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CLIENT'S COPY

# **TAX RETURN FILING INSTRUCTIONS**

FORM 990

#### FOR THE YEAR ENDING

DECEMBER 31, 2010

Prepared for	SHRINERS HOSPITALS FOR CHILDREN POST OFFICE BOX 31356 TAMPA, FL 33631-3356
Prepared by	CBIZ KIRKLAND, RUSS, MURPHY & TAPP 13577 FEATHER SOUND DRIVE, SUITE 400 CLEARWATER, FL 33762
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8879-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

Department of the Treasury Internal Revenue Service

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung The organization may have to use a copy of this return to satisfy state reporting requirements.

benefit trust or private foundation)

OMB No. 1545-0047 Open to Public Inspection

A For the 2010 calendar year, or tax year beginning and ending Check if C Name of organization D Employer identification number Address change SHRINERS HOSPITALS FOR CHILDREN Name change 36-2193608 Doing Business As Ilnitial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number return Termin-POST OFFICE BOX 31356 (813)281-0300 Amended return 4.993.350.340. G Gross receipts \$ City or town, state or country, and ZIP + 4 Applica-TAMPA FL 33631-3356 H(a) Is this a group return pendina F Name and address of principal officer: DOUGLAS MAXWELL for affiliates? 2900 ROCKY POINT DRIVE, TAMPA, FL 33607 H(b) Are all affiliates included? Yes ) ◀ (insert no.) 4947(a)(1) or 527 If "No." attach a list. (see instructions) J Website: ► HTTP://WWW.SHRINERSHQ.ORG/ **H(c)** Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > Year of formation: 1925 M State of legal domicile: CO Part I Summary Briefly describe the organization's mission or most significant activities: WE PROVIDE PEDIATRIC SPECIALTY **Activities & Governance** CARE WITHOUT FINANCIAL OBLIGATION TO PATIENTS OR THEIR FAMILIES. oxdot if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 20 3 20 Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 5249 5000 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a 0. **b** Net unrelated business taxable income from Form 990-T, line 34. **Prior Year Current Year** 342,228,433 222,674,207. Contributions and grants (Part VIII, line 1h) Revenue 4,622,016. Program service revenue (Part VIII, line 2g) -79.249.322 303,705,276, 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 22,086,871 39,410,003. 285,065,982 570,411,502. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 12 30,000 50,000. Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX, column (A), line 4) 14 0 0. 338,296,469 319,832,503. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 3,253,814 2,017,626. **b** Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 244,340,860 251,481,507. 585,921,143 573.381.636. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -300,855,161 -2,970,134. Revenue less expenses. Subtract line 18 from line 12 Ssets or Balances **Beginning of Current Year End of Year** 8,198,274,933. 8.051.755.849 20 Total assets (Part X, line 16) 1,049,001,330 867,428,438. 21 Total liabilities (Part X. line 26) Net 7,002,754,519 7,330,846,495. Net assets or fund balances. Subtract line 21 from line 20. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign DOUGLAS MAXWELL, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature NATHAN SMITH Paid self-employed CBIZ KIRKLAND, RUSS, MURPHY & TAPP Firm's name Preparer Firm's EIN Firm's address 13577 FEATHER SOUND DRIVE, SUITE 400 Use Only CLEARWATER FL 33762 Phone no. (727)572-1400 X Yes May the IRS discuss this return with the preparer shown above? (see instructions) No

Pai	t III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response to any question in this Part III	X
1	Briefly describe the organization's mission:	
	SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X Yes No
	If "Yes," describe these changes on Schedule O.	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$90,165,008. including grants of \$) (Revenue \$	893,482.
	TREATMENT OF PEDIATRIC BURN VICTIMS ADMISSIONS: 3,379.	
	OUTPATIENT CLINIC VISITS: 19,081 AT 2 BURNS HOSPITALS AND ONE HOSPITAL	
	THAT SPECIALIZES IN BOTH BURNS AND ORTHOPAEDIC SERVICES.	
4b	(Code:) (Expenses \$376, 262, 038. including grants of \$) (Revenue \$	3 728 534. \
TD	TREATMENT OF ORTHOPAEDIC PATIENTS ADMISSIONS: 17,662.	<u> </u>
	OUTPATIENT CLINIC VISITS: 193,994 AT 16 ORTHOPAEDIC HOSPITALS AND ONE	
	HOSPITAL THAT SPECIALIZES IN BOTH ORTHOPAEDIC AND BURNS SERVICES.	
	- Indiana in the state of the s	
4c	(Code:) (Expenses \$21,027,694. 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. 111 RESEARCH PROJECTS WERE FUNDED, AND 31	
	RESEARCH FELLOWSHIPS WERE PROVIDED. SHRINERS HOSPITALS FOR CHILDREN IS	
	COMMITTED TO THE SUSTAINED INVESTMENT IN CLINICALLY USEFUL RESEARCH SO	
	THAT FUNDAMENTAL KNOWLEDGE CAN BE ACQUIRED, IMPROVING THE QUALITY OF	
	LIFE FOR CHILDREN WITH ORTHOPAEDIC PROBLEMS, BURN AND SPINAL CORD	
	INJURIES.	
4d	Other program services. (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
<u>4</u> e	Total program service expenses ► 487,454,740.	

032002 12-21-10

### Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to	3		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			х
0	Schedule D, Part III  Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide	8		
9	gradit aggregation daht managament gradit vancis as daht nagatistian comissed If "Vos." complete Schodule D. Part IV	9	х	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	9		
10	If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			۱
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	Х	
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that			,,
	operate one or more hospitals must attach audited financial statements (see instructions)	<b>20</b> b		Х

36-2193608

# Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
_	instructions for applicable filing thresholds, conditions, and exceptions):	00-		х
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	200		
·	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations?	_ <u></u>		
	If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

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

Section of the number reported in Box 3 of Form 1086. Enter 0- if not applicable   1a   1139   136   136   137		Check if Schedule O contains a response to any question in this Part V					Х
b Enter the number of Forms W2G included in line 1s. Enter o'. If not applicable   10   10   10   10   10   10   10   1						Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gamining (gamining) without within the year covered by this return  filed for the calendar year ending with or within the year covered by this return  If all east one is reported on line 2a, did the organization file all required federal employment tax returns?  2b If all east one is reported on line 2a, did the organization file all required federal employment tax returns?  2c X  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)  3a If Yea, and a sum of the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)  3b If Yea, and a sum of the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)  3a If Yea, and the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)  3a If Yea, and the sum of th	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1139			
gambling) winnings to prize winners?  2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, lied for the calendary pear ending with or within the year covered by this return  5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
2a Extent the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, fleef for the calendar year ending with or within the year covered by this return  1b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  2b If "Yes," has it flied a Form 990-T for this year? If "No," provide an explanation in Schedule O  3b If "Yes," has it flied a Form 990-T for this year? If "No," provide an explanation in Schedule O  3b If "Yes," has it flied a Form 990-T for this year? If "No," provide an explanation in Schedule O  3b If "Yes," has it flied a Form 990-T for this year? If "No," provide an explanation in Schedule O  3c A Tan yrtime the name of the foreign country," be SE SCHEDUE O  3c 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?  5b If "Yes," to line 5a or 5b, did the organization file Form 8898-17  6c If "Yes," to line 5a or 5b, did the organization file Form 8898-17  6c If "Yes," to line 5a or 5b, did the organization file Form 8898-17  6d Dess the organization have amount glores receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6d Dess the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organization selle explanation include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c If	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportab	le gaming			
First calculator year ending with or within the year covered by this return		(gambling) winnings to prize winners?			1c	Х	
If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  30 bit the organization have unrelated business pross income of 51.000 or more during the year?  31 bit "Yes," has it filed a Form 90-Ti for this year? If "No," provide an explanation in Schedule O  32 bit "Yes," has it filed a Form 90-Ti for this year? If "No," provide an explanation in Schedule O  33 bit and a At any time during the calendary 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 accountly?  40 bit "Yes," enter the name of the foreign country by SER SCIEDBULE O  51 See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  52 West the organization a party to a prohibited tax shelter transaction at any time during the tax year?  53 West the organization aparty to a prohibited tax shelter transaction at any time during the tax year?  54 Did any taxable party notify the organization file Form 8886.17?  55 Did any taxable party notify the organization file Form 8886.17?  56 Does the organization has a manual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  56 Did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  57 Organizations that many receive deductible contributions under section 170(c).  58 Did the organization receive a payment in excess of \$75 made party as a contribution of qualitation receive apparent in excess of \$75 made party as a contribution of organization selection and party for goods and services provided to the payor?  59 Did the organization receive a payment in excess of \$75 made party as a contribution of organization fellow payor.  50 Did the organization receive a payment in excess of \$75 made party as a contri	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)  3a		filed for the calendar year ending with or within the year covered by this return	2a	5249			
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  4b if "Yes," has it filed a Form 990°T for this year? If "No." provide an explanation in Schedule O  5b if "Yes," has it filed a Form 990°T for this year? If "No." provide an explanation in Schedule O  5b if "Yes," the thing 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 accounts.  5c if "Yes," to line Such the foreign country." \$58.8 SCHEDULE 0  5c instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial accounts.  5c if "Yes," to line Sa or 56, did the organization that it was or is a party to a prohibited any contributions.  6c if "Yes," to line Sa or 56, did the organization file Form 8886.1?  6c if "Yes," to line Sa or 56, did the organization file Form 8886.1?  6d if "Yes," to line Sa or 56, did the organization file Form 8886.1?  6d if "Yes," to line the organization include with every solicitation an express statement that such contributions orgits were not tax deductible?  6d if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6d if "Yes," did the organization include with every solicitation and party for goods and services provided to the payor?  6d if "Yes," did the organization notify the donor of the value of the goods or services provided or the payor?  6d if "Yes," did the organization selle, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  6d if Yes, "indicate the number of Forms 8282 filed during the year  9 if If the organization make any taxable departy as a contribution and party for goods and services provided to the payor?  7d if Yes, "indicate the number of Forms 8282 filed during the year  9 if the organization file payor provided to the payor provide	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ทร?		2b	Х	
b if Yes, * has it flied a Form 99.0T for this year? If *No.** provide an explanation in Schedule O 4 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?)  b if Yes, * reter the name of the foreign country: ▶ \$EE SCREDULE SCARE SCREDULE SCARE		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instruction	s)				
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)?  b If "Yes," enter the name of the foreign country, b SEE SCHEDULE 0  5a Was the organization approximation appart to a prohibited tax shelter transaction?  5a Usas the organization appart to a prohibited tax shelter transaction?  5b L X  b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yes," to line 5a or 5b, did the organization file Form 8886-17  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?  6a L X  b If "Yes," did the organization include with very 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 psyment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7 Organizations that may receive deductible contributions under section 170(c).  a Did the organization receive apparent in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  7 Organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to life Form 8282?  6 If "Yes," indicate the number of Forms 8282 filed during the year  9 Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  7 Organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 598(a)(3) supporting organization. Be a form them organization in cluded on Part VIII, line 12					3a		Х
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organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9  Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Did the organization make any taxable distributions under section 4966? 9a Did the organization make any taxable distributions under section 4966? 9b Did the organization make any taxable distributions under section 4966? 9a Did the organization make any taxable distributions under section 4966? 9b Did the organization section 4966? 9c Did the organization make any taxable distributions under section 4966? 9c Did the organization section 4966? 9c Did the organization section 4966? 9c Did the organization dicensed to issue qualified health plans in more than one state? 12a Did the organization is licensed to issue qualified health plans in more than one state? 13b Did the organization is licensed to issue qualified health plans in more than one state? 13b Did the organization is licensed to issue qualified health plans in more than one state? 13b Did the organization is licensed to issue qualified health plans in more than one state? 13c Did the organization is licensed to issue qualified health plans in more than one state? 13c Did the organization receive any payments for indoor tanning services during the tax year? 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b Dif "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	h	· · · · · · · · · · · · · · · · · · ·			7h	X	
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a Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  c Enter the amount of reserves on hand  13b  c Enter the amount of reserves on hand  13c  14a X  b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.			any time	during the year?	8		
b Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b  Section 501(c)(12) organizations. Enter:  a Gross income from members or shareholders  b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  13 Section 501(c)(29) qualified nonprofit health insurance issuers.  a Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O.  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  c Enter the amount of reserves on hand  13a  14a  Note, See the instructions for additional information the organization flance to maintain by the states in which the organization is licensed to issue qualified health plans  c Enter the amount of reserves on hand  13b  14a  Note, See the instructions on the dealth plans  c Enter the amount of reserves on hand  13c  14a  Note, See the instructions on the dealth plans  14a  Note, See the instructions on the dealth plans  15b  17c  17d  17d  17d  17d  17d  17d  17d	9						
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14a Did the organization receive any payments for indoor tanning services during the tax year?       14a       X         b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O       14b	_						
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b					142		Х
						<b>990</b> (	2010)

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

	to line oa, ob, or foo below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI			Х
Sec	tion A. Governing Body and Management			
			Yes	No
	Enter the number of voting members of the governing body at the end of the tax year 1a 20			
	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			37
_	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			77
	of officers, directors or trustees, or key employees to a management company or other person?	3 4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6	х	Λ
6	Does the organization have members or stockholders?  Does the organization have members, stockholders, or other persons who may elect one or more members of the	0	Λ	
7a		7a	х	
h	governing body?  Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	75		
Ü	by the following:			
а	The governing body?	8a	х	
	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		77	
	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			
ioa	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	16-		Х
h	taxable entity during the year?  If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	16a		21
D	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
		16b		
Sec	exempt status with respect to such arrangements?	100		
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 (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website X Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, as	nd fina	ıncial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion: 🕨		
	SHARON RUSSELL - 813-281-0300			
	2900 ROCKY POINT DRIVE, TAMPA, FL 33607			

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

Check if Schedule O contains a response to any question 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.

