	990	
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Form	<b>JJU</b>	

Department of the Treasury

Internal Revenue Service

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

# **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)

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



<u>A</u>	For th	e 2012 calendar year, or tax year beginning and	ending		
B	Check if applicab	le: C Name of organization		D Employer identifie	cation number
	Addr	ge SHRINERS HOSPITALS FOR CHILDREN			
	Name	ge Doing Business As		36-219	3608
	Initial returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Term ated	FOST OFFICE BOX 51550		(813)2	81-0300
	Amer	City, town, or post office, state, and ZIP code		<b>G</b> Gross receipts \$	2,821,100,809.
	Appli tion pend	1114111, 11 55051 5550		H(a) Is this a group re	eturn
	penu	<b>F</b> Name and address of principal officer: DOUGLAS MAXWELL		for affiliates?	Yes X No
		2900 ROCKY POINT DRIVE, TAMPA, FL 33607		H(b) Are all affiliates inc	luded? Yes No
		tempt status: $x 501(c)(3)$ 501(c) ( ) (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)
		te: HTTP://WWW.SHRINERSHQ.ORG/		H(c) Group exemptio	
		f organization: X Corporation Trust Association Other	L Year	of formation: 1925	State of legal domicile: CO
Pa	1	Summary			
e	1	Briefly describe the organization's mission or most significant activities:		ATRIC SPECIALTY	
ano		CARE WITHOUT FINANCIAL OBLIGATION TO PATIENTS OR THEIR FAMIL	-		
Activities & Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispo		1 1	
ğ	3				20
8	4	Number of independent voting members of the governing body (Part VI, line 1b)			5307
ties	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)			5000
tivi	6	Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	0	Net unrelated business taxable income from Form 990-T, line 34		Prior Year	Current Year
_	8	Contributions and grants (Part VIII, line 1h)		197,275,442.	202,387,056.
Revenue	9			66,934,531.	90,235,650.
evel 3		Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		669,350,342.	321,112,058.
č		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		30,087,050.	22,979,284.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		963,647,365.	636,714,048.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		45,805.	355,040.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
õ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		344,911,456.	344,874,313.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		6,638,399.	8,778,069.
pe		Total fundraising expenses (Part IX, column (D), line 25)			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		268,785,988.	277,342,114.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		620,381,648.	631,349,536.
	19	Revenue less expenses. Subtract line 18 from line 12		343,265,717.	5,364,512.
s or				ginning of Current Year	End of Year
Vet Assets ( und Balanc	20	Total assets (Part X, line 16)		7,907,745,025.	8,301,573,544.
t As	21	Total liabilities (Part X, line 26)		959,112,907.	980,615,198.
$\leq_{\overline{u}}$	22	Net assets or fund balances. Subtract line 21 from line 20		6,948,632,118.	7,320,958,346.
Pa	art II	Signature Block			

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

Sign Here	Signature of officer DOUGLAS MAXWELL, PRESIDENT Type or print name and title		Date
	Print/Type preparer's name NATHAN SMITH	Preparer's signature Date	Check PTIN if self-employed P00543757
Preparer	Firm's name CBIZ KIRKLAND, RUSS, MUR		Firm's EIN <b>2</b> 7-3605969
Use Only	Firm's address 👞 13577 FEATHER SOUND DRIV	Е, #400	
	CLEARWATER, FL 33762		Phone no. (727)572-1400
May the II	RS discuss this return with the preparer shown abo	ove? (see instructions)	X Yes No
	10.40 LUIA For Denominaria Deduction Act Natio	a and the compute instructions	

Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission:		
	SEE SCHEDULE O		
2	Did the examination undertake any elemiticant reason convises during the user which were not listed or		
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 🛙
	the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	2	Yes X
0	If "Yes," describe these changes on Schedule O.	•••••••••••••••••••••••••••••••••••••••	
4	Describe the organization's program service accomplishments for each of its three largest program services, a	as measured by	expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot		
	revenue, if any, for each program service reported.	,	,
4a		enue \$	16,491,0
	TREATMENT OF PEDIATRIC BURN VICTIMS ADMISSIONS: 451.		
	OUTPATIENT CLINIC VISITS: 12,506 AT 2 BURNS HOSPITALS AND ONE HOSPITAL		
	THAT SPECIALIZES IN BOTH BURNS AND ORTHOPAEDIC SERVICES.		
	OUTPATIENT CLINIC SURGERIES: 1,800.		
4b	(Code: ) (Expenses \$ 412,249,622. including grants of \$ 355,040. ) (Reve	enue \$	73,744,5
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Form 990 (2012)

Part IV Checklist of Required Schedules

Page 3

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u> </u>
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		v
-	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		<u>x</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			х
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
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</i> "Yes," <i>complete Schedule D, Part II</i>	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	- /		
0	Cabadula D. Dat III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	•		
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		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		v	
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X X	
	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e	Δ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	11f		x
120	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i>	1 11		
120	Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	120		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		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? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		v	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	v	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		x
20a	complete Schedule G, Part III	19 20a	x	
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a	X	
		200	000	

Form **990** (2012)

232003 12-10-12

36-2193608

1	Pa	Aח	4
	- 1	ue	-

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the		res	No
21	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	21		
LL	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			v
00	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
00	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	20		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	x	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	00		
• •	Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	1		
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990	(2012)

232004 12-10-12

14220709 144584 67151

Form	990 (2012) SHRINERS HOSPITALS FOR CHILDREN 36-2193608		Р	age <b>5</b>
Pa	t V Statements Regarding Other IRS Filings and Tax Compliance			<u> </u>
	Check if Schedule O contains a response to any question in this Part V			X
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 1210			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1		
	(gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 5307			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	<b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		x
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	х	
b	If "Yes," enter the name of the foreign country: SEE SCHEDULE O			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		x
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	Х	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	Х	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
		Form	990	(2012)

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Page 6

Form 990 (2012) SHRINERS HOSPITALS FOR CHILDREN 36-2193608 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. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 20 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0. 15 **b** Enter the number of voting members included in line 1a, above, who are independent 1h 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? х 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 x of officers, directors, or trustees, or key employees to a management company or other person? 3 Х 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? Х 5 5 Did the organization have members or stockholders? 6 Х 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? х 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? x 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 х a The governing body? 8a Х Each committee with authority to act on behalf of the governing body? b 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the q organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 x Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? х 10a **b** If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. х **12a** Did the organization have a written conflict of interest policy? If "No," go to line 13 12a ..... **b** Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Х 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done х 12c Did the organization have a written whistleblower policy? Х 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 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? х a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization Х 15b b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? х 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure

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 17 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply. X Another's website LX Upon request Own website Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial 19

	statements available to the public during the tax year.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization: 🕨
	SHADON DUSSETT 813_281_0300

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2900	ROCKY	POINT	DRIVE	TAMPA	FL	33607

SEE SCHEDULE O FOR FULL LIST OF STATES

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Form 990 (2012)	SHRINERS HOSPITALS FOR CHILDREN	36-2193608 Pa	age <b>7</b>
Part VII Compe	s, Highest Compensated		
Employ	ees, and Independent Contractors		
Check if S	Schedule O contains a response to any question in this Part VII		
Section A. Officers	, Directors, Trustees, Key Employees, and Highest Compensated Em	oloyees	
1a Complete this table	for all persons required to be listed. Report compensation for the calendar year end	ng with or within the organization's tax year.	
	ganization's <b>current</b> officers, directors, trustees (whether individuals or or D), (E), and (F) if no compensation was paid.	ganizations), regardless of amount of compensatio	on.

• 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)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	Position (do not check more than one					000	Reportable	Reportable	Estimated
	hours per	box	ox, unless person is both an officer and a director/trustee)			is bot	h an	compensation	compensation	amount of
	week			dad	lirecto	or/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	ordi	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	organizations	rustee	l trus		ee	npen		(00-2/1099-00130)		organization and related
	below	dual t	Institutional trustee		nploy	st co I	5			organizations
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former			5
(1) JACK JONES	15.00									
DIRECTOR		x						0.	158,870.	0.
(2) DOUGLAS MAXWELL	35.00									
PRESIDENT, TRUSTEE		х		х				18,000.	0.	0.
(3) MICHAEL SEVERE	5.00									
DIRECTOR		Х						0.	0.	0.
(4) ALAN MADSEN	5.00									
CHAIRMAN		Х		Х				0.	49,300.	0.
(5) JOHN CINOTTO	5.00									
FIRST V.P.		х		х				0.	0.	0.
(6) DALE STAUSS	5.00									
SECOND V.P.		X		х				0.	0.	0.
(7) JERRY GANTT	5.00									
SECRETARY		X		х				0.	0.	0.
(8) CHRIS SMITH	5.00									_
ASSISTANT SECRETARY		х		х				0.	0.	0.
(9) GARY BERGENSKE	5.00									
DIRECTOR	5.00	х						0.	900.	0.
(10) JIM CAIN	5.00									
DIRECTOR (11) JEFFREY SOWDER	5.00	X						0.	0.	0.
(II) JEFFREY SOWDER DIRECTOR	5.00	x						0.	0.	0
(12) WAYNE LACHUT	5.00	^						0.	0.	0.
DIRECTOR	5.00	x						0.	0.	0.
(13) JAMES SMITH	5.00	^						· ·	0.	<u> </u>
DIRECTOR	5.00	x						0.	0.	0.
(14) CHARLES CLAYPOOL	5.00									
TRUSTEE		x						0.	0.	0.
(15) GARY DUNWOODY	5.00									
TRUSTEE		x						0.	0.	0.
(16) RAOUL L. FREVAL	5.00									
TRUSTEE		x						٥.	0.	0.
(17) BOBBY SIMMONS	5.00					1				
TRUSTEE		х						٥.	0.	0.
232007 12-10-12										Form <b>990</b> (2012)

