

Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047 2013

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning and ending

B Check if applicable:

C Name of organization

D Employer identification number

Address change Name change Initial return Termination Aged return Amended return Application pending

SHRINERS HOSPITALS FOR CHILDREN

Doing Business As

36-2193608

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

E Telephone number (813) 281-0300

City or town, state or province, country, and ZIP or foreign postal code TAMPA, FL 33631-3356

G Gross receipts \$ 3,657,763,135.

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 X No 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: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: HTTP://WWW.SHRINERSHQ.ORG/

K Form of organization: X Corporation Association Other L Year of formation: 1925 M State of legal domicile: CO

Part I Summary

Table with 2 columns: Description and Amount. Rows include: 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. 4. Number of independent voting members of the governing body (Part VI, line 1b) 4. 5. Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5779. 6. Total number of volunteers (estimate if necessary) 6. 7a. Total unrelated business revenue from Part VIII, column (C), line 12 7a. 0. 7b. Net unrelated business taxable income from Form 990-T, line 34. 7b. 0.

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 8. Contributions and grants (Part VIII, line 1h) 202,387,056. 9. Program service revenue (Part VIII, line 2g) 90,235,650. 10. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 321,112,058. 11. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 22,979,284. 12. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 636,714,048. 13. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 355,040. 14. Benefits paid to or for members (Part IX, column (A), line 4) 0. 15. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 344,874,313. 16a. Professional fundraising fees (Part IX, column (A), line 11e) 8,778,069. 16b. Total fundraising expenses (Part IX, column (D), line 25) 24,382,591. 17. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 277,342,114. 18. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 631,349,536. 19. Revenue less expenses. Subtract line 18 from line 12. 5,364,512. 20. Total assets (Part X, line 16) 8,301,573,544. 21. Total liabilities (Part X, line 26) 980,615,198. 22. Net assets or fund balances. Subtract line 21 from line 20. 7,320,958,346.

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 Signature of officer DOUGLAS MAXWELL, PRESIDENT Date Signature of preparer NATHAN SMITH Date

Paid Preparer Use Only Print/type preparer's name Preparer's signature Date Check if self-employed PTIN Firm's name FIRM'S ADDRESS FIRM'S EIN PHONE 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 O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes 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 \$ 92,736,128. Including grants of \$) (Revenue \$ 24,134,765.)
TREATMENT OF PEDIATRIC BURN VICTIMS ADMISSIONS: 885.
OUTPATIENT CLINIC VISITS: 15,758 AT 2 BURNS HOSPITALS AND ONE HOSPITAL
THAT SPECIALIZES IN BOTH BURNS AND ORTHOPAEDIC SERVICES.
OUTPATIENT CLINIC SURGERIES: 2,078.

4b (Code:) (Expenses \$ 420,617,935. Including grants of \$ 46,000.) (Revenue \$ 109,466,666.)
TREATMENT OF ORTHOPAEDIC PATIENTS ADMISSIONS: 11,612.
OUTPATIENT CLINIC VISITS: 252,812 AT 16 ORTHOPAEDIC HOSPITALS AND ONE
HOSPITAL THAT SPECIALIZES IN BOTH ORTHOPAEDIC AND BURNS SERVICES.
OUTPATIENT CLINIC SURGERIES: 9,544.

4c (Code:) (Expenses \$ 19,577,883. 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. 138 RESEARCH PROJECTS WERE FUNDED, AND 23
RESEARCH FELLOWSHIPS WERE PROVIDED. SHRINERS HOSPITALS FOR CHILDREN IS
COMMITTED TO THE SUSTAINED INVESTMENT IN CLINICALLY USEFUL RESEARCH SO
THAT FUNDAMENTAL KNOWLEDGE CAN BE ACQUIRED, IMPROVING THE QUALITY OF
LIFE FOR CHILDREN WITH ORTHOPAEDIC PROBLEMS, BURN AND SPINAL CORD
INJURIES.

4d Other program services (Describe in Schedule O.)
(Expenses \$) (Revenue \$)
4e Total program service expenses Including grants of \$ 532,931,946.) (Revenue \$)

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)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VI</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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)? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	21 X	
22 Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	X
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? <i>If "Yes," complete Schedule J</i>	23	X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
24c 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	
24d 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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
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? <i>If so, complete Schedule L, Part II</i>	26	X
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? <i>If "Yes," complete Schedule L, Part III</i>	27	X
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? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
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? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
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? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	X

Form **990** (2013)

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 **X**

	1a	1b	976	1c	Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			976			
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			0			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?				X		
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		5779			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?				X		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)						
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?					X	
b If "Yes," has it filed a Form 990-T for this year? <i>If "No," to line 3b, provide an explanation in Schedule O</i>						
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)?				X		
b If "Yes," enter the name of the foreign country: SEE SCHEDULE O						
See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.						
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?					X	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?					X	
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?						
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?					X	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?						
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?					X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?				X		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?				X		
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?					X	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?					X	
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?					X	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?					X	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?						8
9 Sponsoring organizations maintaining donor advised funds.						
a Did the organization make any taxable distributions under section 4966?						9a
b Did the 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?						13a
Note. See the instructions for additional information the organization must report on Schedule O.						
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	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
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>						14b

Form 990 (2013)

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

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

Section A. Governing Body and Management

	1a	1b	19	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year			19		
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			14		
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	X
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	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				5	X
6 Did the organization have members or stockholders?				6	X
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	X
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	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:					
a The governing body?				8a	X
b Each committee with authority to act on behalf of the governing body?				8b	X
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9	X

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

	10a	Yes	No
10a Did the organization have local chapters, branches, or affiliates?	10a		X
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	X	
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	X	
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13 Did the organization have a written whistleblower policy?	13	X	
14 Did the organization have a written document retention and destruction policy?	14	X	
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	X	
b Other officers or key employees of the organization	15b	X	
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		X
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**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) 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, physical address, and telephone number of the person who possesses the books and records of the organization: **SHARON RUSSELL - 813-281-0300**
2900 ROCKY POINT DRIVE, TAMPA, FL 33607

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response or note to any line in this Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

- 1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former** directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- 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 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			
(1) JACK JONES DIRECTOR	15.00	X					0.	149,289.	0.
(2) DOUGLAS MAXWELL PRESIDENT, TRUSTEE	35.00	X		X			18,000.	0.	0.
(3) ALAN MADSEN DIRECTOR	5.00	X					0.	47,500.	0.
(4) JOHN CINOTTO CHAIRMAN	5.00	X		X			0.	71,250.	0.
(5) DALE STAUSS FIRST V.P.	5.00	X		X			0.	0.	0.
(6) JERRY GANTT SECOND V.P.	5.00	X		X			0.	0.	0.
(7) CHRIS SMITH SECRETARY	5.00	X		X			0.	0.	0.
(8) GARY BERGENSKE ASSISTANT SECRETARY	5.00	X		X			0.	2,700.	0.
(9) JIM CAIN DIRECTOR	5.00	X					0.	0.	0.
(10) JEFFREY SOWDER DIRECTOR	5.00	X					0.	0.	0.
(11) WAYNE LACHUT DIRECTOR	5.00	X					0.	0.	0.
(12) JAMES SMITH DIRECTOR	5.00	X					0.	0.	0.
(13) GARY DUNWOODY TRUSTEE	5.00	X					0.	0.	0.
(14) RAOUL L. FREVAL TRUSTEE	5.00	X					0.	0.	0.
(15) BOBBY SIMMONS TRUSTEE	5.00	X					0.	0.	0.
(16) ANTHONY WEST TRUSTEE	5.00	X					0.	0.	0.
(17) JAMES MCCONNELL TREASURER	5.00	X		X			0.	0.	0.

