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CLIENT'S COPY

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING  
DECEMBER 31, 2010

<b>Prepared for</b>	SHRINERS HOSPITALS FOR CHILDREN POST OFFICE BOX 31356 TAMPA, FL 33631-3356
<b>Prepared by</b>	CBIZ KIRKLAND, RUSS, MURPHY & TAPP 13577 FEATHER SOUND DRIVE, SUITE 400 CLEARWATER, FL 33762
<b>Amount due or refund</b>	NOT APPLICABLE
<b>Make check payable to</b>	NOT APPLICABLE
<b>Mail tax return and check (if applicable) to</b>	NOT APPLICABLE
<b>Return must be mailed on or before</b>	NOT APPLICABLE
<b>Special Instructions</b>	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.

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2010

Department of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning and ending

B Check if applicable: C Name of organization: SHRINERS HOSPITALS FOR CHILDREN
D Employer identification number: 36-2193608
E Telephone number: (813) 281-0300
G Gross receipts \$: 4,993,350,340.
H(a) Is this a group return for affiliates?
H(b) Are all affiliates included?
I Tax-exempt status:
J Website:
K Form of organization:
L Year of formation:
M State of legal domicile: CO

Part I Summary

Table with columns: Activities & Governance, Revenue, Expenses, Net Assets or Fund Balances. Rows include: 1 Briefly describe the organization's mission... WE PROVIDE PEDIATRIC SPECIALTY CARE WITHOUT FINANCIAL OBLIGATION TO PATIENTS OR THEIR FAMILIES. 2 Check this box... 3 Number of voting members... 4 Number of independent voting members... 5 Total number of individuals employed... 6 Total number of volunteers... 7a Total unrelated business revenue... 7b Net unrelated business taxable income... 8 Contributions and grants... 9 Program service revenue... 10 Investment income... 11 Other revenue... 12 Total revenue... 13 Grants and similar amounts paid... 14 Benefits paid to or for members... 15 Salaries, other compensation... 16a Professional fundraising fees... 16b Total fundraising expenses... 17 Other expenses... 18 Total expenses... 19 Revenue less expenses... 20 Total assets... 21 Total liabilities... 22 Net assets or fund balances...

Part II Signature Block

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

Sign Here: Signature of officer, Date, DOUGLAS MAXWELL, PRESIDENT
Paid Preparer Use Only: Print/Type preparer's name, Preparer's signature, Date, Check if self-employed, PTIN, Firm's name, Firm's address, Firm's EIN, Phone no.

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response 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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [X] Yes [ ] No

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. ) TREATMENT OF ORTHOPAEDIC PATIENTS ADMISSIONS: 17,662. OUTPATIENT CLINIC VISITS: 193,994 AT 16 ORTHOPAEDIC HOSPITALS AND ONE HOSPITAL THAT SPECIALIZES IN BOTH ORTHOPAEDIC AND BURNS SERVICES.

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 \$ )

4e Total program service expenses 487,454,740.

**Part IV Checklist of Required Schedules**

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

**Part IV Checklist of Required Schedules** (continued)

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

**Note.** All Form 990 filers are required to complete Schedule O .....

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

X

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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

Check if Schedule O contains a response to any question in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 1b 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 officer, director, trustee, or key employee?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Does the organization have members or stockholders?; 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?; 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Does the organization have local chapters, branches, or affiliates?; 10b 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?; 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?; 11b 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; 12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done; 13 Does the organization have a written whistleblower policy?; 14 Does the organization have a written document retention and destruction policy?; 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?; 15a The organization's CEO, Executive Director, or top management official; 15b Other officers or key employees of the organization; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?; 16b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (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, and financial 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 organization:
SHARON RUSSELL - 813-281-0300
2900 ROCKY POINT DRIVE, TAMPA, FL 33607



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent 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.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
RALPH SEMB TRUSTEE	10.00	X					0.	0.	0.	
JACK JONES DIRECTOR	15.00	X					0.	111,540.	0.	
CHARLES CLAYPOOL TRUSTEE	5.00	X					0.	0.	0.	
GARY DUNWOODY TRUSTEE	5.00	X					0.	0.	0.	
RAOUL L. FREVAL TRUSTEE	5.00	X					0.	0.	0.	
DOUGLAS MAXWELL PRESIDENT, TRUSTEE CHAIRMAN	35.00	X		X			0.	0.	0.	
GEORGE MITCHELL CHAIRMAN OF THE BOARD, IMPERIAL POTE	15.00	X		X			0.	3,900.	0.	
GENE BRACEWELL TREASURER	35.00	X		X			7,140.	1,260.	0.	
MICHAEL SEVERE FIRST V.P., TRUSTEE VICE CHAIR	5.00	X		X			0.	3,600.	0.	
ALAN MADSEN SECOND V.P., IMPERIAL CHIEF RABBAN	5.00	X		X			0.	3,600.	0.	
JOHN CINOTTO SECRETARY	5.00	X		X			0.	0.	0.	
BOBBY SIMMONS TRUSTEE	5.00	X					0.	0.	0.	
DALE STAUSS ASSISTANT SECRETARY	5.00	X		X			0.	0.	0.	
JERRY GANTT DIRECTOR	5.00	X					0.	0.	0.	
CHRIS SMITH DIRECTOR	5.00	X					0.	0.	0.	
GARY BERGENSKE DIRECTOR	5.00	X					0.	0.	0.	
JIM CAIN DIRECTOR	5.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JEFFREY SOWDER DIRECTOR	5.00	X					0.	0.	0.	
WAYNE LACHUT DIRECTOR	5.00	X					0.	0.	0.	
W. BRANDT BEDE, MD DIRECTOR	5.00	X					0.	0.	0.	
KEITH GARDNER CHIEF OPERATING OFFICER	40.00			X			348,617.	0.	23,421.	
RICHARD MCCALL, MD CHIEF OF STAFF	40.00				X		424,678.	0.	130,251.	
PETER ARMSTRONG, MD VP, MEDICAL AFFAIRS	40.00				X		457,712.	0.	94,845.	
DOUGLAS BARNES CHIEF OF STAFF	40.00				X		438,157.	0.	389,804.	
LAWRENCE VOGEL ASSISTANT COS	40.00				X		271,296.	0.	371,580.	
DENNIS ROY ORTHOPEDIC SURGEON	40.00				X		391,032.	0.	216,936.	
<b>1b Sub-total</b>							2,338,632.	123,900.	1,226,837.	
<b>c Total from continuation sheets to Part VII, Section A</b>							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b>							2,338,632.	123,900.	1,226,837.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization 327