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Form 990 (2012) SHRINERS HOSP									36-21936	08		Pa	age <b>8</b>
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	vees	, an	d Hi	ighe	st (	Compensated Employe	es (continued)				
(A)(B)(C)(D)(E)Name and titleAveragePositionBenortableBenortable								(E)			(F)	4	
Name and title	hours per week (list any	box offi	not c , unle	heck ss pe	more rson	than o is both pr/trus	n an	from	Reportable compensation from related		Estimated amount of other		of
	hours for related organizations	Individual trustee or director	Institutional trustee		iyee	Highest compensated employee		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	)	orga	m the nizati relate	e on
	below line)	ndividual	nstitutior	Officer	Key employee	Highest co mployee	Former				orgar	nizatio	ons
(18) PETER DIAZ	5.00			0	×	чъ	LL.			+			
TRUSTEE		х						0.		0.			٥.
(19) JAMES MCCONNELL	5.00												
TREASURER		х		Х				3,570.	63	30.			٥.
(20) WILLIAM BAILEY	5.00												
DIRECTOR	10.00	х						0.		0.			0.
(21) JOHN MCCABE	40.00							202 151				10	276
EXECUTIVE VICE PRESIDENT (22) KENNETH GUIDERA	40.00				X			293,151.		0.		10,	376.
CHIEF OF STAFF	40.00					x		458,045.		0.		100	047.
(23) PHILLIP GATES	40.00							430,043.		<u>.</u>		100,	
CHIEF OF ANESTHESIA	10.00					x		428,500.		ο.		125.	727.
(24) DENNIS GROGAN	40.00							, -		-		,	
CHIEF OF STAFF						x		437,215.		Ο.	1,	102,	470.
(25) KIT SONG	40.00												
CHIEF OF STAFF						х		607,942.		Ο.		5,612	
(26) PETER ARMSTRONG	40.00												
CHIEF OF STAFF						X		478,683.		0. 209,700.			108.
1b Sub-total								2,725,106. 100,120.		0.			340.
c Total from continuation sheets to Part VI d Total (add lines 1b and 1c)													
2 Total number of individuals (including but n						e) wh	no r	, ,			-,	, ,	<u>.</u>
compensation from the organization		1030	note	Jula	000	0) 101	101						409
												Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,												x	
<ul><li>line 1a? If "Yes," complete Schedule J for st</li><li>For any individual listed on line 1a, is the su</li></ul>										··  -	3	A	
4 For any individual listed on line 1a, is the su and related organizations greater than \$150											4	x	
5 Did any person listed on line 1a receive or a									idual for services	·	-		
rendered to the organization? If "Yes," com	-				-						5		х
Section B. Independent Contractors													
1 Complete this table for your five highest con	mpensated in	depe	ende	ent c	onti	racto	ors	that received more than	\$100,000 of comp	ensa	tion fr	om	
the organization. Report compensation for t	the calendar y	ear	endi	ng v	vith	or w	ithi	n the organization's tax	year.				
(A)								(B)		~	(C)		
Name and business	address							Description of s	ervices	Co	mpen	satior	ו 
STARCOM MEDIAVEST GROUP INC											1 2	470	1 - 0
25 W WACKER DR, CHICAGO, IL 60601								MARKETING SERVICES			13,	470,	159.
JJ HEALTHCARE SYSTEMS, 425 HOES LANE, PISCATAWAY TOWNSHIP, NJ 08854								MEDICAL SUPPLIES			8	485	348.
OWENS & MINOR, 9120 LOCKWOOD BLVD,								MEDICAL SUITHIES			۰,	±0 <i>5</i> ,	540.
MECHANICSVILLE, VA 23116 MEDICAL SERVICES							6	518	128.				
CERNER CORP, 2800 ROCKCREEK PKWY, NORTH													
KANSAS CITY, MO 64117 6,372,							372,	130.					
UTMB AT GALVESTON							,						
301 UNIVERSITY BLVD, GALVESTON, TX 77	550							MEDICAL SERVICES			6,	299,	004.
2 Total number of independent contractors (ii \$100,000 of compensation from the organiz	, and a second se	ot li	mite	d to	tho 37		steo	d above) who received m	nore than				
SEE PART VII, SECTION A CONTINU		TS			57	-			1	F	orm 9	<b>90</b> (2	2012)
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	HOSPITALS FOR								36-219360	8			
	t VII Section A. Officers, Directors, Trustees, Key Employees, and Highest ( (A) (B) (C)												
(A) Name and title	Name and title Average hours			Pos	ition that		ly)	<b>(D)</b> Reportable compensation from	<b>(E)</b> Reportable compensation from related	Estimated amount of other			
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations			
27) RICHARD MCCALL	0.00												
FORMER CHIEF OF STAFF							X	100,120.	0.	488,271			
		-											
Total to Part VII, Section A, line 1c		I	L	L	L	L		100,120.		488,27			

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		(2012)		FOR CHILDREN			36-2193608	Page 9
Pa	t VI							
_		Check if Schedule O cont	ains a respons	e to any question i		(5)		
					<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
tts Its	1 a	a Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		Membership dues		1,416,032.				
Am 0,0	c	Fundraising events	1c					
a Git	c	d Related organizations	1d					
in, in	e	e Government grants (contribut	tions) <b>1e</b>					
rio S	f	All other contributions, gifts, gran	its, and					
ibu		similar amounts not included abo	ve 1f	200,971,024.				
dut	ç	g Noncash contributions included in lines	s 1a-1f: \$	134,014.				
<u>a C</u>	ł	1 Total. Add lines 1a-1f		►	202,387,056.			
				Business Code				
ice	2 a	A PATIENT SERVICE		621110	90,235,650.	90,235,650.		
er v	k	o						
n S	c	e						
Rev	C	d						
Program Service Revenue	e	e						
<u>۳</u>		All other program service reve			00 005 650			
		g Total. Add lines 2a-2f			90,235,650.			
	3	Investment income (including	,	,	100 022 227			100 022 227
		other similar amounts)			190,833,337.			190,833,337.
	4	Income from investment of tax			20 205			20 205
	5	Royalties			38,285.			38,285.
	•	0	(i) Real 803,228	(ii) Personal				
		a Gross rents						
		<ul> <li>Less: rental expenses</li> <li>Rental income or (loss)</li> </ul>	803,228	-				
		<b>b</b> Net rental income or (loss)			803,228.			803,228.
		a Gross amount from sales of	(i) Securities		000,220,			
	1 6	assets other than inventory	2314087232					
	ŀ	Less: cost or other basis						
	ĸ	and sales expenses	2183090533	. 717,978.				
		<b>d</b> Net gain or (loss)			130,278,721.			130,278,721.
_		a Gross income from fundraising						
Other Revenue	-	including \$						
eve		contributions reported on line						
۳ ۳		Part IV, line 18		a 19,211,635.				
Ĕ	k	b Less: direct expenses		<b>b</b> 578,250.				
<b>~</b>	c	Net income or (loss) from fund	draising events	►	18,633,385.			18,633,385.
	9 a	a Gross income from gaming ac						
		Part IV, line 19		a				
		Less: direct expenses		b				
		Net income or (loss) from gam	-	··· <b>·</b> ···				
	10 a	a Gross sales of inventory, less						
		and allowances						
		Less: cost of goods sold						
ŀ	C	Net income or (loss) from sale						
ŀ	4.4	Miscellaneous Revenu OTHER INCOME	le	Business Code 900099	3 501 205			3 501 205
				300033	3,504,386.			3,504,386.
	k							+
	( )	d All other revenue						+
		• Total. Add lines 11a-11d			3,504,386.			
	12	Total revenue. See instructions.			636,714,048.	90,235,650.	0	. 344,091,342.
23200 12-10-				F I	, , ,	. , , ,		Form <b>990</b> (2012)

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2012.04000 SHRINERS HOSPITALS FOR CHIL 671511

Part IX Statement of Functional Expenses

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). X Check if Schedule O contains a response to any question in this Part IX (B) (D) (A) (C)Do not include amounts reported on lines 6b. Total expenses Program service Management and general expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to governments and 355,040 355,040 organizations in the United States. See Part IV. line 21 2 Grants and other assistance to individuals in the United States. See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 Benefits paid to or for members 4 Compensation of current officers, directors, 5 286,463 trustees, and key employees 333,097 46,634 Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 259,985,156 236,426,903 22,255,102 1,303,151. Other salaries and wages 7 Pension plan accruals and contributions (include 8 27,634,152 26,005,922 1,628,230 section 401(k) and 403(b) employer contributions) Other employee benefits 39,088,457 35,143,339 3,945,118 9 17,833,451 16,216,527 1,616,924 Payroll taxes 10 Fees for services (non-employees): 11 Management а b Legal С Accounting d Lobbying 8,778,069 8,778,069. Professional fundraising services. See Part IV, line 17 ρ Investment management fees 13,288,127 13,288,127 Other, (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.) 73,462,754 60,465,476 11,483,554 1,513,724. 8,681,902 8,574,483 107,419 12 Advertising and promotion 4,997,693 13,989,349 8,797,482 194,174. 13 Office expenses 4,734,582 4,331,798 950. Information technology 401,834, 14 Royalties 15 966. 20,636,649 17,159,395 3,476,288 Occupancy 16 3,262,028 5,880,359 2,223,651 394,680. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 500,758 238,844 191,613 70,301. Conferences, conventions, and meetings ..... 19 695,082 695,082. 20 Interest Payments to affiliates 21 38,367,833 34,483,512 3,884,321 22 Depreciation, depletion, and amortization 5,388,345 5,088,010 300,335, 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) 73,034,368 73,034,368, MEDICAL SUPPLIES а PGA EVENT EXPENSES 8,171,837 8,171,837. b PATIENT COSTS 2,656,269 1,848,309 807,960 С DUES AND REGISTRATIONS 2,001,887 10,396. 1,801,845 189,646 d 5,852,013 2,370,224 2,057,065 1,424,724. All other expenses е 631,349,536 528,160,215 81,326,349 21,862,972. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. if following SOP 98-2 (ASC 958-720) Check here

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11 2012.04000 SHRINERS HOSPITALS FOR CHIL 671511

Form **990** (2012)

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12 2012.04000 SHRINERS HOSPITALS FOR CHIL 671511

7,907,745,025,

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8,301,573,544.

Form 990 (2012)

Total net assets or fund balances Total liabilities and net assets/fund balances

Part II of Schedule L 5 6 Loans and other receivables from other disgualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L ..... 6 Notes and loans receivable, net 7 7 18,143,097 18,755,223. Inventories for sale or use 8 8 4,955,391. 7,657,763. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 1,147,890,796, b Less: accumulated depreciation 10b 541,858,188, 618,352,551 606,032,608. 10c Investments - publicly traded securities 5,663,335,353. 6,015,404,955. 11 11 Investments - other securities. See Part IV, line 11 12 12 213,688,724, 241,391,907. 13 Investments - program-related. See Part IV, line 11 13 Intangible assets 14 14 1,378,237,587 1,397,060,051. 15 15 Other assets. See Part IV, line 11 7,907,745,025. 8,301,573,544. 16 **Total assets.** Add lines 1 through 15 (must equal line 34) 16 229,218,190. 314,377,590. Accounts payable and accrued expenses 17 17 18 Grants payable 18 10,404,922 19 19 14,071,728. Deferred revenue Tax-exempt bond liabilities 20 20 36,706,503 Escrow or custodial account liability. Complete Part IV of Schedule D 37,483,795. 21 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disgualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 0. 63,000,000. 24 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of 682,783,292. 551,682,085. 25 Schedule D 26 959,112,907. 26 980,615,198. Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets 5,632,700,282, 5,969,812,253. 27 27 308,388,249. 320,177,402. Temporarily restricted net assets 28 28 1,007,543,587, 1,030,968,691. Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 30 31 31 Paid in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 7,320,958,346. 6,948,632,118. 33 33

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

Accounts receivable, net

Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete

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

36-2193608

5,255,703

5,776,619.

1

2

3

4

(A) Beginning of year Page 11

6,625,642.

8,645,395.