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 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			
(18) JOSEPH SAVAGLIO DIRECTOR	5.00	X					0.	0.	0.
(19) SKIP STANAWAY DIRECTOR	5.00	X					0.	0.	0.
(20) JOHN MCCABE EXECUTIVE VICE PRESIDENT	40.00			X			326,120.	0.	18,541.
(21) MICHAEL ALONA CHIEF OF STAFF	40.00			X			452,664.	0.	1,305,417.
(22) KEVIN YAKUBOFF CHIEF OF PLASTIC SURGERY	40.00			X			354,744.	0.	547,062.
(23) DENNIS GROGAN CHIEF OF STAFF	40.00			X			326,536.	0.	695,062.
(24) PETER ARMSTRONG CHIEF OF STAFF	40.00			X			339,243.	0.	671,805.
(25) JOHN LORANT PLASTIC SURGEON, ASSOCIATE PROFESSOR	40.00			X			385,444.	0.	384,451.
1b Sub-total							2,202,751.	270,739.	3,622,338.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							2,202,751.	270,739.	3,622,338.

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 **415**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	X
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? <i>If "Yes," complete Schedule J for such individual</i>	4	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5	X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
S M WILSON AND CO 2185 HAMPTON AVE, ST LOUIS, MO 63139	CONSTRUCTION SERVICES	9,328,042.
UTMB AT GALVESTON 301 UNIVERSITY BLVD, GALVESTON, TX 77550	MEDICAL SERVICES	8,127,019.
JT HEALTHCARE SYSTEMS, 425 HOES LANE, PISCATAWAY TOWNSHIP, NJ 08854	MEDICAL SUPPLIES	7,633,075.
CERNER CORP, 2800 ROCKCREEK PKWY, NORTH KANSAS CITY, MO 64117	SOFTWARE MAINTENANCE	7,336,726.
OWENS & MINOR, 9120 LOCKWOOD BLVD, MECHANICSVILLE, VA 23116	MEDICAL SERVICES	6,979,870.
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 376		

Part VIII Statement of Revenue

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

		(A)	(B)	(C)	(D)
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts					
1 a	Federated campaigns	1a			
b	Membership dues	1b	1,332,186.		
c	Fundraising events	1c			
d	Related organizations	1d			
e	Government grants (contributions)	1e	3,420,738.		
f	All other contributions, gifts, grants, and similar amounts not included above	1f	205,622,081.		
g	Noncash contributions included in lines 1a-1f: \$				
h	Total. Add lines 1a-1f		210,375,005.		
Program Service Revenue					
2 a	PATIENT SERVICE	Business Code			
b		621110	133,601,431.	133,601,431.	
c					
d					
e					
f	All other program service revenue				
g	Total. Add lines 2a-2f		133,601,431.		
3	Investment income (including dividends, interest, and other similar amounts)		179,328,253.		179,328,253.
4	Income from investment of tax-exempt bond proceeds				
5	Royalties		41,567.		41,567.
6 a	Gross rents	(i) Real	14,262,935.		
b	Less: rental expenses	(ii) Personal	0.		
c	Rental income or (loss)		14,262,935.		14,262,935.
d	Net rental income or (loss)				
7 a	Gross amount from sales of assets other than inventory	(i) Securities			
b	Less: cost or other basis and sales expenses	(ii) Other			
c	Gain or (loss)		2731613205.	123,859.	
d	Net gain or (loss)		354,349,495.	-123,859.	354,225,636.
8 a	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	a	26,707,961.		
b	Less: direct expenses	b	477,350.		
c	Net income or (loss) from fundraising events		26,230,611.		26,230,611.
9 a	Gross income from gaming activities. See Part IV, line 19	a			
b	Less: direct expenses	b			
c	Net income or (loss) from gaming activities				
10 a	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					
11 a	OTHER INCOME	Business Code	7,483,283.		7,483,283.
b		900099			
c					
d	All other revenue		7,483,283.		
e	Total. Add lines 11a-11d		925,548,721.	133,601,431.	0.
12	Total revenue. See instructions.				581,572,285.

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 X

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 governments and organizations in the United States. See Part IV, line 21	46,000.	46,000.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	362,661.	311,888.	50,773.	
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	256,713,311.	231,170,325.	23,990,088.	1,552,898.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	34,184,533.	31,703,805.	2,480,728.	
9 Other employee benefits	42,598,673.	37,535,385.	5,063,288.	
10 Payroll taxes	17,639,502.	15,859,623.	1,779,879.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	6,549,429.			6,549,429.
f Investment management fees	12,484,900.		12,484,900.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	75,468,165.	59,750,474.	13,468,850.	2,248,841.
12 Advertising and promotion	2,186,007.	2,031,438.	152,593.	1,976.
13 Office expenses	17,000,429.	5,933,138.	10,724,012.	343,279.
14 Information technology	5,904,958.	468,406.	5,423,917.	12,635.
15 Royalties				
16 Occupancy	20,679,574.	16,263,233.	4,416,341.	
17 Travel	5,602,614.	3,061,655.	2,339,686.	201,273.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	524,817.	213,452.	201,926.	109,439.
20 Interest	180,655.		180,655.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	45,669,818.	38,967,912.	6,701,906.	
23 Insurance	4,310,743.	3,586,508.	724,235.	
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	77,813,334.	77,813,334.		
b PGA EVENT EXPENSES	10,263,540.			10,263,540.
c PATIENT COSTS	2,998,179.	2,220,119.	778,060.	
d DUES AND REGISTRATIONS	1,878,003.	1,690,205.	174,634.	13,164.
e All other expenses	7,562,392.	4,305,046.	171,229.	3,086,117.
25 Total functional expenses. Add lines 1 through 24e	648,622,237.	532,931,946.	91,307,700.	24,382,591.
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		
2 Savings and temporary cash investments	6,625,642.	10,708,836.
3 Pledges and grants receivable, net	8,645,395.	32,381,302.
4 Accounts receivable, net		
5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		
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 instr). Complete Part II of Sch L		
7 Notes and loans receivable, net		
8 Inventories for sale or use	18,755,223.	18,050,435.
9 Prepaid expenses and deferred charges	7,657,763.	10,361,996.
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,190,985,368.	
b Less: accumulated depreciation	580,693,790.	
11 Investments - publicly traded securities	606,032,608.	610,291,578.
12 Investments - other securities. See Part IV, line 11	6,015,404,955.	6,520,990,621.
13 Investments - program-related. See Part IV, line 11	241,391,907.	257,723,656.
14 Intangible assets		
15 Other assets. See Part IV, line 11	1,397,060,051.	1,511,210,215.
16 Total assets. Add lines 1 through 15 (must equal line 34)	8,301,573,544.	8,971,718,639.
17 Accounts payable and accrued expenses	314,377,590.	197,332,431.
18 Grants payable		
19 Deferred revenue	14,071,728.	12,126,811.
20 Tax-exempt bond liabilities		
21 Escrow or custodial account liability. Complete Part IV of Schedule D	37,483,795.	36,981,955.
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		
23 Secured mortgages and notes payable to unrelated third parties		
24 Unsecured notes and loans payable to unrelated third parties	63,000,000.	0.
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	551,682,085.	608,878,000.
26 Total liabilities. Add lines 17 through 25	980,615,198.	855,319,197.
27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets	5,969,812,253.	6,726,358,349.
28 Temporarily restricted net assets	320,177,402.	309,908,402.
29 Permanently restricted net assets	1,030,968,691.	1,080,132,691.
30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.		
30 Capital stock or trust principal, or current funds		
31 Paid-in or capital surplus, or land, building, or equipment fund		
32 Retained earnings, endowment, accumulated income, or other funds		
33 Total net assets or fund balances	7,320,958,346.	8,116,399,442.
34 Total liabilities and net assets/fund balances	8,301,573,544.	8,971,718,639.

