				A
16	SHRINERS HOSPITAL FOR CHILDREN-TAMPA 12502 USF PINE DRIVE TAMPA,FL 336129499	X		X	X		X				A
17	SHRINERS HOSPITAL FOR CHILDREN-TWIN CITY 2025 EAST RIVER PARKWAY MINNEAPOLIS,MN 55414	X		X	X		X				A
18	SHRINERS HOSPITAL FOR CHILDREN-N CALI 2425 STOCKTON BOULEVARD SACRAMENTO,CA 95817	X		X	X		X				A

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
PART V, SECTION B	FACILITY REPORTING GROUP A
FACILITY REPORTING GROUP A CONSISTS OF	- FACILITY 1 SHRINERS HOSPITAL FOR CHILDREN-CHICAGO, - FACILITY 2 SHRINERS HOSPITAL FOR CHILDREN-CINCINNAT, - FACILITY 3 SHRINERS HOSPITAL FOR CHILDREN-ERIE, - FACILITY 4 SHRIN ERS HOSPITAL FOR CHILDREN-GALVESTON, - FACILITY 5 SHRINERS HOSPITAL FOR CHILDREN-GREENV, - FACILITY 6 SHRINERS HOSPITAL FOR CHILDREN-HONOLULU, - FACILITY 7 SHRINERS HOSPITAL FOR CHILDREN-HOUSTON, - FACILITY 8 SHRINERS HOSPITAL FOR CHILDREN-LEXINGTON, - FACILITY 9 S HRINERS HOSPITAL FOR CHILDREN-L A , - FACILITY 10 SHRINERS HOSPITAL FOR CHILDREN-PHILADEL P, - FACILITY 11 SHRINERS HOSPITAL FOR CHILDREN-PORTLAND, - FACILITY 12 SHRINERS HOSPITA L FOR CHILDREN-SALT LAKE, - FACILITY 13 SHRINERS HOSPITAL FOR CHILDREN-SHREVEPOR, - FACIL ITY 14 SHRINERS HOSPITAL FOR CHILDREN-SPOKANE, - FACILITY 15 SHRINERS HOSPITAL FOR CHILD REN-ST LOUIS, - FACILITY 16 SHRINERS HOSPITAL FOR CHILDREN-TAMPA, - FACILITY 17 SHRINER S HOSPITAL FOR CHILDREN-TWIN CITY, - FACILITY 18 SHRINERS HOSPITAL FOR CHILDREN-N CALI
GROUP A-FACILITY 1 -- SHRINERS HOSPITAL FOR CHILDREN - CHICAGO PART V, SECTION B, LINE 15E	PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES AND INTERNAL POLICY
GROUP A-FACILITY 1 -- SHRINERS HOSPITAL FOR CHILDREN - CHICAGO PART V, SECTION B, LINE 22D	THE AMOUNT CHARGED IS CONSISTENT FOR ALL PAYER CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASS ISTANCE BASED ON THEIR INCOME LEVEL AND FEDERAL POVERTY GUIDELINES
GROUP A-FACILITY 2 -- SHRINERS HOSPITAL FOR CHILDREN-CINCINNAT PART V, SECTION B, LINE 15E	PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES AND INTERNAL POLICY
GROUP A-FACILITY 2 -- SHRINERS HOSPITAL FOR CHILDREN-CINCINNAT PART V, SECTION B, LINE 22D	THE AMOUNT CHARGED IS CONSISTENT FOR ALL PAYER CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASS ISTANCE BASED ON THEIR INCOME LEVEL AND FEDERAL POVERTY GUIDELINES
GROUP A-FACILITY 3 -- SHRINERS HOSPITAL FOR CHILDREN-ERIE PART V, SECTION B, LINE 15E	PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES AND INTERNAL POLICY
GROUP A-FACILITY 3 -- SHRINERS HOSPITAL FOR CHILDREN-ERIE PART V, SECTION B, LINE 22D	THE AMOUNT CHARGED IS CONSISTENT FOR ALL PAYER CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASS ISTANCE BASED ON THEIR INCOME LEVEL AND FEDERAL POVERTY GUIDELINES
GROUP A-FACILITY 4 -- SHRINERS HOSPITAL FOR CHILDREN-GALVESTON PART V, SECTION B, LINE 15E	PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES AND INTERNAL POLICY
GROUP A-FACILITY 4 -- SHRINERS HOSPITAL FOR CHILDREN-GALVESTON PART V, SECTION B, LINE 22D	THE AMOUNT CHARGED IS CONSISTENT FOR ALL PAYER CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASS ISTANCE BASED ON THEIR INCOME LEVEL AND FEDERAL POVERTY GUIDELINES
GROUP A-FACILITY 5 -- SHRINERS HOSPITAL FOR CHILDREN-GREENV PART V, SECTION B, LINE 15E	PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES AND INTERNAL POLICY
GROUP A-FACILITY 5 -- SHRINERS HOSPITAL FOR CHILDREN-GREENV PART V, SECTION B, LINE 22D	THE AMOUNT CHARGED IS CONSISTENT FOR ALL PAYER CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASS ISTANCE BASED ON THEIR INCOME LEVEL AND FEDERAL POVERTY GUIDELINES
GROUP A-FACILITY 6 -- SHRINERS HOSPITAL FOR CHILDREN-HONOLULU PART V, SECTION B, LINE 15E	PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES AND INTERNAL POLICY
GROUP A-FACILITY 6 -- SHRINERS HOSPITAL FOR CHILDREN-HONOLULU PART V, SECTION B, LINE 22D	THE AMOUNT CHARGED IS CONSISTENT FOR ALL PAYER CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASS ISTANCE BASED ON THEIR INCOME LEVEL AND FEDERAL POVERTY GUIDELINES
GROUP A-FACILITY 7 -- SHRINERS HOSPITAL FOR CHILDREN-HOUSTON PART V, SECTION B, LINE 15E	PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES AND INTERNAL POLICY
GROUP A-FACILITY 7 -- SHRINERS HOSPITAL FOR CHILDREN-HOUSTON PART V, SECTION B, LINE 22D	THE AMOUNT CHARGED IS CONSISTENT FOR ALL PAYER CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASS ISTANCE BASED ON THEIR INCOME LEVEL AND FEDERAL POVERTY GUIDELINES
GROUP A-FACILITY 8 -- SHRINERS HOSPITAL FOR CHILDREN-LEXINGTON PART V, SECTION B, LINE 15E	PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES AND INTERNAL POLICY
GROUP A-FACILITY 8 -- SHRINERS HOSPITAL FOR CHILDREN-LEXINGTON PART V, SECTION B, LINE 22D	THE AMOUNT CHARGED IS CONSISTENT FOR ALL PAYER CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASS ISTANCE BASED ON THEIR INCOME LEVEL AND FEDERAL POVERTY GUIDELINES
GROUP A-FACILITY 9 -- SHRINERS HOSPITAL FOR CHILDREN-L A PART V, SECTION B, LINE 15E	PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES AND INTERNAL POLICY
GROUP A-FACILITY 9 -- SHRINERS HOSPITAL FOR CHILDREN-L A PART V, SECTION B, LINE 22D	THE AMOUNT CHARGED IS CONSISTENT FOR ALL PAYER CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASS ISTANCE BASED ON THEIR INCOME LEVEL AND FEDERAL POVERTY GUIDELINES

Form 990 Part V Section C Supplemental Information for Part V, Section B.