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

- 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.

(A)	(B)	Ĭ		((	<b>C)</b>			(D)	(E)	(F)
Name and Title	Average			Pos	ition	1		Reportable	Reportable	Estimated
	hours per	(c	heck	all ·	that	app	ly)	compensation	compensation	amount of
	week (describe	ector						from the	from related organizations	other compensation
	hours for	Individual trustee or director	gy.			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	Institutional trustee		8	suadı		(W-2/1099-MISC)		organization
	organizations	dual fr	tional	١.	nploy	st con	_			and related
	in Schedule O)	Indivic	Institu	Officer	Key employee	Highest compensated employee	Former			organizations
RALPH SEMB	, o,									
TRUSTEE	10.00	х						0.	0.	0.
JACK JONES										
DIRECTOR	15.00	х						0.	111,540.	0.
CHARLES CLAYPOOL										
TRUSTEE	5.00	х						0.	0.	0.
GARY DUNWOODY										
TRUSTEE	5.00	х						0.	0.	0.
RAOUL L. FREVAL										
TRUSTEE	5.00	Х						0.	0.	0.
DOUGLAS MAXWELL										
PRESIDENT, TRUSTEE CHAIRMAN	35.00	Х		Х				0.	0.	0.
GEORGE MITCHELL										
CHAIRMAN OF THE BOARD, IMPERIAL POTE	15.00	Х		Х				0.	3,900.	0.
GENE BRACEWELL										
TREASURER	35.00	Х		Х				7,140.	1,260.	0.
MICHAEL SEVERE										
FIRST V.P., TRUSTEE VICE CHAIR	5.00	Х		Х				0.	3,600.	0.
ALAN MADSEN										
SECOND V.P., IMPERIAL CHIEF RABBAN	5.00	Х		Х		_		0.	3,600.	0.
JOHN CINOTTO									_	_
SECRETARY	5.00	Х		Х				0.	0.	0.
BOBBY SIMMONS		l								
TRUSTEE	5.00	Х						0.	0.	0.
DALE STAUSS	F 00	,,		,,					0	
ASSISTANT SECRETARY  JERRY GANTT	5.00	Х		Х		<u> </u>	-	0.	0.	0.
DIRECTOR	F 00	x						0.	0.	0
CHRIS SMITH	5.00	^				-		0.	0.	0.
DIRECTOR	5.00	х						0.	0.	0.
GARY BERGENSKE	3.00	^		$\vdash$		$\vdash$		1	0.	
DIRECTOR	5.00	X						0.	0.	0.
JIM CAIN	1 3.00	+				$\vdash$		· ·	•	
DIRECTOR	5.00	x						0.	0.	0.
	I								٠.	

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(A)	(B)			(0	C)			Compensated Employ (D)	(E)	(F)	
Name and title	Average hours per	(cl	heck	Pos	ition		ıly)	Reportable compensation	Reportable compensation	Estimate amount	
	week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensa from th organizat and relat organizati	ation e tion ted
JEFFREY SOWDER											
DIRECTOR	5.00	Х						0.	0.		0 .
WAYNE LACHUT											
DIRECTOR	5.00	Х						0.	0.		0 .
W. BRANDT BEDE, MD											
DIRECTOR	5.00	Х						0.	0.		0 .
KEITH GARDNER											
CHIEF OPERATING OFFICER	40.00			Х				348,617.	0.	23	,421
RICHARD MCCALL, MD											
CHIEF OF STAFF	40.00					Х		424,678.	0.	130	,251
PETER ARMSTRONG, MD											
VP, MEDICAL AFFAIRS	40.00					Х		457,712.	0.	94	,845.
DOUGLAS BARNES											
CHIEF OF STAFF	40.00					Х		438,157.	0.	389	,804.
LAWRENCE VOGEL											
ASSISTANT COS	40.00					Х		271,296.	0.	371	,580.
DENNIS ROY											
ORTHOPEDIC SURGEON	40.00					Х		391,032.	0.	216	,936.
1b Sub-total								2,338,632.	123,900.	1,226	,837
c Total from continuation sheets to Part	VII, Section A					$\blacktriangleright$		0.	0.		0 .
d Total (add lines 1b and 1c)	<u></u>	<u></u>	<u></u>	<u></u>		▶		2,338,632.	123,900.	1,226	,837
2 Total number of individuals (including but						e) wł	no re	eceived more than \$100	,000 in reportable		
compensation from the organization											32'

			163	INO
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on			
	line 1a? If "Yes," complete Schedule J for such individual	3		Х
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization			
	and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Х	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Х

#### **Section B. Independent Contractors**

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

(A) Name and business address	(B) Description of services	(C) Compensation
ANDERSON CONSTRUCTION		
6712 N. CUTTER CIRCLE, PORTLAND, OR 97217	CONSTRUCTION SERVICES	27,772,170.
JE DUNN NORTHWEST, INC		
437 NORTH COLUMBIA BLVD, PORTLAND, OR 97217	CONSTRUCTION SERVICES	21,821,022.
UC DAVIS MEDICAL CENTER		
2315 STOCKTON BLVD, SACRAMENTO, CA 95817	MEDICAL SERVICES	6,474,543.
WASHINGTON UNIVERSITY		
ONE BROOKINGS DRIVE, ST. LOUIS, MO 63130	MEDICAL SERVICES	4,167,902.
PRICEWATERHOUSE COOPERS		
50 HURT PLZ SE STE 1700 , ATLANTA, GA 30303	PROFESSIONAL SERVICES	3,798,538.
2 Total number of independent contractors (including but not limited to t \$100,000 in compensation from the organization ▶	hose listed above) who received more than 85	000

Pa	rt VI	II Statement of Rever	nue					
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b d d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribut All other contributions, gifts, gran similar amounts not included about	1b	1,723,345. 1,524,197. 219,426,665. 31,397.	222,674,207.			
	2 a			Business Code 621110	4,622,016.	4,622,016.		
Program Service Revenue	d e							
		Total. Add lines 2a-2f			4,622,016.			
	3	Investment income (including other similar amounts) Income from investment of tax			162,242,183.			162,242,183.
	5	Royalties		<b>&gt;</b>	5,592,284.			5,592,284.
	b	Gross Rents Less: rental expenses Rental income or (loss)						
					4,871,426.			4,871,426.
	7 a	Gross amount from sales of assets other than inventory Less: cost or other basis and sales expenses	(i) Securities 4563858741.	(ii) Other				
	c	Gain or (loss)	141,463,093.					
enne	d	Net gain or (loss) Gross income from fundraisin including \$	g events (not	<b>&gt;</b>	141,463,093.			141,463,093.
Other Revenue		contributions reported on line Part IV, line 18 Less: direct expenses	a	543,190.				
		Net income or (loss) from fund		<b>&gt;</b>	7,246,282.			7,246,282.
	b	Gross income from gaming ac Part IV, line 19 Less: direct expenses	a					
	10 a	Net income or (loss) from gam Gross sales of inventory, less and allowances	returns a					
		Less: cost of goods sold						
	С	Net income or (loss) from sale  Miscellaneous Revenu		Business Code				
	11 a	OTHER INCOME	IC	900099	21,700,011.			21,700,011.
	b				, , ,			, , ==
	c							
		All other revenue						
		Total. Add lines 11a-11d		<b>&gt;</b>	21,700,011.		-	242 445 556
	12	Total revenue. See instructions.		<b>)</b>	570,411,502.	4,622,016.	0.	343,115,279.

#### 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) but are not required to complete columns (B), (C), and (D).

	All other organizations must comp not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and		CAPELISES	gorioral experises	Сурензез
'	organizations in the U.S. See Part IV, line 21	50,000.	50,000.		
2	Grants and other assistance to individuals in	, , , , , , , ,			
_	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	3,565,469.	3,060,163.	505,306.	
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	241,363,757.	222,567,136.	16,096,039.	2,700,582.
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	23,599,044.	21,810,052.	1,788,992.	
9	Other employee benefits	34,110,525.	29,687,710.	4,422,815.	
10	Payroll taxes	17,193,708.	15,932,859.	1,260,849.	
11	Fees for services (non-employees):				
а	Management				
b	Legal	943,902.		943,902.	
С	Accounting	240,945.		240,945.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	2,017,626.			2,017,626.
f	Investment management fees	12,010,453.	55,006,005	12,010,453.	4 040 505
g	Other	69,665,449.	57,296,925.	8,157,727.	4,210,797.
12	Advertising and promotion	2,924,087.	413,753.	2,464,596.	45,738.
13	Office expenses	1,221,799.	954,625.	219,187.	47,987.
14	Information technology	3,347,915.	341,406.	3,006,509.	
15	Royalties	28,231,794.	22,344,638.	5,884,934.	2,222.
16	Occupancy	4,416,391.	2,592,353.	1,590,753.	233,285.
17	Travel	4,410,331.	2,332,333.	1,350,733.	233,203.
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	681,729.		606.025.	75,704.
19 20	Conferences, conventions, and meetings	331,723.		233,023.	.5,,01
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	38,131,669.	32,494,181.	5,637,488.	
23	Insurance	5,840,378.	5,723,979.	116,399.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)	, ,	, ,	,	
а	MEDICAL SUPPLIES	67,597,755.	67,597,755.		
b	PGA EVENT EXPENSES	8,131,049.			8,131,049.
С	DUES AND REGISTRATIONS	1,835,312.	1,688,939.	146,373.	
d	PATIENT COSTS	1,834,601.	1,256,163.	578,438.	
е	FOOD SUPPLIES	1,316,909.	1,316,909.		
f	All other expenses	3,109,370.	325,194.	1,126,798.	1,657,378.
25	Total functional expenses. Add lines 1 through 24f	573,381,636.	487,454,740.	66,804,528.	19,122,368.
26	Joint costs. Check here   Graph if following SOP  98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
00004	12-21-10			<u> </u>	Form <b>990</b> (2010)

36-2193608

Pa	rt X	Balance Sheet					
					<b>(A)</b> Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			2,657,128.	1	2,966,948.
	2	Savings and temporary cash investments			3,747,063.	2	7,536,575.
	3	Pledges and grants receivable, net			7,359,909.	3	5,252,278.
	4	Accounts receivable, net			4		
	5	Receivables from current and former officers, di					
		employees, and highest compensated employe					
		of Schedule L		5			
	6	Receivables from other disqualified persons (as					
		4958(f)(1)), persons described in section 4958(c					
		employers and sponsoring organizations of sec					
w		employees' beneficiary organizations (see instru		6			
Assets	7	Notes and loans receivable, net			7		
As	8	Inventories for sale or use			3,388,829.	8	20,340,713.
	9	Prepaid expenses and deferred charges	6,029,322.	9	6,052,215.		
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		1,128,063,911.			
	b	Less: accumulated depreciation	604,106,212.	10c	624,978,323.		
	11	Investments - publicly traded securities	5,733,844,181.	11	5,981,349,414.		
	12	Investments - other securities. See Part IV, line		12			
	13	Investments - program-related. See Part IV, line	162,694,829.	13	187,687,976.		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	1,527,928,376.	15	1,362,110,491.		
	16	Total assets. Add lines 1 through 15 (must equ		8,051,755,849.	16	8,198,274,933.	
	17	Accounts payable and accrued expenses	230,577,915.	17	236,269,702.		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities			26 520 020	20	26 000 505
Liabilities	21	Escrow or custodial account liability. Complete			36,539,928.	21	36,008,585.
ij	22	Payables to current and former officers, director		· · · · · ·			
Lia		highest compensated employees, and disqualifi				00	
	23	of Schedule L		T T		22	
	24	Secured mortgages and notes payable to unrelate Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities. Complete Part X of Schedule D			781,883,487.		595,150,151.
	26	Total lightilities Add lines 17 through 05			1,049,001,330.	26	867,428,438.
		Organizations that follow SFAS 117, check he		X and complete			, , ,
တ္က		lines 27 through 29, and lines 33 and 34.					
nce	27	Unrestricted net assets			5,677,075,587.	27	5,983,080,147.
ala	28	Temporarily restricted net assets			380,318,685.	28	377,403,553.
d B	29				945,360,247.	29	970,362,795.
Ë		Organizations that do not follow SFAS 117, c					
þ		complete lines 30 through 34.		ŕ			
ets	30	Capital stock or trust principal, or current funds				30	
SS	31	Paid-in or capital surplus, or land, building, or ed	T		31		
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in				32	
ž	33	Total net assets or fund balances			7,002,754,519.	33	7,330,846,495.
	34	Total liabilities and net assets/fund balances			8,051,755,849.	34	8,198,274,933.