Form 990 (2013)

Part XI Reconciliation 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)	925,548,721.	1
2	Total expenses (must equal Part IX, column (A), line 25)	648,622,237.	2
3	Revenue less expenses. Subtract line 2 from line 1	276,926,484.	3
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	7,320,958,346.	4
5	Net unrealized gains (losses) on investments	434,122,545.	5
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)	84,392,067.	9
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	8,116,399,442.	10

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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a	2a
2b Were the organization's financial statements audited by an independent accountant? 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	2b
2c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	2c
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? <input type="checkbox"/>	3a	3a
3b 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	3b

Form **990** (2013)

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV.)						
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2013. 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	<input type="checkbox"/>	
b 33 1/3% support test - 2012. 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	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2013. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2012. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
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	<input type="checkbox"/>	

Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV)						
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	16
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))		
16 Public support percentage from 2012 Schedule A, Part III, line 15		

Section D. Computation of Investment Income Percentage

	17	18
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))		
18 Investment income percentage from 2012 Schedule A, Part III, line 17		
19a 33 1/3% support tests - 2013. 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 <input type="checkbox"/>		
b 33 1/3% support tests - 2012. 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 <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12.

Also complete this part for any additional information. (See instructions).

Area with multiple horizontal lines for supplemental information.

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and

its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

SHRINERS HOSPITALS FOR CHILDREN

Employer identification number

36-2193608

Organization type (check one):

Filers of: Section:

Form 990 or 990-EZ 501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF 501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(v) and received from any one contributor, during the year, a contribution of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization

Employer identification number

SHRINERS HOSPITALS FOR CHILDREN

36-2193608

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 12,891,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 8,492,092.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

SHRINERS HOSPITALS FOR CHILDREN

36-2193608

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	

Name of organization

Employer identification number

SHRINERS HOSPITALS FOR CHILDREN

36-2193608

Part III

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held	(e) Transfer of gift										
				<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Transferee's name, address, and ZIP + 4</td> <td style="width: 50%;">Relationship of transferor to transferee</td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>	Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee								
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Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee													

SCHEDULE D
(Form 990)

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.

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047
2013
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 contributions to (during year)		
3 Aggregate 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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 Tax 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 \$ Yes No
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(f)(4)(B)(i) and section 170(f)(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) Revenues 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 Revenues 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 d Loan or exchange programs
 b Scholarly research e Other _____
 c Preservation for future generations

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
 5 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:

c Beginning balance	1c	Amount		
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? Yes No
 b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII Yes No

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

1a Beginning of year balance	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
b Contributions	6,725,272,450.	6,340,401,648.	6,598,994,424.	6,299,536,273.	5,604,239,809.
c Net investment earnings, gains, and losses	968,695,800.	830,356,472.	3,569,133.	696,982,199.	995,576,563.
d Grants or scholarships					
e Other expenditures for facilities and programs	388,260,817.	445,485,670.	262,161,909.	397,524,048.	300,280,099.
f Administrative expenses					
g End of year balance	7,305,707,433.	6,725,272,450.	6,340,401,648.	6,598,994,424.	6,299,536,273.

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

- a Board designated or quasi-endowment 15.00 % 81.00 %
 b Permanent endowment 4.00 %
 c Temporarily restricted endowment 4.00 %

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:

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

Part VI Land, Buildings, and Equipment. Describe in Part XIII the intended uses of the organization's endowment funds.

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	800,178,917.		345,697,120.	454,481,797.	
c Leasehold improvements	10,650,879.		8,515,719.	2,135,160.	
d Equipment	298,053,303.		226,480,951.	71,572,352.	
e Other	53,464,035.			53,464,035.	
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				610,291,578.	

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		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BENEFICIAL INTERESTS IN TRUSTS	535,121,378.
(2) ESTATES IN PROCESS	281,058,276.
(3) PATIENT TRANSPORTATION FUNDS	54,866,573.
(4) COLLATERAL CASH AND SECURITIES	608,878,000.
(5) RECEIVABLES FROM INCOME TRUSTS	1,635,792.
(6) RELATED PARTY RECEIVABLES	29,650,196.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	1,511,210,215.

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.

(a) Description of liability	(b) Book value
1. Federal income taxes	
(2) LIABILITY UNDER SEC. LENDING	608,878,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	608,878,000.

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 XII 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		1,347,945,003.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	434,122,545.
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	434,122,545.
3	Subtract line 2e from line 1	3	913,822,458.
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	11,726,263.
c	Add lines 4a and 4b	4c	11,726,263.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	925,548,731.

Part XIII 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		636,614,687.
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	477,350.
e	Add lines 2a through 2d	2e	477,350.
3	Subtract line 2e from line 1	3	636,137,337.
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	12,484,900.
c	Add lines 4a and 4b	4c	12,484,900.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	648,622,237.

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.

PART V, LINE 4:

EXPLANATION: THE ENDOWMENT FUNDS (INCLUDING UNRESTRICTED FUND BALANCES)

ARE THE PRIMARY SOURCE OF SUPPORT FROM WHICH SHRINERS HOSPITALS FOR

CHILDREN PERFORMS ITS PROGRAM SERVICES TO ACHIEVE ITS PRIMARY EXEMPT

PURPOSE.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES RECLASSIFIED FROM EXPENSES -477,350.

OTHER CHANGES -379,498.

LIFE MEMBERSHIPS INCOME FROM CHANGE IN FUND BALANCE 98,211.

RECLASSIFIED INVESTMENT EXPENSES 12,484,900.

TOTAL TO SCHEDULE D, PART XI, LINE 4B 11,726,263.

332054 Schedule D (Form 990) 2013

09-25-13

15270710 144584 67151

24 2013.04000 SHRINERS HOSPITALS FOR CHIL 671511

Part XIII Supplemental Information *(continued)*

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES RECLASSIFIED TO NET WITH REVENUES 477,350.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

BANK FEES RECLASSIFIED FROM REVENUES 12,484,900.