(B)

End of year

1

2

3

4

5

Assets

\_iabilities

Net Assets or Fund Balances

Form	990 (2012) SHRINERS HOSPITALS FOR CHILDREN	36-21936	08	Pa	ge <b>12</b>
	rt XI Reconciliation of Net Assets				<u></u>
	Check if Schedule O contains a response to any question in this Part XI		<u></u>		X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	636	,714	,048.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,349	·
3	Revenue less expenses. Subtract line 2 from line 1	3	5	,364	,512.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,948	,632	,118.
5	Net unrealized gains (losses) on investments	5	508	,408	,901.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-141	,447	,185.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
_	column (B))	10	7,320	,958	<u>,346.</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedul				
2a			<b>2</b> a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	ed on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	ite basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of t			v	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
~	If the organization changed either its oversight process or selection process during the tax year, explain in Sc				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the S	ingle Audit			v
	Act and OMB Circular A-133?		<u>3a</u>	<b> </b>	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the req			1	
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<b>3</b> b		

Form **990** (2012)

SCHEDULE A
------------

(Form 990 or 990-E	Ζ
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Department of the Treasury

# **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
2012
Open to Public

Internal Revenue Service ► Attach to Form 990 or Form 990-EZ. ► See separate instructions. Inspection													
Name o	f the organizati	ion						E	mployer	identificat	ion nu	mber	
		SHRINERS HO	OSPITALS FOR CHILD	REN					36	6-2193608			
Part I	Reason	for Public Char	<b>ity Status</b> (All organiz	ations mu	st complet	te this par	t.) See inst	ructions.					
The orga	anization is not a	a private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)						
1 🗆	A church, co	nvention of churches	s, or association of chur	ches desc	ribed in <b>se</b>	ection 170	(b)(1)(A)(i)						
2	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)									
3 X	A hospital or	a cooperative hospi	tal service organization of	described	in section	170(b)(1)	(A)(iii).						
4	A medical res	search organization of	operated in conjunction	with a hos	pital desc	ribed in <b>se</b>	ction 170	(b)(1)(A)(ii	i). Enter	the hospita	l's nan	ıe,	
	city, and stat	e:											
5	An organizati	ion operated for the	benefit of a college or ur	niversity o	wned or op	perated by	a governi	mental uni	t describ	oed in			
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)										
6	A federal, sta	ate, or local governm	ent or governmental uni	t describe	d in <b>sectio</b>	on 170(b)( <sup>-</sup>	1)(A)(v).						
7	An organizat	ion that normally rec	eives a substantial part	of its supp	ort from a	governme	ental unit o	or from the	general	public desc	cribed	in	
	section 170	<b>b)(1)(A)(vi).</b> (Comple	te Part II.)										
8	A community	r trust described in <b>s</b>	ection 170(b)(1)(A)(vi).	(Complete	Part II.)								
9	An organizati	ion that normally rec	eives: (1) more than 33 1	1/3% of its	support f	rom contri	butions, m	nembershi	p fees, a	and gross re	eceipts	from	
	activities rela	ted to its exempt fur	nctions - subject to certa	ain excepti	ons, and (	2) no more	e than 33 1	/3% of its	suppor	t from gross	s invest	tment	
	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 organizati	ion organized and op	perated exclusively to te	st for publ	ic safety. S	See <b>sectio</b>	on 509(a)(4	4).					
11 🗆	An organizati	ion organized and op	perated exclusively for th	ne benefit	of, to perfo	orm the fu	nctions of,	or to carr	y out the	e purposes	of one	or	
	more publicly	/ supported organiza	ations described in section	on 509(a)( <sup>-</sup>	1) or section	on 509(a)(2	2). See <b>sec</b>	tion 509(a	<b>a)(3).</b> Ch	eck the bo	< that		
	describes the	e type of supporting	organization and comple	ete lines 1	1e through	n <b>11</b> h.							
	_ <b>a</b> └── Type I	I <b>b</b> ∟⊥Ty	/pe II <b>c</b> └── Ty	ype III - Fu	nctionally	integrated	d	<b>і</b> 📖 Тур	e III - No	n-functiona	lly inte	grated	
e 🗆	By checking	this box, I certify tha	t the organization is not	controllec	directly o	r indirectly	/ by one oi	r more dis	qualified	persons ot	her tha	ın	
		•	han one or more publicly		Ū.				9(a)(1) or	section 50	9(a)(2).		
f			ten determination from t										
			nis box									. Ш	
g	•		organization accepted ar					• •					
			irectly controls, either al								Yes	No	
			upported organization?									──	
			n described in (i) above?									──	
			person described in (i) o							11g(iii)	)		
h	Provide the f	ollowing information	about the supported or	ganization	(s).								
		1		(				(vi) Is	tho				
.,	ne of supported	(ii) EIN	(iii) Type of organization (described on lines 1-9	r /	organization sted in your		2	organizatio	on in col.	. ,	unt of monetary		
organization (described on lines 1-9 in col. (i) listed in your organization in col. (i) organization in col. (i) or your support?						i) organiz) (i) U.S	ed in the .?	sut	support				
			(see instructions))	Yes	No	Yes	No	Yes	No	-			
				103		103		103					

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

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

Total

14220709 144584 67151

#### Schedule A (Form 990 or 990-EZ) 2012

Part II	Sup

(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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
-	column (f)						
-	Public support. Subtract line 5 from line 4.						
	ction B. Total Support	( ) 0000	(1) 0000	( ) 0040	( 1) 0011	( ) 0040	(0 T ) )
	ndar year (or fiscal year beginning in)	<b>(a)</b> 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
-	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
~	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
44	assets (Explain in Part IV.) Total support. Add lines 7 through 10						
	Gross receipts from related activities,	ota (soo instruct	l ions)			12	
	First five years. If the Form 990 is for	,	,	rd fourth or fifth t			
10	organization, check this box and stop	-					
Se	ction C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2012 (I					14	%
	Public support percentage from 2011					15	%
	<b>33 1/3% support test - 2012.</b> If the c						
	stop here. The organization qualifies	•					
b	<b>33 1/3% support test - 2011.</b> If the c						
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"			-	-	-	
b	10% -facts-and-circumstances tes						
	more, and if the organization meets th						
	organization meets the "facts-and-circ	umstances" test.	The organization	qualifies as a publ	icly supported org	anization	
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	is 🕨 🗖
					Sche	edule A (Form 990	or 990-EZ) 2012

232022 12-04-12

14220709 144584 67151

#### 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) 🕨	<b>(a)</b> 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
<b>c</b> Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part IV.)			1			1
14 First five years. If the Form 990 is for	the organization'	s first, second, thi	rd. fourth or fifth t	tax vear as a section	on 501(c)(3) organi	zation.
	C C			-		
Section C. Computation of Publi						
15 Public support percentage for 2012 (I			column (f))		15	%
<b>16</b> Public support percentage from 2011					16	%
Section D. Computation of Inves					• •	
17 Investment income percentage for 20					17	%
					18	<u> </u>
	18       Investment income percentage from 2011 Schedule A, Part III, line 17       18       %         19a 33 1/3% support tests - 2012. 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 <b>stop here.</b> The organization qualifies as a publicly supported organization						
<b>b 33 1/3% support tests - 2011.</b> If the						
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 organizatio						
232023 12-04-12		,	· · · · · · · · · · · · · · · · · · ·			0 or 990-EZ) 2012
			16			,,

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# Schedule of Contributors

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

Name of the	organization
-------------	--------------

Department of the Treasury Internal Revenue Service

or 990-PF)

Name of the organizati	Employer identification number	
	SHRINERS HOSPITALS FOR CHILDREN	36-2193608
Organization type (cheo	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	$\boxed{X}$ 501(c)( <sup>3</sup> ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	

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

#### **General Rule**

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

#### **Special Rules**

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

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

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

OMB No. 1545-0047
2012

#### Name of organization

Page 2

SHRINERS HOSPITALS FOR CHILDREN

Employer identification number

36-2193608

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$4,750,000.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
223452 12-21	I-12	Scueanie R (Form	990, 990-EZ, or 990-PF) (2012)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2012)
Name of organization

Page 3

Employer identification number

36-2193608

SHRINERS HOSPITALS FOR CHILDREN

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

art II	<b>Noncash Property</b> (see instructions). Use duplicate copies of Pa	art II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No.	(b)	(c)	(d)
from Part I	Description of noncash property given	FMV (or estimate) (see instructions)	Date received
		\$	
(a) No	0.3	(c)	(-1)
No. from	(b) Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
Part I		, , , , , , , , , , , , , , , , , , ,	
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate) (see instructions)	(d) Date received
Part I			
		\$	
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I		(see instructions)	
		\$	
(a)			
No. from	(b) Description of poneach property given	(c) FMV (or estimate)	(d) Data received
From Part I	Description of noncash property given	(see instructions)	Date received
		—	
3453 12-21		\$Schedule B (Form 9	990, 990-EZ, or 990-PF) (2

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14220709 144584 67151

Name of org	ganization		Employer identification number				
SHRINERS	HOSPITALS FOR CHILDREN		36-2193608				
Part III	Exclusively religious, charitable, etc., indi year. Complete columns (a) through (e) and t the total of exclusively religious, charitable, et	vidual contributions to section 501(c) he following line entry. For organizatior c., contributions of <b>\$1,000 or less</b> for t	(7), (8), or (10) organizations that total more than \$1,000 for the is completing Part III, enter the year. (Enter this information once.) \$				
(a) No.	Use duplicate copies of Part III if addition						
`from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
f		(e) Transfer of gift	ł				
	Transferee's name, address, a	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee					
f							
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Part I	(b) Fulfose of gift						
-							
		(e) Transfer of gift					
	Transferee's name, address, a	Transferee's name, address, and ZIP + 4					
Ī							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
Ī	(e) Transfer of gift						
	Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee						
ŀ							
(a) No. from							
Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held				
	(e) Transfer of gift						
	Transferee's name, address, a	Relationship of transferor to transferee					
ŀ							
223454 12-21	1-12		Schedule B (Form 990, 990-EZ, or 990-PF) (2012)				
		20	· · · · · · · · · · · · · · · · · · ·				

#### (Form 990)

Department of the Treasury Internal Revenue Service

# **Supplemental Financial Statements**

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

► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047			
2012			
Open to Public Inspection			

Name	of the organization		Employer identification number 36-2193608
Dor	SHRINERS HOSPITALS FOR CHIL		
Par			F ACCOUNTS. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
	Total muscless at an disfusion		
	Total number at end of year		
	Aggregate contributions to (during year)		
	Aggregate grants from (during year)		
	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	-	
	are the organization's property, subject to the organization's	exclusive legal control?	Yes 📖 No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be use	ed only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose co	nferring
	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, Part	t IV, line 7.
1	Purpose(s) of conservation easements held by the organization	ion (check all th <u>at a</u> pply).	
	Preservation of land for public use (e.g., recreation or e	education)	rically important land area
	Protection of natural habitat	Preservation of a certified	d historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quality	fied conservation contribution in the form of a	a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
с	Number of conservation easements on a certified historic str		
	Number of conservation easements included in (c) acquired		
	listed in the National Register	-	2d
3	Number of conservation easements modified, transferred, re		rganization during the tax
	vear 🕨		0
4	Number of states where property subject to conservation ea	sement is located	
	Does the organization have a written policy regarding the per		
	violations, and enforcement of the conservation easements i		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
	Amount of expenses incurred in monitoring, inspecting, and		
	Does each conservation easement reported on line 2(d) abov		
Ū	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservati		
	include, if applicable, the text of the footnote to the organization		
	conservation easements.		organization o accounting for
Par		f Art. Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		at and balance sheet works of art
Ĩ	historical treasures, or other similar assets held for public ext		
	the text of the footnote to its financial statements that descri		
	If the organization elected, as permitted under SFAS 116 (AS		ad balance sheet works of art historical
	treasures, or other similar assets held for public exhibition, e		
	· · · · · · · · · · · · · · · · · · ·	ducation, or research in furtherance of public	service, provide the following amounts
	relating to these items:		► ¢
	(i) Revenues included in Form 990, Part VIII, line 1		• •
~			
	If the organization received or held works of art, historical tre		ain, provide
	the following amounts required to be reported under SFAS 1		
	Revenues included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		• •