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

Form and Line Reference	Explanation
GROUP A-FACILITY 10 -- SHRINERS HOSPITAL FOR CHILDREN-PHILADELP PART V, SECTION B, LINE 15E	PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES AND INTERNAL POLICY
GROUP A-FACILITY 10 -- SHRINERS HOSPITAL FOR CHILDREN-PHILADELP PART V, SECTION B, LINE 22D	THE AMOUNT CHARGED IS CONSISTENT FOR ALL PAYER CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASS ISTANCE BASED ON THEIR INCOME LEVEL AND FEDERAL POVERTY GUIDELINES
GROUP A-FACILITY 11 -- SHRINERS HOSPITAL FOR CHILDREN-PORTLAND PART V, SECTION B, LINE 15E	PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES AND INTERNAL POLICY
GROUP A-FACILITY 11 -- SHRINERS HOSPITAL FOR CHILDREN-PORTLAND PART V, SECTION B, LINE 22D	THE AMOUNT CHARGED IS CONSISTENT FOR ALL PAYER CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASS ISTANCE BASED ON THEIR INCOME LEVEL AND FEDERAL POVERTY GUIDELINES
GROUP A-FACILITY 12 -- SHRINERS HOSPITAL FOR CHILDREN-SALT LAKE PART V, SECTION B, LINE 15E	PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES AND INTERNAL POLICY
GROUP A-FACILITY 12 -- SHRINERS HOSPITAL FOR CHILDREN-SALT LAKE PART V, SECTION B, LINE 22D	THE AMOUNT CHARGED IS CONSISTENT FOR ALL PAYER CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASS ISTANCE BASED ON THEIR INCOME LEVEL AND FEDERAL POVERTY GUIDELINES
GROUP A-FACILITY 13 -- SHRINERS HOSPITAL FOR CHILDREN-SHREVEPOR PART V, SECTION B, LINE 15E	PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES AND INTERNAL POLICY
GROUP A-FACILITY 13 -- SHRINERS HOSPITAL FOR CHILDREN-SHREVEPOR PART V, SECTION B, LINE 22D	THE AMOUNT CHARGED IS CONSISTENT FOR ALL PAYER CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASS ISTANCE BASED ON THEIR INCOME LEVEL AND FEDERAL POVERTY GUIDELINES
GROUP A-FACILITY 14 -- SHRINERS HOSPITAL FOR CHILDREN-SPOKANE PART V, SECTION B, LINE 15E	PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES AND INTERNAL POLICY
GROUP A-FACILITY 14 -- SHRINERS HOSPITAL FOR CHILDREN-SPOKANE PART V, SECTION B, LINE 22D	THE AMOUNT CHARGED IS CONSISTENT FOR ALL PAYER CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASS ISTANCE BASED ON THEIR INCOME LEVEL AND FEDERAL POVERTY GUIDELINES
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 15 -- SHRINERS HOSPITAL FOR CHILDREN-ST LOUIS PART V, SECTION B, LINE 22D	THE AMOUNT CHARGED IS CONSISTENT FOR ALL PAYER CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASS ISTANCE BASED ON THEIR INCOME LEVEL AND FEDERAL POVERTY GUIDELINES
GROUP A-FACILITY 16 -- SHRINERS HOSPITAL FOR CHILDREN-TAMPA PART V, SECTION B, LINE 15E	PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES AND INTERNAL POLICY
GROUP A-FACILITY 16 -- SHRINERS HOSPITAL FOR CHILDREN-TAMPA PART V, SECTION B, LINE 22D	THE AMOUNT CHARGED IS CONSISTENT FOR ALL PAYER CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASS ISTANCE BASED ON THEIR INCOME LEVEL AND FEDERAL POVERTY GUIDELINES
GROUP A-FACILITY 17 -- SHRINERS HOSPITAL FOR CHILDREN-TWIN CITY PART V, SECTION B, LINE 15E	PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES AND INTERNAL POLICY
GROUP A-FACILITY 17 -- SHRINERS HOSPITAL FOR CHILDREN-TWIN CITY PART V, SECTION B, LINE 22D	THE AMOUNT CHARGED IS CONSISTENT FOR ALL PAYER CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASS ISTANCE BASED ON THEIR INCOME LEVEL AND FEDERAL POVERTY GUIDELINES
GROUP A-FACILITY 18 -- SHRINERS HOSPITAL FOR CHILDREN-N CALI 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 22D	THE AMOUNT CHARGED IS CONSISTENT FOR ALL PAYER CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASS ISTANCE BASED ON THEIR INCOME LEVEL AND FEDERAL POVERTY GUIDELINES

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493190004255

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SHRINERS HOSPITALS FOR CHILDREN

Employer identification number
36-2193608

Part I General Information on Grants and Assistance

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

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

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.

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

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

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

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

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

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

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

Return Reference	Explanation
PART I, LINE 2	SHRINERS HOSPITALS FOR CHILDREN IS ACTIVELY INVOLVED WITH ALL GRANT RECIPIENTS THROUGH THIS ACTIVE INVOLVEMENT, THE ORGANIZATIONS ARE MONITORED TO ENSURE THEIR GRANT PROCEEDS ARE BEING USED APPROPRIATELY

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493190004255

Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 23.**

▶ **Attach to Form 990.**

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

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SHRINERS HOSPITALS FOR CHILDREN

Employer identification number
36-2193608

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	☑ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☑ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	**1b**	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☑ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column(B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JACK JONES, DIRECTOR	(i)	0	0	0	0	0	0	0
	(ii)	159,155	0	17,500	1,440	0	178,095	0
2 JOHN MCCABE, EXECUTIVE VICE PRESIDENT	(i)	356,519	0	17,500	1,843	0	375,862	0
	(ii)	0	0	0	0	0	0	0
3 KEVIN YAKUBOFF, GENERAL SURGEON	(i)	282,103	0	14,808	288,662	0	585,573	0
	(ii)	0	0	0	0	0	0	0
4 PAUL CASKEY, CHIEF OF STAFF	(i)	470,215	0	17,500	1,012,020	0	1,499,735	0
	(ii)	0	0	0	0	0	0	0
5 MARGARET RICH, ASST COS - ORTHO	(i)	333,740	0	0	609,779	0	943,519	0
	(ii)	0	0	0	0	0	0	0
6 LAWRENCE JACOBSON, CHIEF ANESTHESIOLOGIST	(i)	357,187	0	17,500	381,988	0	756,675	0
	(ii)	0	0	0	0	0	0	0
7 STEPHEN SANTORA, ORTHOPEDIC SURGEON	(i)	279,092	0	17,500	397,150	0	693,742	0
	(ii)	0	0	0	0	0	0	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II
Also complete this part for any additional information

Return Reference	Explanation

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493190004255

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization	Employer identification number
SHRINERS HOSPITALS FOR CHILDREN	36-2193608

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 6	
FORM 990, PART VI, SECTION A, LINE 7A	THE ORGANIZATION HAS APPROXIMATELY 1,400 MEMBERS WHOM ARE APPOINTED FROM THE TOTAL MEMBERS HIP OF SHRINERS INTERNATIONAL (A RELATED ORGANIZATION) MEMBERS MAY ELECT PERSONS ON THE O RGANIZATION'S GOVERNING BODY, AND MAY APPOVE SIGNIFICANT DECISIONS OF THE ORGANIZATION
FORM 990, PART VI, SECTION A, LINE 7B	UNDER THE BYLAWS OF THE ORGANIZATION, SIGNIFICANT DECISIONS OF THE GOVERNING BODY REQUIRE APPROVAL BY THE ORGANIZATION'S 1,400 MEMBERS (SUCH AS CHANGES TO THE BYLAWS, OR SIGNIFICAN T RESTRUCTURING OR EXTRAORDINARY EVENTS) THE ORGANIZATION'S MEMBERS ALSO MAY ELECT PERSON S TO SERVE ON THE ORGANIZATION'S GOVERNING BODY THE ORGANIZATION'S MEMBERS DO NOT HAVE CO NTROL 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 SIMP LE MAJORITY, WHERE EACH MEMBER'S VOTE IS EQUAL WEIGHTED ELECTED PERSONS SERVE A THREE-YEA R TERM ON THE BOARD OF TRUSTEES, A ONE-YEAR TERM ON THE BOARD OF DIRECTORS, A ONE-YEAR TER M 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 11	A FULL VERSION OF FORM 990 AS FILED WITH THE IRS IS MADE AVAILABLE TO EACH VOTING MEMBER O F THE GOVERNING BODY AND/OR DESIGNATED COMMITTEE RESPONSIBLE FOR PERFORMING A REVIEW PROCE SS 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 FOR M POTENTIAL CONFLICTS ARE DETERMINED BY THE BOARD OF DIRECTORS THE PERSON(S) HAVING A PO TENTIAL CONFLICT OF INTEREST ARE PROHIBITED FROM PARTICIPATING IN DELIBERATIONS/DECISIONS IN THE TRANSACTION
FORM 990, PART VI, SECTION B, LINE 15	A SALARY & PERSONNEL COMMITTEE IS INVOLVED WITH ALL COMPENSATION AND APPROVES WAGES FOR MA NAGEMENT AND COMPARES THESE SALARIES TO VARIOUS MARKET INDICATORS
FORM 990, PART VI, SECTION C, LINE 19	THESE DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST
FORM 990, PART IX, LINE 11G	PUBLIC RELATIONS & OTHER PROGRAM SERVICE EXPENSES 6,833,068 MANAGEMENT AND GENERAL EXPEN SES 10,594,641 FUNDRAISING EXPENSES 2,874,502 TOTAL EXPENSES 20,302,211 MEDICAL SERVICE S PROGRAM SERVICE EXPENSES 51,262,804 MANAGEMENT AND GENERAL EXPENSES 8,521,817 FUNDRAI SING EXPENSES 0 TOTAL EXPENSES 59,784,621 AGENCY PERSONNEL SERVICES PROGRAM SERVICE EXP ENSES 1,427,975 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 1,427,975
FORM 990, PART XI, LINE 9	CHANGE IN PENSION FUNDING OBLIGATION -100,698,085 TRANSFERS TO RELATED ENTITIES -56,004,7 10 CHANGE IN PATIENT TRANSPORTATION FUNDS HELD BY SHRINE TEMPLES 2,486,681 OTHER CHANGES IN FUND BALANCE -1,825,748 PGA NET ASSETS 5,286,352
FORM 990, PART XI, LINE 2C, AUDIT COMMITTEE OVERSIGHT PROCESS	THE ORGANIZATION HAS NOT CHANGED (DURING THE CURRENT YEAR) ITS OVERSIGHT PROCESS OR ITS SE LECTION PROCESS REGARDING THE COMMITTEE RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS AND THE SELECTION OF THE INDEPENDENT ACCOUNTANT

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493190004255

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization
SHRINERS HOSPITALS FOR CHILDREN

Employer identification number
36-2193608

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) PEDIATRIC ORTHOPEDIC & PROSTHETIC SERVICES - NORTH CALIFORNIA LLC 2425 STOCKTON BLVD SACRAMENTO, CA 95817 27-2210763	ORTHOPEDICS & PROSTHETICS	DE	634,851	326,545	NO
(2) PEDIATRIC ORTHOPEDIC & PROSTHETIC SERVICES - TAMPA LLC 12502 USF PINE DRIVE TAMPA, FL 336129499 45-2723185	ORTHOPEDICS & PROSTHETICS	DE	812,977	170,971	NO
(3) PEDIATRIC ORTHOPEDIC & PROSTHETIC SERVICES - GREENVILLE LLC 950 W FARIS RD GREENVILLE, SC 29605 45-3940485	ORTHOPEDICS & PROSTHETICS	DE	287,801	156,716	NO

Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1) THE SHRINERS' HOSPITAL FOR CHILDREN POST OFFICE BOX 31356 TAMPA, FL 336313356 04-2121377	HOSPITAL SYSTEM	MA	501(C)(3)	LINE 3	NO		No
(2) SHRINERS INTERNATIONAL POST OFFICE BOX 31356 TAMPA, FL 336313356 36-2158164	FOUNDED SHRINERS HOSPITALS FOR CHILDREN	IA	501(C)(10)	N/A	NO		No
(3) SHRINERS HOSPITALS FOR CHILDREN EMPLOYEE DISASTER RELIEF FUND 2900 ROCKY POINT DRIVE TAMPA, FL 33607 26-3733381	DISASTER RELIEF	DC	501(C)(3)	LINE 9	NO		No
(4) SHRINERS HOSPITALS FOR CHILDREN (QUEBEC) INC 1529 CEDAR AVE MONTREAL H36 1A6 CA	HOSPITAL SYSTEM	CA	501(C)(3) EQUIVALENT	LINE 3	NO		No
(5) SHRINERS HOSPITALS FOR CHILDREN A CANADIAN CORPORATION 1529 CEDAR AVE MONTREAL H36 1A6 CA	HOSPITAL SYSTEM	CA	501(C)(3) EQUIVALENT	LINE 3	NO		No
(6) SHRINERS HOSPITALS FOR CHILDREN A MEXICAN ASSOCIATION MX AV DEL IMAN NO 257 MEXICO CITY 04600 MX	HOSPITAL SYSTEM	MX	501(C)(3) EQUIVALENT	LINE 3	NO		No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512 (b)(13) controlled entity?	
								Yes	No

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

		Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule			
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		No
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e	Yes	
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l		No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m		No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		No
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r		No
s Other transfer of cash or property from related organization(s)	1s		No

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

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

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 36-2193608
Name: SHRINERS HOSPITALS FOR CHILDREN

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1) THE SHRINERS' HOSPITAL FOR CHILDREN POST OFFICE BOX 31356 TAMPA, FL 336313356 04-2121377	HOSPITAL SYSTEM	MA	501(C)(3)	LINE 3	NO		No
(1) SHRINERS INTERNATIONAL POST OFFICE BOX 31356 TAMPA, FL 336313356 36-2158164	FOUNDED SHRINERS HOSPITALS FOR CHILDREN	IA	501(C)(10)	N/A	NO		No
(2) SHRINERS HOSPITALS FOR CHILDREN EMPLOYEE DISASTER RELIEF FUND 2900 ROCKY POINT DRIVE TAMPA, FL 33607 26-3733381	DISASTER RELIEF	DC	501(C)(3)	LINE 9	NO		No
(3) SHRINERS HOSPITALS FOR CHILDREN (QUEBEC) INC 1529 CEDAR AVE MONTREAL H36 1A6 CA	HOSPITAL SYSTEM	CA	501(C)(3) EQUIVALENT	LINE 3	NO		No
(4) SHRINERS HOSPITALS FOR CHILDREN A CANADIAN CORPORATION 1529 CEDAR AVE MONTREAL H36 1A6 CA	HOSPITAL SYSTEM	CA	501(C)(3) EQUIVALENT	LINE 3	NO		No
(5) SHRINERS HOSPITALS FOR CHILDREN A MEXICAN ASSOCIATION MX AV DEL IMAN NO 257 MEXICO CITY 04600 MX	HOSPITAL SYSTEM	MX	501(C)(3) EQUIVALENT	LINE 3	NO		No

Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
THE SHRINERS' HOSPITAL FOR CHILDREN	E	51,846,504	CASH
THE SHRINERS' HOSPITAL FOR CHILDREN	B	25,592,194	CASH
SHRINERS INTERNATIONAL	D	106,670	CASH
THE SHRINERS' HOSPITAL FOR CHILDREN	O	0	AMOUNT UNDETERMINABLE
THE SHRINERS' HOSPITAL FOR CHILDREN	D	61,174,942	CASH
SHRINERS INTERNATIONAL	J	487,607	CASH
SHRINERS INTERNATIONAL	Q	232,720	CASH
SHRINERS INTERNATIONAL	P	5,605,163	CASH
SHRINERS HOSPITALS FOR CHILDREN CAN	B	13,220,664	CASH
SHRINERS HOSPITALS FOR CHILDREN MEX	B	14,337,787	CASH

KPMG

SHRINERS HOSPITALS FOR CHILDREN

Combined Financial Statements

December 31, 2014 and 2013

(With Independent Auditors' Report Thereon)

SHRINERS HOSPITALS FOR CHILDREN

Table of Contents

KPMG LLP
Suite 1700
100 North Tampa Street
Tampa FL 33602

Independent Auditors' Report

The Board of Directors
Shriners Hospitals for Children

We have audited the accompanying combined financial statements of Shriners Hospitals for Children, which comprise the combined statements of financial position as of December 31, 2014 and 2013, and the related combined statements of operations, changes in net assets, and cash flows for the years then ended, and the related notes to the combined financial statements

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these combined financial statements in accordance with U S generally accepted accounting principles, this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of combined financial statements that are free from material misstatement, whether due to fraud or error

Auditors' Responsibility

Our responsibility is to express an opinion on these combined financial statements based on our audits We conducted our audits in accordance with auditing standards generally accepted in the United States of America Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the combined financial statements are free from material misstatement

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the combined financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the combined financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the combined financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the combined financial statements

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion

Opinion

In our opinion, the combined financial statements referred to above present fairly in all material respects, the financial position of Shriners Hospitals for Children as of December 31, 2014 and 2013, and the changes in their net assets and their cash flows for the years then ended in accordance with U S generally accepted accounting principles

Other Matters

Our audit was conducted for the purpose of forming an opinion on the combined financial statements as a whole. The supplementary information is presented for purposes of additional analysis and is not a required part of the combined financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the combined financial statements. The information has been subjected to the auditing procedures applied in the audits of the combined financial statements and, certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the combined financial statements or to the combined financial statements themselves, and other additional procedures in accordance with the auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the combined financial statements as a whole.

KPMG LLP

April 6, 2015
Certified Public Accountants

SHRINERS HOSPITALS FOR CHILDREN

Combined Statements of Financial Position

December 31, 2014 and 2013

(In thousands)

Assets		2014	2013
Cash and cash equivalents	$	8,560	18,571
Cash and cash equivalents held as collateral under securities lending transactions		623,165	608,878
Patient accounts receivable, net of allowance for doubtful accounts of approximately $123,945 in 2014 and $215,258 in 2013		32,882	23,841
Receivables, net		17,859	14,265
Accrued interest and dividends		20,175	23,079
Patient transportation funds held by Shrine temples		57,353	54,867
Inventories and deferred charges		28,808	30,970
Long-term investments			
Marketable securities		7,348,090	7,433,670
Charitable gift annuities		34,834	31,932
Beneficial interest in trusts		543,920	535,121
Real estate and mineral interests		268,614	239,566
Miscellaneous investments		20,284	18,158
Estates in process		258,971	280,862
Land, buildings, and equipment, net of accumulated depreciation		811,421	771,251
Total assets	$	10,074,936	10,085,031
Liabilities and Net Assets			
Liabilities			
Accounts payable and accrued expenses	$	126,800	119,493
Line of credit payable		10,000	
Pension benefits		184,976	98,187
Liabilities under securities lending transactions		623,165	608,878
Other liabilities		37,889	36,982
Total liabilities		982,830	863,540
Net assets (net of cumulative foreign currency translation adjustment of $8,955 in 2014 and $8,827 in 2013)			
Unrestricted		7,698,167	7,831,449
Temporarily restricted		296,919	309,909
Permanently restricted		1,097,020	1,080,133
Total net assets		9,092,106	9,221,491
Total liabilities and net assets	$	10,074,936	10,085,031

See accompanying notes to combined financial statements

SHRINERS HOSPITALS FOR CHILDREN

Combined Statements of Operations

Years ended December 31, 2014 and 2013

(In thousands)

	2014	2013
Operating revenues and other support		
Patient service revenue (net of contractual adjustments)	$ 191,166	360,239
Provision for Shriners assist	(58,889)	(215,258)
Net patient service revenue less provision for Shriners assist	132,277	144,981
Operating revenues and other support		
Investment income		
Interest	80,787	85,771
Dividends	117,024	99,152
Other investment income	42,051	35,538
Investment management fees	(15,866)	(14,286)
Amounts released from restrictions used for operations	176,252	170,389
Donations	57,023	45,797
Fund raising and special events	28,888	27,052
Hospital assessments	1,228	1,290
Reimbursements from Canadian Provinces	5,427	6,499
Other governmental revenue	31,205	3,421
Other	2,901	9,637
Total revenues and other support	659,197	615,241
Operating expenses:		
Hospitals	594,363	598,463
Research	33,396	29,500
Revenue cycle	13,495	11,042
Information systems	29,624	28,883
Headquarters, administrative, and board related	46,854	42,767
Fund raising and special events	32,146	24,964
Total operating expenses	749,878	735,619
Decrease in net assets from operating activities	(90,681)	(120,378)
Nonoperating (losses) gains, net		
Gain on investments		
Net realized gain from investments	384,525	406,155
Net unrealized (losses) gains on investments	(321,901)	446,061
Total gains on investments, net	62,624	852,216
Life memberships	95	97
Change in patient transportation funds held by Shrine temples	2,486	2,933
Pension-related changes other than net periodic pension costs	(100,698)	122,026
Other, net	(7,236)	(8,884)
Foreign currency translation adjustments	128	201
Total nonoperating (losses) gains	(42,601)	968,589
(Decrease) increase in unrestricted net assets	$ (133,282)	848,211