FORM 990, PART XI, LINE 8

EXPLANATION:

CHANGE IN MINIMUM PENSION LIABILITY : 124,173,204

TRANSFERS: SHRINERS HOSPITALS FOR CHILDREN, A

MASSACHUSETTS CORPORATION = (22,336,842)

SHRINERS HOSPITALS FOR CHILDREN, A

CANADIAN CORPORATION = (8,140,680)

SHRINERS HOSPITALS FOR CHILDREN, A

MEXICAN CORPORATION = (13,683,320)

SUBTOTAL TRANSFERS : (44,160,842)

CHANGE IN PATIENT TRANSPORTATION FUNDS

HELD BY SHRINE TEMPLES : 2,932,318

OTHER CHANGE IN FUND BALANCE : 468,277

TOTAL : 83,412,957

PART IV, LINE 2B EXPLANATION:

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

332055
09-25-13

Schedule D (Form 990) 2013

25

15270710 144584 67151

2013.04000 SHRINERS HOSPITALS FOR CHIL 671511

Part XIII Supplemental Information *(continued)*

POOLED INCOME FUNDS WHICH REPRESENT THE DISCOUNTED VALUE OF THE ASSETS FOR

THE ESTIMATED TIME PERIOD UNTIL THE DONOR'S DEATH.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047
2013

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization

Employer identification number

SHRINERS HOSPITALS FOR CHILDREN

36-2193608

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, 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 Activities 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
MEXICO	1	331	FUNDING TO HOSPITAL SHRINERS PARA NINOS, A RELATED NONPROFIT ORGANIZATION.		15,499,000.
CANADA	1	252	FUNDING TO SHRINERS HOSPITALS FOR CHILDREN RELATED NONPROFIT ORGANIZATION.		23,961,000.
3 a Sub-total	2	583			39,460,000.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	2	583			39,460,000.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule F (Form 990) 2013

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

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)

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" on 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)

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) 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) Yes No

Schedule F (Form 990) 2013

Part V Supplemental Information

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

PART I, LINE 2:

EXPLANATION: 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.

Multiple horizontal lines for supplemental information.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the

organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury
Internal Revenue Service

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

2013
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

2 a 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?		(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
		Yes	No			
EDGE DIRECT - 3030 WATERVIEW AVE., BALTIMORE, MD 21230	DIRECT MAIL SOLICITATION		X	9,146,639.	3,272,577.	5,874,062.
LEO BURNETT - 35 WEST WACKER DRIVE, CHICAGO, IL 60601	DIRECT MAIL SOLICITATION		X	2,166,794.	664,339.	1,502,455.
Total				11,313,433.	3,936,916.	7,376,517.

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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
	PAPER CRUSADE (event type)	FOOTBALL GAME (event type)	(total number) 30	
1 Gross receipts	8,875,391.	4,209,707.	13,622,863.	26,707,961.
2 Less: Contributions				
3 Gross income (line 1 minus line 2)	8,875,391.	4,209,707.	13,622,863.	26,707,961.
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses	158,629.	75,240.	243,481.	477,350.
10 Direct expense summary. Add lines 4 through 9 in column (d)				477,350.
11 Net income summary. Subtract line 10 from line 3, column (d)				26,230,611.

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.

Revenue	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
1 Gross revenue				
2 Cash prizes				
3 Noncash prizes				
4 Rent/facility costs				
5 Other direct expenses				
6 Volunteer labor	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> 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 operates gaming activities: _____

a Is the organization licensed to operate 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 operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated 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 to be 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 complete this part to provide any additional information (see instructions).

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2013

Department of the Treasury
Internal Revenue Service

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

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

1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a. Yes No

b If "Yes," was it a written policy? 1a X

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. 1b X

Applied uniformly to all hospital facilities

Applied uniformly to most hospital facilities

Generally tailored to individual hospital facilities

3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.

a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? 3a X

If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: 3b X

100% 150% 200% Other 300 %

b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: 3b X

200% 250% 300% 350% 400% Other _____ %

c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria 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 X

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 X

5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year? 5a X

b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount? 5b X

c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? 5c

6a Did the organization prepare a community benefit report during the tax year? 6a X

b If "Yes," did the organization make it available to the public? 6b X

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	(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									
	Means-Tested Government Programs					Other Benefits					Total					Total					Total														
a Financial Assistance at cost (from Worksheet 1)											511,209,085.					133,601,431.					377,607,654.					58.22%									
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											511,209,085.					133,601,431.					377,607,654.					58.22%									
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)											20,743,753.										20,743,753.					3.20%									
i Cash and in-kind contributions for community benefit (from Worksheet 8)																																			
j Total Other Benefits											20,743,753.										20,743,753.					3.20%									
k Total Add lines 7d and 7j											531,952,838.					133,601,431.					398,351,407.					61.42%									

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 Healthcare Financial Management Association Statement No. 15?	
2	1	X
3	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	
4	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	
5	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	X
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 %

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 18

Name, address, primary website address, and state license number	Licensed hospital	Gen. 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 60707-3392	X		X	X		X				A
2 SHRINERS HOSPITAL FOR CHILDREN-CINCIN 3229 BURNET AVENUE CINCINNATI, OH 45229-3095	X		X	X		X				A
3 SHRINERS HOSPITAL FOR CHILDREN-ERIE 1645 WEST 8TH STREET ERIE, PA 16505	X		X	X		X			OUTPATIENT AMBULATORY SURGICAL CENTER & CLINIC	A
4 SHRINERS HOSPITAL FOR CHILDREN-GALVES 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								
6 SHRINERS HOSPITAL FOR CHILDREN-HONOLU 1310 PUNAHOU STREET HONOLULU, HI 96826-1099	X		X	X		X				A
7 SHRINERS HOSPITAL FOR CHILDREN-HOUSTO 6977 MAIN STREET HOUSTON, TX 77030-3701	X		X	X		X				A
8 SHRINERS HOSPITAL FOR CHILDREN-LEXING 1900 RICHMOND ROAD LEXINGTON, KY 40502	X		X	X		X				A
9 SHRINERS HOSPITAL FOR CHILDREN-L.A. 3160 GENEVA STREET LOS ANGELES, CA 90020	X		X	X		X				A
10 SHRINERS HOSPITAL FOR CHILDREN-PHILAD 3551 NORTH BROAD STREET PHILADELPHIA, PA 19140-4131	X		X	X		X				A

Part V Facility Information**Section A. Hospital Facilities**

(list in order of size, from largest to smallest)

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

Name, address, primary website address, and state license number	Licensed hospital	Gen. 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-PORTLA 3101 SW SAM JACKSON PARK RD. PORTLAND, OR 97239-3095	X		X	X		X				A
12 SHRINERS HOSPITAL FOR CHILDREN-SALT L FAIRFAX ROAD AT VIRGINIA STREET SALT LAKE CITY, UT 84103			X	X		X				A
13 SHRINERS HOSPITAL FOR CHILDREN-SHREVE 3100 SAMFORD AVENUE SHREVEPORT, LA 71103	X		X	X		X				A
14 SHRINERS HOSPITAL FOR CHILDREN-SPOKAN 911 WEST 5TH AVENUE SPOKANE, WA 99204	X		X	X		X				A
15 SHRINERS HOSPITAL FOR CHILDREN-ST. LO 2001 S. LINDBERGH BOULEVARD ST. LOUIS, MO 63131-3597	X		X	X		X				A
16 SHRINERS HOSPITAL FOR CHILDREN-TAMPA 12502 USF PINE DRIVE TAMPA, FL 33612-9499	X		X	X		X				A
17 SHRINERS HOSPITAL FOR CHILDREN-TWIN C 2025 EAST RIVER PARKWAY MINNEAPOLIS, MN 55414	X		X	X		X				A
18 SHRINERS HOSPITAL FOR CHILDREN-N. CAL 2425 STOCKTON BOULEVARD SACRAMENTO, CA 95817	X		X	X		X				A