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response to any question in this Part XI		<u></u>		X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	570	,411	,502.			
2	F=2 20							
3	Revenue less expenses. Subtract line 2 from line 1	3	-2	,970	,134.			
4	T 000 T							
5	Other changes in net assets or fund balances (explain in Schedule O)	5	331	,062	,110.			
6	T 222 04							
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response to any question in this Part XII				X			
				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.						
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?							
b	Were the organization's financial statements audited by an independent accountant?		2b	X				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.						
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a						
	separate basis, consolidated basis, or both:							
	Separate basis X Consolidated basis Both consolidated and separate basis							
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?		За		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b					

#### **SCHEDULE A**

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

2010

Open to Public Inspection

Name of the organization

SHRINERS HOSPITALS FOR CHILDREN

Employer identification number 36-2193608

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. **b** Type II c Type III - Functionally integrated By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below. Yes Nο the governing body of the supported organization? 11g(i) (ii) A family member of a person described in (i) above? 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). h (iii) Type of (vi) Is the (iv) Is the organization (v) Did you notify the (i) Name of supported (ii) EIN (vii) Amount of organization in col. organization organization in col. in col. (i) listed in your organization support (i) organized in the (described on lines 1-9 governing document? (i) of your support? U.S.? above or IRC section (see instructions)) Yes No Yes Yes No

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Schedule A (Form 990 or 990-EZ) 2010

032021 12-21-10

Total

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(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 instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop	here					<b>&gt;</b>
Sec	ction C. Computation of Publi	ic Support Pe	rcentage				
14	Public support percentage for 2010 (li	ine 6, column (f) di	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2009	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2010. If the or	•				•	
	stop here. The organization qualifies	as a publicly supp	orted organizatior	າ			▶□
b	33 1/3% support test - 2009. If the or						
	and <b>stop here.</b> The organization quali						
17a	10% -facts-and-circumstances test	-					
	and if the organization meets the "fac-	ts-and-circumstan	ces" test, check t	his box and <b>stop I</b>	<b>here.</b> Explain in Pa	rt IV how the orgar	nization
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances test	t - <b>2009.</b> If the orga	anization did not c	heck a box on line	e 13, 16a, 16b, or 1	17a, and line 15 is	10% or
	more, and if the organization meets the		•				
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17			
					Sche	edule A (Form 990	or 990-EZ) 2010

032022 12-21-10

### 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	now, picage com	oloto i art II.j						
Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total		
<b>1</b> Gifts, grants, contributions, and		` /	. ,	` '	,			
membership fees received. (Do not								
include any "unusual grants.")								
2 Gross receipts from admissions,								
merchandise sold or services per-								
formed, or facilities furnished in								
any activity that is related to the organization's tax-exempt purpose								
3 Gross receipts from activities that								
are not an unrelated trade or bus-								
iness under section 513								
4 Tax revenues levied for the organ-						_		
ization's benefit and either paid to								
or expended on its behalf								
5 The value of services or facilities								
furnished by a governmental unit to								
the organization without charge								
· · · · ·								
6 Total. Add lines 1 through 5								
7a Amounts included on lines 1, 2, and								
3 received from disqualified persons <b>b</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		#1000	( ) 0000		( ) 00/0	(0		
Calendar year (or fiscal year beginning in)	(a) 2006	<b>(b)</b> 2007	(c) 2008	(d) 2009	<b>(e)</b> 2010	(f) Total		
9 Amounts from line 6								
<b>10a</b> Gross income from interest, dividends, payments received on								
securities loans, rents, royalties								
and income from similar sources								
<b>b</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	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) organiz	zation,		
check this box and stop here						<u></u> ▶□		
Section C. Computation of Publi								
15 Public support percentage for 2010 (li					15	%		
16 Public support percentage from 2009					16	%		
Section D. Computation of Inves								
	7 Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f)) 17 %							
18 Investment income percentage from 2	B Investment income percentage from 2009 Schedule A, Part III, line 17							
<b>19a 33 1/3% support tests - 2010.</b> If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	I7 is not		
more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	e organization qua	ifies as a publicly	supported organiz	ation	▶□		
<b>b 33 1/3</b> % <b>support tests - 2009.</b> If the	organization did r	not check a box or	line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and		
line 18 is not more than 33 1/3%, che	ck this box and <b>s</b>	<b>top here.</b> The orga	anization qualifies	as a publicly supp	orted organization	▶∐		
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check ti	his box and see ins	structions	<b>&gt;</b>		

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2010
Open to Public Inspection

Name of the organization

SHRINERS HOSPITALS FOR CHILDREN

Employer identification number
36-2193608

Paı	rt I Organizations Maintaining Donor Advised	d Funds or Other Similar Funds	s 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 w	vriting that the assets held in donor advis	sed funds
_	are the organization's property, subject to the organization's	_	
6	Did the organization inform all grantees, donors, and donor ac		
•	for charitable purposes and not for the benefit of the donor or		
	• •		
Pai	rt II Conservation Easements. Complete if the organization		
1	Purpose(s) of conservation easements held by the organization		arry, mo r.
•	Preservation of land for public use (e.g., recreation or ed	`	storically important land area
	Protection of natural habitat		cified historic structure
	Preservation of open space	Treservation of a cert	and historic structure
2	Complete lines 2a through 2d if the organization held a qualification	ied conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.	ed 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
_	Total number of conservation easements		
			1 - 1
	Number of conservation easements on a certified historic stru	ucture included in (a)	
	Number of conservation easements included in (c) acquired a		
u			I
3	listed in the National Register		
3	year	eased, extinguished, or terminated by the	e organization during the tax
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the peri		
5	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above		
0			
9	and section 170(h)(4)(B)(ii)?		
9	include, if applicable, the text of the footnote to the organizati	·	
	conservation easements.	ion s ililanciai statements that describes	the organization's accounting for
Pai	rt III Organizations Maintaining Collections of	Art. Historical Treasures, or O	ther Similar Assets
. u.	Complete if the organization answered "Yes" to Form 9		
1a	If the organization elected, as permitted under SFAS 116 (ASC		ment and balance sheet works of art
	historical treasures, or other similar assets held for public exhi	•	
	the text of the footnote to its financial statements that describ		area or public service, provide, irri are xiv,
h	If the organization elected, as permitted under SFAS 116 (ASC		t and halance sheet works of art historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	radation, or resourch in farther and or pa	bile service, provide the relieving amounts
	(i) Revenues included in Form 990, Part VIII, line 1		<b>•</b> \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of art, historical trea		
_	the following amounts required to be reported under SFAS 11		a gairi, provide
_	Revenues included in Form 990, Part VIII, line 1		•
	Assets included in Form 990, Part X		
D	Assets included in Form 330, Falt A		• • <u> </u>

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Schedule D (Form 990) 2010

Par	t III Organizations Maintaining C	collections of A	rt, Hist	orical Tr	easures,	or Othe	er Simil	ar Asse	<b>ts</b> (cont	inued)	)	
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following tha	at are a si	ignificant	use of its	collectio	n item	าร	
	(check all that apply):											
а	Public exhibition	d	ı 🖳 ı	oan or exc	hange progra	ams						
b	Scholarly research	е	(	Other								
С	Preservation for future generations											
4	Provide a description of the organization's co	ollections and explai	n how th	ey further t	he organizati	ion's exe	mpt purp	ose in Par	t XIV.			
5	During the year, did the organization solicit of	r receive donations	of art, his	storical trea	sures, or oth	er similar	r assets		_	_	_	
	to be sold to raise funds rather than to be ma								Yes		<u> No</u>	
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the	organizatio	n answered	"Yes" to	Form 990	, Part IV,	line 9, or			
	Is the organization an agent, trustee, custod		diary for	contribution	s or other as	sets not	included					
	on Form 990, Part X? Yes X No											
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowina t	able.							_ 110	
~	The rest, supplies the arrangement are say	and complete the re	, and willing t	abio.					Amoun			
С	Beginning balance						1c		7			
	Additions during the year											
	Distributions during the year											
f	Ending balance											
2a	Did the organization include an amount on F							Х	Yes		□No	
	If "Yes," explain the arrangement in Part XIV.											
Par	t V Endowment Funds. Complete i	f the organization ar	swered	"Yes" to Fo	rm 990, Part	IV, line 1	0.					
	•	(a) Current year	<b>(b)</b> P	rior year	(c) Two yea	rs back	(d) Three y	ears back	(e) Four	years	back	
1a	Beginning of year balance	6,299,536,273.	5,604	,239,809.	8,060,24	1,165.						
	Contributions											
	Net investment earnings, gains, and losses	696,982,199.	995	,576,563.								
d	Grants or scholarships											
	Other expenditures for facilities											
	and programs	397,524,048.	300	,280,099.	424,54	4,778.						
f	Administrative expenses											
	End of year balance	6,598,994,424.	6,299	,536,273.	5,604,23	9,809.						
2	Provide the estimated percentage of the year	r end balance held a	as:									
а	Board designated or quasi-endowment	80.00	_%									
b	Permanent endowment  15.00	%										
С	Term endowment ▶6.00	%										
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	t are held a	nd administe	ered for tl	he organi:	zation				
	by:									Yes	No	
	(i) unrelated organizations								3a(i)		Х	
	(ii) related organizations								3a(ii)		Х	
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	on Sched	lule R?					3b			
4	Describe in Part XIV the intended uses of the											
Par	t VI   Land, Buildings, and Equipm	nent. See Form 990	D, Part X,	line 10.								
	Description of investment	(a) Cost or o basis (investr			or other (other)		ccumulate oreciation		(d) Boo	k valu	e	
1a	Land			18	,138,235.				18	,138	,235.	
	Buildings				,920,257.	2	280,931,	826.			,431.	
	Leasehold improvements				,216,015.		8,112,				,833.	
	Equipment			281	,077,631.	2	214,041,				,051.	
	Other			102	,711,773.						,773.	
	. Add lines 1a through 1e. (Column (d) must e		X, colun	nn (B), line 1	'0(c).)			<b>•</b>	624	,978	,323.	

Schedule D (Form 990) 2010

Part VII Investments - Other Securities. Se	ee Form 990, Part X, li	ne 12.		
(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of valuatest or end-of-year mark	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
<u>(I)</u>				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related. S	See Form 990, Part X,	line 13.		
(a) Description of investment type	(b) Book value	Cos	(c) Method of valuated or end-of-year mark	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)	<u> </u>			
Part IX Other Assets. See Form 990, Part X, line				(b) Book value
	Description			
(1) BENEFICIAL INTERESTS IN TRUSTS (2) ESTATES IN PROCESS				427,669,867.
				289,590,331. 47,412,976.
				595,150,150.
(')				2,287,167.
(0)				2,207,107.
(6)				
<u>(7)</u>				
(8)				
(9)				
(10) Total. (Column (b) must equal Form 990, Part X, col (B) lin	0.15.)			1,362,110,491.
Part X Other Liabilities. See Form 990, Part X,			<b>P</b>	1,302,110,431.
	, iii le 25.	(b) Amount		
		(b) Amount		
(1) Federal income taxes (2) LIABILITY UNDER SEC. LENDING		595,150,151.		
<u>(L)</u>		333,130,131.		
(3)				
(4)				
(5) (6)				
<u>(7)</u> (8)				
(9)				
(10)				
(11) Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 25 )	595,150,151.		
Fin 48 (ASC 740).  Fin 48 (ASC 740).	to the organization's financial		zation's liability for uncertain	tax positions under