See accompanying notes to combined financial statements

SHRINERS HOSPITALS FOR CHILDREN

Combined Statements of Changes in Net Assets

Years ended December 31, 2014 and 2013

(In thousands)

	2014	2013
Unrestricted net assets		
Decrease in net assets from operating activities	$ (90,681)	(120,378)
Nonoperating gains		
Gains on investments:		
Net realized gains from investments	384,525	406,155
Net unrealized (losses) gains on investments	(321,901)	446,061
Total gains on investments	62,624	852,216
Life memberships	95	97
Change in patient transportation funds held by Shrine temples	2,486	2,933
Pension related changes other than net periodic pension costs	(100,698)	122,026
Other, net	(7,236)	(8,884)
Foreign currency translation adjustments	128	201
Total nonoperating (losses) gains	(42,601)	968,589
(Decrease) increase in unrestricted net assets	(133,282)	848,211
Temporarily restricted net assets		
Bequests	151,870	145,975
Donations	7,171	5,410
Other, net	(999)	(1,078)
Net realized gains from investment	1,243	834
Net unrealized gains from investments	3,977	2,178
Reclassification of donor intent	—	6,801
Net assets released from restrictions used for operations	(176,252)	(170,389)
Decrease in temporarily restricted net assets	(12,990)	(10,269)
Permanently restricted net assets:		
Bequests	9,221	10,807
Donations	560	6,656
Other investment (expense) income	(105)	114
Net realized gain from investment	360	273
Net unrealized gains from investments	6,851	38,115
Reclassification of donor intent	—	(6,801)
Increase in permanently restricted net assets	16,887	49,164
(Decrease) increase in net assets	(129,385)	887,106
Net assets, beginning of year	9,221,491	8,334,385
Net assets, end of year	$ 9,092,106	9,221,491

See accompanying notes to combined financial statements

SHRINERS HOSPITALS FOR CHILDREN

Combined Statements of Cash Flows

Years ended December 31, 2014 and 2013

(In thousands)

		2014	2013
Cash flows from operating activities			
Change in net assets	$	(129,385)	887,106
Adjustments to reconcile change in net assets to net cash used in operating activities			
Depreciation		52,666	53,900
Loss on disposal of property and equipment		7,514	294
Realized and unrealized gains on investments		(73,223)	(852,795)
Gifts and bequests designated by the board or restricted by donor for long-term investment		(161,746)	(163,535)
Change in value of patient transportation funds held by Shrine temples		(2,486)	(2,933)
Provision for Shriners assist		58,889	215,258
Pension related changes other than net period pension costs		100,698	(122,026)
Changes in operating assets and liabilities			
Patient accounts receivable		(67,930)	(239,099)
Receivables		(3,594)	(3,854)
Accrued interest and dividends		2,904	3,672
Inventories and deferred charges		2,162	(2,388)
Beneficial interest in trusts		(8,799)	(44,593)
Estates in process		5,016	9,903
Accounts payable and accrued expenses		7,307	4,587
Pension benefits		(13,909)	(846)
Net cash used in operating activities		(223,916)	(257,349)
Cash flows from investing activities:			
Additions to property and equipment		(100,350)	(66,317)
Proceeds from sale of investments		4,342,257	3,546,769
Investment purchases		(4,200,655)	(3,322,013)
Net cash provided by investing activities		41,252	158,439
Cash flows from financing activities			
Gifts and bequests designated for board endowment		151,870	145,975
Gifts and bequests permanently restricted by donors		9,781	17,463
Life memberships		95	97
Borrowings from line of credit		80,000	65,000
Payments on the line of credit		(70,000)	(128,000)
Change in other liabilities		907	(502)
Net cash provided by financing activities		172,653	100,033
Net (decrease) increase in cash and cash equivalents		(10,011)	1,123
Cash and cash equivalents at beginning of year		18,571	17,448
Cash and cash equivalents at end of year	$	8,560	18,571
Supplemental disclosures of cash flow information			
Transfer of estates in process to real estate	$	16,875	

See accompanying notes to combined financial statements

(1) Summary of Significant Accounting Policies

(a) Combined Organizations

Shriners Hospitals for Children (herein SHC) provides quality, specialized medical care, in the areas of orthopaedics, severe burns, and spinal cord injuries, through a network of 22 facilities located throughout the United States, Canada, and Mexico. Medical care is provided regardless of the patient or family's ability to pay. SHC also funds intensive programs in pediatric orthopedic and burns research. SHC relies principally on gifts and investment earnings to support their operations and research programs.

The combined financial statements of SHC include the following organizations:

- Shriners Hospitals for Children, a Colorado Corporation
- Shriners Hospitals for Children, a Canadian Corporation
- Shriners Hospitals for Children (Quebec) Inc.
- The Shriners' Hospital for Children, a Massachusetts Corporation
- Shriners Hospitals for Children, a Mexican Association

Shriners Hospitals for Children, a Colorado Corporation and The Shriners' Hospital for Children, a Massachusetts Corporation, have been recognized as exempt from U.S. federal income tax on related income under Section 501(a) of the Internal Revenue Code as an organization described in Section 501(c)(3) of the Internal Revenue Code. The Canadian and Quebec Corporations and the Mexican Association are also exempt from income tax on related income in accordance with the laws of their respective countries.

(b) Use of Estimates

The preparation of the combined financial statements in accordance with generally accepted accounting principles requires management of SHC to make a number of estimates and assumptions that affect the reported amounts in the combined financial statements and accompanying notes to the combined financial statements. Actual results could differ from those estimates.

Significant estimates have been made by management with regard to estates in process and beneficial interests in trusts. These estimates are subject to significant fluctuation due to changes that occur in the valuation of assets associated with these estates and trusts and the timing of information received from trustees and executors of these estates and trusts. Actual results could differ materially from these estimates, making it reasonably possible that a material change in these estimates could occur in the near term.

(c) Basis of Presentation

The combined financial statements are presented on the accrual basis of accounting. Contributions received and unconditional promises to give are measured at their fair values and are reported as

increases in net assets. SHC reports gifts of cash and other assets as restricted support if they are received with donor stipulations that limit the use of the donated assets, or if they are designated as support for future periods. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the combined statements of operations and changes in net assets as net assets released from restrictions. Donor-restricted contributions whose restrictions are met in the same reporting period are reported as unrestricted support.

- Unrestricted net assets consist of investments and otherwise unrestricted amounts that are available for use in carrying out the activities of SHC. The majority of unrestricted net assets as of December 31, 2014 and 2013 represent board-designated endowment.
- Temporarily restricted net assets represent those amounts, which are not available until future periods or are donor restricted for specific purposes. SHC reports estates in process, charitable lead trusts, and charitable remainder trusts, as increases in temporarily restricted net assets as these assets are not available for expenditure until future periods.
- Permanently restricted net assets result from gifts and bequests from donors who place restrictions on the use of the funds, which mandate that the original principal be invested in perpetuity. Permanently restricted net assets also include perpetual lead trusts.

(d) Operating Measure

Changes in unrestricted net assets from operating activities represent the revenues, gains, and other support designated to operate SHC, less expenses and other costs associated with SHC operating and research activities and costs to generate operating revenues.

(e) Liquidity

Assets are presented in the accompanying combined statements of financial position according to their nearness of conversion to cash, and liabilities according to the nearness of their maturity and resulting use of cash.

(f) Cash and Cash Equivalents

SHC considers all highly liquid investments made from operating cash accounts and with a maturity of three months or less when purchased to be cash equivalents.

(g) Securities Loaned

Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 860, *Transfers and Servicing*, requires SHC to recognize cash received as collateral for assets transferred to brokers in security lending transactions along with the obligation to return the cash. SHC generally receives collateral in the form of cash in an amount in excess of the fair value of securities loaned. SHC monitors the fair value of securities loaned on a monthly basis with additional collateral obtained as necessary. At December 31, 2014 and 2013, SHC held $623,165 and $608,878, respectively, of cash and marketable securities as collateral deposits. The collateral is included as both an asset and a

(Continued)

liability in SHC's combined statements of financial position. The securities on loan had a fair value of $606,093 and $594,788 at December 31, 2014 and 2013, respectively, and are included in marketable securities in the accompanying combined statements of financial position.

(h) Inventories

Inventories of supplies are stated at the lower of cost (first-in, first-out method) or market

(i) Long-Term Investments

The following long-term investments comprise SHC's endowment marketable securities, charitable gift annuities, beneficial interest in trusts, real estate and mineral interests and miscellaneous investments. It is SHC's Board of Directors (Board) policy to maintain a long-term investment portfolio to support the operating and research activities of SHC

Marketable securities are measured at fair value based on quoted market prices at the reporting date for these or similar investments. Investments in real estate and mineral interests, and miscellaneous investments are reported at fair value at the date of contribution and subsequently measured at fair value based on various sources of information depending on the asset type. Investment income (including realized and unrealized gains and losses on investments, interest, and dividends) is included in the combined statements of operations as increases or decreases in unrestricted net assets unless the income is restricted by donor or law

SHC has a beneficial interest in a variety of trust agreements. Many of these trusts are charitable lead trusts where SHC receives distributions from the trust, which in most cases are administered by a third party. Perpetual lead trusts are recorded at the fair value of the trust's underlying assets and are classified as permanently restricted net assets. All other charitable lead trusts are recorded at the present value of the estimated future distributions expected to be received by SHC, and are classified as temporarily restricted net assets

Charitable remainder trusts and pooled income funds represent trust agreements where SHC maintains custody of the related assets and makes specified distributions to a designated beneficiary or beneficiaries over the term of the trust. Assets under both types of trusts are recorded at fair value. Annuity liabilities associated with charitable remainder trusts are determined based on the present value of the estimated future payments to be paid to the designated beneficiaries. Deferred income is recognized on gifts to pooled income funds representing the discounted value of the assets for the estimated time period until the donor's death. The difference between the recorded assets and the annuity liabilities or deferred income associated with pooled income funds is classified as temporarily restricted net assets

Subsequent adjustments to the carrying value of the respective assets and related liabilities or deferred income are recognized in the combined statements of operations and combined statements of changes in net assets and are included in unrealized gains and losses in their respective net asset category

Included in other liabilities in the accompanying combined statements of financial position are annuity liabilities of $21,898 and $20,930 and deferred income of $15,991 and $15,225 at December 31, 2014 and 2013, respectively

(j) Estates in Process

SHC recognizes a receivable and revenue for its interest in estates in process based on the inventories of estate assets and conditions contained in the respective wills. Amounts expected to be received in future years are discounted to provide estimates in current year dollars. SHC records estates in process (when the court declares the related will valid) as either temporarily restricted net assets, as these assets will not be available for expenditures until future periods (typically one to five years), or as permanently restricted net assets. As funds from an estate (other than permanently restricted) are collected, temporarily restricted net assets are reclassified to unrestricted net assets, and reported in the combined statements of operations and combined statements of changes in net assets as net assets released from restrictions.