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

**Section B. Independent Contractors**

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

(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 those listed above) who received more than \$100,000 in compensation from the organization 85

**Part VIII Statement of Revenue**

			(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	1 a	Federated campaigns	1a					
	b	Membership dues	1b	1,723,345.				
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e	1,524,197.				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	219,426,665.				
	g	Noncash contributions included in lines 1a-1f: \$		31,397.				
	h	<b>Total.</b> Add lines 1a-1f		222,674,207.				
	Program Service Revenue	2 a	PATIENT SERVICE	Business Code 621110	4,622,016.	4,622,016.		
b								
c								
d								
e								
f		All other program service revenue						
g		<b>Total.</b> Add lines 2a-2f		4,622,016.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		162,242,183.			162,242,183.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties		5,592,284.			5,592,284.	
	6 a	Gross Rents	(i) Real	4,871,426.				
		b	Less: rental expenses					
		c	Rental income or (loss)	(ii) Personal	4,871,426.			
		d	Net rental income or (loss)		4,871,426.			4,871,426.
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	4563858741.				
		b	Less: cost or other basis and sales expenses	(ii) Other	4422395648.			
		c	Gain or (loss)		141,463,093.			
		d	Net gain or (loss)		141,463,093.			141,463,093.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	7,789,472.				
		b	Less: direct expenses	b	543,190.			
		c	Net income or (loss) from fundraising events		7,246,282.			7,246,282.
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
b		Less: direct expenses	b					
c		Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances	a						
	b	Less: cost of goods sold	b					
	c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code					
11 a	OTHER INCOME	900099	21,700,011.			21,700,011.		
b								
c								
d	All other revenue							
e	<b>Total.</b> Add lines 11a-11d		21,700,011.					
12	<b>Total revenue.</b> See instructions.		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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the 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):				
a Management .....				
b Legal .....	943,902.		943,902.	
c Accounting .....	240,945.		240,945.	
d Lobbying .....				
e Professional fundraising services. See Part IV, line 17 .....	2,017,626.			2,017,626.
f Investment management fees .....	12,010,453.		12,010,453.	
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 .....				
16 Occupancy .....	28,231,794.	22,344,638.	5,884,934.	2,222.
17 Travel .....	4,416,391.	2,592,353.	1,590,753.	233,285.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings .....	681,729.		606,025.	75,704.
20 Interest .....				
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 O.) .....				
a MEDICAL SUPPLIES .....	67,597,755.	67,597,755.		
b PGA EVENT EXPENSES .....	8,131,049.			8,131,049.
c DUES AND REGISTRATIONS .....	1,835,312.	1,688,939.	146,373.	
d PATIENT COSTS .....	1,834,601.	1,256,163.	578,438.	
e FOOD SUPPLIES .....	1,316,909.	1,316,909.		
f All other expenses .....	3,109,370.	325,194.	1,126,798.	1,657,378.
25 <b>Total functional expenses.</b> Add lines 1 through 24f .....	573,381,636.	487,454,740.	66,804,528.	19,122,368.
26 <b>Joint costs.</b> Check here <input type="checkbox"/> 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 .....				