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Schedule D (Form 990) 2010

Pa	rt XI	Reconciliation of Change in Net Assets from Form 990 to	Audite	d Financial S	taten	nents	3				
1	Totalı	evenue (Form 990, Part VIII, column (A), line 12)		1			570,411,502.				
2	Total e	expenses (Form 990, Part IX, column (A), line 25)		2	573,381,636						
3		s or (deficit) for the year. Subtract line 2 from line 1					-2,970,134.				
4	Net ur			394,823,666.							
5		ed services and use of facilities									
6		ment expenses									
7		period adjustments									
8		(Describe in Part XIV.)					-63,761,556.				
9	Total a			331,062,110.							
10		s or (deficit) for the year per audited financial statements. Combine lines 3 an					328,091,976.				
Pai		Reconciliation of Revenue per Audited Financial Stateme				turn					
1	Totalı	evenue, gains, and other support per audited financial statements			L	1	954,934,028.				
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12:									
а	Net ur	nrealized gains on investments	2a	394,823,6	66.						
b	Donat	ed services and use of facilities	2b		_						
С	Recov	eries of prior year grants	2c								
d		(Describe in Part XIV.)		-12,010,4	153.						
е	Add li	nes <b>2a</b> through <b>2d</b>			🔯	2e	382,813,213.				
3	Subtra	act line <b>2e</b> from line <b>1</b>			L	3	572,120,815.				
4		nts included on Form 990, Part VIII, line 12, but not on line 1:									
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a								
b	Other	(Describe in Part XIV.)	4b	-1,709,3	313.						
		nes <b>4a</b> and <b>4b</b>				4c	-1,709,313.				
5	Totalı	evenue. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12.)				5	570,411,502.				
Pa	Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return										
1	Total	expenses and losses per audited financial statements				1	561,567,642.				
2		nts included on line 1 but not on Form 990, Part IX, line 25:									
а	Donat	ed services and use of facilities	2a								
b		rear adjustments									
		losses									
		(Describe in Part XIV.)		543,1	90.						
		nes <b>2a</b> through <b>2d</b>				2e	543,190.				
3		act line <b>2e</b> from line <b>1</b>				3	561,024,452.				
4		nts included on Form 990, Part IX, line 25, but not on line <b>1</b> :									
а		ment expenses not included on Form 990, Part VIII, line 7b	4a	12,010,4	153.						
b		(Describe in Part XIV.)		346,7							
		nes <b>4a</b> and <b>4b</b>				4c	12,357,184.				
		expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18.)			⊢	5	573,381,636.				
		Supplemental Information									
Com	plete th	is part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II	II. lines 1a	and 4: Part IV. lin	es 1b	and 2b	p: Part V. line 4: Part				
X, lin	e 2; Pa	t XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp	olete this p	part to provide an	v addit	tional ir	nformation.				
-		INE 4: THE ENDOWMENT FUNDS (INCLUDING UNRESTRICTED FUND	·	•	,						
BALA	ANCES)	ARE THE PRIMARY SOURCE OF SUPPORT FROM WHICH SHRINERS HO	SPITALS								
FOR	CHILD	REN PERFORMS ITS PROGRAM SERVICES TO ACHIEVE ITS PRIMARY	EXEMPT								
PURI	POSE.										
PART	XII,	LINE 2D - OTHER ADJUSTMENTS:									
INVE	ESTMEN	T MGMT FEES RECLASSIFIED TO EXPENSES -12	,010,45	3.							

032055 12-20-10 Schedule D (Form 990) 2010

THE AMOUNT INCLUDED ON FORM 990, PART X, LINE 21 CONSISTS OF ANNUITY

LIABILITIES ASSOCIATED WITH CHARITABLE REMAINDER TRUSTS HELD BY SHRINERS

#### **SCHEDULE F** (Form 990)

## **Statement of Activities Outside the United States**

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

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Employer identification number

Name of the organization	Employer identification number					
SHRINERS HOSPITALS FOR	CHILDREN				36-2193608	
Part I General Info	rmation on A	ctivities Ou	tside the United States. Comple	ete if the orgar	nization answered	"Yes"
to Form 990, Par						
_	-		ds to substantiate the amount of the g			J., .
grantees' eligibility for th	ne grants or assis	stance, and the	selection criteria used to award the gra	ınts or assistaı	nce?LX	Yes No
2 Fau grantmakara Doo	riba in Dort V the	o organization's	procedures for monitoring the use of g	rant funda autr	side the United Ct	otoo
2 For grantmakers. Desc	inde in Fait V the	e organization s	procedures for monitoring the use of gi	rant lunus out	side the Officed Sc	ales.
3 Activities per Region. (T	he following Parl	t I, line 3 table ca	an be duplicated if additional space is r	needed.)		
(a) Region	(b) Number of	(c) Number of	(d) Activities conducted in region		vity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (e.g., fundraising, program	is a pro	gram service,	expenditures for and
	in the region	independent contractors	services, investments, grants to		e specific type	investments
		in region	recipients located in the region)	of Service	ce(s) in region	in region
			FUNDING TO HOSPITAL			
			SHRINERS PARA NINOS, A			
MEXICO		0	RELATED NONPROFIT ORGANIZATION.			12,530,809.
MEXICO		,	FUNDING TO SHRINERS			12,330,003.
			HOSPITALS FOR CHILDREN			
			RELATED NONPROFIT			
CANADA	0	0	ORGANIZATION.			9,343,774.
3 a Sub-total	0	0				21,874,583.
<b>b</b> Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	0	0				21,874,583.

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

Schedule F (Form 990) 2010

SHRINERS HOSPITALS FOR CHILDREN

Part I				Outside the United States. Co one recipient received more	H 000			990, Part IV, line 15, fo	
		plicated if additional		•	. ,				
1 (a) N	ame of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(a) Pagion	(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)
t	he IRS, or for which t	he grantee or counse	el has provided a section	L recognized as charities by the n 501(c)(3) equivalency letter			<b>.</b> .		

Page 2

Part III	Part III can be duplicated if a			ates. Complete i	t the organization answered "Yes"	to Form 990, Part	IV, line 16.	
(a) ⊺	ype 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	orga	s the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the anization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign poration (see Instructions for Form 926)	Yes	X No
2	may Rec	the organization have an interest in a foreign trust during the tax year? If "Yes," the organization be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and seipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With S. Owner (see Instructions for Forms 3520 and 3520-A)	Yes	x No
3	the	the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," organization may be required to file Form 5471, Information Return of U.S. Persons with respect to tain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	qua Retu	s the organization a direct or indirect shareholder of a passive foreign investment company or a lified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, urn by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see ructions for Form 8621)	Yes	x No
5	the	the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain eign Partnerships. (see Instructions for Form 8865)	Yes	X No
6		the organization have any operations in or related to any boycotting countries during the tax year? If s," the organization may be required to file Form 5713, International Boycott Report (see Instructions		

Schedule F (Form 990) 2010

Part V Supplemental Information
Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method); 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.
SCHEDULE F, PART I, LINE 2: THE FOREIGN ORGANIZATIONS RECEIVING FUNDING
ARE ENTIRELY CONTROLLED BY THIS ORGANIZATION'S OFFICERS. THE SAME
PROTOCOLS FOR THIS ORGANIZATION'S PROGRAM SERVICE INITIATIVES APPLY TO
THE FOREIGN ORGANIZATIONS.

#### **SCHEDULE G**

(Form 990 or 990-EZ)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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. ► See separate instructions.

Inspection

Employer identification number Name of the organization SHRINERS HOSPITALS FOR CHILDREN 36-2193608 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e X Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Y Phone solicitations g X Special fundraising events d X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or X No Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? 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. (iii) Did fundraiser (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts tò (or retained by) (ii) Activity to (or retained by) have custody fundraiser or entity (fundraiser) from activity or control of contributions? organization listed in col. (i) Yes No **Total** List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI

032081 01-13-11

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Schedule G (Form 990 or 990-EZ) 2010

Sch Pa			HOSPITALS FOR CHII he organization answered			193608 Page <b>2</b> more than \$15,000
		of fundraising event contributions and g	ross income on Form 990	0-EZ, lines 1 and 6b. List	events with gross receip	ots greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				L	2.0	(add col. (a) through
			PAPER CRUSADE	FOOTBALL GAME (event type)	(total number)	col. <b>(c)</b> )
Jue			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	2,959,128.	1,236,989.	3,593,355.	7,789,472
	2	Less: Charitable contributions				
	3	Gross income (line 1 minus line 2)	2,959,128.	1,236,989.	3,593,355.	7,789,472
	4	Cash prizes				
ses	5	Noncash prizes				
=xpen	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses		86,260.	250,579.	543,190.
	10	Direct expense summary. Add lines 4 throug				( 543,190
Dr	11 rt l		nn (d), and line 10	000 Dort IV line 10 or r	······································	7,246,282
Г	וונו	\$15,000 on Form 990-EZ, line 6a.	answered tes to form	1990, Part IV, line 19, or r	eported more than	
		ψ13,000 0111 01111 930-LZ, iiile 0a.		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c)
eve!						
	1	Gross revenue				
m	2	Cash prizes				
ense						
ect Expenses	3	Noncash prizes				
Direc	4	Rent/facility costs				
	5	Other direct expenses		W		
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 throug	gh 5 in column (d)		<b>&gt;</b>	(
	8	Net gaming income summary. Combine line	1, column d, and line 7		<b>&gt;</b>	
			·			
		ter the state(s) in which the organization opera	_			
		the organization licensed to operate gaming a				Yes Mo
b	If "	No," explain:				
<b>1</b> 0	14/-	are any of the eventioning in the second	roughed outprained at a second	purplicated during the start	100x0	Yes No
		ere any of the organization's gaming licenses r Yes," explain:			yeai (	Yes No
	_					

Schedule G (Form 990 or 990-EZ) 2010

Sch	edule G (Form 990 or 990-EZ) 2010 SHRINERS HOSPITALS FOR CHILDREN 36-2:	193608		Page 3
11	Does the organization operate gaming activities with nonmembers?		Yes	☐ No
	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:			
	The organization's facility	13a		%
	An outside facility			<del></del>
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	100		
14	Litter the flattle and address of the person who prepares the organization's gaining/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
h	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party $\blacktriangleright$			
_	If "Yes," enter name and address of the third party:			
·	in res, enter hathe and address of the tillid party.			
	Name			
	Address >			
40				
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Carring manager compensation			
	Description of services provided			
	Director/officer Employee Independent contractor			
	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			┌
	retain the state gaming license?	'Ш '	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 > \$			
Pa	TT IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (i	ii) 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	on (see ir	nstruc	tions).

### SCHEDULE H (Form 990)

Department of the Treasury Internal Revenue Service

# **Hospitals**

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SHRINERS HOSPITALS FOR CHILDREN

Employer identification number 36-2193608

Pai	t I Financial Assistance	and Certain Ot	her Commun	nity Benefits at	Cost	•			
								Yes	No
1a	Did the organization have a financia	l assistance policy	during the tax ve	ar? If "No." skip to g	uestion 6a		1a	Х	
b	•						1b	Х	
2	If "Yes," was it a written policy?	s, indicate which of the fol	llowing best describes	application of the financial	assistance policy to its	various hospital			
_	X Applied uniformly to all hospit	al facilities	Appli	ed uniformly to most	t hospital facilities	3			
	Generally tailored to individua		, , , pp						
3	Answer the following based on the financial ass	•	hat applied to the large	est number of the organizati	on's patients during th	e tax vear.			
	Did the organization use Federal Po	= -		<del>-</del>	-	•			
_	individuals? If "Yes," indicate which	•			-		За		Х
			Other	-					
b	Did the organization use FPG to del				ome individuals?				
	If "Yes," indicate which of the follow						3b		Х
	200% 250%	300%		400% Oth					
С	If the organization did not use FPG								
	eligibility for free or discounted care	•	•			•			
	threshold, regardless of income, to	,							
4	Did the organization's financial assistance polic "medically indigent"?			ts during the tax year provi			4	х	
5a	Did the organization budget amounts for						5a	Х	
b	If "Yes," did the organization's finan	icial assistance exp	enses exceed the	e budgeted amount	?		5b		Х
	If "Yes" to line 5b, as a result of but								
	care to a patient who was eligible for	-		-			5с		
6a	Did the organization prepare a com-						6a	Х	
	If "Yes," did the organization make						6b	Х	
	Complete the following table using the workshe								
7	Financial Assistance and Certain Ot	her Community Be	nefits at Cost						
	Financial Assistance and	(a) Number of activities or	(b) Persons served	(C) Total community	(d) Direct offsetting	(e) Net community	(f)	Percent al expen	of se
Mea	ns-Tested Government Programs	programs (optional)	(optional)	benefit expense	revenue	benefit expense		<u> </u>	
а	Financial Assistance at cost (from								
	Worksheets 1 and 2)			466,427,046.	4,622,016.	461,805,030.		80.54	18
b	Unreimbursed Medicaid (from								
	Worksheet 3, column a)								
С	Unreimbursed costs - other means-								
	tested government programs (from								
	Worksheet 3, column b)								
d	Total Financial Assistance and								
	Means-Tested Government Programs			466,427,046.	4,622,016.	461,805,030.		80.54	18
	Other Benefits								
е	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)			01.00= 50:		01 05= 55:		2 7	
	Research (from Worksheet 7)			21,027,694.		21,027,694.		3.67	/ ቴ
i	Cash and in-kind								
	contributions to community								
	groups (from Worksheet 8)			21 227 524		21 227 52		2 (-	7 0.
j	Total. Other Benefits			21,027,694.	1 600 015	21,027,694.		3.67	
1-	Total Add lines 7d and 7i	1		1 487 454 740 l	4 622 016	482 832 724	l	84 21	*