(k) Land, Buildings, and Equipment

Land, land improvements, buildings, and equipment are stated at cost, if purchased, or at estimated fair value at date of receipt if acquired by gift. Depreciation is calculated using the straight-line method over the estimated useful lives of the assets.

(l) Impairment or Disposal of Long-Lived Assets

SHC accounts for long-lived assets in accordance with the provisions of FASB ASC Section 360-10-35, *Property, Plant, and Equipment – Subsequent Measurement*, which requires that long-lived assets be reviewed for impairment whenever events or changes in circumstances indicate that the carrying amount of an asset may not be recoverable. Assets to be disposed of are reported at the lower of the carrying amount or fair value less costs to sell.

SHC reviews whether events and circumstances have occurred to indicate if the remaining estimated useful life of long-lived assets may warrant revision or that the remaining balance of an asset may not be recoverable. If such an event occurs, an assessment of possible impairment is based on whether the carrying amount of the asset exceeds the expected total undiscounted cash flows expected to result from the use of the assets and their eventual disposition. No impairments were recorded in 2014 or 2013.

(m) Foreign Currency Translation

Revenues and expenses of the Canadian and Quebec corporations and the Mexican Association are translated using average exchange rates during the year, while monetary assets and liabilities are translated into U.S. dollars using current exchange rates at the end of the year.

Nonmonetary asset and liability items (land, buildings, and equipment) and related revenues, expenses, gains, and losses are remeasured using historical exchange rates. Resulting translation adjustments are accumulated in the combined statements of financial position caption "Cumulative foreign currency translation adjustment," as a component of unrestricted net assets.

(n) Contributed Services

No amounts have been reflected in the combined financial statements for contributed services. SHC's programs pay for most services requiring specific expertise. However, many individuals (Shriners and non-Shriners) volunteer their time at SHC and perform a variety of tasks that assist SHC with specific programs and various committee assignments.

(o) Net Patient Service Revenue

Net patient service revenue is reported at estimated net realizable amounts from patients, third-party payors, and others for services. SHC has agreements with third-party payors that provide for payments to SHC at amounts different from its established rates. Payment arrangements include prospectively determined rates per discharge, reimbursed costs, and discounted charges.

Revenue from the Medicaid program accounted for approximately 38% and 35%, and less than one percent of SHC's net patient service revenue from the Medicare program for the years ended December 31, 2014 and 2013, respectively. The composition of patient service revenue (net of contractual adjustments) but before the provision for Shriners assist recognized from these major payor sources is as follows (in thousands):

		2014	2013
Medicaid	$	116,270	147,048
Commercial payors		74,896	213,191
Total all payors	$	191,166	360,239

SHC analyzes its past collection history and identifies trends by each of its major payor sources of patient service revenue to estimate the appropriate allowance for doubtful accounts and provision for Shriners assist. Management regularly reviews data about the major payor sources of patient service revenue in evaluating the adequacy of the allowance for doubtful accounts.

SHC analyzes contractual amounts due from third-party payors and provides an allowance for doubtful accounts and a provision for Shriners assist. For uninsured and Shriners assist patients, which includes those patients without insurance coverage and patients with deductibles and copayment balances for which third-party coverage exists for a portion of the bill, SHC records a significant provision for Shriners assist for patients that are unable to pay for any portion of the bill. Account balances are charged off against the allowance for Shriners assist.

SHC's allowance for doubtful accounts for Shriners assist patients was 41% and 36% of patient accounts receivable as of December 31, 2014 and 2013, respectively. SHC has not experienced significant changes in write-off trends and has not changed its uninsured or charity care policies for the years ended December 31, 2014 and 2013.

Laws and regulations governing the Medicaid and Medicare programs are extremely complex and subject to interpretation. As a result, there is at least a reasonable possibility that recorded estimates

(In thousands)

associated with these programs will change by a material amount in the near term. As a result, provisions for third-party payor settlements and adjustments are estimated in the period the related services are provided and adjusted in future periods as additional information becomes available and as final settlements are determined or as years are no longer subject to audits, reviews and investigations

Net patient accounts receivable included approximately $11,561 and $11,196 or 35% and 47% from the Medicaid programs, and $0 and $4 or less than one percent from the Medicare programs as of December 31, 2014 and 2013, respectively The credit risk for other concentrations of receivables is limited due to the large number of insurance companies and other payors that provide payments for services

(p) Charity Care

SHC, through its overall charitable policies, provides funding for cash requirements of the hospitals not met through normal operations In addition, SHC provides care to patients who meet certain criteria under the charity care policies established by SHC without charge to its patients or families Partial payments to which SHC is entitled from patients, third-party payors, Medicaid and others that meet SHC's charity care criteria are reported as net patient service revenue

SHC provides necessary medical care regardless of the patient's ability to pay for services under its charity care policy In addition, regulatory changes that may have the potential to alter charity classifications are monitored and incorporated into the policy, as necessary SHC maintains records to identify and monitor the level of charity care These records include the amount of charges foregone for services and supplies furnished under its charity care policy The following measures the level of charity care and other community benefits, as defined, at estimated costs for the years ended December 31, 2014 and 2013

		2014	2013
Traditional charity care	$	594,363	598,463
Direct offsetting revenue		(168,909)	(154,901)
Net traditional charity care	$	425,454	443,562
As a percentage of total expense		57%	59%

(q) Electronic Health Records Incentive Payments

The American Recovery and Reinvestment Act of 2009 provides for incentive payments under the Medicare and Medicaid programs for certain hospitals and professionals that adopt and use electronic health records (EHR) in a meaningful way Meaningful use is demonstrated by meeting established criteria that focus on capturing and using electronic health information to improve health care quality, efficiency, and patient safety

(In thousands)

SHC records incentive payments when it is reasonably assured that it has met the meaningful use requirements. SHC recognized approximately $7,356 and $2,649 of incentive payments in other governmental revenues for the year ended December 31, 2014 and 2013, respectively. Incentive payment revenue is subject to change as the result of audits of compliance with meaningful use criteria and Medicare cost reports, with changes recorded the period they occur.

(2) Long-Term Investments

Marketable securities at December 31, 2014 and 2013 consist of:

	2014		2013	
	Cost	Fair value	Cost	Fair value
Short-term investments	$ 170,428	170,428	122,883	122,883
Common and preferred stocks	3,826,503	4,457,348	3,839,272	4,781,476
U.S. government securities	814,009	824,548	693,663	687,960
Corporate bonds	522,480	521,155	741,776	757,846
Other fixed income	1,249,460	1,229,078	954,195	949,329
Commodities fund	97,000	79,712	80,000	72,007
Fund of fund	60,000	65,821	60,000	62,169
	$ 6,739,880	7,348,090	6,491,789	7,433,670

Investment income and total return on all long-term investments comprise the following components for the years ended December 31, 2014 and 2013:

	2014	2013
Interest	$ 80,787	85,771
Dividends	117,024	99,152
Trust income	20,884	15,983
Rents and royalties	14,243	13,225
Other income	6,924	6,330
Less investment management fees	(15,866)	(14,286)
Total income from investments	223,996	206,175
Net realized gains from investments	384,525	406,155
Net unrealized (losses) gains from investments	(321,901)	446,061
Total return on investments	$ 286,620	1,058,391

(Continued)

(In thousands)

(3) Land, Buildings, and Equipment

Land, buildings, and equipment at December 31, 2014 and 2013 consist of:

		2014	2013	Estimated useful lives
Land	$	40,243	40,243	--
Land improvements		11,916	11,916	5–20 years
Buildings		975,142	975,223	40–50 years
Equipment		386,029	368,318	4–25 years
		1,413,330	1,395,700	
Less accumulated depreciation		(743,105)	(698,349)	
		670,225	697,351	
Projects in process		19,144	22,853	
Construction in progress		122,052	51,047	
Land, buildings, and equipment, net	$	811,421	771,251	

Depreciation expense amounted to $52,666 and $53,900 for the years ending December 31, 2014 and 2013, respectively.