**Part X Balance Sheet**

		(A)		(B)	
		Beginning of year		End of year	
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	2,657,128.	<b>1</b>	2,966,948.	
	<b>2</b> Savings and temporary cash investments .....	3,747,063.	<b>2</b>	7,536,575.	
	<b>3</b> Pledges and grants receivable, net .....	7,359,909.	<b>3</b>	5,252,278.	
	<b>4</b> Accounts receivable, net .....		<b>4</b>		
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>		
	<b>6</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) .....		<b>6</b>		
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>		
	<b>8</b> Inventories for sale or use .....	3,388,829.	<b>8</b>	20,340,713.	
	<b>9</b> Prepaid expenses and deferred charges .....	6,029,322.	<b>9</b>	6,052,215.	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 1,128,063,911.			
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 503,085,588.	604,106,212.	<b>10c</b> 624,978,323.	
	<b>11</b> Investments - publicly traded securities .....	5,733,844,181.	<b>11</b>	5,981,349,414.	
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>		
	<b>13</b> Investments - program-related. See Part IV, line 11 .....	162,694,829.	<b>13</b>	187,687,976.	
	<b>14</b> Intangible assets .....		<b>14</b>		
	<b>15</b> Other assets. See Part IV, line 11 .....	1,527,928,376.	<b>15</b>	1,362,110,491.	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	8,051,755,849.	<b>16</b>	8,198,274,933.		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	230,577,915.	<b>17</b>	236,269,702.	
	<b>18</b> Grants payable .....		<b>18</b>		
	<b>19</b> Deferred revenue .....		<b>19</b>		
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>		
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....	36,539,928.	<b>21</b>	36,008,585.	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>		
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>		
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>		
	<b>25</b> Other liabilities. Complete Part X of Schedule D .....	781,883,487.	<b>25</b>	595,150,151.	
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	1,049,001,330.	<b>26</b>	867,428,438.	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	<b>27</b> Unrestricted net assets .....	5,677,075,587.	<b>27</b>	5,983,080,147.	
	<b>28</b> Temporarily restricted net assets .....	380,318,685.	<b>28</b>	377,403,553.	
	<b>29</b> Permanently restricted net assets .....	945,360,247.	<b>29</b>	970,362,795.	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>		
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>		
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>		
	<b>33</b> Total net assets or fund balances .....	7,002,754,519.	<b>33</b>	7,330,846,495.	
	<b>34</b> Total liabilities and net assets/fund balances .....	8,051,755,849.	<b>34</b>	8,198,274,933.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	570,411,502.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	573,381,636.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	-2,970,134.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	7,002,754,519.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	331,062,110.
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	7,330,846,495.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

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

Form **990** (2010)

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

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

OMB No. 1545-0047

**2010**

Open to Public Inspection

<b>Name of the organization</b> SHRINERS HOSPITALS FOR CHILDREN	<b>Employer identification number</b> 36-2193608
--------------------------------------------------------------------	-----------------------------------------------------

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

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

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I
  - b  Type II
  - c  Type III - Functionally integrated
  - d  Type III - Other
- e  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).
- f 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
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? .....		
(ii) A family member of a person described in (i) above? .....		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? .....		
- h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(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.") .....						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....						
<b>5</b> 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) .....						
<b>6 Public support.</b> Subtract line 5 from line 4.						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4 .....						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14 .....	<b>15</b>	%
<b>16a 33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 33 1/3% support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(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.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> 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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> 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 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for <b>2010</b> (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from <b>2009</b> Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization

SHRINERS HOSPITALS FOR CHILDREN

Employer identification number

36-2193608

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

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

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

Table with 2 columns: Question number, Held at the End of the Tax Year. Rows include purpose of easements, total number of easements, acreage restricted, and monitoring details.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Question number, Amount. Rows include questions about reporting works of art and assets for financial gain.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange programs
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No
- b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,299,536,273.	5,604,239,809.	8,060,241,165.		
b Contributions					
c Net investment earnings, gains, and losses	696,982,199.	995,576,563.			
d Grants or scholarships					
e Other expenditures for facilities and programs	397,524,048.	300,280,099.	424,544,778.		
f Administrative expenses					
g End of year balance	6,598,994,424.	6,299,536,273.	5,604,239,809.		

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment  80.00 %
- b Permanent endowment  15.00 %
- c Term endowment  6.00 %

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

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		X
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

**Part VI Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		18,138,235.		18,138,235.
b Buildings		715,920,257.	280,931,826.	434,988,431.
c Leasehold improvements		10,216,015.	8,112,182.	2,103,833.
d Equipment		281,077,631.	214,041,580.	67,036,051.
e Other		102,711,773.		102,711,773.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				624,978,323.

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely-held equity interests .....		
(3) Other .....		
(A) .....		
(B) .....		
(C) .....		
(D) .....		
(E) .....		
(F) .....		
(G) .....		
(H) .....		
(I) .....		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶		

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) .....		
(2) .....		
(3) .....		
(4) .....		
(5) .....		
(6) .....		
(7) .....		
(8) .....		
(9) .....		
(10) .....		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTERESTS IN TRUSTS	427,669,867.
(2) ESTATES IN PROCESS	289,590,331.
(3) PATIENT TRANSPORTATION FUNDS	47,412,976.
(4) COLLATERAL CASH AND SECURITIES	595,150,150.
(5) RECEIVABLES FROM INCOME TRUSTS	2,287,167.
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	1,362,110,491.

**Part X Other Liabilities.** See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) LIABILITY UNDER SEC. LENDING	595,150,151.
(3) .....	
(4) .....	
(5) .....	
(6) .....	
(7) .....	
(8) .....	
(9) .....	
(10) .....	
(11) .....	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	595,150,151.

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	570,411,502.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	573,381,636.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	-2,970,134.
4	Net unrealized gains (losses) on investments	4	394,823,666.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	-63,761,556.
9	Total adjustments (net). Add lines 4 through 8	9	331,062,110.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	328,091,976.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	954,934,028.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	394,823,666.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	-12,010,453.
e	Add lines 2a through 2d	2e	382,813,213.
3	Subtract line 2e from line 1	3	572,120,815.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	-1,709,313.
c	Add lines 4a and 4b	4c	-1,709,313.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	570,411,502.