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Schedule H (Form 990) 2010

Pa	dale 11 (1 01111 000) 2010	Activities Compl		e organization	conducte	d any c	ommunity building ac			age 2 the
	tax year, and describe in Par	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community building expen	offse	n of the d) Direct tting reve	(e) Net	(f	Percent	
1	Physical improvements and housing	(66 1161141)		Samuring experi						
2	Economic development									
3	Community support									
4	Environmental improvements									
5	Leadership development and									
	training for community members									
6	Coalition building									
7	Community health improvement									
	advocacy									
8	Workforce development									
9	Other									
10	Total									
Pa	rt III Bad Debt, Medicare,	& Collection Pr	ractices							
									Vaa	Na
	ion A. Bad Debt Expense			<u>-</u>					Yes	No
1	Did the organization report bad deb Statement No. 15?	t expense in accord			ŭ		sociation	1		х
2	Enter the amount of the organizatio	n's bad debt expen	se (at cost)			2				
3	Enter the estimated amount of the	organization's bad o	debt expense (at	cost) attributak	ole to					
	patients eligible under the organization	tion's financial assis	stance policy			3				
4	Provide in Part VI the text of the foo	tnote to the organiz	zation's financial :	statements tha	t describe	s bad c	lebt			
	expense. In addition, describe the o	costing methodolog	y used in determi	ning the amou	nts reporte	ed on li	nes			
	2 and 3, and rationale for including	a portion of bad del	bt amounts as co	mmunity bene	fit.					
Sect	ion B. Medicare									
5	Enter total revenue received from M	ledicare (including [	DSH and IME)			5				
6	Enter Medicare allowable costs of c	are relating to payn	nents on line 5			6				
7	Subtract line 6 from line 5. This is the	ne surplus (or shortf	all)			7				
8	Describe in Part VI the extent to wh	ich any shortfall rep	orted in line 7 sh	ould be treated	d as comm	unity b	enefit.			
	Also describe in Part VI the costing	methodology or so	urce used to dete	ermine the amo	unt report	ed on li	ne 6.			
	Check the box that describes the m	nethod used:		_						
	Cost accounting system	Cost to char	ge ratio	Other						
Sect	ion C. Collection Practices									
	Did the organization have a written							9a		Х
b	If "Yes," did the organization's collection						ntain provisions on the			
_	collection practices to be followed for pa	tients who are known	to qualify for financ	ial assistance? D	escribe in F	Part VI .		9b		
Pa	rt IV   Management Compa	nies and Joint	Ventures							
	(a) Name of entity	(b) Des	cription of primar	y (	c) Organiz	ation's	(d) Officers, direct-	(e) P	hysicia	ans'
		ac	tivity of entity		profit % o		ors, trustees, or key employees'		ofit %	or
					ownersh	ip %	profit % or stock		stock ership	0/-
							ownership %	OWI	ersnip	70

Part V   Facility information									-
Section A. Hospital Facilities		<u>a</u>							
(list in order of size, measured by total revenue per facility,		surgical			<del></del>				
from largest to smallest)					pit				
	草	\ <u>\</u>	oita	<u>t</u> al	ğ	ج			
How many hospital facilities did the organization operate	Spi	diči	osb	dsc	SSS	Cili	٫ ا		
during the tax year? 19	15	me	s h	14	Ö	ر ا	Z	١.	
-	Licensed hospital	General medical &	Children's hospital	Teaching hospital	a a	Research facility	# H	ER-other	
	l e	ene	plic	ac	ij	ese	3-5	ţ.	
Name and address	Ē	٥	ᅙ	≝	ō	ď	Ш	iii	Other (describe)
1 SHRINERS HOSPITAL FOR CHILDREN									,
2211 NORTH OAK PARK AVENUE	1								
CHICAGO, IL 60707-3392	x		х	х		х			
2 SHRINERS HOSPITAL FOR CHILDREN									
3229 BURNET AVENUE									
CINCINNATI, OH 45229-3095	x		х	х		х			
3 SHRINERS HOSPITAL FOR CHILDREN									
1645 WEST 8TH STREET									
ERIE, PA 16505	x		х	х		х			
4 SHRINERS HOSPITAL FOR CHILDREN									
815 MARKET STREET	1								
GALVESTON, TX 77550	T <sub>x</sub>		х	x		х			
5 SHRINERS HOSPITAL FOR CHILDREN									
950 WEST FARIS ROAD	1								
GREENVILLE, SC 29605	$\forall$		х	x		х			
6 SHRINERS HOSPITAL FOR CHILDREN									
1310 PUNAHOU STREET	1								
HONOLULU, HI 96826-1099	$\exists_{x}$		х	x		х			
7 SHRINERS HOSPITAL FOR CHILDREN									
6977 MAIN STREET	1								
HOUSTON, TX 77030-3701	$ _{x}$		х	x		х			
8 SHRINERS HOSPITAL FOR CHILDREN	+			H					
1900 RICHMOND ROAD	┨								
LEXINGTON, KY 40502	$\frac{1}{x}$		х	x		х			
9 SHRINERS HOSPITAL FOR CHILDREN	+								
3160 GENEVA STREET	+								
LOS ANGELES, CA 90020	$\frac{1}{x}$		х	x		х			
10 SHRINERS HOSPITAL FOR CHILDREN	+			H					
2425 STOCKTON BOULEVARD	1								
SACRAMENTO, CA 95817	$\frac{1}{x}$		x	x		х			
11 SHRINERS HOSPITAL FOR CHILDREN	+								
3551 NORTH BROAD STREET	1								
PHILADELPHIA, PA 19140-4131	$\frac{1}{x}$		x	x		х			
12 SHRINERS HOSPITAL FOR CHILDREN	+		Ë	H					
3101 SW SAM JACKSON PARK RD.	+								
PORTLAND, OR 97239-3095	$\frac{1}{x}$		x	x		х			
13 SHRINERS HOSPITAL FOR CHILDREN	+								
FAIRFAX ROAD AT VIRGINIA STREET	+								
SALT LAKE CITY, UT 84103	$\frac{1}{x}$		x	x		х			
14 SHRINERS HOSPITAL FOR CHILDREN	+	$\vdash$	<del></del>	<del> </del>					
3100 SAMFORD AVENUE	┨								
SHREVEPORT, LA 71103	$\frac{1}{x}$	1	×	x		х			
15 SHRINERS HOSPITAL FOR CHILDREN	+^	$\vdash$		1		25			
911 WEST 5TH AVENUE	1								
	$\frac{1}{x}$		v	x		х			
SPOKANE, WA 99204  16 SHRINERS HOSPITAL FOR CHILDREN	+^	$\vdash$	^	<u> </u>		Λ	-		
2001 S. LINDBERGH BOULEVARD	+	1		1					
	$\frac{1}{x}$		, v	x		х			
ST. LOUIS, MO 63131-3597	1^	1	1^	1^		ι^-		I	

Part V   Facility Information									
Section A. Hospital Facilities		a							
(list in order of size, measured by total revenue per facility,		gi			<u></u>				
from largest to smallest)		surgical			bit				
	国	8	ital	[a]	hos	>			
How many hospital facilities did the organization operate	spi	gi	dso	igs	SSS	≝			
during the tax year?	18	Вě	S	15	ဗ္ဗ	Į,	nrs		
·	Licensed hospital	General medical &	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	
	Sen	eue	<u>اة</u>	act	ij	se	3-24	ξ	
Name and address	ΪΞ	Ğ	Ö	₽	Ö	Ä	<b>Ш</b>	🗀	Other (describe)
17 SHRINERS HOSPITAL FOR CHILDREN									
12502 USF PINE DRIVE	1								
TAMPA, FL 33612-9499	x		х	х		х			
18 SHRINERS HOSPITAL FOR CHILDREN									
2025 EAST RIVER PARKWAY	1								
MINNEAPOLIS, MN 55414	x		x	x		х			
19 SHRINERS HOSPITAL FOR CHILDREN									
"POPS"	1								
OPEN, FL 33701	x		x	x		х			
	Ħ	$\vdash$							
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	1								
	L	L		L	L		L	L	

# Part V Facility Information (continued)

•	i aciiity	miormation	(Continueu)

Section B. Facility Policies and Practices (Complete a separate Section B for each of the hospital facilities listed in Part V, Section A)

ine Number of Hospital Facility (from Schedule H, Part V, Section A):1		Yes	No
Community Health Needs Assessment (Lines 1 through 7 are optional for 2010)		163	140
1 During the tax year or any prior tax year, did the hospital facility conduct a community health needs assessment (Needs			
Assessment)? If "No," skip to line 8	1		
If "Yes," indicate what the Needs Assessment describes (check all that apply):			
a A definition of the community served by the hospital facility			
<b>b</b> Demographics of the community			
c Existing health care facilities and resources within the community that are available to respond to the health needs			
of the community			
d How data was obtained			
e The health needs of the community			
f Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority			
groups			
g The process for identifying and prioritizing community health needs and services to meet the community health needs			
h The process for consulting with persons representing the community's interests			
i Information gaps that limit the hospital facility's ability to assess all of the community's health needs			
j Other (describe in Part VI)			
2 Indicate the tax year the hospital facility last conducted a Needs Assessment: 20			
In conducting its most recent Needs Assessment, did the hospital facility take into account input from persons who represent			
the community served by the hospital facility? If "Yes," describe in Part VI how the hospital facility took into account input			
from persons who represent the community, and identify the persons the hospital facility consulted	3		
4 Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other			

•	The the mospital radiii, a mospital radiii, and the control of the control radiii, and the control of the contr		1 '	1
	hospital facilities in Part VI	4		
5	Did the hospital facility make its Needs Assessment widely available to the public?	5		
	If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):			
а	Hospital facility's website			

b	Ш	Available upon request from the hospital facility
С		Other (describe in Part VI)
6 1	f the h	ospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all

6 If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (cl			
	that apply):		
а	Adoption of an implementation strategy to address the health needs of the hospital facility's community		
h	Execution of the implementation strategy		

С	Ш	Participation in the development of a community-wide community benefit plan
d		Participation in the execution of a community-wide community benefit plan

е	Inclusion of a community benefit section in operational plans
f	Adoption of a budget for provision of services that address the needs identified in the Needs Assessment

	, taspitally at a staget for providing of contract and address the free factors and an area of the contract and a staget for providing an area of the contract and a staget for providing an area of the contract and a staget for providing an area of the contract and a staget for providing an area of the contract and a staget for providing an area of the contract and a staget for providing an area of the contract and a staget for providing an area of the contract and a staget for providing and a staget for providing an area of the contract and a staget for providing an area of the con
	Prioritization of health needs in its community
h	Prioritization of services that the hospital facility will undertake to meet health needs in its community

i	Ш	Other (describ	e in Part VI)						
7	Did th	e hospital facility	address all of the need	s identified in its mos	t recently cor	nducted Needs A	Assessment? I	"No,"	expl

7	Did the hospital facility address all of the needs identified in its most recently conducted Needs Assessment? If "No," explain			
	in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7		
Financial Assistance Policy				
	Did the hospital facility have in place during the tax year a written financial assistance policy that:			

	bid the hospital racility have in place during the tax year a written infancial assistance policy that.		
8	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?	8	Х
9	Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?	9	Х

If "Yes," indicate the FPG family income limit for eligibility for free care: \_\_\_\_

Pa	rt V	Facility Information (continued) NOT REQUIRED			
				Yes	No
10	Used F	FPG to determine eligibility for providing <i>discounted</i> care to low income individuals?	10		Х
		," indicate the FPG family income limit for eligibility for discounted care: %			
11		ned the basis for calculating amounts charged to patients?	11		Х
		," indicate the factors used in determining such amounts (check all that apply):			
а		Income level			
b		Asset level			
С		Medical indigency			
d		Insurance status			
е		Uninsured discount			
f		Medicaid/Medicare			
g		State regulation			
h		Other (describe in Part VI)			
	Explair	ned the method for applying for financial assistance?	12		х
		ed measures to publicize the policy within the community served by the hospital facility?	13		Х
		," indicate how the hospital facility publicized the policy (check all that apply):			
а		The policy was posted on the hospital facility's website			
b	一	The policy was attached to billing invoices			
C	一	The policy was posted in the hospital facility's emergency rooms or waiting rooms			
d	H	The policy was posted in the hospital facility's admissions offices			
e	H	The policy was provided, in writing, to patients on admission to the hospital facility			
f	H	The policy was available on request			
	H	Other (describe in Part VI)			
<u>g</u>	line or	·			
		ad Collections			
14		e hospital facility have in place during the tax year a separate billing and collections policy, or a written financial	44		х
45		ance policy that explained actions the hospital facility may take upon non-payment?	14		21
		all of the following collection actions against a patient that were permitted under the hospital facility's policies at any			
	time d	uring the tax year:			
a		Reporting to credit agency			
b	H	Lawsuits			
C	H	Liens on residences			
d		Body attachments			
е		Other actions (describe in Part VI)			
16	Did the	e hospital facility engage in or authorize a third party to perform any of the following collection actions during the			
	tax yea		16		Х
		," check all collection actions in which the hospital facility or a third party engaged (check all that apply):			
а		Reporting to credit agency			
b	$\vdash$	Lawsuits			
С	$\vdash$	Liens on residences			
d	$\vdash$	Body attachments			
е		Other actions (describe in Part VI)			
17	Indicat	te which actions the hospital facility took before initiating any of the collection actions checked in line 16 (check all that			
	apply):				
а		Notified patients of the financial assistance policy on admission			
b		Notified patients of the financial assistance policy prior to discharge			
С		Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
d		Documented its determination of whether a patient who applied for financial assistance under the financial			
		assistance policy qualified for financial assistance			
е		Other (describe in Part VI)			