(4) Construction and Other Major Capital Projects

Construction and other major capital projects committed to by the Board are as follows:

Project		Total appropriation	Unexpended at December 31, 2014
Canada	$	122,000	59,436
Los Angeles		71,560	68,192
Lexington		54,027	48,560
St. Louis		48,000	12,520
Other		5,387	2,815
Approved equipment expenditures:			
Blackbaud		5,500	2,542
Information systems projects		17,604	8,403
Other equipment		16,154	—
	$	340,232	202,468

(Continued)

(5) Line of Credit

During 2011, SHC entered into an unsecured line-of-credit agreement, for up to $150 million, with a financial institution for the purpose of aiding in operations and cash management. During 2013, this limit was increased to $250 million. On the date of a principal draw, SHC may elect to incur interest at one of two interest rate options. At December 31, 2014 and 2013, $10 million and $0, respectively, was outstanding.

(6) Transactions with Shriners International

SHC was founded by Shriners International (formerly known as the Imperial Council of the Ancient Arabic Order of the Nobles of the Mystic Shrine for North America).

The International Headquarters building and equipment is owned by SHC. A portion of the building is occupied by Shriners International, which is allocated a share of the operating costs and depreciation of the building and equipment. The allocation of the costs is based upon the portion of the building occupied by Shriners International in relation to the total occupied space in the building.

SHC and Shriners International also share other costs based on the estimated fair value received by each organization. Additionally, hospital assessments, donations, and other charitable receipts from Shrine temples are collected and remitted to SHC by Shriners International.

At December 31, 2014 and 2013, amounts of $109 and $2,005, respectively, were due from Shriners International, and are included in receivables, net in the accompanying combined statements of financial position.

(7) Fund-Raising Activities and Special Events

SHC is financially supported through each Shriner's annual hospital assessment, income from investments, gifts, and bequests from the general public and from Shriners, and certain fund-raising activities conducted by Shriners. Shrine temples and Shriners raise funds for both fraternal and charitable purposes. Shrine fund-raising activities consist of paper sale donations, football games, golf tournaments, and other miscellaneous activities. The name "Shriners Hospitals for Children" may be used in connection with a fund-raising activity by a Shrine temple or Shriner only with the written consent of Shriners International and SHC when the proceeds are to benefit SHC. Some of these funds are retained by individual Shrine temples for the support of their respective hospital patient transportation fund.

Through the efforts of the donor relations committee, which oversees the development activities of SHC, gifts and bequests are solicited and received to support the operations of SHC or are designated by the Board for endowment purposes. Although the costs of these activities are included in fund-raising expenses, the associated revenues are reported as bequests and donations in the accompanying combined statements of operations and combined statements of changes of net assets.

SHC also engages in other fund-raising activities to generate donations and to develop their donor base. These activities are conducted through an agreement with an unrelated third party.

(Continued)

(In thousands)

Fund-raising and special events revenues and costs for the years ended December 31, 2014 and 2013 consist of the following

		2014	2013
Revenues from Shrine temple sponsored events	$	6,441	7,567
Direct mail revenue		14,992	11,316
Other revenue		7,455	8,169
	$	28,888	27,052
Fund-raising costs paid directly by Shrine temples in connection with fund-raising events	$	572	531
Donor relations expense		12,786	6,713
Direct mail expense		6,682	5,519
Other costs		12,106	12,201
	$	32,146	24,964

Revenues from Shrine temple sponsored events are reported net of direct costs of $3,047 and $2,924 for 2014 and 2013, respectively

During the year ended December 31, 2008, SHC became the Host Organization and Title Sponsor of a PGA Tour golf tournament Beginning in 2013, this tournament became part of the Fed-Ex tour The term of this agreement commenced with the 2008 event and will conclude after the 2017 tournament The 2014 event yielded $6,257 in revenues Expenses incurred on this event in 2014 were $10,710, creating a net loss on the event of $4,453 The 2013 event yielded $5,925 in revenues Expenses incurred on this event in 2013 were $10,263, creating a net loss on the event of $4,338 These revenues and expenses are included above in other revenue and other costs.

(8) Patient Transportation Funds Held by Shrine Temples

Shrine temples pay for substantially all of the costs of transporting patients to individual Shriners Hospitals from their temple hospital transportation funds These costs are supported by funds authorized to be retained from fund-raising events held for the benefit of SHC (note 7), as well as local donations from Shriners and the general public The activities of the Shrine temple patient transportation funds are reflected as a nonoperating change in patient transportation funds held by Shrine temples in the accompanying combined statements of operations.

(In thousands)

The activities of the patient transportation funds reflected for the years ended December 31, 2014 and 2013 are as follows

		2014	2013
Temple revenues restricted for patient transportation	$	17,295	17,416
Patient transportation costs		(14,809)	(14,483)
Change in patient transportation funds	$	2,486	2,933

(9) Fair Value Measurements

FASB ASC Topic 820, *Fair Value Measurement*, defines fair value as the exit price that would be received to sell an asset or paid to transfer a liability in the principal or most advantageous market in an orderly transaction between market participants on the measurement date. FASB ASC Topic 820 requires investments to be grouped into three categories based on certain criteria as noted below:

Level 1: Fair value is determined by using quoted prices for identical assets or liabilities in active markets.

Level 2: Fair value is determined by using other than quoted prices that are observable for the asset or liability (e.g., quoted prices for identical assets or liabilities in inactive markets, quoted prices for similar assets or liabilities in active markets, observable inputs other than quoted prices, and inputs derived principally from or corroborated by observable market data by correlation or other means).

Level 3: Fair value is determined by using inputs based on management assumptions that are not directly observable.

(Continued)

(In thousands)

The tables below summarize SHC's significant financial assets and liabilities measured at fair value on a recurring basis as of December 31, 2014 and 2013

	December 31, 2014	Fair value measurements at reporting date using		
		Level 1	Level 2	Level 3
Assets				
Long-term investments				
Short-term investments	$ 170,428	170,428		—
Common and preferred stocks	4,457,348	2,048,927	2,407,316	1,105
U S government securities	824,548	824,548	—	—
Corporate bonds	521,155		521,155	-
Other fixed income securities	1,229,078	—	1 223,685	5,393
Commodities fund	79,712		79,712	
Fund of funds	65,821	—	65,821	—
Charitable gift annuities	34,834	—	34,834	—
Beneficial interests in trusts	543,920	—	543,920	—
Real estate and mineral interests	268,614	—	--	268,614
Miscellaneous investments	20,284		20,284	
Total	$ 8,215,742	3,043,903	4,896,727	275,112
Collateral under securities lending transactions	$ 623 165	623,165	—	—
Liabilities				
Annuity liabilities	$ 21,898		21,898	–
Liabilities under securities lending transactions	623 165	623,165	–	—

(Continued)

(In thousands)

	December 31, 2013	Fair value measurements at reporting date using		
		Level 1	Level 2	Level 3
Assets				
Long-term investments				
Short-term investments	$ 122,883	122,883	—	—
Common and preferred stocks	4,781,476	2,878,780	1,902,045	651
U.S. government securities	687,960	687,960	—	—
Corporate bonds	757,846	–	756,832	1,014
Other fixed income securities	949,329	—	949,329	—
Commodities fund	72,007	–	72,007	—
Fund of funds	62,169	—	62,169	–
Charitable gift annuities	31,932	—	31,932	–
Beneficial interests in trusts	535,121	—	535,121	—
Real estate and mineral interests	239,566	—	—	239,566
Miscellaneous investments	18,158		18,158	–
Total	$ 8,258,447	3,689,623	4,327,593	241,231
Collateral under securities lending transactions	$ 608,878	608,878	—	—
Liabilities				
Annuity liabilities	$ 20,930	–	20,930	—
Liabilities under securities lending transactions	608,878	608,878		—

SHC's Level 1 assets and liabilities include investments in cash, cash equivalents, common and preferred stocks, and U.S. government securities and are valued at quoted market prices

SHC's Level 2 assets include investments in foreign common and preferred stock, corporate debt securities, other fixed income securities, commodities fund, fund of funds, charitable gift annuities, beneficial interest in trusts, and miscellaneous investments with fair values modeled by external pricing vendors. Liabilities include annuity liabilities

Level 3 assets include foreign and domestic common and preferred stocks, real estate and mineral interests, and investments in foreign and domestic corporate bonds

SHC's accounting policy is to recognize transfers between levels of the fair value hierarchy on the date the event or change in circumstances that caused the transfer. There were no transfers between Level 1 and Level 2 securities during the year

There were $573 of investments transferred out of Level 3 into Level 2 for the year ended December 31, 2014. There were $16,875 of transfers in to Level 3 of real estate from estates in process for the year ended December 31, 2014. There were no comparable transfers for the year ended December 31, 2013

(In thousands)

The tables below summarize the changes in Level 3 assets for the years ended December 31, 2014 and 2013

	Fair value measurements using significant unobservable inputs (Level 3)		
	Common and preferred stock and fixed income investments	Other investments	Total
2014:			
Beginning balance	$ 1,665	239,566	241,231
Total gains (realized/unrealized) included in increase (decrease) in unrestricted net assets	(322)	10,605	10,283
Purchases	6,626	3,694	10,320
Settlements	—	—	—
Sales	(898)	(2,126)	(3,024)
Transfers into/out of Level 3	(573)	16,875	16,302
Ending balance	$ 6,498	268,614	275,112

	Fair value measurements using significant unobservable inputs (Level 3)		
	Common and preferred stock and fixed income investments	Other investments	Total
2013			
Beginning balance	$ 1,801	219,170	220,971
Total gains (realized/unrealized) included in increase in unrestricted net assets	—	20,199	20,199
Purchases	—	3,724	3,724
Settlements	—	—	—
Sales	(136)	(3,527)	(3,663)
Ending balance	$ 1,665	239,566	241,231

(Continued)

(In thousands)

Realized and unrealized gains included in changes in net assets in Level 3 securities for the years ended December 31, 2014 and 2013 are reported in investment income as follows

		2014	2013
Total gains included in increase in unrestricted net assets	$	10,283	20,199
Change in unrealized gains relating to assets still held at reporting date		10,003	20,199

The fair values of the following investments have been estimated using the net asset value per share of the investments as of December 31, 2014 There are no unfunded commitments on any of these funds

		Fair value December 31, 2014	Redemption frequency	Redemption notice period
Northern Trust Global Investments Collective Daily S&P 500 Equity Index Fund – Lending (a)	$	965,149	Daily	None
Common Daily EAFE Index – Lending (b)		520,571	Daily	None
WTC CTF Opportunistic Fixed Income (c)		437,837	Monthly	30 days
Capital Guardian Absolute Income (d)		97,306	Monthly	5 days
Gresham TAP Fund (e)		79,713	Monthly	5 days
AQR Delta Fund (f)		33,286	Monthly	30 days
Aetos Capital Multi-Strategy (f)		32,535	Monthly	30 days
Pyramis High Yield (c)		130,514	Monthly	30 days
Total	$	2,296,911		

(a) The primary investment objective of the equity index fund is to match the risk and return characteristics of the S&P 500 Index Funds that participate in the securities lending program have a twice-per-month redemption restriction, and a total redemption would require SHC to fund its portion of any collateral shortfall.