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<u>Sche</u>		OSPITALS FOR CHI					86-21936			ge <b>2</b>
Par	t III Organizations Maintaining C	Collections of A	rt, Historical Ti	reasures, or	Other	Simila	ar Asse	ts(contine	Jed)	
3	Using the organization's acquisition, access	ion, and other record	ds, check any of the	following that a	are a sigr	nificant u	use of its	collection	items	
	( <u>check all that apply):</u>									
а	Public exhibition	c	Loan or exc	hange program	IS					
b	Scholarly research	e	• Dther							
с	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explai	in how they further t	the organization	ı's exemp	ot purpo	se in Par	t XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, historical trea	asures, or other	similar a	ssets	_	_		
	to be sold to raise funds rather than to be m						L	Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		ete if the organizatio	on answered "Y	es" to Fo	orm 990,	Part IV, I	ine 9, or		
1a	Is the organization an agent, trustee, custod		diary for contribution	ns or other asse	ets not in	cluded				
	on Form 990, Part X?							Yes	X	No
b	If "Yes," explain the arrangement in Part XIII						······ <u> </u>	- 100		110
			showing table.					Amount		
c	Beginning balance					1c		7 unio ant		
	Additions during the year					1d				
	Distributions during the year					1e				
	Ending balance					1f				
2a	Did the organization include an amount on F	orm 990. Part X. line	21?				X	Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Par										
	· ·	(a) Current year	(b) Prior year	(c) Two years	back (d	) Three y	ears back	(e) Four	years b	ack
1a	Beginning of year balance		6,598,994,424	6,299,536,	273. 5	,604,2	39,809.	8,060,	241,1	.65.
	Contributions									
	Net investment earnings, gains, and losses	830,356,472.	3,569,133	. 696,982,	199.	995,5	76,563.			
d	Grants or scholarships									
	Other expenditures for facilities									
	and programs	445,485,670.	262,161,909	. 397,524,	048.	300,2	80,099.	424,	544,7	78.
f	Administrative expenses									
g	End of year balance	6,725,272,450.	6,340,401,648	6,598,994,	424. 6	,299,5	36,273.	5,604,	239,8	309.
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g, column (	a)) held as:						
а	Board designated or quasi-endowment	80.00	%							
b	Permanent endowment  15.00	%	_							
с	Temporarily restricted endowment	5.00 %								
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%.								
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are held a	and administere	d for the	organiz	ation			
	by:								Yes	No
	(i) unrelated organizations							3a(i)		x
	(ii) related organizations							3a(ii)		x
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Schedule R?					Зb		
4	Describe in Part XIII the intended uses of the									
Par	t VI Land, Buildings, and Equipm	nent. See Form 990	), Part X, line 10.							
	Description of property	(a) Cost or c		t or other	(c) Acc		d	(d) Book	value	
		basis (investr	ment) basis	(other)	depre	eciation				
1a	Land			3,138,235.					138,2	
b	Buildings			2,976,017.		3,333,		469,	642,7	49.
	Leasehold improvements			),405,749.		8,290,		2,	114,9	83.
	Equipment		284	1,842,177.	210	0,234,	154.	74,	608,0	123.
e	Other			L,528,618.					528,6	
Total	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), line	10(c).)				606,	032,6	08.
							Schedule	D (Form	990) 2	2012

Schedule D (	Form 990	2012
Ochedule D	1 0111 330	12012

Part VII Investments - Other Securities. See	Form 990, Part X, lin	e 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)			
(1)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related. Se	e Form 990, Part X, li	ne 13.	
(a) Description of investment type	(b) Book value		Cost or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line 1	15.		
(a) [	Description		(b) Book value
(1) BENEFICIAL INTERESTS IN TRUSTS			490,528,309.
(2) ESTATES IN PROCESS			290,960,605.
(3) PATIENT TRANSPORTATION FUNDS			51,934,255.
(4) COLLATERAL CASH AND SECURITIES			551,682,085.
(5) RECEIVABLES FROM INCOME TRUSTS			1,451,797.
(6) RELATED PARTY RECEIVABLES			10,503,000.
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line			1,397,060,051.
Part X Other Liabilities. See Form 990, Part X, li	ne 25.		
1.         (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) LIABILITY UNDER SEC. LENDING		551,682,085.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(11)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.) ►	551,682,085.	
2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text	t of the footnote to th	e organization's financial statemer	nts that reports the organization's

liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII .....

#### Schedule D (Form 990) 2012

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Sche	dule D (Form 990) 2012 SHRINERS HOSPITALS FOR CHILDREN			36-21936	08 Page <b>4</b>
Pai	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With	Revenue per R	leturn	
1	Total revenue, gains, and other support per audited financial statements			1	1,145,564,820.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	. 2a	508,408,901.		
b	Donated services and use of facilities	_ 2b			
с	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	508,408,901.
3	Subtract line 2e from line 1			3	637,155,919.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	-441,871.		
с	Add lines 4a and 4b			4c	-441,871.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	636,714,048.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	nents Witl	h Expenses per	Return	
1	Total expenses and losses per audited financial statements			1	618,639,659.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
с	Other losses				
d	Other (Describe in Part XIII.)		578,250.		
е	Add lines <b>2a</b> through <b>2d</b>			2e	578,250.
3	Subtract line 2e from line 1			3	618,061,409.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)		13,288,127.		
с	Add lines 4a and 4b			4c	13,288,127.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	631,349,536.
Pa	t XIII Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I	III, lines 1a a	nd 4; Part IV, lines 1	b and 2b; F	Part V, line 4; Part
	e 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to				
	V, LINE 4: THE ENDOWMENT FUNDS (INCLUDING UNRESTRICTED FUND		, ,		
BALA	NCES) ARE THE PRIMARY SOURCE OF SUPPORT FROM WHICH SHRINERS HO	SPITALS			
FOR	CHILDREN PERFORMS ITS PROGRAM SERVICES TO ACHIEVE ITS PRIMARY	EXEMPT			
PURE	OSE.				
PART	'XI, LINE 4B - OTHER ADJUSTMENTS:				
SPEC	IAL EVENTS EXPENSES RECLASSIFIED FROM EXPENSES	-578,250.			
LIFE	MEMBERSHIPS INCOME FROM CHANGE IN FUND BALANCE	136,379.			

Schedule D (Form 990) 2012

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Schedule D (Form 990) 2012 SHRINERS HOSPITALS FOR CHILD	DREN	36-2193608	Page 5
Schedule D (Form 990) 2012         SHRINERS HOSPITALS FOR CHILD           Part XIII         Supplemental Information (continued)			
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-441,871.		
	·		
PART XII, LINE 2D - OTHER ADJUSTMENTS:			
SPECIAL EVENTS EXPENSES RECLASSIFIED TO NET WITH REVENUES			
PART XII, LINE 4B - OTHER ADJUSTMENTS:			
BANK FEES RECLASSIFIED FROM REVENUES	13,288,127.		
PART XI, LINE 8 :			
CHANGE IN MINIMUM PENSION LIABILITY :	(87,500,800)		
TRANSFERS: SHRINERS HOSPITALS FOR CHILDREN, A			
MASSACHUSETTS CORPORATION = (38,442,34	40)		
SHRINERS HOSPITALS FOR CHILDREN, A			
CANADIAN CORPORATION = (5,616,428)			
SHRINERS HOSPITALS FOR CHILDREN, A			
MEXICAN CORPORATION = (8,064,336)			
	56,615,463)		
CHANGE IN PATIENT TRANSPORTATION FUNDS			
HELD BY SHRINE TEMPLES :	2,992,057		
OTHER CHANGE IN FUND BALANCE : (	322,979)		
TOTAL : (	141,447,185)		
PART IV, LINE 2B EXPLANATION:			
THE AMOUNT INCLUDED ON FORM 990, PART X, LINE 21 CONSISTS	OF ANNUITY		
LIABILITIES ASSOCIATED WITH CHARITABLE REMAINDER TRUSTS HE	T.D. BY SHRINERS		
HOSPITALS FOR CHILDREN, WHICH ARE DETERMINED BASED ON PRES	SENT VALUE OF THE		
ESTIMATED FUTURE PAYMENTS TO BE PAID TO THE DESIGNATED BEN	EFICIARIES.		
DEFERRED INCOME IS RECOGNIZED ON GIFTS TO SHRINERS HOSPITA	ALS FOR CHILDREN		
232055		Schedule D (Form 99	90) 2012
12-10-12	25		

14220709 144584 67151 2012.04000 SHRINERS HOSPITALS FOR CHIL 671511

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

THE ESTIMATED TIME PERIOD UNTIL THE DONOR'S DEATH.

Schedule D (Form 990) 2012

232055 12-10-12

SCHEDULE F	
(Form 990)	

Department of the Treasury

# 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.

Internal Revenue Service		Attach to T		15.		Inspection
Name of the organization					Employer id	entification number
SHRINERS HOSPITALS FOR	CHILDREN				36-219360	3
Part I General Info	rmation on A	ctivities Ou	tside the United States. Comple	te if the orgar	nization answer	ed "Yes"
to Form 990, Par						
			ds to substantiate the amount of its gra			X Yes No
the grantees' eligibility fo	or the grants or a	assistance, and	the selection criteria used to award the	grants or ass	istance?	X Yes No
2 For grantmakers. Desc United States.	ribe in Part V the	e organization's	procedures for monitoring the use of its	s grants and o	ther assistance	e outside the
3 Activities per Region. (T	he following Part	I, line 3 table c	an be duplicated if additional space is n	eeded.)		
(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)	is a pro describe	vity listed in (d) gram service, e specific type ce(s) in region	(f) Total expenditures for and investments in region
			FUNDING TO HOSPITAL			
			SHRINERS PARA NINOS, A			
MEXICO	1	350	RELATED NONPROFIT ORGANIZATION.			13,834,541.
	¥	550	FUNDING TO SHRINERS			15,054,541.
			HOSPITALS FOR CHILDREN			
			RELATED NONPROFIT			
CANADA	1	250	ORGANIZATION.			5,616,428.
3 a Sub-total	2	600				19,450,969.
<b>b</b> Total from continuation sheets to Part I	0	0				0.
<b>c Totals</b> (add lines 3a and 3b)	2	600				19,450,969.