**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	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	543,190.
e	Add lines 2a through 2d	2e	543,190.
3	Subtract line 2e from line 1	3	561,024,452.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	12,010,453.
b	Other (Describe in Part XIV.)	4b	346,731.
c	Add lines 4a and 4b	4c	12,357,184.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	573,381,636.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: THE ENDOWMENT FUNDS (INCLUDING UNRESTRICTED FUND

BALANCES) ARE THE PRIMARY SOURCE OF SUPPORT FROM WHICH SHRINERS HOSPITALS

FOR CHILDREN PERFORMS ITS PROGRAM SERVICES TO ACHIEVE ITS PRIMARY EXEMPT

PURPOSE.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

INVESTMENT MGMT FEES RECLASSIFIED TO EXPENSES -12,010,453.

**Part XIV** Supplemental Information (continued)

## PART XII, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES RECLASSIFIED FROM EXPENSES	-543,190.
----------------------------------------------------	-----------

INVESTMENT INCOME/(LOSS) RECLASSIFIED FROM OTHER CHANGES IN	
-------------------------------------------------------------	--

FUND BALANCE	-1,166,123.
--------------	-------------

TOTAL TO SCHEDULE D, PART XII, LINE 4B	-1,709,313.
----------------------------------------	-------------

## PART XIII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES RECLASSIFIED TO NET WITH REVENUES	543,190.
-----------------------------------------------------------	----------

## PART XIII, LINE 4B - OTHER ADJUSTMENTS:

BANK FEES RECLASSIFIED FROM OTHER CHANGES IN FUND BALANCE	346,731.
-----------------------------------------------------------	----------

## PART XI, LINE 8 :

CHANGE IN MINIMUM PENSION LIABILITY :	(5,915,142)
---------------------------------------	-------------

TRANSFERS: SHRINERS HOSPITALS FOR CHILDREN, A	
-----------------------------------------------	--

MASSACHUSETTS CORPORATION =	(38,546,048)
-----------------------------	--------------

SHRINERS HOSPITALS FOR CHILDREN, A	
------------------------------------	--

CANADIAN CORPORATION =	(9,343,774)
------------------------	-------------

HOSPITAL SHRINERS PARA NINOS =	(12,530,809)
--------------------------------	--------------

SUBTOTAL TRANSFERS :	(60,420,631)
----------------------	--------------

CHANGE IN PATIENT TRANSPORTATION FUNDS	
----------------------------------------	--

HELD BY SHRINE TEMPLES :	3,933,691
--------------------------	-----------

OTHER CHANGE IN FUND BALANCE :	(1,359,474)
--------------------------------	-------------

TOTAL :	(63,761,556)
---------	--------------

## PART IV, LINE 2B EXPLANATION:

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

LIABILITIES ASSOCIATED WITH CHARITABLE REMAINDER TRUSTS HELD BY SHRINERS	
--------------------------------------------------------------------------	--

**Part XIV** Supplemental Information (continued)

HOSPITALS FOR CHILDREN, WHICH ARE DETERMINED BASED ON PRESENT VALUE OF THE

ESTIMATED FUTURE PAYMENTS TO BE PAID TO THE DESIGNATED BENEFICIARIES.

DEFERRED INCOME IS RECOGNIZED ON GIFTS TO SHRINERS HOSPITALS FOR CHILDREN

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

THE ESTIMATED TIME PERIOD UNTIL THE DONOR'S DEATH.

Multiple horizontal lines for supplemental information.

**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

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

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

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

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

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

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
MEXICO	0	0	FUNDING TO HOSPITAL SHRINERS PARA NINOS, A RELATED NONPROFIT ORGANIZATION.		12,530,809.
CANADA	0	0	FUNDING TO SHRINERS HOSPITALS FOR CHILDREN RELATED NONPROFIT ORGANIZATION.		9,343,774.
<b>3 a</b> Sub-total .....	0	0			21,874,583.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			21,874,583.







**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* .....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* .....  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see Instructions for Form 5471)* .....  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* .....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see Instructions for Form 8865)* .....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713)* .....  Yes  No

Schedule F (Form 990) 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.



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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		PAPER CRUSADE (event type)	FOOTBALL GAME (event type)	30 (total number)	
Revenue	<b>1</b> Gross receipts .....	2,959,128.	1,236,989.	3,593,355.	7,789,472.
	<b>2</b> Less: Charitable contributions .....				
	<b>3</b> Gross income (line 1 minus line 2) .....	2,959,128.	1,236,989.	3,593,355.	7,789,472.
Direct Expenses	<b>4</b> Cash prizes .....				
	<b>5</b> Noncash prizes .....				
	<b>6</b> Rent/facility costs .....				
	<b>7</b> Food and beverages .....				
	<b>8</b> Entertainment .....				
	<b>9</b> Other direct expenses .....	206,351.	86,260.	250,579.	543,190.
	<b>10</b> Direct expense summary. Add lines 4 through 9 in column (d) .....				( 543,190 )
	<b>11</b> Net income summary. Combine line 3, column (d), and line 10 .....				7,246,282.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		<b>1</b> Gross revenue .....			
Direct Expenses	<b>2</b> Cash prizes .....				
	<b>3</b> Noncash prizes .....				
	<b>4</b> Rent/facility costs .....				
	<b>5</b> Other direct expenses .....				
	<b>6</b> Volunteer labor .....	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
<b>7</b> Direct expense summary. Add lines 2 through 5 in column (d) .....				( _____ )	
<b>8</b> Net gaming income summary. Combine line 1, column d, and line 7 .....					