(b) The primary objective of the fund is to approximate the risk and return characteristics of the Morgan Stanley Europe, Australasia, and Far East (MSCI EAFE) Index. This Index is commonly used to represent the non-U S equity markets This Fund may participate in securities lending

(c) The fund's investment objective is an unconstrained, nonbenchmark oriented investment approach Barclays Capital U S Aggregate Bond Index is used as the primary reference benchmark.

(d) The investment objective of the fund is to seek a level of income that exceeds the average yield on U S stocks generally, to grow such income annually, and to distribute an increasing amount of income per unit of the fund.

(Continued)

(In thousands)

(g) The primary objective of this fund is to approximate the risk and return characteristics of the Russell 2000 Growth Index

(10) Retirement Plans and Other Postretirement Benefits

The employees of the U.S. hospitals are included in the Shriners Hospitals for Children Employees' Retirement Plan and the Shriners Hospitals for Children Supplemental Retirement Plan (collectively, the Pension Plans). Benefits are based on years of service and the employees' compensation during the highest five consecutive years of employment. Contributions are made to the Pension Plans in accordance with ERISA requirements. In addition, SHC sponsors a postretirement life insurance plan (the Postretirement Plan). In March 2009, the Board voted to freeze entry of new participants into the Pension Plans effective May 1, 2009.

The actuarially computed net periodic pension cost for the Shriner's Hospital Pension Plans and the Postretirement Plan for the years ended December 31, 2014 and 2013 included the following components:

	Pension Plans		Postretirement Plan	
	2014	2013	2014	2013
Service cost – benefits earned during the period	$ 17,189	22,737	312	417
Interest cost on projected benefit obligation	26,220	23,777	584	552
Expected return on plan assets	31,477	(27,615)	—	-
Net amortized and deferral of unrecognized gains and losses	6,842	19,075	(33)	26
Net periodic pension cost	$ 81,728	37,974	863	995

(Continued)

(In thousands)

The following table sets forth the Pension Plans' and the Postretirement Plan's funded status and amounts recognized in the combined statements of financial position as of December 31, 2014 and 2013, respectively, (using a measurement date of December 31).

	Pension Plans		Postretirement Plan	
	2014	2013	2014	2013
Change in benefit obligation				
Benefit obligation at beginning of year	$ 516,969	580,606	11,543	13,535
Service cost	17,189	22,737	312	417
Interest cost	26,220	23,777	584	552
Actuarial gain (loss)	136,742	(91,552)	1,107	(2,731)
Benefits paid	(39,846)	(18,599)	(250)	(230)
Benefit obligation at end of year	657,274	516,969	13,296	11,543
Change in plan assets				
Fair value of plan assets at beginning of year	430,325	373,082		—
Actual return on plan assets	61,795	38,404		—
Employer contributions	33,320	37,438	250	230
Benefits paid	(39,846)	(18,599)	(250)	(230)
Fair value of plan assets at end of year	485,594	430,325	-	—
Funded status at end of year	$ (171,680)	(86,644)	(13,296)	(11,543)

The accumulated benefit obligation for the Pension Plans was $579,912 and $458,199 at December 31, 2014 and 2013, respectively. The accumulated benefit obligation differs from the benefit obligation above in that it includes no assumption about future compensation levels. It represents the actuarial present value of future payments to plan participants using current and past compensation levels.

Weighted average assumptions used to determine projected benefit obligations at December 31, 2014 and 2013 were as follows:

	Pension Plans		Postretirement Plan	
	2014	2013	2014	2013
Discount rate	4.00%	5.00%	4.00%	5.00%
Rate of compensation increase	3.50	3.50	N/A	N/A

(Continued)

(In thousands)

Weighted average assumptions used to determine the net periodic benefit costs of the Pension Plans and the Postretirement Plan are:

	Pension Plans		Postretirement Plan	
	2014	2013	2014	2013
Discount rate	4.00%	5.00%	4.00%	5.00%
Expected long-term rate of return on plan assets	7.50%	7.50%	N/A	N/A
Rate of compensation increase	3.50%	3.50%	N/A	N/A

The expected long-term rate of return is based on the portfolio as a whole and not on the sum of the returns on individual asset categories. The return is based exclusively on historical returns, without adjustments.

The following are deferred pension costs, which have not yet been recognized in periodic pension expense but instead are accrued in unrestricted net assets as of December 31, 2014. Unrecognized actuarial losses represent unexpected changes in the projected benefit obligation and plan assets over time, primarily due to changes in assumed discount rates and investment experience. Unrecognized prior service cost is the impact of changes in plan benefits applied retrospectively to employee service previously rendered. Deferred pension costs are amortized into annual pension expense over the average remaining assumed service period for active employees.

	Pension Plans		Postretirement Plan	
	Amounts recognized in unrestricted net assets at December 31, 2014	Amounts in unrestricted net assets to be recognized during the next fiscal year	Amounts recognized in unrestricted net assets at December 31, 2014	Amounts in unrestricted net assets to be recognized during the next fiscal year
Actuarial loss	$ 196,188	18,753	394	—
Prior service cost	(39)	(6)	—	—
Total	$ 196,149	18,747	394	—

(Continued)

(In thousands)

(a) Plan Assets

The weighted average allocation of the Pension Plans' assets at December 31, 2014 and 2013 was as follows:

Asset category	2014	2013
Short-term investments	2%	1%
Common and preferred stock	48	52
Corporate and miscellaneous bonds	21	19
Mutual funds	29	28
Total assets	100%	100%

SHC's investment policies and strategies for pension benefits do not use target allocations for the individual asset categories. The Hospitals' investment goals are to maximize returns subject to specific risk management policies.

(Continued)

(In thousands)

The table below summarizes the Pension Plans' significant financial assets measured at fair value on a recurring basis using the net asset value per share of the investments as of December 31, 2014

	December 31, 2014	Fair value measurements at reporting date using		
		Level 1	Level 2	Level 3
Assets:				
Northern Trust Global Investments Collective Funds Trust (a)	$ 10,247	10,247	—	-
Dimensional Fund Advisors (DFA) Emerging Markets Value (b)	21,550	—	21,550	—
Blackrock Global Allocation Fund (c)	21,958	—	21,958	—
Blackrock World Ex-U S Alpha Tilts L Fund (d)	45,442	—	45,442	—
Northern Trust Global Investments Collective Russell 2000 Index Fund Nonlending (e)	49,903	—	49,903	—
Northern Trust Global U S Treasury Interest Strips (f)	101,504	—	101,504	—
Northern Trust Global Investments Collective Daily S&P 500 Equity Index Fund - Nonlending (g)	140,063	—	140,063	—
Pacific Investment Management Long Duration Total Return Funds (h)	72,956	—	72,956	—
Series All AST funds (i)	21,971	—	21,971	—
Total	$ 485,594	10,247	475,347	—

(a) This fund is composed of high-grade money market instruments with short maturities The fund seeks to provide an investment vehicle for cash reserves while offering a competitive rate of return

(b) The fund seeks to provide long-term growth of capital by investing primarily in a wide variety of international equity securities issued throughout the world, normally excluding the U S

(c) This fund seeks to exceed the S&P 500

(Continued)

(d) This fund seeks to exceed the Morgan Stanley Capital International World Ex-US Europe Australasia Far East Free Index.

(e) The primary objective of this fund is to approximate the risk and return characterized by the Russell 2000 Index. This index is commonly used to represent the small cap segment of the U S equity market The fund does not participate in securities lending

(f) This fund seeks to provide a growth of capital by investing in U S Treasury Separate Trading of Registered Interest and Principal Securities or STRIPS.