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 facility reporting group SHRINERS HOSPITAL FOR CHILDREN-GROUP A

If reporting on Part V, Section B for a single hospital facility only: line number of hospital facility (from Schedule H, Part V, Section A) _____

	Yes	No
Community Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)		
1 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 9. If "Yes," indicate what the CHNA report describes (check all that apply):	1	X
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
2 Indicate the tax year the hospital facility last conducted a CHNA: _____ <u>20</u> <u>12</u>		
3 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	3	X
4 Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	4	X
5 Did the hospital facility make its CHNA report widely available to the public? If "Yes," indicate how the CHNA report was made widely available (check all that apply):	5	X
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>HTTP://WWW.SHRINERSHOSPITALFORCHILDREN.OR</u>		
b <input type="checkbox"/> Other website (list url): _____		
c <input checked="" type="checkbox"/> Available upon request from the hospital facility		
d <input type="checkbox"/> Other (describe in Section C)		
6 If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all that apply as of the end of the tax year):		
a <input type="checkbox"/> Adoption of an implementation strategy that addresses each of the community health needs identified through the CHNA		
b <input checked="" type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide plan		
d <input type="checkbox"/> Participation in the execution of a community-wide plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the CHNA		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input checked="" type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Section C)		
7 Did the hospital facility address all of the needs identified in its most recently conducted CHNA? If "No," explain in Section C which needs it has not addressed and the reasons why it has not addressed such needs	7	X
8a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 5014(f)(3)?	8a	X
b If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b	
c If "Yes" to line 8b, 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)* SHRINERS HOSPITAL FOR CHILDREN-GROUP A**Financial Assistance Policy**

		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	X	
10	Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	X	
	If "Yes," indicate the FPG family income limit for eligibility for free care: _____ 300 %		
	If "No," explain in Section C the criteria the hospital facility used.		
11	Used FPG to determine eligibility for providing discounted care?	X	
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: _____ 400 %		
	If "No," explain in Section C the criteria the hospital facility used.		
12	Explained the basis for calculating amounts charged to patients?	X	
	If "Yes," indicate the factors used in determining such amounts (check all that apply):		
a	<input checked="" type="checkbox"/> Income level		
b	<input type="checkbox"/> Asset level		
c	<input type="checkbox"/> Medical indigency		
d	<input type="checkbox"/> Insurance status		
e	<input type="checkbox"/> Uninsured discount		
f	<input type="checkbox"/> Medicaid/Medicare		
g	<input type="checkbox"/> State regulation		
h	<input type="checkbox"/> Residency		
i	<input checked="" type="checkbox"/> Other (describe in Section C)		
13	Explained the method for applying for financial assistance?	X	
14	Included measures to publicize the policy within the community served by the hospital facility?	X	X
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a	<input type="checkbox"/> The policy was posted on the hospital facility's website		
b	<input type="checkbox"/> The policy was attached to billing invoices		
c	<input type="checkbox"/> The policy was posted in the hospital facility's emergency rooms or waiting rooms		
d	<input type="checkbox"/> The policy was posted in the hospital facility's admissions offices		
e	<input type="checkbox"/> The policy was provided, in writing, to patients on admission to the hospital facility		
f	<input type="checkbox"/> The policy was available on request		
g	<input type="checkbox"/> Other (describe in Section C)		

Billing and Collections

15	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 actions the hospital facility may take upon non-payment?	15	X
16	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	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		
17	Did the hospital facility or an 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?	17	X
	If "Yes," check all actions in which the hospital facility or a third party engaged:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Section C)		

Schedule H (Form 990) 2013

Part V Facility Information (continued) SHRINERS HOSPITAL FOR CHILDREN-GROUP A

18 Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (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)

Policy Relating to Emergency Medical Care

19 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that requires the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?

	Yes	No
19		X

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)

Changes to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)

20 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)

21 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?

If "Yes," explain in Section C.

21		X
-----------	--	---

22 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?

If "Yes," explain in Section C.

22		X
-----------	--	---

Schedule H (Form 990) 2013

Part V Facility Information *(continued)*

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.

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

FACILITY REPORTING GROUP A CONSISTS OF:

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

FACILITY 1 -- SHRINERS HOSPITAL FOR CHILDREN - CHICAGO

PART V, SECTION B, LINE 12i: PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

FACILITY 1 -- SHRINERS HOSPITAL FOR CHILDREN - CHICAGO

Part V Facility Information *(continued)*

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.

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

FACILITY 2 -- SHRINERS HOSPITAL FOR CHILDREN-CINCINNATI

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

FACILITY 2 -- SHRINERS HOSPITAL FOR CHILDREN-CINCINNATI

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

FACILITY 3 -- SHRINERS HOSPITAL FOR CHILDREN-ERIE

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

FACILITY 3 -- SHRINERS HOSPITAL FOR CHILDREN-ERIE

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

FACILITY 4 -- SHRINERS HOSPITAL FOR CHILDREN-GALVESTON

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

Part V Facility Information *(continued)*

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.

AND INTERNAL POLICY.

FACILITY 4 -- SHRINERS HOSPITAL FOR CHILDREN-GALVESTON

PART V, SECTION B, LINE 20D: THE AMOUNT CHARGED IS CONSISTENT FOR ALL PAYER

CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME

LEVEL AND FEDERAL POVERTY GUIDELINES.

FACILITY 5 -- SHRINERS HOSPITAL FOR CHILDREN-GREENV

PART V, SECTION B, LINE 12I: PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

FACILITY 5 -- SHRINERS HOSPITAL FOR CHILDREN-GREENV

PART V, SECTION B, LINE 20D: THE AMOUNT CHARGED IS CONSISTENT FOR ALL PAYER

CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME

LEVEL AND FEDERAL POVERTY GUIDELINES.

FACILITY 6 -- SHRINERS HOSPITAL FOR CHILDREN-HONOLULU

PART V, SECTION B, LINE 12I: PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

FACILITY 6 -- SHRINERS HOSPITAL FOR CHILDREN-HONOLULU

PART V, SECTION B, LINE 20D: THE AMOUNT CHARGED IS CONSISTENT FOR ALL PAYER

CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME

LEVEL AND FEDERAL POVERTY GUIDELINES.

Part V Facility Information *(continued)*

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.

FACILITY 7 -- SHRINERS HOSPITAL FOR CHILDREN-HOUSTON

PART V, SECTION B, LINE 12I: PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

FACILITY 7 -- SHRINERS HOSPITAL FOR CHILDREN-HOUSTON

PART V, SECTION B, LINE 20D: THE AMOUNT CHARGED IS CONSISTENT FOR ALL PAYER

CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME

LEVEL AND FEDERAL POVERTY GUIDELINES.

FACILITY 8 -- SHRINERS HOSPITAL FOR CHILDREN-LEXINGTON

PART V, SECTION B, LINE 12I: PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

FACILITY 8 -- SHRINERS HOSPITAL FOR CHILDREN-LEXINGTON

PART V, SECTION B, LINE 20D: THE AMOUNT CHARGED IS CONSISTENT FOR ALL PAYER

CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME

LEVEL AND FEDERAL POVERTY GUIDELINES.