032095 02-24-11

Schedule H (Form 990) 2010

Pa	Int V Facility Information (continued) NOT REQUIRED		
Po	olicy Relating to Emergency Medical Care		
		Yes	No
18	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?		Х
	If "No," indicate the reasons why (check all that apply):		
а	The hospital facility did not provide care for any emergency medical conditions		
b			
С			
d	Other (describe in Part VI)		
CI	harges for Medical Care		
19	Indicate how the hospital facility determined the amounts billed to individuals who did not have insurance covering		
	emergency or other medically necessary care (check all that apply):		
а	The hospital facility used the lowest negotiated commercial insurance rate for those services at the hospital facility		
b	The hospital facility used the average of the three lowest negotiated commercial insurance rates for those services		
	at the hospital facility		
С	The hospital facility used the Medicare rate for those services		
d	Other (describe in Part VI)		
20	Did the hospital facility charge any of its patients who were eligible for assistance under the hospital facility's financial		
	assistance policy, and 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?		х
	If "Yes," explain in Part VI.		
21	Did the hospital facility charge any of its patients an amount equal to the gross charge for any service provided to that		
	patient? 21		х
	If "Yes," explain in Part VI.		

032096 02-24-11 Schedule H (Form 990) 2010

Schedule H (Form 990) 2010 SHRINERS HOSPITALS FOR CHILDREN		36-2193608	Page 7
Part V Facility Information (continued)			
Section C. Other Facilities That Are Not Licensed, Registered, or Similarly Re-	cognized as a Hospital Facility		
• • • • • • • • • • • • • • • • • • •	<b>3</b>		
(list in order of size, measured by total revenue per facility, from largest to smallest	1		
(list in order of size, measured by total revenue per facility, from largest to smallest	)		
How many non-hospital facilities did the organization operate during the tax year?	0		
now many non-nospital facilities did the organization operate during the tax year?	0		
Name and address	Type of Facility (describe)		
	-		
	_		
	1		
	1		
	1		
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	-		
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	-		
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	1		

Schedule H (Form 990) 2010 032097 02-24-11

#### Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; and Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 11h, 13g, 15e, 16e, 17e, 18d, 19d, 20, and 21.
- 2 Needs assessment. Describe how the organization assesses the health care needs of the communities it serves, in addition to any needs assessments reported in Part V, Section B.
- 3 Patient education of eligibility for assistance. Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 Community information. Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C: SHRINERS HOSPITALS FOR CHILDREN DID NOT APPLY ANY
INCOME-BASED CRITERIA, ASSET TEST, OR OTHER MEANS TEST OR THRESHOLD FOR
PROVIDING FREE CARE TO PATIENTS IN 2010.
PART I, LINE 7: A GENERAL LEDGER ACCOUNTING SYSTEM WAS USED TO
CALCULATE THE AMOUNTS REPORTED IN PART I, LINE 7. THE SYSTEM ADDRESSES
ALL PATIENT SEGMENTS (INPATIENT AND OUTPATIENT). A COST-TO-CHARGE RATIO
IS NOT PART OF THE SYSTEM.
PART III, LINE 4: BAD DEBT EXPENSE IS NOT APPLICABLE TO SHRINERS
HOSPITALS FOR CHILDREN, AND AS SUCH, IS NOT PART OF THE FOOTNOTES IN ITS
FINANCIAL STATEMENTS. SHRINERS HOSPITALS FOR CHILDREN PROVIDES PATIENT
CARE WITHOUT COST TO THE PATIENT. AS SUCH, THERE ARE NO REVENUES AGAINST
WHICH A BAD DEBT COULD ARISE.
PART I, LINE 1(A):
SHRINERS HOSPITALS FOR CHILDREN'S (SHC) CHARITY CARE POLICY IS TO PROVIDE
SPECIALIZED ORTHOPAEDIC AND BURN CARE TO CHILDREN WITHOUT REGARD TO ONE'S

Part VI Supplemental Information
ABILITY TO PAY. THIS HAS BEEN SHC'S POLICY FOR OVER 85 YEARS. PRESENTLY,
SHC IS IN THE PROCESS OF IMPLEMENTING OTHER ARRANGEMENTS THAT WILL ENABLE
SHC TO MAINTAIN ITS STANDARDS OF EXCELLENCE IN PROVIDING SUPERIOR PATIENT
CARE, WITHOUT DISTRURBING ITS FUNDAMENTAL PRINCIPLES AND MISSION IN MAKING
SUCH CARE OPENLY AVAILABLE TO ALL CHILDREN. THESE OTHER ARRANGEMENTS
INCLUDE PARTIAL REIMBURSEMENT UNDER MEDICARE/MEDICAID GOVERNMENT PROGRAMS,
AND PATIAL REIMBURSEMENT UNDER PRIVATE INSURANCE ARRANGEMENTS. THESE OTHER
ARRANGEMENTS MAY CAUSE CERTAIN SECTIONS OF THIS SCHEDULE H TO BE NOT
COMPARABLE TO YEARS WHEN THESE ARRANGEMENTS WERE NOT IN FORCE.
NEVERTHELESS, THE SPIRIT OF SHC'S MISSION, AS WELL AS ITS FOUNDING
PRINCIPLES, WILL BE MAINTAINED UNDER ANY ALTERNATIVE ARRANGEMENT.
PART I, LINE 7, COLUMNS (A) AND (B):
SEE FORM 990, PART III, LINES 4(A) AND 4(B) FOR RELATED INFORMATION.
PART VI, LINE 8:
THIS ENTITY AND ITS RELATED ENTITY FILE A COMMUNITY BENEFIT REPORT IN ALL
50 STATES.
PART VI, LINE 2: SHRINERS HOSPITALS FOR CHILDREN PROVIDES PEDIATRIC,
ORTHOPAEDIC, AND BURN CARE AT NO COST TO ITS PATIENTS.
PART VI, LINE 3: SHRINERS HOSPITALS FOR CHILDREN POSTS ITS CHARITY
CARE POLICY IN ADMISSION AREAS, EMERGENCY ROOMS, AND OTHER AREAS OF
FACILITIES WHERE ELIGIBLE PATIENTS ARE LIKELY TO BE PRESENT, AND PROVIDES
A COPY OF ITS POLICY TO PATIENTS AS PART OF THE INTAKE PROCESS AND WITH
DISCHARGE MATERIALS.

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

2010

OMB No. 1545-0047

Open to Public Inspection

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

Name of the organization **Employer identification number** 36-2193608 SHRINERS HOSPITALS FOR CHILDREN 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? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed ...... (f) Method of 1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (e) Amount of (g) Description of (h) Purpose of grant valuation (book. or government if applicable cash grant non-cash assistance or assistance non-cash FMV, appraisal, assistance other) AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS - 6300 NORTH RIVER ROAD 0 ROSEMONT IL 60018 36-2110592 501(C)(3) 40,000 SPONSORSHIP GRANT UNIVERSITY OF IOWA HOSPITALS AND CLINICS - 200 HAWKINS DRIVE - IOWA 42-6004813 501(C)(3) 5.000 0 CONTRIBUTION CITY, IA 52242 MEDICAL COLLEGE OF GEORGIA 1120 15TH STREET AUGUSTA, GA 30912 59-1892079 501(C)(3) 5.000 0 CONTRIBUTION 2 Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations

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. Complete this part to provide	de the informatio	n required in Part I,	line 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: SHRINERS HOSPITALS FOR	CHILDREN IS	ACTIVELY			
INVOLVED WITH ALL GRANT RECIPIENTS. THROUGH THIS A	CTIVE INVOLV	EMENT, THE			
ORGANIZATIONS ARE MONITORED TO ENSURE THEIR GRANT F	PROCEEDS ARE	BEING USED			
APPROPRIATELY.					

# SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

# **Compensation Information**

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

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SHRINERS HOSPITALS FOR CHILDREN

Employer identification number

36-2193608

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Х	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	Х	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply.			
	Compensation committee Written employment contract			
	Independent compensation consultant			
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment from the organization or a related organization?	4a		Х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
	The organization?	5a		X
b	Any related organization?	5b		Х
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		Х
_	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	_		<sub>v</sub>
•	not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			<sub>v</sub>
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9	ı	I

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

Schedule J (Form 990) 2010

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) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

	(B) Breakdown o	of W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	<b>(E)</b> Total of columns	<b>(F)</b> Compensation	
(A) Name	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	reported in prior Form 990 or Form 990-EZ	
(i	348,617	. 0.	0.	16,500.	6,921.	372,038.	0.	
1 KEITH GARDNER (ii		1	0.	0.	0.	0.	0.	
(i	424,678		0.	127,603.	2,648.	554,929.	0.	
2 RICHARD MCCALL, MD (ii	_		0.	0.	0.	0.	0.	
(i			0.	90,747.	4,098.	552,557.	0.	
3 PETER ARMSTRONG, MD (ii		-	0.	0.	0.	0.	0.	
(i			0.	385,081.	4,723.	827,961.	0.	
4 DOUGLAS BARNES (ii		-	0.	0.	0.	0.	0.	
(i			0.	361,860.	9,720.	642,876.	0.	
5 LAWRENCE VOGEL (ii		-	0.	0.	0.	0.	0.	
(i			0.	212,017.	4,919.	607,968.	0.	
6 DENNIS ROY (ii		. 0.	0.	0.	0.	0.	0.	
(i								
7 (ii								
(i								
8 (ii	)							
(i								
<u>9</u> (ii								
(i								
<u>10</u> (ii								
(i								
(i								
(i								
<u>13</u> (ii								
(i								
(i								
	_							
(i								
	)							

# SCHEDULE M (Form 990)

Department of the Treasury

## **Noncash Contributions**

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

➤ Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

SHRINERS HOSPITALS FOR CHILDREN

Employer identification number 36-2193608

Pai	rt i Types of Property								
		(a)	(b)	(c)	ibution	(d)	tormin	ina	
		Check if applicable	Number of contributions or	Noncash contr amounts repor		Method of de noncash contribu		_	rs
		арріїодьіс		Form 990, Part VI		Horiodori contribe	, tioi i u	mount	
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles	Х	1	2	7,147.	FMV			
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (FUN CENTER)	X	1		4,250.	FMV			
26	Other • ()								
27	Other • ()								
28	Other (								
29	Number of Forms 8283 received by the organize	zation durin	g the tax year for o	contributions					
	for which the organization completed Form 82	83, Part IV,	Donee Acknowled	gement	29				
								Yes	No
30a	During the year, did the organization receive by	y contributio	on any property rep	oorted in Part I, line	es 1-28 th	at it must hold for			
	at least three years from the date of the initial	contribution	, and which is not	required to be use	d for exer	npt purposes for			
	the entire holding period?						30a		Х
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	policy that re	equires the review	of any non-standa	ard contrib	utions?	31	Х	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash								
	contributions?						32a		Х
b	If "Yes," describe in Part II.								
33	If the organization did not report an amount in	column (c) t	or a type of prope	rty for which colun	nn (a) is ch	necked,			
	describe in Part II.								
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	0.		Schedule M	(Form	990) (	(2010)

### SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service

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.