(g) This fund seeks to maximize current income and capital appreciation while maintaining exposure consistent with its benchmark The fund maintains duration within two years of the Barclays Capital Long Term Government/Credit Index

(h) The primary objective of this fund is to approximate the risk and return characteristics of the S&P 500 Index The Index is commonly used to represent the large-cap segment of the U S equity market This fund does not participate in securities lending

(i) This fund seeks maximum real return, consistent with preservation of real capital and prudent investment management While the fund is nondiversified, it invests in diversified underlying holdings

(Continued)

(In thousands)

The table below summarizes the Pension Plans' significant financial assets measured at fair value on a recurring basis using the net asset value per share of the investments as of December 31, 2013:

	December 31, 2013	Fair value measurements at reporting date using		
		Level 1	Level 2	Level 3
Assets				
Northern Trust Global Investments Collective Funds Trust (a)	$ 4,017	4,017	—	—
Dimensional Fund Advisors (DFA) Emerging Markets Value (b)	20,433	—	20,433	-
Blackrock Global Allocation Fund (c)	21,715	—	21,715	-
Blackrock World Ex-U S Alpha Tilts L Fund (d)	45,276		45,276	-
Northern Trust Global Investments Collective Russell 2000 Index Fund – Nonlending (e)	44,827	-	44,827	—
Northern Trust Global U S Treasury Interest Strips (f)	80,081	—	80,081	—
Northern Trust Global Investments Collective Daily S&P 500 Equity Index Fund – Nonlending (g)	133,855	—	133,855	—
Pacific Investment Management				
Long Duration Total Return Funds (h)	60,642	—	60,642	—
Series All AST funds (i)	19,479	—	19,479	—
Total	$ 430,325	4,017	426,308	—

(a) This fund is composed of high-grade money market instruments with short maturities. The fund seeks to provide an investment vehicle for cash reserves while offering a competitive rate of return.

(b) The fund seeks to provide long-term growth of capital by investing primarily in a wide variety of international equity securities issued throughout the world, normally excluding the U S

(c) This fund seeks to exceed the S&P 500.

(Continued)

(In thousands)

(d) This fund seeks to exceed the Morgan Stanley Capital International World Ex-US Europe Australasia Far East Free Index

(e) The primary objective of this fund is to approximate the risk and return characterized by the Russell 2000 Index. This index is commonly used to represent the small cap segment of the U.S. equity market. The fund does not participate in securities lending

(f) The primary objective of this fund is to approximate the risk and return characteristics of the S&P 500 Index. The Index is commonly used to represent the large-cap segment of the U.S. equity market. This fund does not participate in securities lending

(g) This fund seeks to maximize current income and capital appreciation while maintaining exposure consistent with its benchmark. The fund maintains duration within two years of the Barclays Capital Long Term Government/Credit Index

(h) This fund seeks to provide a growth of capital by investing in U.S. Treasury Separate Trading of Registered Interest and Principal Securities or STRIPS

(i) This fund seeks maximum real return, consistent with preservation of real capital and prudent investment management. While the fund is nondiversified, it invests in diversified underlying holdings

(b) Contributions

Annual contributions are determined based upon calculations prepared by the plans' actuary. Expected contributions to the Pension Plans and the Postretirement Plan are $27,538 and $340, respectively, in 2015.

(c) Benefit Payments

The following benefit payments, which reflect expected future service, as appropriate, are expected to be paid out of the plans:

	Pension Plans	Postretirement Plan
Fiscal years		
2015	$ 21,763	340
2016	22,958	360
2017	25,290	383
2018	27,898	406
2019	30,308	430
2020–2024	180,031	2,538

SHC also has a retirement savings plan for all eligible employees. Under this plan, SHC matches 50% of the first 6% of voluntary contributions made from eligible compensation by employees. Matching

(Continued)

contributions by SHC to the retirement savings plan were $6,679 and $6,029 in 2014 and 2013, respectively.

Canadian and Mexican hospital employees are included in government retirement programs of their respective countries

(11) Estimated Malpractice Costs and Other Contingencies

SHC is self-insured for claims attributed to malpractice and workers' compensation from providing professional and patient care services. Claims alleging malpractice have been asserted against SHC and are currently in various stages of litigation. Additional claims may be asserted against SHC arising from services provided to patients through December 31, 2014. Liabilities for malpractice and workers' compensation claims are established based on specific identification and historical experience using actuarial methodologies. It is the opinion of management that estimated malpractice and workers' compensation claims accrued should be adequate to provide for potential losses resulting from both reported claims and claims incurred but not reported. Such amounts are not material and are recorded in accounts payable and accrued expenses on the accompanying combined statements of financial position.

SHC is also a party to various other claims and legal actions arising in the ordinary course of business. Management does not believe that the ultimate outcome of such claims and legal actions will have a material adverse effect on the financial position or activities of SHC.

(12) Endowment Funds

FASB ASC Subtopic 958-205, *Not-for-Profit Entities – Presentation of Financial Statements*, provides guidance on the net asset classification of donor-restricted endowment funds for a not-for-profit organization that is subject to an enacted version of the Uniform Prudent Management of Institutional Funds Act (UPMIFA). FASB ASC Subtopic 958-205 also requires enhanced disclosures about an organization's endowment funds, whether or not the organization is subject to an enacted version of UPMIFA. These disclosures shall enable users of financial statements to understand the net asset classification, net asset composition, changes in net asset composition, spending policy, and related investment policy of its endowment funds (both donor restricted and board designated). On July 1, 2012, the State of Florida enacted UPMIFA. As a result, SHC implemented all requirements of FASB ASC Subtopic A958-205, most notably the requirement that all donor-restricted endowment funds that are not classified as permanently restricted net assets be classified as temporarily restricted net assets until those amounts are appropriated for expenditure by SHC in a manner consistent with the standard of prudence prescribed in UPMIFA. SHC performed an analysis of the endowment funds and concluded that no reclassifications were needed between the endowment classes.

SHC's endowment consists of marketable securities, charitable gift annuities, beneficial interest in trusts, real estate and mineral interests, and miscellaneous investments. The endowment consists of both donor-restricted funds, as well as funds designated by the Board of Trustees to function as endowments.

The Board has interpreted the wishes of donors and state law as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, SHC classifies as permanently restricted net

assets (a) the original value of gifts donated, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the endowment. Gifts given with a restriction of time or purpose are added to the endowment as temporarily restricted funds. Upon the passage of time or completion of purpose, these funds are released as unrestricted. Funds designated by the Board as endowment funds are included as unrestricted endowment funds.

Investment Return Objectives, Risk Parameters, and Strategies. SHC has adopted investment and spending policies, approved by the Investment Committee, for endowment assets that attempt to provide a predictable stream of funding to support the hospital system, while also maintaining the purchasing power of those endowment assets over the long term. Accordingly, the investment process seeks to achieve an after-cost total real rate of return, including investment income, as well as capital appreciation, which exceeds the budgeted annual distribution with acceptable levels of risk. Endowment assets are invested in a well-diversified asset mix, which includes equity and fixed-income securities that is intended to result in a rate of return that has sufficient liquidity to provide a high level of cash distribution, while growing the funds, if possible. Therefore, SHC expects its endowment assets, over time, to produce an average rate of return of approximately 7.25% annually. Actual returns in any given year may vary from this amount. Investment risk is measured in terms of the total endowment fund, investment assets and allocation between asset classes and strategies are managed to not expose the fund to unacceptable levels of risk.

Spending Policy. The Board does not have a formal endowment spending policy. Generally, all investment return (excluding capital appreciation) is utilized in funding SHC's programs. In making this funding decision, the Board considers the long-term expected return on its investment assets, the nature and duration of the individual endowment funds, some of which must be maintained in perpetuity because of donor-restrictions, and the possible effects of inflation. The Board's goal is for its endowment funds to grow annually to maintain the purchasing power of the endowment assets, as well as, to provide additional real growth through new gifts and investment return.

(Continued)

(In thousands)

Endowment asset composition by type of fund, as of December 31, 2014 and 2013, is as follows

	Unrestricted	Temporarily restricted	Permanently restricted	Total endowment assets
2014:				
Board-designated endowment funds	$ 7,671,822	—	—	7,671,822
Donor-restricted endowment funds	—	110,105	433,815	543,920
	$ 7,671,822	110,105	433,815	8,215,742
2013:				
Board-designated endowment funds	$ 7,723,326	—	—	7,723,326
Donor-restricted endowment funds	—	108,400	426,721	535,121
	$ 7,723,326	108,400	426,721	8,258,447

Changes in endowment assets for the years ended December 31, 2014 and 2013 are as follows

	Unrestricted	Temporarily restricted	Permanently restricted	Total endowment net assets
2014				
Balance, beginning of year	$ 7,723,326	108,400	426,721	8,258,447
Donations and bequests	—	7,159	560	7,719
Investment income	220,592	—	(105)	220,487
Net appreciation	62,624	5,022	6,639	74,285
Reclassifications	10,675	(10,675)	—	—
Withdrawals	(345,196)	—	—	(345,196)
Balance, end of year	$ 7,672,021	109,906	433,815	8,215,742
2013				
Balance, beginning of year	$ 7,095,288	108,611	381,916	7,585,815
Donations and bequests	—	1,113	6,656	7,769
Investment income	206,175	—	114	206,289
Net appreciation	852,216	3,012	38,035	893,263
Reclassifications	4,336	(4,336)	—	—
Withdrawals	(434,689)	—	—	(434,689)
Balance, end of year	$ 7,723,326	108,400	426,721	8,258,447

(Continued)

(13) Subsequent Events

SHC has evaluated events and transactions occurring subsequent to December 31, 2014 as of April 6, 2015, which is the date the combined financial statements were available to be issued. Management believes that no material events have occurred since December 31, 2014 that require recognition or disclosure in the combined financial statements

SHRINERS HOSPITALS FOR CHILDREN

Headquarters, Administrative, and Board-Related Expenses

Years ended December 31, 2014 and 2013

(In thousands)

	2014	2013
Board and committee	$ 1,036	1,228
Executive vice president's office	717	691
Public relations	9,964	6,710
Medical related	4,055	3,260
Hospital related	2,700	2,320
Human resources	2,813	2,423
Planning and business development	963	755
Compliance	638	537
Legal	3,652	4,241
Accounting	2,133	2,016
General and administrative	9,791	11,129
Headquarters building operations	1,035	755
Depreciation	7,357	6,702
	$ 46,854	42,767

See accompanying independent auditors' report