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

PART V, SECTION B, LINE 12I: PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

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

PART V, SECTION B, LINE 20D: THE AMOUNT CHARGED IS CONSISTENT FOR ALL PAYER

Part V Facility Information *(continued)*

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.

CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME
LEVEL AND FEDERAL POVERTY GUIDELINES.

FACILITY 10 -- SHRINERS HOSPITAL FOR CHILDREN-PHILADELPH

PART V, SECTION B, LINE 12I: PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

FACILITY 10 -- SHRINERS HOSPITAL FOR CHILDREN-PHILADELPH

PART V, SECTION B, LINE 20D: THE AMOUNT CHARGED IS CONSISTENT FOR ALL PAYER

CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME

LEVEL AND FEDERAL POVERTY GUIDELINES.

FACILITY 11 -- SHRINERS HOSPITAL FOR CHILDREN-PORTLAND

PART V, SECTION B, LINE 12I: PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

FACILITY 11 -- SHRINERS HOSPITAL FOR CHILDREN-PORTLAND

PART V, SECTION B, LINE 20D: THE AMOUNT CHARGED IS CONSISTENT FOR ALL PAYER

CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME

LEVEL AND FEDERAL POVERTY GUIDELINES.

FACILITY 12 -- SHRINERS HOSPITAL FOR CHILDREN-SALT LAKE

PART V, SECTION B, LINE 12I: PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

Part V Facility Information *(continued)*

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.

FACILITY 12 -- SHRINERS HOSPITAL FOR CHILDREN-SALT LAKE

PART V, SECTION B, LINE 20D: THE AMOUNT CHARGED IS CONSISTENT FOR ALL PAYER

CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME

LEVEL AND FEDERAL POVERTY GUIDELINES.

FACILITY 13 -- SHRINERS HOSPITAL FOR CHILDREN-SHREVEPOR

PART V, SECTION B, LINE 12I: PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

FACILITY 13 -- SHRINERS HOSPITAL FOR CHILDREN-SHREVEPOR

PART V, SECTION B, LINE 20D: THE AMOUNT CHARGED IS CONSISTENT FOR ALL PAYER

CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME

LEVEL AND FEDERAL POVERTY GUIDELINES.

FACILITY 14 -- SHRINERS HOSPITAL FOR CHILDREN-SPOKANE

PART V, SECTION B, LINE 12I: PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

FACILITY 14 -- SHRINERS HOSPITAL FOR CHILDREN-SPOKANE

PART V, SECTION B, LINE 20D: THE AMOUNT CHARGED IS CONSISTENT FOR ALL PAYER

CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME

LEVEL AND FEDERAL POVERTY GUIDELINES.

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

Part V Facility Information *(continued)*

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.

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

FACILITY 15 -- SHRINERS HOSPITAL FOR CHILDREN-ST. LOUIS
PART V, SECTION B, LINE 20D: THE AMOUNT CHARGED IS CONSISTENT FOR ALL PAYER
CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME
LEVEL AND FEDERAL POVERTY GUIDELINES.

FACILITY 16 -- SHRINERS HOSPITAL FOR CHILDREN-TAMPA
PART V, SECTION B, LINE 12I: PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE
BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES
AND INTERNAL POLICY.

FACILITY 16 -- SHRINERS HOSPITAL FOR CHILDREN-TAMPA
PART V, SECTION B, LINE 20D: THE AMOUNT CHARGED IS CONSISTENT FOR ALL PAYER
CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME
LEVEL AND FEDERAL POVERTY GUIDELINES.

FACILITY 17 -- SHRINERS HOSPITAL FOR CHILDREN-TWIN CITY
PART V, SECTION B, LINE 12I: PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE
BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES
AND INTERNAL POLICY.

FACILITY 17 -- SHRINERS HOSPITAL FOR CHILDREN-TWIN CITY
PART V, SECTION B, LINE 20D: THE AMOUNT CHARGED IS CONSISTENT FOR ALL PAYER
CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME

Part V Facility Information *(continued)*

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.

LEVEL AND FEDERAL POVERTY GUIDELINES.

FACILITY 18 -- SHRINERS HOSPITAL FOR CHILDREN-N. CALL

PART V, SECTION B, LINE 12I: PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

FACILITY 18 -- SHRINERS HOSPITAL FOR CHILDREN-N. CALL

PART V, SECTION B, LINE 20D: THE AMOUNT CHARGED IS CONSISTENT FOR ALL PAYER

CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME

LEVEL AND FEDERAL POVERTY GUIDELINES.

Multiple horizontal lines for data entry.

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? _____ 0 _____

Name and address	Type of Facility (describe)

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.

PART I, LINE 3C:

EXPLANATION: SHRINERS HOSPITALS FOR CHILDREN OFFERS SPECIALIZED MEDICAL

SERVICES PERTAINING TO ORTHOPAEDIC CONDITIONS, BURNS, SPINAL CORD INJURIES

AND CLEFT LIP AND PALATE. UPON PATIENT ADMITTANCE FOR ONE OF THESE

CONDITIONS, SHRINERS HOSPITALS FOR CHILDREN REVIEWS THE PATIENT'S "ABILITY

TO PAY" USING THE FEDERAL POVERTY GUIDELINES SPECIFIED IN SCHEDULE H, PART

I, LINES 3A AND 3B, AND PROVIDES FREE OR DISCOUNTED CARE PURSUANT TO THESE

GUIDELINES. NEVERTHELESS, SHRINERS HOSPITALS FOR CHILDREN WILL ALWAYS

SERVE THESE SPECIALIZED NEEDS FOR ALL OF ITS PATIENTS, REGARDLESS OF THEIR

"ABILITY TO PAY". AS SUCH, SHRINERS HOSPITALS FOR CHILDREN DID NOT APPLY

ANY INCOME-BASED CRITERIA, ASSET TEST, OR OTHER MEANS TEST OR THRESHOLD

FOR PROVIDING FREE CARE TO PATIENTS IN 2013

PART I, LINE 7:

EXPLANATION: A GENERAL LEDGER ACCOUNTING SYSTEM WAS USED TO CALCULATE THE

AMOUNTS REPORTED IN PART I, LINE 7. THE SYSTEM ADDRESSES ALL PATIENT

SEGMENTS (INPATIENT AND OUTPATIENT). A COST-TO-CHARGE RATIO IS NOT PART

332099 10-03-13

Schedule H (Form 990) 2013

52

15270710 144584 67151

2013.04000 SHRINERS HOSPITALS FOR CHIL 671511

Part VI Supplemental Information (Continuation)

OF THE SYSTEM.

PART III, LINE 4:

EXPLANATION: BAD DEBT EXPENSE IS NOT APPLICABLE TO SHRINERS HOSPITALS FOR CHILDREN, AND AS SUCH, IS NOT PART OF THE FOOTNOTES IN ITS FINANCIAL STATEMENTS. SHRINERS HOSPITALS FOR CHILDREN PROVIDES PATIENT CARE REGARDLESS OF THEIR ABILITY TO PAY. AS SUCH, THERE ARE NO REVENUES AGAINST WHICH A BAD DEBT COULD ARISE.