2010
Open to Public Inspection

Name of the organization  SHRINERS HOSPITALS FOR CHILDREN	Employer identification number 36-2193608
SHRINERS HOSFITALS FOR CHILDREN	30-2193000
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 III, LINE 3, CHANGES IN PROGRAM SERVICES:	
DURING 2010, THE ORGANIZATION ESTABLISHED A BILLING POLICY THAT APPLIES	
EXCLUSIVELY TO PRIVATE INSURANCE AND MEDICARE/MEDICAID. THE	
ORGANIZATION'S MISSION (TO PROVIDE CARE AT NO CHARGE TO PATIENTS AND	
THEIR FAMILIIES) REMAINS UNCHANGED. MOREOVER, COSTS IN EXCESS OF	
REIMBURSEMENTS THROUGH PRIVATE INSURANCE AND MEDICARE/MEDICAID ARE	
STILL PROVIDED AT NO CHARGE.	
FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:	
BRAZIL, BULGARIA, CANADA, CHINA,	
COLOMBIA, CYPRUS, CZECH REPUBLIC, DENMARK,	
COLOMBIA, CYPRUS, CZECH REPUBLIC, DENMARK,  LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  S	schedule O (Form 990 or 990-EZ) (2010)

Name of the organization SHRINERS HOSPITALS FOR CHILDREN	Employer identification number 36-2193608
ESTONIA, GREECE, HUNGARY, ICELAND,	
ISRAEL, JAPAN, JORDAN, SOUTH KOREA,	
LATVIA, LITHUANIA, MALAYSIA, NIGERIA,	
PERU, POLAND, RUSSIA, SLOVAKIA,	
TURKEY, VENEZUELA	
FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION IS ORGANIZED AS A	
NONPROFIT CORPORATION WITH MEMBERS. MEMBERS HAVE THE RIGHT TO ELECT	
PERSONS BELONGING TO THE GOVERNING BODY, AND TO APPROVE SIGNIFICANT	
DECISIONS OF THE GOVERNING BODY. COMPENSATION IS NOT PROVIDED FOR BEING A	
MEMBER.	
FORM 990, PART VI, SECTION A, LINE 7A: THE ORGANIZATION HAS APPROXIMATELY	
1,400 MEMBERS WHOM ARE APPOINTED FROM THE TOTAL MEMBERSHIP OF SHRINERS	
INTERNATIONAL (A RELATED ORGANIZATION). MEMBERS MAY ELECT PERSONS ON THE	
ORGANIZATION'S GOVERNING BODY, AND MAY APPOVE SIGNIFICANT DECISIONS OF THE	
ORGANIZATION.	
FORM 990, PART VI, SECTION A, LINE 7B: UNDER THE BYLAWS OF THE	
ORGANIZATION, SIGNIFICANT DECISIONS OF THE GOVERNING BODY REQUIRE APPROVAL	
BY THE ORGANIZATION'S 1,400 MEMBERS (SUCH AS CHANGES TO THE BYLAWS, OR	
SIGNIFICANT RESTRUCTURING OR EXTRAORDINARY EVENTS). THE ORGANIZATION'S	
MEMBERS ALSO MAY ELECT PERSONS TO SERVE ON THE ORGANIZATION'S GOVERNING	
BODY. THE ORGANIZATION'S MEMBERS DO NOT HAVE CONTROL OVER THE GENERAL	
OPERATIONS OR FINANCIAL MATTERS OF THE ORGANIZATION. ELECTIONS ARE HELD	
ANNUALLY BY THE MEMBERS AT VARYING LOCATIONS IN THE U.S VOTING IS	
DECIDED WITH SIMPLE MAJORITY, WHERE EACH MEMBER'S VOTE IS EQUAL WEIGHTED.	
PIRAMED DEDCONG CEDUR & MUDER VEAD MEDM ON MUE DOADD OF MODICAMERS &	

Name of the organization SHRINERS HOSPITALS FOR CHILDREN		36-2193608
ONE-YEAR TERM ON THE BOARD OF DIRECTORS, A ONE-YEAR TERM FOR THE		
ORGANIZATION'S PRESIDENT, AND A ONE-YEAR TERM FOR THE ORGANIZATION	s	
TREASURER. THE ORGANIZATION'S OFFICERS ARE NOT ELECTED, AND INSTEAD	AD ARE	
HIRED BY COMMITTEE.		
FORM 990, PART VI, SECTION B, LINE 11: AN OVERVIEW OF THE FORM AND	_	
SCHEDULES WAS PROVIDED TO EACH VOTING BOARD MEMBER, ALONG WITH A CO	PY OF	
THE 990 TO BE FILED WITH THE IRS, PRIOR TO ACTUAL FILING.		
FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION HAS A WRIT	!TEN	
CONFLICT OF INTEREST POLICY AND ALL MEMBERS ARE REQUIRED TO DISCLOS	SE ANY	
CONFLICTING INTERESTS OR STATE "NONE" ON THE ANNUAL CONFLICT OF INT	PEREST	
FORM.		
FORM 990, PART VI, SECTION B, LINE 15: A SALARY & PERSONNEL COMMITT	PEE IS	
INVOLVED WITH ALL COMPENSATION AND APPROVES WAGES FOR MANAGEMENT AN	ID	
COMPARES THESE SALARIES TO VARIOUS MARKET INDICATORS.		
FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 9	990:	
AL,AK,AZ,AR,CA,CO,CT,DE,FL,GA,HI,ID,IL,IN,IA,KS,KY,LA,ME,MD,MA,MI,M	IN,MS,MO	
MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, V	V,WI,WY	
FORM 990, PART VI, SECTION C, LINE 19: THESE DOCUMENTS ARE AVAILABLE	Æ TO	
THE PUBLIC UPON WRITTEN REQUEST.		
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:		
NET UNREALIZED GAINS ON INVESTMENTS: 394,	,823,666.	
CHANGE IN PENSION FUNDING OBLIGATION -5,	,915,142.	
03:22 12 01-24-11	Sched	dule O (Form 990 or 990-EZ) (2010)

Name of the organization SHRINERS HOSPITALS FOR CHILDRE	N	Employer identification number 36-2193608
TRANSFERS TO RELATED ENTITIES	-60,420,631.	
CHANGE IN PATIENT TRANSPORTATION FUNDS HELD BY SHRI	NE	
TEMPLES	3,933,691.	
OTHER CHANGE IN FUNDS	-1,359,474.	
TOTAL TO FORM 990, PART XI, LINE 5	331,062,110.	
FORM 990, PART XI, LINE 2C, AUDIT COMMITTEE OVERSIG	HT PROCESS:	
THE ORGANIZATION HAS NOT CHANGED (DURING THE CURREN	T YEAR) ITS	
OVERSIGHT PROCESS OR ITS SELECTION PROCESS REGARDIN	G THE COMMITTEE	
RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT OF THE F	INANCIAL STATEMENTS	
AND THE SELECTION OF THE INDEPENDENT ACCOUNTANT.		

### SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

## **Related Organizations and Unrelated Partnerships**

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

► Attach to Form 990.

► See separate instructions.