**9** Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_  
**a** Is the organization licensed to operate gaming activities in each of these states?  Yes  No  
**b** If "No," explain: \_\_\_\_\_

**10a** Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?  Yes  No  
**b** If "Yes," explain: \_\_\_\_\_



**SCHEDULE H  
(Form 990)**

**Hospitals**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

<b>Name of the organization</b> SHRINERS HOSPITALS FOR CHILDREN	<b>Employer identification number</b> 36-2193608
--------------------------------------------------------------------	-----------------------------------------------------

**Part I Financial Assistance and Certain Other Community Benefits at Cost**

	Yes	No
<b>1a</b> Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
<b>b</b> If "Yes," was it a written policy?	X	
<b>2</b> If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
<b>3</b> Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
<b>a</b> Did the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing <i>free</i> care to low income individuals? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input type="checkbox"/> Other _____ %		X
<b>b</b> Did the organization use FPG to determine eligibility for providing <i>discounted</i> care to low income individuals? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ %		X
<b>c</b> If the organization did not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care.		
<b>4</b> Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
<b>5a</b> Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
<b>b</b> If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?		X
<b>c</b> If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		
<b>6a</b> Did the organization prepare a community benefit report during the tax year?	X	
<b>b</b> If "Yes," did the organization make it available to the public?	X	

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

<b>7 Financial Assistance and Certain Other Community Benefits at Cost</b>						
<b>Financial Assistance and Means-Tested Government Programs</b>	<b>(a)</b> Number of activities or programs (optional)	<b>(b)</b> Persons served (optional)	<b>(c)</b> Total community benefit expense	<b>(d)</b> Direct offsetting revenue	<b>(e)</b> Net community benefit expense	<b>(f)</b> Percent of total expense
<b>a</b> Financial Assistance at cost (from Worksheets 1 and 2)			466,427,046.	4,622,016.	461,805,030.	80.54%
<b>b</b> Unreimbursed Medicaid (from Worksheet 3, column a)						
<b>c</b> Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b)						
<b>d Total</b> Financial Assistance and Means-Tested Government Programs			466,427,046.	4,622,016.	461,805,030.	80.54%
<b>Other Benefits</b>						
<b>e</b> Community health improvement services and community benefit operations (from Worksheet 4)						
<b>f</b> Health professions education (from Worksheet 5)						
<b>g</b> Subsidized health services (from Worksheet 6)						
<b>h</b> Research (from Worksheet 7)			21,027,694.		21,027,694.	3.67%
<b>i</b> Cash and in-kind contributions to community groups (from Worksheet 8)						
<b>j Total.</b> Other Benefits			21,027,694.		21,027,694.	3.67%
<b>k Total.</b> Add lines 7d and 7j			487,454,740.	4,622,016.	482,832,724.	84.21%





**Part V Facility Information**

**Section A. Hospital Facilities**

(list in order of size, measured by total revenue per facility, from largest to smallest)

How many hospital facilities did the organization operate during the tax year? 19

Name and address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)
1 SHRINERS HOSPITAL FOR CHILDREN 2211 NORTH OAK PARK AVENUE CHICAGO, IL 60707-3392	X		X	X		X			
2 SHRINERS HOSPITAL FOR CHILDREN 3229 BURNET AVENUE CINCINNATI, OH 45229-3095	X		X	X		X			
3 SHRINERS HOSPITAL FOR CHILDREN 1645 WEST 8TH STREET ERIE, PA 16505	X		X	X		X			
4 SHRINERS HOSPITAL FOR CHILDREN 815 MARKET STREET GALVESTON, TX 77550	X		X	X		X			
5 SHRINERS HOSPITAL FOR CHILDREN 950 WEST FARIS ROAD GREENVILLE, SC 29605	X		X	X		X			
6 SHRINERS HOSPITAL FOR CHILDREN 1310 PUNAHOU STREET HONOLULU, HI 96826-1099	X		X	X		X			
7 SHRINERS HOSPITAL FOR CHILDREN 6977 MAIN STREET HOUSTON, TX 77030-3701	X		X	X		X			
8 SHRINERS HOSPITAL FOR CHILDREN 1900 RICHMOND ROAD LEXINGTON, KY 40502	X		X	X		X			
9 SHRINERS HOSPITAL FOR CHILDREN 3160 GENEVA STREET LOS ANGELES, CA 90020	X		X	X		X			
10 SHRINERS HOSPITAL FOR CHILDREN 2425 STOCKTON BOULEVARD SACRAMENTO, CA 95817	X		X	X		X			
11 SHRINERS HOSPITAL FOR CHILDREN 3551 NORTH BROAD STREET PHILADELPHIA, PA 19140-4131	X		X	X		X			
12 SHRINERS HOSPITAL FOR CHILDREN 3101 SW SAM JACKSON PARK RD. PORTLAND, OR 97239-3095	X		X	X		X			
13 SHRINERS HOSPITAL FOR CHILDREN FAIRFAX ROAD AT VIRGINIA STREET SALT LAKE CITY, UT 84103	X		X	X		X			
14 SHRINERS HOSPITAL FOR CHILDREN 3100 SAMFORD AVENUE SHREVEPORT, LA 71103	X		X	X		X			
15 SHRINERS HOSPITAL FOR CHILDREN 911 WEST 5TH AVENUE SPOKANE, WA 99204	X		X	X		X			
16 SHRINERS HOSPITAL FOR CHILDREN 2001 S. LINDBERGH BOULEVARD ST. LOUIS, MO 63131-3597	X		X	X		X			