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

Schedule F (Form 990) 2012

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	Open to Public Inspection
Employer id	lentification numbe
36-219360	8

OMB No. 1545-0047

1

the IRS, or for which t	<ul> <li>2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter</li> <li>3 Enter total number of other organizations or entities</li> </ul>								

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Schedule F (Form 990) 2012

(a) Name of organization

(b) IRS code section

and EIN (if applicable)

SHRINERS HOSPITALS FOR CHILDREN

(c) Region

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

(e) Amount

of cash grant

(f) Manner of

cash disbursement

(d) Purpose of

grant

(g) Amount of

non-cash

assistance

(h) Description

of non-cash

assistance

(i) Method of

valuation (book, FMV,

appraisal, other)

Schedule F (Form 990) 2012

(a) Type of grant or assistance

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Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16.

(d) Amount of

cash grant

(c) Number of

recipients

Part III can be duplicated if additional space is needed.

SHRINERS HOSPITALS FOR CHILDREN

(b) Region

Page 3

**(h)** Method of valuation (book, FMV, appraisal, other)

36 - 2193608

(e) Manner of

cash disbursement

(f) Amount of

non-cash

assistance

(g) Description of

non-cash assistance

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	Yes	X No
2	Did the organization have an interest in a foreign trust during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)</i>	Yes	X No

Schedule F (Form 990) 2012

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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; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

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 V

36-2193608

232075 12-10-12

## SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury	
Internal Revenue Service	

# Supplemental Information Regarding Fundraising or Gaming Activities

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

2012
Open To Public Inspection

OMB No. 1545-0047

#### Name of the organization

Name of the organization					Employer ide	entification number
					36-2193608	
Part I Fundraising Activities required to complete this part	• Complete if the organization answ t.	ered "Y	'es" to	o Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
<ul> <li>a X Mail solicitations</li> <li>b X Internet and email solicitations</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written key employees listed in Form 990, F</li> <li>b If "Yes," list the ten highest paid indications</li> </ul>	e X Solicita f Solicita g X Specia pr oral agreement with any individua Part VII) or entity in connection with p lividuals or entities (fundraisers) purs	ition of ition of I fundra I (inclue profess	non-g gover lising ding o ional 1	overnment grants nment grants events fficers, directors, true fundraising services?	stees or	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	have c or con	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
SHETNERS HOSPITALS FOR CHILDREN     Substantial Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990     required to complete this part.     Indicate whether the organization raised funds through any of the following activities. Check all that apply.     a X Mai solicitations     f Solicitation of non-government grants     g Solicitation of government grants     g Solicitation of government grants     g Solicitation arguments     d Solicitations     f Solicitation argument with any individual (including officers, directors, trustees or     key employees listed in Form 990, Part IV, line 17. Form 990, Part IV, line 17. Form 990, Part IV, line 17. Form 990, Part IV, increased at least \$5,000 by the organization.     (i) Name and address of individuals or entities (fundraiser) pursuant to agreements under which the fundraiser or     least \$5,000 by the organization.     (ii) Activity     Verse No     Solicitation of Verse No     Solicitation o						
DRIVE, CHICAGO, IL 60601	DIRECT MAIL SOLICITATION		X	3,209,251.	506,322.	2,702,929.
				3 200 251	E06 222	2 702 020
			<b>D</b> ution		,	2,702,929. egistration
	A HI ID IL IN IA KS KY LA M	E MD	мам	I MN MS		
WY						
LHA Paperwork Reduction Act Notice,	see the Instructions for Form 990	or 990	-EZ.		Schedule G (For	m 990 or 990-EZ) 2012
232081 01-07-13						

Pan	Δ	2

Pa	irt	e i	•		· · ·	
		of fundraising event contributions and gr			• ·	ts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
					20	(add col. <b>(a)</b> through
				FOOTBALL GAME	30 (total number)	col. <b>(c)</b> )
IUe			(event type)	(event type)	(total number)	
Revenue	4	Cross respirts	6,520,683.	3,116,823.	9,574,129.	19,211,635.
Re	1	Gross receipts	0,520,005.	5,110,025.	5,574,125.	19,211,033.
	2	Less: Contributions				
	-					
	3	Gross income (line 1 minus line 2)	6,520,683.	3,116,823.	9,574,129.	19,211,635.
	4	Cash prizes				
(0	5	Noncash prizes				
Direct Expenses						
çper	6	Rent/facility costs				
Ê	_	Food and have a set				
irec	7	Food and beverages				
	8	Entortainmont				
	9	Entertainment Other direct expenses		93,813.	288,171.	578,250.
	10					( 578,250)
						18,633,385.
11 Net income summary. Combine line 3, column (d), and line 10.         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.				
e			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue				bingo/progressive bingo		col. (a) through col. (c))
Sev						
	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses		Nenersh prizes				
Ϋ́	3	Noncash prizes				
ect	4	Rent/facility costs				
Ē	-					
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor				
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	()
	8	Net gaming income summary. Combine line 1	l, column d, and line 7		►	
		ter the state(s) in which the organization opera				
		the organization licensed to operate gaming ac				Yes No
b	) If "	No," explain:				
10-		we any of the examination's seminal licenses w	wakad avapandad ar ta	reprinted during the tax	(00)	
		ere any of the organization's gaming licenses re			ycai (	Yes No
D D	, 11	Yes," explain:				
					<b></b>	
2320	82 0	1-07-13			Schedule G (For	rm 990 or 990-EZ) 2012

Sch	edule G (Form 990 or 990-EZ) 2012 SHRINERS HOSPITALS FOR CHILDREN	36-219	3608		Page <b>3</b>
11	Does the organization operate gaming activities with nonmembers?			Yes	No No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?			Yes	
13	Indicate the percentage of gaming activity operated in:				
	a The organization's facility		13a		%
	An outside facility		13b		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and record				
	Name				
	Address				
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?			Yes	No No
ł	o If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amou	Int			
	of gaming revenue retained by the third party $\blacktriangleright$ \$				
C	and res, enter name and address of the third party.				
	Name				
	Address ►				
16	Gaming manager information:				
	Name				
	Gaming manager compensation 🕨 \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
47					
	Mandatory distributions:				
č	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?			Yes	🗌 No
	Denter the amount of distributions required under state law to be distributed to other exempt organizations or spent in			103	
•	organization's own exempt activities during the tax year <b>&gt;</b> \$	i uie			
Pa	<b>ITTIV</b> Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, colur	nns (iii)	and (v	), and	Part III,
_	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional info				
2320	83 01-07-13 Schedule ( 34	۶ (Form	990 d	or 990	-EZ) 2012
• -	51				

14220709 144584 67151 2012.04000 SHRINERS HOSPITALS FOR CHIL 671511

SCHEDULE H
(Form 990)

OMB No. 1545-0047

L

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.

Open to Public Inspection

							opeor		
Nam	e of the organization					Employer ident	ificati	on nu	mber
		S HOSPITALS FOR				36-2193608			
Pa	rt I Financial Assistance	and Certain Ot	her Commu	nity Benefits at	Cost				
								Yes	No
1a	Did the organization have a financia	l assistance policy	during the tax ye	ar? If "No," skip to c	question 6a		1a	х	
b	If "Yes," was it a written policy? If the organization had multiple hospital facilities	indicate which of the fol	lowing best describes	application of the financial	assistance policy to its	various hospital	1b	X	
2	facilities during the tax year.								
	Applied uniformly to all hospit	al facilities		ied uniformly to mos	t hospital facilities	6			
	Generally tailored to individua	l hospital facilities							
3	Answer the following based on the financial assi			-		-			
а	Did the organization use Federal Po	•			• • •				
	If "Yes," indicate which of the follow				e care:		3a	X	
	L 100% 150% L			300 %					
b	Did the organization use FPG as a fa			-					
	of the following was the family incor						3b	X	
	<b>□</b> 200% <b>□</b> 250% □	300%			her %	6			
С	If the organization used factors othe								
	determining eligibility for free or disc other threshold, regardless of incom		•	-		asset test or			
4	Did the organization's financial assistance policy					d care to the	-	77	
							4	X	
	Did the organization budget amounts for						5a	X	x
	If "Yes," did the organization's finan						5b		
С	If "Yes" to line 5b, as a result of bud						<b>F</b> -		
6.	care to a patient who was eligible fo						5c 6a	x	
	Did the organization prepare a comr						6b	X	
D	If "Yes," did the organization make i Complete the following table using the workshee						do		
7	Financial Assistance and Certain Ot	· ·		The submit these workshe	ets with the Schedule H.				
-	Financial Assistance and	(a) Number of	(b) Persons	(C) Total	(d) Direct	(e) Net	(f)	Percent	t of
Me	ans-Tested Government Programs	activities or programs (optional)	served (optional)	community benefit expense	offsetting revenue	community benefit expense	tot	al exper	ise
	Financial Assistance at cost (from								
	Worksheet 1)			504,438,605.	90,235,650.	414,202,955.		65.63	18
b	Medicaid (from Worksheet 3,			, ,	, ,	. ,			
	column a)								
с	Costs of other means-tested								
	government programs (from								
	Worksheet 3, column b)								
d	Total Financial Assistance and								
	Means-Tested Government Programs			504,438,605.	90,235,650.	414,202,955.		65.63	1%
	Other Benefits								
е	Community health								
	improvement services and								
	community benefit operations								
	(from Worksheet 4)								
f	Health professions education								
	(from Worksheet 5)								
g	Subsidized health services								
	(from Worksheet 6)								
	Research (from Worksheet 7)			23,721,610.		23,721,610.		3.7	68
i	Cash and in-kind contributions	1 1		1			1		

 i Cash and in-kind contributions for community benefit (from Worksheet 8)
 23,721,610.
 23,721,610.
 3.76%

 j Total. Other Benefits
 23,721,610.
 23,721,610.
 3.76%

 k Total. Add lines 7d and 7j
 528,160,215.
 90,235,650.
 437,924,565.
 69.37%

232091 12-10-12 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

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 Schedule H (Form 990) 2012
 SHRINERS HOSPITALS FOR CHILDREN
 36-2193608
 Page