2010
Open to Public Inspection

Name of the organization

SHRINERS HOSPITALS FOR CHILDREN

SHOURT SHOULD SHRINERS HOSPITALS FOR CHILDREN

SHRINERS HOSPITALS FOR CHILDREN

(a) (b) (c) Legal domicile (state or foreign country) Exempt Code section Solicity status (if section 501(c)(3))  HE SHRINERS' HOSPITAL FOR CHILDREN - 4-2121377, POST OFFICE BOX 31356, TAMPA, FL 3631-3356  HOSPITAL SYSTEM MASSACHUSETTS 501(C)(3) 3 NO  HE IMPERIAL COUNCIL OF THE ANCIENT ARAB RDER OF NOBLES - 36-2158164, POST OFFICE FOUNDED SHRINERS HOSPITALS OX 31356, TAMPA, FL 33631-3356  FOR CHILDREN IOWA 501(C)(10) N/A NO  HRINERS HOSPITALS FOR CHILDREN EMPLOYEE ISASTER RELIEF FUND - 26-3733381, 2900	(a)	(b)	(c)	(d)	(e)	)		(f)	
realizations during the tax year.)  (a)  Name, address, and EIN of related organization  Primary activity  HE SHRINERS' HOSPITAL FOR CHILDREN - 4-2121377, POST OFFICE BOX 31356, TAMPA, FL 3631-3356  HOSPITAL SYSTEM  MASSACHUSETTS  MASSACHUSETTS  FOUNDED SHRINERS HOSPITALS  OX 31356, TAMPA, FL 33631-3356  FOR CHILDREN  FOUNDED SHRINERS HOSPITALS  FOR CHILDREN  IOWA  (c)  Legal domicile (state or foreign country)  Exempt Code section  Exempt Code section  Founding entity  Public charity status (if section 501(c)(3))  Foreign country)  Yes  101  Towa  102  Towa  103  Towa  104  Towa  105  Towa  106  Towa  107  Towa  108  Towa  109  Towa  109  Towa  109  Towa  109  Towa  109  Towa  100  T		Primary activity	· ·	or Total inco	ome End-of-yea	ar assets			g
realizations during the tax year.)  (a)  Name, address, and EIN of related organization  Primary activity  Legal domicile (state or foreign country)  HE SHRINERS' HOSPITAL FOR CHILDREN - 4-2121377, POST OFFICE BOX 31356, TAMPA, FL 3631-3356  HOSPITAL SYSTEM  MASSACHUSETTS  FOUNDED SHRINERS HOSPITALS  OX 31356, TAMPA, FL 33631-3356  FOR CHILDREN  INVA  FOR CHILDREN  FOUNDED SHRINERS HOSPITALS  INVA  FOR CHILDREN  INVA  FOR CHILDREN  INVA  NO  HERINERS HOSPITALS FOR CHILDREN EMPLOYEE  LISASTER RELIEF FUND - 26-3733381, 2900									
regalizations during the tax year.)  (a)  Name, address, and EIN  of related organization  Primary activity  Legal domicile (state or foreign country)  Frimary activity  Frimary activity  Legal domicile (state or foreign country)  Frimary activity  Name, address, and EIN  Public charity status (if section 501(c)(3))  Fried control  Exempt Code section  Folicy  Frimary activity  Frimary activity  Frimary activity  Frimary activity  Massachusetts  Frince									
realizations during the tax year.)  (a)  Name, address, and EIN of related organization  Primary activity  HE SHRINERS' HOSPITAL FOR CHILDREN - 4-2121377, POST OFFICE BOX 31356, TAMPA, FL 3631-3356  HOSPITAL SYSTEM  MASSACHUSETTS  MASSACHUSETTS  FOUNDED SHRINERS HOSPITALS  OX 31356, TAMPA, FL 33631-3356  FOR CHILDREN  FOUNDED SHRINERS HOSPITALS  FOR CHILDREN  FOUNDED SHRINERS HOSPITALS  FOR CHILDREN  FOUNDED SHRINERS HOSPITALS  FOR CHILDREN  FOR CHILDREN  FOUNDED SHRINERS HOSPITALS  FOR CHILDREN  FOR									
realizations during the tax year.)  (a)  Name, address, and EIN of related organization  Primary activity  HE SHRINERS' HOSPITAL FOR CHILDREN - 4-2121377, POST OFFICE BOX 31356, TAMPA, FL 3631-3356  HOSPITAL SYSTEM  MASSACHUSETTS  MASSACHUSETTS  FOUNDED SHRINERS HOSPITALS  OX 31356, TAMPA, FL 33631-3356  FOR CHILDREN  FOUNDED SHRINERS HOSPITALS  FOR CHILDREN  IOWA  (c)  Legal domicile (state or foreign country)  Exempt Code section  Exempt Code section  Founding entity  Public charity status (if section 501(c)(3))  Foreign country)  Yes  101  Towa  102  Towa  103  Towa  104  Towa  105  Towa  106  Towa  107  Towa  108  Towa  109  Towa  109  Towa  109  Towa  109  Towa  109  Towa  100  T		_							
Name, address, and EIN of related organization  Primary activity  Legal domicile (state or foreign country)  Legal domicile (state or foreign country)  Legal domicile (state or foreign country)  Exempt Code section  Direct controlling entity  Yes  Public charity status (if section 501(c)(3))  Primary activity  Legal domicile (state or foreign country)  MASSACHUSETS  Solicin 57  Public charity status (if section 501(c)(3))  Primary activity  Legal domicile (state or foreign country)  Solicin 57  Public charity status (if section 501(c)(3))  Primary activity  Legal domicile (state or foreign country)  Solicin 57  Public charity status (if section 501(c)(3))  Positive ontrolling entity  Yes  Solicin 57  Public charity status (if section 501(c)(3))  Primary activity  Legal domicile (state or foreign country)  Solicin 57  Public charity status (if section 501(c)(3))  Positive ontrolling entity  Yes  Solicin 57  Public charity status (if section 501(c)(3))  Primary activity  Legal domicile (state or foreign country)  Solicin 57  Public charity status (if section 501(c)(3))  Positive ontrolling entity  Yes  Solicin 57  Public charity status (if section 501(c)(3))  Positive ontrolling entity  Yes  Solicin 57  Public charity status (if section 501(c)(3))  Positive ontrolling entity  Yes  Solicin 57  Public charity status (if section 501(c)(3))  Positive ontrolling entity  Public charity status (if section 501(c)(3))  Positive ontrolling entity  Positive entity  Positive ontrolling entity  Positive entity  Posit									
HE SHRINERS' HOSPITAL FOR CHILDREN -  4-2121377, POST OFFICE BOX 31356, TAMPA, FL  3631-3356  HOSPITAL SYSTEM  MASSACHUSETTS  501(C)(3) 3 NO  HE IMPERIAL COUNCIL OF THE ANCIENT ARAB  REDER OF NOBLES - 36-2158164, POST OFFICE  FOUNDED SHRINERS HOSPITALS  OX 31356, TAMPA, FL 33631-3356  FOR CHILDREN  FOR CHILDR	Part II Identification of Related Tax-Exempt Organia organizations during the tax year.)	cations (Complete if the organization	answered "Yes" to Form 990	), Part IV, line 34 b	pecause it had one	or more r	elated tax-exe	mpt	
4-2121377, POST OFFICE BOX 31356, TAMPA, FL 3631-3356 HOSPITAL SYSTEM MASSACHUSETTS 501(C)(3) 3 NO  HE IMPERIAL COUNCIL OF THE ANCIENT ARAB RDER OF NOBLES - 36-2158164, POST OFFICE FOUNDED SHRINERS HOSPITALS OX 31356, TAMPA, FL 33631-3356 FOR CHILDREN EMPLOYEE ISASTER RELIEF FUND - 26-3733381, 2900	organizations during the tax year.)  (a)  Name, address, and EIN	(b)	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity status (if section	Direc	(f)	Section cont	trolled
HOSPITAL SYSTEM MASSACHUSETTS 501(C)(3) 3 NO HE IMPERIAL COUNCIL OF THE ANCIENT ARAB RDER OF NOBLES - 36-2158164, POST OFFICE FOUNDED SHRINERS HOSPITALS DX 31356, TAMPA, FL 33631-3356 FOR CHILDREN IOWA 501(C)(10) N/A NO HRINERS HOSPITALS FOR CHILDREN EMPLOYEE ISASTER RELIEF FUND - 26-3733381, 2900	organizations during the tax year.)  (a)  Name, address, and EIN	(b)	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity status (if section	Direc	(f)	Section cont	trolled tity?
HE IMPERIAL COUNCIL OF THE ANCIENT ARAB  RDER OF NOBLES - 36-2158164, POST OFFICE FOUNDED SHRINERS HOSPITALS  OX 31356, TAMPA, FL 33631-3356 FOR CHILDREN HRINERS HOSPITALS FOR CHILDREN EMPLOYEE ISASTER RELIEF FUND - 26-3733381, 2900	organizations during the tax year.)  (a)  Name, address, and EIN  of related organization	(b)	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity status (if section	Direc	(f)	Section cont	trolled tity?
RDER OF NOBLES - 36-2158164, POST OFFICE FOUNDED SHRINERS HOSPITALS  OX 31356, TAMPA, FL 33631-3356 FOR CHILDREN IOWA 501(C)(10) N/A NO  HRINERS HOSPITALS FOR CHILDREN EMPLOYEE  ISASTER RELIEF FUND - 26-3733381, 2900	organizations during the tax year.)  (a)  Name, address, and EIN  of related organization  HE SHRINERS' HOSPITAL FOR CHILDREN -	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity status (if section	Direc	(f)	Section cont	trolled tity?
DX 31356, TAMPA, FL 33631-3356 FOR CHILDREN IOWA 501(C)(10) N/A NO HRINERS HOSPITALS FOR CHILDREN EMPLOYEE ISASTER RELIEF FUND - 26-3733381, 2900	organizations during the tax year.)  (a)  Name, address, and EIN  of related organization  HE SHRINERS' HOSPITAL FOR CHILDREN -  4-2121377, POST OFFICE BOX 31356, TAMPA, FI	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Direc	(f)	Section cont	trolled tity?
HRINERS HOSPITALS FOR CHILDREN EMPLOYEE  ISASTER RELIEF FUND - 26-3733381, 2900	organizations during the tax year.)  (a)  Name, address, and EIN  of related organization  HE SHRINERS' HOSPITAL FOR CHILDREN -  4-2121377, POST OFFICE BOX 31356, TAMPA, FI 3631-3356	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Direc	(f)	Section cont	trolled tity?
ISASTER RELIEF FUND - 26-3733381, 2900	organizations during the tax year.)  (a)  Name, address, and EIN  of related organization  HE SHRINERS' HOSPITAL FOR CHILDREN -  4-2121377, POST OFFICE BOX 31356, TAMPA, FI  3631-3356  HE IMPERIAL COUNCIL OF THE ANCIENT ARAB	(b) Primary activity  HOSPITAL SYSTEM	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	Direc	(f)	Section cont	trolled tity?
·	organizations during the tax year.)  (a)  Name, address, and EIN of related organization  HE SHRINERS' HOSPITAL FOR CHILDREN -  4-2121377, POST OFFICE BOX 31356, TAMPA, FI 3631-3356 HE IMPERIAL COUNCIL OF THE ANCIENT ARAB RDER OF NOBLES - 36-2158164, POST OFFICE	(b) Primary activity  HOSPITAL SYSTEM  FOUNDED SHRINERS HOSPITALS	(c) Legal domicile (state or foreign country)  MASSACHUSETTS	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Direc	(f)	Section cont	trolled tity?
OCKY POINT DRIVE TAMPA FL 33607 DISASTER RELIEF DISTRICT OF COLUMBIA 501(C)(3) 9 NO	organizations during the tax year.)  (a)  Name, address, and EIN of related organization  HE SHRINERS' HOSPITAL FOR CHILDREN - 4-2121377, POST OFFICE BOX 31356, TAMPA, FI 3631-3356  HE IMPERIAL COUNCIL OF THE ANCIENT ARAB RDER OF NOBLES - 36-2158164, POST OFFICE DX 31356, TAMPA, FL 33631-3356	(b) Primary activity  HOSPITAL SYSTEM  FOUNDED SHRINERS HOSPITALS	(c) Legal domicile (state or foreign country)  MASSACHUSETTS	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Direc	(f)	Section cont	trolled tity?  No
	organizations during the tax year.)  (a)  Name, address, and EIN  of related organization  HE SHRINERS' HOSPITAL FOR CHILDREN - 4-2121377, POST OFFICE BOX 31356, TAMPA, FI 3631-3356  HE IMPERIAL COUNCIL OF THE ANCIENT ARAB RDER OF NOBLES - 36-2158164, POST OFFICE  DX 31356, TAMPA, FL 33631-3356  HRINERS HOSPITALS FOR CHILDREN EMPLOYEE	(b) Primary activity  HOSPITAL SYSTEM  FOUNDED SHRINERS HOSPITALS	(c) Legal domicile (state or foreign country)  MASSACHUSETTS	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	Direc	(f)	Section cont	trolled tity?  No
	organizations during the tax year.)  (a)  Name, address, and EIN of related organization  HE SHRINERS' HOSPITAL FOR CHILDREN - 4-2121377, POST OFFICE BOX 31356, TAMPA, FI 3631-3356 HE IMPERIAL COUNCIL OF THE ANCIENT ARAB RDER OF NOBLES - 36-2158164, POST OFFICE DX 31356, TAMPA, FL 33631-3356 HRINERS HOSPITALS FOR CHILDREN EMPLOYEE	(b) Primary activity  HOSPITAL SYSTEM  FOUNDED SHRINERS HOSPITALS	(c) Legal domicile (state or foreign country)  MASSACHUSETTS  IOWA	(d) Exempt Code section  501(C)(3)	(e) Public charity status (if section 501(c)(3))	Direc	(f)	Section cont	trolled tity?

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

Schedule R (Form 990) 2010

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	1 ' '	portion- cations?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag partn	l or Percentag <sup>ing</sup> ownership
		country)		sections 512-514)		455515	Yes	No	K-1 (Form 1065)	Yes	No
											- [

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to 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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership
ROLLINS HILLS WATER CORPORATION - 75-2813030			SHRINERS				
P.O. BOX 31356			HOSPITALS FOR				
TAMPA, FL 31356	HOLDING COMPANY	TX	CHILDREN	C CORP	0.	0.	100.00%

art V	Transactions With Related Organizations (Complete if the organization answered	"Yes" to Form 990, Part IV, line 34, 35, 35a, or 36.)
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Not	te. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1	During the tax year, did the organization engage in any of the following transactions with o	one or more re	lated organizations listed	in Parts II-IV?			
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		Х
	Gift, grant, or capital contribution to other organization(s)				1b	Х	
С	Gift, grant, or capital contribution from other organization(s)				1c		Х
	Loans or loan guarantees to or for other organization(s)				1d		Х
	Loans or loan guarantees by other organization(s)				1e		Х
f	Sale of assets to other organization(s)				1f		Х
	Purchase of assets from other organization(s)				1g		Х
	Exchange of assets				1h		Х
	Lease of facilities, equipment, or other assets to other organization(s)				1i	Х	
j	Lease of facilities, equipment, or other assets from other organization(s)				1j		Х
k	Performance of services or membership or fundraising solicitations for other organization(s	(s)			1k		Х
-1	Performance of services or membership or fundraising solicitations by other organization(s	(s)			11		Х
	n Sharing of facilities, equipment, mailing lists, or other assets				1m		Х
	Sharing of paid employees				1n		Х
o	Reimbursement paid to other organization for expenses				10	Х	
	Reimbursement paid by other organization for expenses				1p	Х	
q	Other transfer of cash or property to other organization(s)				1q		Х
	Other transfer of cash or property from other organization(s)				1r		Х
	If the answer to any of the above is "Yes," see the instructions for information on who mus				•	•	•
	(a) Name of other organization Trai	(b) ansaction	(c) Amount involved	(d) Method of determining			

(a) Name of other organization	<b>(b)</b> Transaction type (a-r)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
(1) THE SHRINERS' HOSPITAL FOR CHILDREN	В	38,546,048.	
(2) SHRINERS INTERNATIONAL	I	2,707,269.	
<u>(3)</u>			
<u>(4)</u>			
<u>(5)</u>			
<u>(6)</u>			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign		ection 501(c)(3)		Dispr tior	f) opor- nate	(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana parti	ral or		
or entity		country)	organiz <b>Yes</b>		year assets	Yes	tions?	of Schedule K-1 (Form 1065)	Yes	_		
		,,,	res	NO		res	NO	(1 01111 1000)	res	NO		
-												
										<u> </u>		
										_		

#### 50m 8879-EO

# IRS e-file Signature Authorization for an Exempt Organization

calendar year 2010, or fiscal year beginning	, 2010, and ending
calcillar year 2010, or ilscar year beginning	, 20 TO, and ending

OMB No. 1545-1878

Department of the Treasury	Do not send to the IRS. Keep for your records.	ľ	2010
Internal Revenue Service	➤ See instructions.		
Name of exempt organization		Employer	identification number
	SHRINERS HOSPITALS FOR CHILDREN	36-219	3608
Name and title of officer			
	DOUGLAS MAXWELL		
	PRESIDENT		
Part I Type of	Return and Return Information (Whole Dollars Only)		
on line <b>1a, 2a, 3a, 4a,</b> or <b>5</b> whichever is applicable, b than 1 line in Part I.	urn for which you are using this Form 8879-EO and enter the applicable amount, if an ia, below, and the amount on that line for the return being filed with this form was bla lank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the appli	ank, then leave icable line belo	line 1b, 2b, 3b, 4b, or 5b, w. Do not complete more
1a Form 990 check here			
2a Form 990-EZ check h	, , , , , , , , , , , , , , , , , , , ,		
3a Form 1120-POL chec	, , , , , , , , , , , , , , , , , , , ,		
4a Form 990-PF check h	` ' '		
5a Form 8868 check her	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c)	5b	
Part II Declarat	tion and Signature Authorization of Officer		
return, and the financial in 1-888-353-4537 no later th processing of the electron payment. I have selected	Il institution account indicated in the tax preparation software for payment of the org stitution to debit the entry to this account. To revoke a payment, I must contact the nan 2 business days prior to the payment (settlement) date. I also authorize the financic payment of taxes to receive confidential information necessary to answer inquiries a personal identification number (PIN) as my signature for the organization's electroric funds withdrawal.	U.S. Treasury I icial institutions is and resolve is	Financial Agent at involved in the ssues related to the
Officer's PIN: check one	box only		
X I authorize CBI	Z KIRKLAND, RUSS, MURPHY & TAPP	to enter m	y PIN 93608
	ERO firm name	_	Enter five numbers, b do not enter all zeros
is being filed wit	on the organization's tax year 2010 electronically filed return. If I have indicated with ha state agency(ies) regulating charities as part of the IRS Fed/State program, I also the return's disclosure consent screen.		• •
indicated within	the organization, I will enter my PIN as my signature on the organization's tax year 20 this return that a copy of the return is being filed with a state agency(ies) regulating nter my PIN on the return's disclosure consent screen.		-
Officer's signature	Date ▶		
Part III   Certifica	ition and Authentication		
ERO's EFIN/PIN. Enter vo	our six-digit electronic filing identification		
•	y your five-digit self-selected PIN.  50465143757  do not enter all ze	eros	
	meric entry is my PIN, which is my signature on the 2010 electronically filed return foing this return in accordance with the requirements of <b>Pub. 4163,</b> Modernized e-File (ss Returns.		

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions. 023051 12-27-10

Form **8879-EO** (2010)

ERO's signature

Date >