**Part V Facility Information** (continued)

**Section B. Facility Policies and Practices**

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

Name of Hospital Facility: NOT REQUIRED

Line Number of Hospital Facility (from Schedule H, Part V, Section A): 1

	Yes	No
<b>Community Health Needs Assessment</b> (Lines 1 through 7 are optional for 2010)		
<b>1</b> 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		
If "Yes," indicate what the Needs Assessment describes (check all that apply):		
a <input type="checkbox"/> A definition of the community served by the hospital facility		
b <input type="checkbox"/> Demographics of the community		
c <input type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input type="checkbox"/> How data was obtained		
e <input type="checkbox"/> The health needs of the community		
f <input type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input type="checkbox"/> Information gaps that limit the hospital facility's ability to assess all of the community's health needs		
j <input type="checkbox"/> Other (describe in Part VI)		
<b>2</b> Indicate the tax year the hospital facility last conducted a Needs Assessment: 20 _____		
<b>3</b> 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		
<b>4</b> Was the hospital facility's Needs Assessment conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Part VI		
<b>5</b> Did the hospital facility make its Needs Assessment widely available to the public?		
If "Yes," indicate how the Needs Assessment was made widely available (check all that apply):		
a <input type="checkbox"/> Hospital facility's website		
b <input type="checkbox"/> Available upon request from the hospital facility		
c <input type="checkbox"/> Other (describe in Part VI)		
<b>6</b> If the hospital facility addressed needs identified in its most recently conducted Needs Assessment, indicate how (check all that apply):		
a <input type="checkbox"/> Adoption of an implementation strategy to address the health needs of the hospital facility's community		
b <input type="checkbox"/> Execution of the implementation strategy		
c <input type="checkbox"/> Participation in the development of a community-wide community benefit plan		
d <input type="checkbox"/> Participation in the execution of a community-wide community benefit plan		
e <input type="checkbox"/> Inclusion of a community benefit section in operational plans		
f <input type="checkbox"/> Adoption of a budget for provision of services that address the needs identified in the Needs Assessment		
g <input type="checkbox"/> Prioritization of health needs in its community		
h <input type="checkbox"/> Prioritization of services that the hospital facility will undertake to meet health needs in its community		
i <input type="checkbox"/> Other (describe in Part VI)		
<b>7</b> 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		
<b>Financial Assistance Policy</b>		
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
<b>8</b> Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?		X
<b>9</b> Used federal poverty guidelines (FPG) to determine eligibility for providing free care to low income individuals?		X
If "Yes," indicate the FPG family income limit for eligibility for free care: _____ %		

**Part V Facility Information** (continued) NOT REQUIRED

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

**Billing and Collections**

<b>14</b> Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy that explained actions the hospital facility may take upon non-payment?	14		X
<b>15</b> Check all of the following collection actions against a patient that were permitted under the hospital facility's policies at any time during the tax year:			
<b>a</b> <input type="checkbox"/> Reporting to credit agency			
<b>b</b> <input type="checkbox"/> Lawsuits			
<b>c</b> <input type="checkbox"/> Liens on residences			
<b>d</b> <input type="checkbox"/> Body attachments			
<b>e</b> <input type="checkbox"/> Other actions (describe in Part VI)			
<b>16</b> Did the hospital facility engage in or authorize a third party to perform any of the following collection actions during the tax year? .....	16		X
If "Yes," check all collection actions in which the hospital facility or a third party engaged (check all that apply):			
<b>a</b> <input type="checkbox"/> Reporting to credit agency			
<b>b</b> <input type="checkbox"/> Lawsuits			
<b>c</b> <input type="checkbox"/> Liens on residences			
<b>d</b> <input type="checkbox"/> Body attachments			
<b>e</b> <input type="checkbox"/> Other actions (describe in Part VI)			
<b>17</b> Indicate which actions the hospital facility took before initiating any of the collection actions checked in line 16 (check all that apply): .....			
<b>a</b> <input type="checkbox"/> Notified patients of the financial assistance policy on admission			
<b>b</b> <input type="checkbox"/> Notified patients of the financial assistance policy prior to discharge			
<b>c</b> <input type="checkbox"/> Notified patients of the financial assistance policy in communications with the patients regarding the patients' bills			
<b>d</b> <input type="checkbox"/> Documented its determination of whether a patient who applied for financial assistance under the financial assistance policy qualified for financial assistance			
<b>e</b> <input type="checkbox"/> Other (describe in Part VI)			

**Part V Facility Information** (continued) NOT REQUIRED

**Policy Relating to Emergency Medical Care**

**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? .....

	Yes	No
<b>18</b>		X

If "No," indicate the reasons why (check all that apply):

- a**  The hospital facility did not provide care for any emergency medical conditions
- b**  The hospital facility did not have a policy relating to emergency medical care
- c**  The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Part VI)
- d**  Other (describe in Part VI)

**Charges 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):

- a**  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
- c**  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? .....

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? .....

If "Yes," explain in Part VI.