 Part II
 Community Building Activities Complete this table if the organization conducted any community building activities during the

	tax year, and describe in Par	t VI how its commu	unity building activ	vities promote	d the healt	h of the	communities it serve	s.		
		(a) Number of activities or programs (optional)	<b>(b)</b> Persons served (optional)	(C) Total community building exper	(d) Direct offsetting revenu ise		ue (e) Net community building expense		(f) Percent of total expense	
1	Physical improvements and housing									
2	Economic development									
3	Community support									
4	Environmental improvements	rovements								
5	Leadership development and									
	training for community members									
6	Coalition building									
7	Community health improvement									
	advocacy									
8	Workforce development									
9	Other							+		
10   Dai	Total rt III Bad Debt, Medicare, a	R Collection P	racticos							
			actices						Yes	No
	ection A. Bad Debt Expense									110
1	Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15?									x
2	Enter the amount of the organization							1		
2	•	•	•			2				
3	methodology used by the organizat Enter the estimated amount of the o					2		-		
3	patients eligible under the organizat	•	•		tha					
	methodology used by the organizat									
						3				
4	<b>5</b> 1 <b>5</b> 1						-			
4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.										
Sect	ion B. Medicare		contained in the a		Cial Staten	ients.				
5		edicare (including l	DSH and IME)			5				
6	Enter total revenue received from Medicare (including DSH and IME)       5         Enter Medicare allowable costs of care relating to payments on line 5       6							-		
7	Subtract line 6 from line 5. This is the surplus (or shortfall)							-		
8		ibe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit.								
0	Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6.									
	Check the box that describes the method used:									
	Cost accounting system	Cost to char	rae ratio	Other						
Sect	ion C. Collection Practices									
		debt collection poli	cy during the tax	vear?				9a		х
	<ul> <li>Did the organization have a written debt collection policy during the tax year?</li> <li>If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the</li> </ul>									
	collection practices to be followed for pa							9b		
Pa	rt IV   Management Compar	nies and Joint	Ventures (owned	d 10% or more by	officers, direct	ors, trustee	es, key employees, and phys	sicians - se	ee instru	ctions)
	(a) Name of entity	(b) Des	scription of primar	y T	( <b>c)</b> Organiz	zation's	(d) Officers, direct-	(e) Pl	nysicia	ins'
		ac	tivity of entity		profit % o	r stock	ors, trustees, or key employees'		ofit % o	or
					ownersh	nip %	profit % or stock		stock ership	07
							ownership %	Own	ersnip	70
		<u> </u>								
23209	2									
12-10-	-12						Schedule	H (Forn	n 990)	2012

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	I (Form 990) 2012		HOSPITALS	FOR	CHILDREN
Part V	Facility Informa	ation			

Page 3

Section A. Hospital Facilities (list in order of size, from largest to smallest)			surgica			oital					
	Ē	oital		pital	oital	Critical access hospital	ιţζ				
How many hospital facilities did the organization operate		dso	edic	hos	dso	sess	acil	ε			
during the tax year?18		Licensed hospita	General medical &	Children's hospita	h guir	al acc	Research facility	ER-24 hours	her		Facility
	-	Licen	Gene	Child	Teaching hospital	Critic	Rese	ER-24	ER-other	Other (describe)	reporting
Name, address, and primary website address 1 SHRINERS HOSPITAL FOR CHILDREN-CHICAG		-					-			Other (describe)	group
2211 NORTH OAK PARK AVENUE											
CHICAGO, IL 60707-3392											
	2	x		х	x		x				А
2 SHRINERS HOSPITAL FOR CHILDREN-CINCIN											
3229 BURNET AVENUE											
CINCINNATI, OH 45229-3095											
	2	х		х	х		х				А
3 SHRINERS HOSPITAL FOR CHILDREN-ERIE											
1645 WEST 8TH STREET										OUTPATIENT	
ERIE, PA 16505										AMBULATORY SURGICAL	
		_					х			CENTER & CLINIC	A
4 SHRINERS HOSPITAL FOR CHILDREN-GALVES											
815 MARKET STREET											
GALVESTON, TX 77550											
	2	x		х	x		x				A
5 SHRINERS HOSPITAL FOR CHILDREN-GREENV											
950 WEST FARIS ROAD											
GREENVILLE, SC 29605	,	x		x	x		x				A
6 SHRINERS HOSPITAL FOR CHILDREN-HONOLU											
1310 PUNAHOU STREET											
HONOLULU, HI 96826-1099											
		x		x	x		x				А
7 SHRINERS HOSPITAL FOR CHILDREN-HOUSTO											
6977 MAIN STREET											
HOUSTON, TX 77030-3701											
	2	х		х	х		х				А
8 SHRINERS HOSPITAL FOR CHILDREN-LEXING											
1900 RICHMOND ROAD											
LEXINGTON, KY 40502											
	2	x		Х	X		х				A
9 SHRINERS HOSPITAL FOR CHILDREN-L.A.											
3160 GENEVA STREET											
LOS ANGELES, CA 90020											
		x		х	X		x				A
11 SHRINERS HOSPITAL FOR CHILDREN-PHILAD											
3551 NORTH BROAD STREET											
PHILADELPHIA, PA 19140-4131	,	x		x	v		x				A
12 SHRINERS HOSPITAL FOR CHILDREN-PORTLA				<u>^</u>				-			-*1
3101 SW SAM JACKSON PARK RD.											
PORTLAND, OR 97239-3095											
	,	x		x	x		x				A
13 SHRINERS HOSPITAL FOR CHILDREN-SALT L		$\dashv$									
FAIRFAX ROAD AT VIRGINIA STREET											
SALT LAKE CITY, UT 84103											
		x		x	- v		x				А

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Schedule H (Form 990) 2012 SHRINERS HOSPITALS FOR CHILDREN									36-2193608	Page <b>3</b>
Part V Facility Information		_	_	-		-	-			
Section A. Hospital Facilities		g								
(list in order of size, from largest to smallest)		surgical			tal					
		<b>∞</b>	ங	_	Critical access hospital					
	 Licensed hospital	General medical	hospital	Teaching hospital	s PC	ility				
How many hospital facilities did the organization operate	hos	led	P P	hos	ces	Research facility	sır			
during the tax year?	- p	al π	en 's	ing	lac	5 F	ER-24 hours	er		Facility
	ens	ner	Children's	ach	tica	sea	-24	ER-other		reporting
Name, address, and primary website address	Ľ.	g	ပ်	Че	Ğ	Ъв	E	E	Other (describe)	group
14 SHRINERS HOSPITAL FOR CHILDREN-SHREVE										group
3100 SAMFORD AVENUE										
SHREVEPORT, LA 71103										
	x		х	x		x				A
15 SHRINERS HOSPITAL FOR CHILDREN-SPOKAN										
911 WEST 5TH AVENUE										
SPOKANE, WA 99204										
	Х		х	х		х				A
16 SHRINERS HOSPITAL FOR CHILDREN-ST. LO										
2001 S. LINDBERGH BOULEVARD										
ST. LOUIS, MO 63131-3597										
	X		х	X		х				A
17 SHRINERS HOSPITAL FOR CHILDREN-TAMPA	_									
12502 USF PINE DRIVE	_									
TAMPA, FL 33612-9499										
	X		х	X		X				A
18 SHRINERS HOSPITAL FOR CHILDREN-TWIN C	_									
2025 EAST RIVER PARKWAY	_									
MINNEAPOLIS, MN 55414	-									
19 SHRINERS HOSPITAL FOR CHILDREN-N. CAL	X		X	x		X				A
2425 STOCKTON BOULEVARD	_									
SACRAMENTO, CA 95817	_									
	-		x	x		x				A
	_									
		1			_					
							1			
							1			
										_
							1			
							1			
		<u> </u>								
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Schedule H (Form 990) 2012

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## Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

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

#### For single facility filers only: line number of hospital facility (from Schedule H, Part V, Section A)

			Yes	No
С	ommunity Health Needs Assessment (Lines 1 through 8c are optional for tax years beginning on or before March 23, 2012)			
1	During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health			
	needs assessment (CHNA)? If "No," skip to line 9	1		
	If "Yes," indicate what the CHNA report describes (check all that apply):			
ł				
I				
0	5			
	of the community			
(				
e				
1	Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority			
	groups			
9	The process for identifying and prioritizing community health needs and services to meet the community health needs			
	The process for consulting with persons representing the community's interests			
i	Information gaps that limit the hospital facility's ability to assess the community's health needs			
j	Other (describe in Part VI)			
2	Indicate the tax year the hospital facility last conducted a CHNA: 20			
3	In conducting its most recent CHNA, did the hospital facility take into account input from representatives of the community			
-	served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in			
	Part VI how the hospital facility took into account input from persons who represent the community, and identify the persons			
		3		
	the hospital facility consulted Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other	3		
4				
_	hospital facilities in Part VI	4		
5	Did the hospital facility make its CHNA report widely available to the public?	5		
	If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
ł				
I	Available upon request from the hospital facility			
0	Contraction Contractions Cont			
6	If the hospital facility addressed needs identified in its most recently conducted CHNA, indicate how (check all			
	that apply to date):			
á	Adoption of an implementation strategy that addresses each of the community health needs identified			
	through the CHNA			
I	Execution of the implementation strategy			
(				
1	Adoption of a budget for provision of services that address the needs identified in the CHNA			
9				
1				
י ק	U Other (describe in Part VI)			
7		_		
~	in Part VI which needs it has not addressed and the reasons why it has not addressed such needs	7		
8	Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA			
	as required by section 501(r)(3)?	8a		
	If "Yes" to line 8a, did the organization file Form 4720 to report the section 4959 excise tax?	8b		
0	If "Yes" to line 8b, what is the total amount of section 4959 excise tax the organization reported on Form 4720			
	for all of its hospital facilities? <b>\$</b>			

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Sch	nedule H (Form 990) 2012 SHRINERS HOSPITALS FOR CHILDREN	36-2193608	Pa	age <b>5</b>					
Pa	Part V Facility Information (continued) SHRINERS HOSPITAL FOR CHILDREN-GROUP A								
F	inancial Assistance Policy		Yes	No					
	Did the hospital facility have in place during the tax year a written financial assistance policy that:								
9	Explained eligibility criteria for financial assistance, and whether such assistance includes free or discounted care?		Х						
10	Used federal poverty guidelines (FPG) to determine eligibility for providing free care?	10	Х						
	If "Yes," indicate the FPG family income limit for eligibility for free care: 300 %								
	If "No," explain in Part VI the criteria the hospital facility used.								
11	Used FPG to determine eligibility for providing <i>discounted</i> care?	11	Х						
	If "Yes," indicate the FPG family income limit for eligibility for discounted care: $400$ %								
	If "No," explain in Part VI the criteria the hospital facility used.								
12	Explained the basis for calculating amounts charged to patients?	12	Х						
	If "Yes," indicate the factors used in determining such amounts (check all that apply):								
á	a X Income level								
ł	b Asset level								
Ċ	c Medical indigency								
C	d Insurance status								
e	e Uninsured discount								
f	f Medicaid/Medicare								
ç	g State regulation								
ł	h X Other (describe in Part VI)								
13	Explained the method for applying for financial assistance?	13	Х						
14	Included measures to publicize the policy within the community served by the hospital facility?			Х					
	If "Yes," indicate how the hospital facility publicized the policy (check all that apply):								
á	a The policy was posted on the hospital facility's website								
ł	<b>b</b> The policy was attached to billing invoices								
Ċ	<b>c</b> The policy was posted in the hospital facility's emergency rooms or waiting rooms								
C	d L The policy was posted in the hospital facility's admissions offices								
e	e The policy was provided, in writing, to patients on admission to the hospital facility								