PART III, LINE 9B:

EXPLANATION: 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:

EXPLANATION: SHRINERS HOSPITALS FOR CHILDREN PROVIDES PEDIATRIC, ORTHOPAEDIC, AND BURN CARE REGARDLESS OF THEIR ABILITY TO PAY.

PART VI, LINE 3:

EXPLANATION: SHRINERS HOSPITALS FOR CHILDREN POSTS ITS CHARITY CARE POLICY IN ADMISSION AREAS, EMERGENCY ROOMS, AND OTHER AREAS OF FACILITIES WHERE ELIGIBLE PATIENTS ARE LIKELY TO BE PRESENT, AND PROVIDES A COPY OF ITS POLICY TO PATIENTS AS PART OF THE INTAKE PROCESS AND WITH DISCHARGE MATERIALS.

PART VI, LINE 4:

EXPLANATION: SHRINERS HOSPITALS FOR CHILDREN (THROUGH THIS ENTITY AND ITS RELATED ENTITY) SERVE CHILDREN IN NEED OF SPECIALIZED ORTHOPAEDIC AND BURN

Part VI **Supplemental Information** *(Continuation)*

CARE ACROSS THE ENTIRE UNITED STATES.

**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

2013

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

1 (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
AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS - 6300 NORTH RIVER ROAD - ROSEMONT, IL 60018	36-2110592	501(C)(3)	46,000.	0.			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 ▶

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

Schedule I (Form 990) (2013)

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

(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.

PART I, LINE 2:

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2013

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

Compensated Employees

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

▶ Attach to Form 990. ▶ See separate instructions.

Department of the Treasury
Internal Revenue Service

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

Open to Public
Inspection

Name of the organization

SHRINERS HOSPITALS FOR CHILDREN

Employer identification number

36-2193608

Part I Questions Regarding Compensation

	Yes	No
<p>1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <p><input checked="" type="checkbox"/> First-class or charter travel</p> <p><input checked="" type="checkbox"/> Travel for companions</p> <p><input type="checkbox"/> Tax indemnification and gross-up payments</p> <p><input type="checkbox"/> Discretionary spending account</p> <p><input type="checkbox"/> Housing allowance or residence for personal use</p> <p><input type="checkbox"/> Payments for business use of personal residence</p> <p><input type="checkbox"/> Health or social club dues or initiation fees</p> <p><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</p>		
<p>b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b X	
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2 X	
<p>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.</p> <p><input type="checkbox"/> Compensation committee</p> <p><input type="checkbox"/> Independent compensation consultant</p> <p><input type="checkbox"/> Form 990 of other organizations</p> <p><input type="checkbox"/> Written employment contract</p> <p><input checked="" type="checkbox"/> Compensation survey or study</p> <p><input checked="" type="checkbox"/> Approval by the board or compensation committee</p>		
<p>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:</p> <p>a Receive a severance payment or change-of-control payment? 4a X</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement? 4c X</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		
<p>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:</p> <p>a The organization? 5a X</p> <p>b Any related organization? 5b X</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>		
<p>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:</p> <p>a The organization? 6a X</p> <p>b Any related organization? 6b X</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>		
<p>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 X</p>		
<p>8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8 X</p> <p>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9</p>		

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

Schedule J (Form 990) 2013

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 reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOHN MCCABE EXECUTIVE VICE PRESIDENT	(i)	326,120.	0.	0.	17,000.	1,541.	344,661.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHAEL ALONA CHIEF OF STAFF	(i)	452,664.	0.	0.	1,300,531.	4,886.	1,758,081.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KEVIN YAKUBOFF CHIEF OF PLASTIC SURGERY	(i)	354,744.	0.	0.	547,062.	0.	901,806.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DENNIS GROGAN CHIEF OF STAFF	(i)	326,536.	0.	0.	9,423.	685,639.	1,021,598.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) PETER ARMSTRONG CHIEF OF STAFF	(i)	339,243.	0.	0.	149,450.	522,355.	1,011,048.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JOHN LORANT PLASTIC SURGEON, ASSOCIATE PROFESSOR	(i)	385,444.	0.	0.	372,842.	11,609.	769,895.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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.

Department of the Treasury
Internal Revenue Service

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

2013
Open to Public
Inspection

Name of the organization

SHRINERS HOSPITALS FOR CHILDREN

Employer identification number

36-2193608

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

SHRINERS HOSPITALS FOR CHILDREN OFFERS "CHARITY CARE" THROUGH AN

INTERNATIONAL NETWORK OF PEDIATRIC HOSPITALS DEDICATED TO PROVIDING

EXCELLENT PATIENT CARE, RESEARCH, AND EDUCATION FOR ORTHOPAEDIC

CONDITIONS, BURNS, SPINAL CORD INJURIES AND CLEFT LIP AND PALATE. OUR

SPECIALIZED MEDICAL CARE, BACKED BY THE SKILLS AND KNOWLEDGE OF THE

STAFF IN 18 HOSPITALS, DELIVERS EXPERT, FAMILY-FOCUSED CARE AT NO

CHARGE.

...

AS A 501(C)3 NON-PROFIT ORGANIZATION, SHRINERS HOSPITALS RELIES ON THE

GENEROUS DONATIONS OF SHRINERS AND THE GENERAL PUBLIC TO CARRY OUT OUR

MISSION AND CHANGE THE LIVES OF CHILDREN EVERY DAY. FOR MORE

INFORMATION ABOUT SUPPORTING SHRINERS HOSPITALS, PLEASE VISIT

WWW.SHRINERSHQ.ORG OR CALL 1-800-241-GIFT.

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

AUSTRALIA, AUSTRIA, BELGIUM, BERMUDA,

BRAZIL, BULGARIA, CANADA, CAYMAN ISLANDS,

CHILE, CHINA, COLOMBIA, DENMARK,

FINLAND, FRANCE, GERMANY, HONG KONG,

INDIA, INDONESIA, IRELAND, ISRAEL,

ITALY, JAPAN, SOUTH KOREA, LUXEMBOURG,

MARSHALL ISLANDS, MEXICO, NETHERLANDS, NORWAY,

PANAMA, PERU, POLAND, QATAR,

RUSSIA, SINGAPORE, SOUTH AFRICA, SPAIN,

SWEDEN, SWITZERLAND, TAIWAN, UNITED KINGDOM,

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

Schedule O (Form 990 or 990-EZ) (2013)

Name of the organization

SHRINERS HOSPITALS FOR CHILDREN

Employer identification number

36-2193608

URUGUAY

FORM 990, PART VI, SECTION A, LINE 6:

EXPLANATION: THE ORGANIZATION IS ORGANIZED AS A NONPROFIT CORPORATION WITH MEMBERS. MEMBERS HAVE THE RIGHT TO ELECT PERSONS BELONGING TO THE GOVERNING BODY, AND TO APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BODY. COMPENSATION IS NOT PROVIDED FOR BEING A MEMBER.

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

EXPLANATION: THE ORGANIZATION HAS APPROXIMATELY 1,400 MEMBERS WHOM ARE APPOINTED FROM THE TOTAL MEMBERSHIP OF SHRINERS INTERNATIONAL (A RELATED ORGANIZATION). MEMBERS MAY ELECT PERSONS ON THE ORGANIZATION'S GOVERNING BODY, AND MAY APPROVE SIGNIFICANT DECISIONS OF THE ORGANIZATION.