<b>20</b>		X
<b>21</b>		X



**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.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C: 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 DISTURBING 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 PARTIAL 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.

**Part VI** Supplemental Information

PART VI, LINE 4: SHRINERS HOSPITALS FOR CHILDREN (THROUGH THIS ENTITY

AND ITS RELATED ENTITY) SERVE CHILDREN IN NEED OF SPECIALIZED ORTHOPAEDIC

AND BURN CARE ACROSS THE ENTIRE UNITED STATES.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Name of the organization

SHRINERS HOSPITALS FOR CHILDREN

**Employer identification number**

36-2193608

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  **Yes**  **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS - 6300 NORTH RIVER ROAD - ROSEMONT, IL 60018	36-2110592	501(C)(3)	40,000.	0.			SPONSORSHIP GRANT
UNIVERSITY OF IOWA HOSPITALS AND CLINICS - 200 HAWKINS DRIVE - IOWA CITY, IA 52242	42-6004813	501(C)(3)	5,000.	0.			CONTRIBUTION
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
- 3** Enter total number of other organizations

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

Schedule I (Form 990) (2010)

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

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

**Part IV** Supplemental Information. Complete this part to provide the information 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 ACTIVE INVOLVEMENT, THE

ORGANIZATIONS ARE MONITORED TO ENSURE THEIR GRANT 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

**2010**

Open to Public Inspection

Name of the organization

SHRINERS HOSPITALS FOR CHILDREN

Employer identification number

36-2193608

**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input checked="" type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use	<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence	<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees	<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<input checked="" type="checkbox"/> First-class or charter travel	<input type="checkbox"/> Housing allowance or residence for personal use									
<input checked="" type="checkbox"/> Travel for companions	<input type="checkbox"/> Payments for business use of personal residence									
<input type="checkbox"/> Tax indemnification and gross-up payments	<input type="checkbox"/> Health or social club dues or initiation fees									
<input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)									
<p><b>b</b> If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....</p>	X									
<p><b>2</b> 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? .....</p>	X									
<p><b>3</b> 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.</p> <table border="0"> <tr> <td><input type="checkbox"/> Compensation committee</td> <td><input type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract	<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study	<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee				
<input type="checkbox"/> Compensation committee	<input type="checkbox"/> Written employment contract									
<input type="checkbox"/> Independent compensation consultant	<input checked="" type="checkbox"/> Compensation survey or study									
<input type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Approval by the board or compensation committee									
<p><b>4</b> During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment from the organization or a related organization? .....</p>		X								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....</p>	X									
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? .....</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>		X								
<p><b>Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.</b></p>										
<p><b>5</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization? .....</p>		X								
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 5a or 5b, describe in Part III.</p>		X								
<p><b>6</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization? .....</p>		X								
<p><b>b</b> Any related organization? .....</p> <p>If "Yes" to line 6a or 6b, describe in Part III.</p>		X								
<p><b>7</b> For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III .....</p>		X								
<p><b>8</b> Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....</p>		X								
<p><b>9</b> If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....</p>										

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.

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 KEITH GARDNER	(i)	348,617.	0.	0.	16,500.	6,921.	372,038.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 RICHARD MCCALL, MD	(i)	424,678.	0.	0.	127,603.	2,648.	554,929.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 PETER ARMSTRONG, MD	(i)	457,712.	0.	0.	90,747.	4,098.	552,557.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 DOUGLAS BARNES	(i)	438,157.	0.	0.	385,081.	4,723.	827,961.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 LAWRENCE VOGEL	(i)	271,296.	0.	0.	361,860.	9,720.	642,876.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 DENNIS ROY	(i)	391,032.	0.	0.	212,017.	4,919.	607,968.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2010**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

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

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

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
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 .....	X	1	27,147.	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 organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ..... **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? .....		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? .....	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? .....		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2010)

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

SHRINERS HOSPITALS FOR CHILDREN

Employer identification number

36-2193608

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

SHRINERS HOSPITALS FOR CHILDREN OFFERS "CHARITY CARE" THROUGH AN

INTERNATIONAL NETWORK OF PEDIATRIC HOSPITALS DEDICATED TO PROVIDING

EXCELLENT PATIENT CARE, RESEARCH, AND EDUCATION FOR ORTHOPAEDIC

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

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

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

CHARGE.

...

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

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

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

INFORMATION ABOUT SUPPORTING SHRINERS HOSPITALS, PLEASE VISIT

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

FORM 990, PART 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,

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

Schedule O (Form 990 or 990-EZ) (2010)

032211  
01-24-11



Name of the organization SHRINERS HOSPITALS FOR CHILDREN	Employer identification number 36-2193608
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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 APPROVE SIGNIFICANT DECISIONS OF THE

ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7B: UNDER THE BYLAWS OF THE

ORGANIZATION, SIGNIFICANT DECISIONS OF THE GOVERNING BODY REQUIRE APPROVAL

BY THE ORGANIZATION'S 1,400 MEMBERS (SUCH AS CHANGES TO THE BYLAWS, OR

SIGNIFICANT RESTRUCTURING OR EXTRAORDINARY EVENTS). THE ORGANIZATION'S

MEMBERS ALSO MAY ELECT PERSONS TO SERVE ON THE ORGANIZATION'S GOVERNING

BODY. THE ORGANIZATION'S MEMBERS DO NOT HAVE CONTROL OVER THE GENERAL

OPERATIONS OR FINANCIAL MATTERS OF THE ORGANIZATION. ELECTIONS ARE HELD

ANNUALLY BY THE MEMBERS AT VARYING LOCATIONS IN THE U.S.. VOTING IS

DECIDED WITH SIMPLE MAJORITY, WHERE EACH MEMBER'S VOTE IS EQUAL WEIGHTED.