#### Billing and Collections

The policy was available on request

Other (describe in Part VI)

f

g

15	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial		
	assistance policy (FAP) that explained actions the hospital facility may take upon non-payment?	15	Х
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax		
	year before making reasonable efforts to determine patient's eligibility under the facility's FAP:		
a	a Reporting to credit agency		
k	b Lawsuits		
c	c Liens on residences		
c	d Body attachments		
e	e Cher similar actions (describe in Part VI)		
17	Did the hospital facility or an authorized third party perform any of the following actions during the tax year before making		
	reasonable efforts to determine the patient's eligibility under the facility's FAP?	17	Х
	If "Yes," check all actions in which the hospital facility or a third party engaged:		
a	a Reporting to credit agency		
k	b Lawsuits		
c	c Liens on residences		
c	d Body attachments		
	e Other similar actions (describe in Part VI)		

Schedule H (Form 990) 2012

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Schedu	le H (Form 990) 2012 SHRINERS HOSPITALS FOR CHILDREN	36-2193608		Pa	ige <b>6</b>
Part	<b>V</b> Facility Information (continued) SHRINERS HOSPITAL FOR CHILDREN-GROUP A				
<b>18</b> Inc	licate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that				
ap	<u>ply)</u> :				
a	Notified individuals of the financial assistance policy on admission				
ь[	Notified individuals of the financial assistance policy prior to discharge				
<b>c</b> [	Notified individuals of the financial assistance policy in communications with the patients regarding the pat	tients' bills			
d	Documented its determination of whether patients were eligible for financial assistance under the hospital				
	financial assistance policy				
е [	Other (describe in Part VI)				
-	y Relating to Emergency Medical Care				
				Yes	No
<b>19</b> Dic	the hospital facility have in place during the tax year a written policy relating to emergency medical care that re	ouires the			
	spital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless				
	gibility under the hospital facility's financial assistance policy?		19		х
Ch			15		
If "	No," indicate why:				
	X       The hospital facility did not provide care for any emergency medical conditions				
b L	The hospital facility's policy was not in writing				
c L	The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in l	Part VI)			
	Other (describe in Part VI)				
	ges to Individuals Eligible for Assistance under the FAP (FAP-Eligible Individuals)				
	licate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FA	AP-eligible			
Г	lividuals for emergency or other medically necessary care.				
aL	The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum a	imounts			
Г	that can be charged				
b L	The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculated commercial insurance rates when calculate	ulating			
Г	the maximum amounts that can be charged				
c L	The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged				
dL	X Other (describe in Part VI)				
	ring the tax year, did the hospital facility charge any of its FAP-eligible individuals, to whom the hospital facility				
pro	ovided emergency or other medically necessary services, more than the amounts generally billed to individuals w	vho had			
ins	urance covering such care?	L	21		X
lf "	Yes," explain in Part VI.				
<b>22</b> Du	ring the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge	e for any			
sei	rvice provided to that individual?	L	22		x
	Yes," explain in Part VI.	_			

Schedule H (Form 990) 2012

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i ugo	

Schedule H (Form 990) 2012 SHRINERS HOSPITALS FOR CH	ILDREN	36-2193608
Part V Facility Information (continued)		
Section C. Other Health Care Facilities That Are Not Licensed, F	Registered, or Similarly Recognized	d as a Hospital Facility
(list in order of size, from largest to smallest)		
How many non-hospital health care facilities did the organization ope	rate during the tax year?	0
Name and address	Type of Facility (desc	cribe)
		5100/

Schedule H (Form 990) 2012

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Complete this part to provide the following information.

- Required descriptions. Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and 1 Part V, Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.
- 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.
- 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.).
- Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization 6 and its affiliates in promoting the health of the communities served.
- State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a 7 community benefit report.
- Facility reporting group(s). If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, 8 Section B, lines 1j, 3, 4, 5c, 6i, 7, 10, 11, 12h, 14g, 16e, 17e, 18e, 19c, 19d, 20d, 21, and 22.

PART I, LINE 3C: SHRINERS HOSPITALS FOR CHILDREN OFFERS SPECIALIZED

MEDICAL SERVICES PERTAINING TO ORTHOPAEDIC CONDITIONS BURNS SPINAL CORD

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

THESE CONDITIONS. SHRINERS HOSPITALS FOR CHILDREN REVIEWS THE PATIENT'S

"ABILITY TO PAY" USING THE FEDERAL POVERTY GUIDELINES SPECIFIED IN

SCHEDULE H. PART I. LINES 3A AND 3B. AND PROVIDES FREE OR DISCOUNTED CARE

PURSUANT TO THESE GUIDELINES. NEVERTHELESS, SHRINERS HOSPITALS FOR

CHILDREN WILL ALWAYS SERVE THESE SPECIALIZED NEEDS FOR ALL OF ITS

PATIENTS REGARDLESS OF THEIR "ABILITY TO PAY". AS SUCH SHRINERS

HOSPITALS FOR CHILDREN DID NOT APPLY ANY INCOME-BASED CRITERIA, ASSET

TEST, OR OTHER MEANS TEST OR THRESHOLD FOR PROVIDING FREE CARE TO PATIENTS

IN 2012.

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.

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# Page 8 Part VI Supplemental Information PART III, LINE 4: BAD DEBT EXPENSE IS NOT APPLICABLE TO SHRINERS HOSPITALS FOR CHILDREN, AND AS SUCH, IS NOT PART OF THE FOOTNOTES IN ITS FINANCIAL STATEMENTS. SHRINERS HOSPITALS FOR CHILDREN PROVIDES PATIENT CARE REGARDLESS OF THEIR ABILITY TO PAY. AS SUCH THERE ARE NO REVENUES AGAINST WHICH A BAD DEBT COULD ARISE. PART III, LINE 9B: SHRINERS HOSPITALS FOR CHILDREN PROVIDES PATIENT CARE REGARDLESS OF THEIR ABILITY TO PAY. AS SUCH, THERE IS NO DEBT COLLECTION POLICY. PART VI, LINE 2: SHRINERS HOSPITALS FOR CHILDREN PROVIDES PEDIATRIC, ORTHOPAEDIC, AND BURN CARE REGARDLESS OF THEIR ABILITY TO PAY. PART VI, LINE 3: SHRINERS HOSPITALS FOR CHILDREN POSTS ITS CHARITY CARE POLICY IN ADMISSION AREAS, EMERGENCY ROOMS, AND OTHER AREAS OF FACILITIES WHERE ELIGIBLE PATIENTS ARE LIKELY TO BE PRESENT, AND PROVIDES A COPY OF ITS POLICY TO PATIENTS AS PART OF THE INTAKE PROCESS AND WITH DISCHARGE MATERIALS. PART VI, LINE 4: SHRINERS HOSPITALS FOR CHILDREN (THROUGH THIS ENTITY AND ITS RELATED ENTITY) SERVE CHILDREN IN NEED OF SPECIALIZED ORTHOPAEDIC AND BURN CARE ACROSS THE ENTIRE UNITED STATES. PART V, LINE 8 FACILITY REPORTING GROUP A (CONTINUED ON ATTACHED)

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Part VI Supplemental Information

SCHEDULE H, PART VI, LINE 8. FACILITY REPORTING GROUP A

FACILITY 1 -- SHRINERS HOSPITAL FOR CHILDREN - CHICAGO

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

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

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

CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME

LEVEL AND FEDERAL POVERTY GUIDELINES.

FACILITY 2 -- SHRINERS HOSPITAL FOR CHILDREN-CINCINNAT

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

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

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

CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME

LEVEL AND FEDERAL POVERTY GUIDELINES.

FACILITY 3 -- SHRINERS HOSPITAL FOR CHILDREN-ERIE

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

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

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

CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME

LEVEL AND FEDERAL POVERTY GUIDELINES.

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FACILITY 4 -- SHRINERS HOSPITAL FOR CHILDREN-GALVESTON

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

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

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

CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME

LEVEL AND FEDERAL POVERTY GUIDELINES.

FACILITY 5 -- SHRINERS HOSPITAL FOR CHILDREN-GREENV

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

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

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

CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME

LEVEL AND FEDERAL POVERTY GUIDELINES.

FACILITY 6 -- SHRINERS HOSPITAL FOR CHILDREN-HONOLULU

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

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

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

CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME

LEVEL AND FEDERAL POVERTY GUIDELINES.

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Part VI Supplemental Information

FACILITY 7 -- SHRINERS HOSPITAL FOR CHILDREN-HOUSTON

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

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

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

CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME

LEVEL AND FEDERAL POVERTY GUIDELINES.

FACILITY 8 -- SHRINERS HOSPITAL FOR CHILDREN-LEXINGTON

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

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

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

CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME

LEVEL AND FEDERAL POVERTY GUIDELINES.

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

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

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

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

CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME

LEVEL AND FEDERAL POVERTY GUIDELINES.

FACILITY 10 -- SHRINERS HOSPITAL FOR CHILDREN-PHILADELP

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#### Page 8

#### Part VI Supplemental Information

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

#### BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

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

CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME

LEVEL AND FEDERAL POVERTY GUIDELINES.

FACILITY 11 -- SHRINERS HOSPITAL FOR CHILDREN-PORTLAND

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

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

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

CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME

LEVEL AND FEDERAL POVERTY GUIDELINES.

FACILITY 12 -- SHRINERS HOSPITAL FOR CHILDREN-SALT LAKE

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

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

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

CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME

LEVEL AND FEDERAL POVERTY GUIDELINES.

FACILITY 13 -- SHRINERS HOSPITAL FOR CHILDREN-SHREVEPOR

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

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## Part VI Supplemental Information

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

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

CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME

LEVEL AND FEDERAL POVERTY GUIDELINES.

FACILITY 14 -- SHRINERS HOSPITAL FOR CHILDREN-SPOKANE

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

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

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

CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME

LEVEL AND FEDERAL POVERTY GUIDELINES.

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

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

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

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

 ${\tt CLASSES}_{,}$  PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME

LEVEL AND FEDERAL POVERTY GUIDELINES.

FACILITY 16 -- SHRINERS HOSPITAL FOR CHILDREN-TAMPA

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

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

Schedule H (Form 990)

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AND INTERNAL POLICY.

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

CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME

LEVEL AND FEDERAL POVERTY GUIDELINES.

FACILITY 17 -- SHRINERS HOSPITAL FOR CHILDREN-TWIN CITY

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

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

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

CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME

LEVEL AND FEDERAL POVERTY GUIDELINES.

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

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

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

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

CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME

LEVEL AND FEDERAL POVERTY GUIDELINES.