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

EXPLANATION: UNDER THE BYLAWS OF THE ORGANIZATION, SIGNIFICANT DECISIONS OF THE GOVERNING BODY REQUIRE APPROVAL BY THE ORGANIZATION'S 1,400 MEMBERS (SUCH AS CHANGES TO THE BYLAWS, OR SIGNIFICANT RESTRUCTURING OR EXTRAORDINARY EVENTS). THE ORGANIZATION'S MEMBERS ALSO MAY ELECT PERSONS TO SERVE ON THE ORGANIZATION'S GOVERNING BODY. THE ORGANIZATION'S MEMBERS DO NOT HAVE CONTROL OVER THE GENERAL OPERATIONS OR FINANCIAL MATTERS OF THE ORGANIZATION. ELECTIONS ARE HELD ANNUALLY BY THE MEMBERS AT VARYING LOCATIONS IN THE U.S.. VOTING IS DECIDED WITH SIMPLE MAJORITY, WHERE EACH MEMBER'S VOTE IS EQUAL WEIGHTED. ELECTED PERSONS SERVE A THREE-YEAR TERM ON THE BOARD OF TRUSTEES, A ONE-YEAR TERM ON THE BOARD OF DIRECTORS, A ONE-YEAR TERM FOR THE ORGANIZATION'S PRESIDENT, AND A ONE-YEAR TERM FOR THE ORGANIZATION'S TREASURER. THE ORGANIZATION'S OFFICERS ARE NOT ELECTED, AND

INSTHEAD ARE HIRED BY COMMITTEE.

332272
09-04-13

Name of the organization

SHRINERS HOSPITALS FOR CHILDREN

Employer identification number

36-2193608

FORM 990, PART VI, SECTION B, LINE 11:

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

FORM 990, PART VI, SECTION B, LINE 12C:

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

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: A SALARY & PERSONNEL COMMITTEE IS INVOLVED WITH ALL COMPENSATION AND APPROVES WAGES FOR MANAGEMENT AND COMPARES THESE SALARIES TO VARIOUS MARKET INDICATORS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THESE DOCUMENTS ARE AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

FORM 990, PART IX, LINE 11G, OTHER FEES:
332212
09-04-13

Name of the organization
SHRINERS HOSPITALS FOR CHILDREN

Employer identification number
36-2193608

PUBLIC RELATIONS & OTHER:

PROGRAM SERVICE EXPENSES 24,544,517.

MANAGEMENT AND GENERAL EXPENSES 5,532,783.

FUNDRAISING EXPENSES 923,787.

TOTAL EXPENSES 31,001,087.

MEDICAL SERVICES:

PROGRAM SERVICE EXPENSES 34,229,718.

MANAGEMENT AND GENERAL EXPENSES 7,716,005.

FUNDRAISING EXPENSES 1,288,311.

TOTAL EXPENSES 43,234,034.

AGENCY PERSONNEL SERVICES:

PROGRAM SERVICE EXPENSES 976,239.

MANAGEMENT AND GENERAL EXPENSES 220,062.

FUNDRAISING EXPENSES 36,743.

TOTAL EXPENSES 1,233,044.

TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 75,468,165.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN PENSION FUNDING OBLIGATION 124,173,204.

TRANSFERS TO RELATED ENTITIES -44,160,842.

CHANGE IN PATIENT TRANSPORTATION FUNDS HELD BY SHRINE

TEMPLES 2,932,318.

OTHER CHANGES IN FUND BALANCE 1,447,387.

TOTAL TO FORM 990, PART XI, LINE 9 84,392,067.

Name of the organization

SHRINERS HOSPITALS FOR CHILDREN

Employer identification number
36-2193608

EXPLANATION: THE ORGANIZATION HAS NOT CHANGED (DURING THE CURRENT YEAR)

ITS OVERSIGHT PROCESS OR ITS SELECTION PROCESS REGARDING THE COMMITTEE

RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS

AND THE SELECTION OF THE INDEPENDENT ACCOUNTANT.

Horizontal lines for providing further explanation or details.

**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. ▶ See separate instructions.

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

OMB No. 1545-0047

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Employer identification number

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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
PEDIATRIC ORTHOPEDIC & PROSTHETIC SERVICES - NORTH CALIFORNIA, LLC - 27-221, 2425 STOCKTON BLVD, SACRAMENTO, CA 95817	ORTHOPEDICS & PROSTHETICS	DELAWARE	414,707.	229,942.	NO
PEDIATRIC ORTHOPEDIC & PROSTHETIC SERVICES - TAMPA, LLC - 45-2723185, 12502 USF PINE DRIVE, TAMPA, FL 33612-9499	ORTHOPEDICS & PROSTHETICS	DELAWARE	861,896.	222,821.	NO
PEDIATRIC ORTHOPEDIC & PROSTHETIC SERVICES - GREENVILLE, LLC - 45-3940485, 950 W FARIS RD, GREENVILLE, SC 29605	ORTHOPEDICS & PROSTHETICS	DELAWARE	188,263.	140,991.	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	No
THE SHRINERS' HOSPITAL FOR CHILDREN - 04-2121377, POST OFFICE BOX 31356, TAMPA, FL 33631-3356	HOSPITAL SYSTEM	MASSACHUSETTS	501(C)(3)	3	NO		X
SHRINERS INTERNATIONAL - 36-2158164 POST OFFICE BOX 31356 TAMPA, FL 33631-3356	FOUNDED SHRINERS HOSPITALS FOR CHILDREN	IOWA	501(C)(10)	N/A	NO		X
SHRINERS HOSPITALS FOR CHILDREN EMPLOYEE DISASTER RELIEF FUND - 26-3733381, 2900 ROCKY POINT DRIVE, TAMPA, FL 33607	DISASTER RELIEF	DISTRICT OF COLUMBIA	501(C)(3)	9	NO		X

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

Schedule R (Form 990) 2013

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) Disproportionate 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.

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

- a** Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)

- f** Dividends from related organization(s)
- g** Sale of assets to related organization(s)
- h** Purchase of assets from related organization(s)
- i** Exchange of assets with related organization(s)
- j** Lease of facilities, equipment, or other assets to related organization(s)

- k** Lease of facilities, equipment, or other assets from related organization(s)
- l** Performance of services or membership or fundraising solicitations for related organization(s)
- m** Performance of services or membership or fundraising solicitations by related organization(s)
- n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- o** Sharing of paid employees with related organization(s)

- p** Reimbursement paid to related organization(s) for expenses
- q** Reimbursement paid by related organization(s) for expenses

- r** Other transfer of cash or property to related organization(s)
- s** Other transfer of cash or property from related organization(s)

	Yes	No
1a		X
1b	X	
1c		X
1d	X	
1e		X
1f		X
1g		X
1h		X
1i		X
1j	X	
1k		X
1l		X
1m		X
1n		X
1o		X
1p	X	
1q	X	
1r		X
1s		X

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
(1) THE SHRINERS' HOSPITAL FOR CHILDREN	D	12,868,015.	
(2) SHRINERS INTERNATIONAL	J	3,003,386.	
(3) THE SHRINERS' HOSPITAL FOR CHILDREN	B	22,336,842.	
(4) SHRINERS INTERNATIONAL	D	1,994,441.	
(5)			
(6)			

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 section 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate 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).

Multiple horizontal lines for providing additional information.