ELECTED PERSONS SERVE A THREE-YEAR TERM ON THE BOARD OF TRUSTEES, A

032212  
01-24-11

Name of the organization SHRINERS HOSPITALS FOR CHILDREN	Employer identification number 36-2193608
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ONE-YEAR TERM ON THE BOARD OF DIRECTORS, A ONE-YEAR TERM FOR THE ORGANIZATION'S PRESIDENT, AND A ONE-YEAR TERM FOR THE ORGANIZATION'S TREASURER. THE ORGANIZATION'S OFFICERS ARE NOT ELECTED, AND INSTEAD ARE HIRED BY COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 11: AN OVERVIEW OF THE FORM AND SCHEDULES WAS PROVIDED TO EACH VOTING BOARD MEMBER, ALONG WITH A COPY 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 WRITTEN CONFLICT OF INTEREST POLICY AND ALL MEMBERS ARE REQUIRED TO DISCLOSE ANY CONFLICTING INTERESTS OR STATE "NONE" ON THE ANNUAL CONFLICT OF INTEREST FORM.

FORM 990, PART VI, SECTION B, LINE 15: A SALARY & PERSONNEL COMMITTEE IS INVOLVED WITH ALL COMPENSATION AND APPROVES WAGES FOR MANAGEMENT AND COMPARES THESE SALARIES TO VARIOUS MARKET INDICATORS.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:  
AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO  
MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

FORM 990, PART VI, SECTION C, LINE 19: THESE DOCUMENTS ARE AVAILABLE 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.

Name of the organization SHRINERS HOSPITALS FOR CHILDREN	Employer identification number 36-2193608
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TRANSFERS TO RELATED ENTITIES	-60,420,631.
CHANGE IN PATIENT TRANSPORTATION FUNDS HELD BY SHRINE	
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 OVERSIGHT PROCESS:

THE ORGANIZATION HAS NOT CHANGED (DURING THE CURRENT YEAR) ITS

OVERSIGHT PROCESS OR ITS SELECTION PROCESS REGARDING THE COMMITTEE

RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS

AND THE SELECTION OF THE INDEPENDENT ACCOUNTANT.

**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.

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

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE SHRINERS' HOSPITAL FOR CHILDREN - 04-2121377, POST OFFICE BOX 31356, TAMPA, FL 33631-3356	HOSPITAL SYSTEM	MASSACHUSETTS	501(C)(3)	3	NO		X
THE IMPERIAL COUNCIL OF THE ANCIENT ARAB ORDER OF NOBLES - 36-2158164, POST OFFICE BOX 31356, TAMPA, FL 33631-3356	FOUNDED SHRINERS HOSPITALS FOR CHILDREN	IOWA	501(C)(10)	N/A	NO		X
SHRINERS HOSPITALS FOR CHILDREN EMPLOYEE DISASTER RELIEF FUND - 26-3733381, 2900 ROCKY POINT DRIVE, TAMPA, FL 33607	DISASTER RELIEF	DISTRICT OF COLUMBIA	501(C)(3)	9	NO		X



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

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

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

	Yes	No
<b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to other organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from other organization(s) .....		X
<b>d</b> Loans or loan guarantees to or for other organization(s) .....		X
<b>e</b> Loans or loan guarantees by other organization(s) .....		X
<b>f</b> Sale of assets to other organization(s) .....		X
<b>g</b> Purchase of assets from other organization(s) .....		X
<b>h</b> Exchange of assets .....		X
<b>i</b> Lease of facilities, equipment, or other assets to other organization(s) .....	X	
<b>j</b> Lease of facilities, equipment, or other assets from other organization(s) .....		X
<b>k</b> Performance of services or membership or fundraising solicitations for other organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations by other organization(s) .....		X
<b>m</b> Sharing of facilities, equipment, mailing lists, or other assets .....		X
<b>n</b> Sharing of paid employees .....		X
<b>o</b> Reimbursement paid to other organization for expenses .....	X	
<b>p</b> Reimbursement paid by other organization for expenses .....	X	
<b>q</b> Other transfer of cash or property to other organization(s) .....		X
<b>r</b> Other transfer of cash or property from other organization(s) .....		X

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

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







**IRS e-file Signature Authorization  
for an Exempt Organization**

For calendar year 2010, or fiscal year beginning \_\_\_\_\_, 2010, and ending \_\_\_\_\_, 20\_\_\_\_

**2010**

Department of the Treasury  
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**  
▶ **See instructions.**

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

Name and title of officer  
  
DOUGLAS MAXWELL  
PRESIDENT

**Part I Type of Return and Return Information** (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	1b	570411502
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) .....	2b	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) .....	3b	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5) .....	4b	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) .....	5b	

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize CBIZ KIRKLAND, RUSS, MURPHY & TAPP to enter my PIN 93608  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

50465143757  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ \_\_\_\_\_ Date ▶ \_\_\_\_\_

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