Schedule H (Form 990)

232271 05-01-12

SCHEDULE I									OMB No. 15	45-0047
(Form 990)				d Other Assistance	-				201	12
				ts, and Individuals					20	12
Department of the Treasury Internal Revenue Service		Comp	lete if the organizatio	on answered "Yes" Attach to For	-	rt IV, line 21 or 22.			Open to I Inspec	
Name of the organizat								Employer iden		
Part I General Ir	SHRINERS HOSPI		JDREN					36	-219360	8
								-+:		
-	zation maintain records t		-						Yes	
2 Describe in Part	award the grants or assis IV the organization's pro	ocedures for moni	toring the use of grant	funds in the Unite	d States				1165	
	Id Other Assistance to					anization answered	(es" to Form 990, Part	IV. line 21, for a	anv	
	hat received more than \$		-							
1 (a) Name and ac	ddress of organization vernment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance		ose of gr ssistance	
AMERICAN ACADEMY SURGEONS - 6300 N ROSEMONT, IL 6001	NORTH RIVER ROAD -	36-2110592	501(C)(3)	40,000.	0.			SPONSORSHIP	GRANT	
MEDICAL COLLEGE C 1120 15TH STREET AUGUSTA, GA 30912		59-1892079	501(C)(3)	5,000.	0.			CONTRIBUTIO	N	
UNIVERSITY OF IOW 200 HAWKINS DR, 5 IOWA CITY, IA 522	5231 RCP	42-6004813	501(C)(3)	5,000.	0.			CONTRIBUTIO	N	
CHILDRENS HOSPITA 34TH ST AND CIVIC PHILADELPHIA, PA		23-1352166	501(C)(3)	5,040.	0.			CONTRIBUTIO	N	
FOUNDATION FOR TH CAMINO DEL RIO S SAN DIEGO, CA 921	STE 210	33-0415572	501(C)(3)	300,000.	٥.			CONTRIBUTIO	N	
3 Enter total numb	per of section 501(c)(3) a per of other organizations	s listed in the line	1 table	ne line 1 table					-	5.
LHA For Paperwork	Reduction Act Notice	, see the Instruct	tions for Form 990.					Schedule	l (Form 9	90) (20

Schedule I (Form 990) (2012)

SHRINERS HOSPITALS FOR CHILDREN

36-2193608

Page 2

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>(b)</b> Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> 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, Part III, column (b), 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	Compensation Information	I	OMB No. <sup>.</sup>	1545-00	)47			
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	10	)			
()	Compensated Employees		20	12	-			
	Complete if the organization answered "Yes" to Form 990, Part IV, line 23.		Open to	Publ	ic			
Department of the Treasury Internal Revenue Service	Attach to Form 990. See separate instructions.		Inspection					
Name of the organizatio	n	Employer ider	ntificati	on nu	mber			
	SHRINERS HOSPITALS FOR CHILDREN	36-21936	508					
Part I Question	s Regarding Compensation							
				Yes	No			
	iate box(es) if the organization provided any of the following to or for a person listed in Form	990,						
	line 1a. Complete Part III to provide any relevant information regarding these items.							
X First-class or o								
X Travel for com								
	cation and gross-up payments							
Discretionary	spending account Personal services (e.g., maid, chauffeur, o	chef)						
•	on line 1a are checked, did the organization follow a written policy regarding payment or		41-	x				
	provision of all of the expenses described above? If "No," complete Part III to explain		1b		<u> </u>			
	n require substantiation prior to reimbursing or allowing expenses incurred by all officers, dir			х				
trustees, and the C	EO/Executive Director, regarding the items checked in line 1a?		2	Λ				
3 Indicate which, if a	ny, of the following the filing organization used to establish the compensation of the organiz	ation's						
	ector. Check all that apply. Do not check any boxes for methods used by a related organization of the organizat							
	ation of the CEO/Executive Director, but explain in Part III.							
	compensation consultant							
	ther organizations	committee						
		Johnnittee						
4 During the year, die	any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing							
	elated organization:							
a Receive a severand	ce payment or change-of-control payment?		4a		х			
<b>b</b> Participate in, or re	ceive payment from, a supplemental nonqualified retirement plan?		4b	Х				
c Participate in, or re	ceive payment from, an equity-based compensation arrangement?		4c		Х			
If "Yes" to any of li	nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.							
	c)(3) and 501(c)(4) organizations must complete lines 5-9.							
5 For persons listed	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n						
contingent on the i								
					X			
	zation?		5b		X			
	r 5b, describe in Part III.							
-	n Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	n						
contingent on the I								
					X			
	zation?		6b		X			
	r 6b, describe in Part III.							
	in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments							
	es 5 and 6? If "Yes," describe in Part III		7		X			
	reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the							
	eption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X			
	id the organization also follow the rebuttable presumption procedure described in							
	n 53.4958-6(c)?		9					
LHA For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Schedule	e J (Forn	n 990	) 2012			

Schedule J (Form 990) 2012

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(()-(D)	in prior Form 990	
(1) JACK JONES	(i)	0.	0.	0.	0.	0.	0.	0.	
DIRECTOR	(ii)	158,870.	Ο.	0.	0.	0.	158,870.	0.	
(2) JOHN MCCABE	(i)	293,151.	Ο.	0.	17,000.	1,376.	311,527.	0.	
EXECUTIVE VICE PRESIDENT	(ii)	0.	Ο.	0.	0.	0.	0.	0.	
(3) KENNETH GUIDERA	(i)	458,045.	Ο.	0.	94,740.	5,307.	558,092.	0.	
CHIEF OF STAFF	(ii)	0.	Ο.	0.	0.	0.	0.	0.	
(4) PHILLIP GATES	(i)	428,500.	Ο.	0.	122,879.	2,848.	554,227.	0.	
CHIEF OF ANESTHESIA	(ii)	0.	Ο.	0.	0.	0.	0.	0.	
(5) DENNIS GROGAN	(i)	437,215.	0.	0.	1,099,446.	3,024.	1,539,685.	0.	
CHIEF OF STAFF	(ii)	0.	Ο.	0.	0.	0.	0.	0.	
(6) KIT SONG	(i)	607,942.	Ο.	0.	0.	5,612.	613,554.	0.	
CHIEF OF STAFF	(ii)	Ο.	Ο.	0.	0.	٥.	0.	0.	
(7) PETER ARMSTRONG	(i)	478,683.	Ο.	0.	72,584.	5,524.	556,791.	0.	
CHIEF OF STAFF	(ii)	Ο.	Ο.	0.	0.	٥.	0.	0.	
(8) RICHARD MCCALL	(i)	100,120.	Ο.	0.	488,271.	٥.	588,391.	0.	
FORMER CHIEF OF STAFF	(ii)	Ο.	Ο.	0.	0.	٥.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(i)								
	(ii)								
	(i)								
	(ii)								

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36-2193608

### SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service

# **Noncash Contributions**

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 CHIL	DREN		36-21	93608		
Pa	t I Types of Property				•			
		<b>(a)</b> Check if applicable	(b) Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	<b>(d</b> Method of d noncash contrib	etermin	•	:s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles	Х	4	99,114.	COST			
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 (MEDICAL EQUIP)	X	2	34,900.	COMPARABLE SALES	5		
26	Other ()							
27	Other ()							
28	Other 🕨 ( )							
29	Number of Forms 8283 received by the organiz							
	for which the organization completed Form 828	83, Part IV, I	Donee Acknowled	gement 29		i		
							Yes	No
30a	During the year, did the organization receive by							
	at least three years from the date of the initial of							
	the entire holding period?					30a		X
	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p					31		X
32a	Does the organization hire or use third parties of		•	· •				
	contributions?					32a		X
b	If "Yes," describe in Part II.							

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

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,

Schedule M (Form 990) (2012)

232141 12-20-12

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describe in Part II.

OMB No. 1545-0047 2 l **Open to Public** 

. Inspection

Employer identification number 36-2193608

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 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.	-EZ
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 NETWO	DRK 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	L CARE, BACKED BY THE SKILLS AND KNOWLEDGE OF THE	
STAFF IN 18 HOSPITZ	ALS, DELIVERS EXPERT, FAMILY-FOCUSED CARE AT NO	
CHARGE.		
AS A 501(C)3 NON-PR	ROFIT ORGANIZATION, SHRINERS HOSPITALS RELIES ON THE	
GENEROUS DONATIONS	OF SHRINERS AND THE GENERAL PUBLIC TO CARRY OUT OUR	
MISSION AND CHANGE	THE LIVES OF CHILDREN EVERY DAY. FOR MORE	
INFORMATION ABOUT	SUPPORTING SHRINERS HOSPITALS, PLEASE VISIT	
WWW.SHRINERSHQ.ORG	OR CALL 1-800-241-GIFT.	
FORM 990, PART V, 1	LINE 4B, LIST OF FOREIGN COUNTRIES:	
AUSTRALIA, AUSTRIA	, BELGIUM, BERMUDA,	
BRAZIL, BULGARIA, C	CANADA, CAYMAN ISLANDS,	
CHILE, CHINA, COLOR	MBIA, DENMARK,	
FINLAND, FRANCE, G	ERMANY, HONG KONG,	
INDIA, INDONESIA, I	IRELAND, ISRAEL,	
ITALY, JAPAN, SOUTH	H KOREA, LUXEMBOURG,	
MARSHALL ISLANDS, N	MEXICO, NETHERLANDS, NORWAY,	
PANAMA, PERU, POLAI	ND, QATAR,	
RUSSIA, SINGAPORE,	SOUTH AFRICA, SPAIN,	
	c, TAIWAN, UNITED KINGDOM, eduction Act Notice, see the Instructions for Form 990 or 990-EZ. Sched 56	ule O (Form 990 or 990-EZ) (2012)

14220709 144584 67151 2012.04000 SHRINERS HOSPITALS FOR CHIL 671511

Schedule O (Form 990 or 990-EZ) (2012)	Page <b>2</b>
Name of the organization SHRINERS HOSPITALS FOR CHILDREN	Employer identification number 36-2193608
URUGUAY	
FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION IS ORGANIZED AS A	
NONPROFIT CORPORATION WITH MEMBERS. MEMBERS HAVE THE RIGHT TO ELECT	
PERSONS BELONGING TO THE GOVERNING BODY, AND TO APPROVE SIGNIFICANT	
DECISIONS OF THE GOVERNING BODY. COMPENSATION IS NOT PROVIDED FOR BEING A	
MEMBER.	
FORM 990, PART VI, SECTION A, LINE 7A: THE ORGANIZATION HAS APPROXIMATELY	
1,400 MEMBERS WHOM ARE APPOINTED FROM THE TOTAL MEMBERSHIP OF SHRINERS	
INTERNATIONAL (A RELATED ORGANIZATION). MEMBERS MAY ELECT PERSONS ON THE	
ORGANIZATION'S GOVERNING BODY, AND MAY APPOVE SIGNIFICANT DECISIONS OF THE	
ORGANIZATION.	
FORM 990, PART VI, SECTION A, LINE 7B: UNDER THE BYLAWS OF THE	
ORGANIZATION, SIGNIFICANT DECISIONS OF THE GOVERNING BODY REQUIRE APPROVAL	
BY THE ORGANIZATION'S 1,400 MEMBERS (SUCH AS CHANGES TO THE BYLAWS, OR	
SIGNIFICANT RESTRUCTURING OR EXTRAORDINARY EVENTS). THE ORGANIZATION'S	
MEMBERS ALSO MAY ELECT PERSONS TO SERVE ON THE ORGANIZATION'S GOVERNING	
BODY. THE ORGANIZATION'S MEMBERS DO NOT HAVE CONTROL OVER THE GENERAL	
OPERATIONS OR FINANCIAL MATTERS OF THE ORGANIZATION. ELECTIONS ARE HELD	
ANNUALLY BY THE MEMBERS AT VARYING LOCATIONS IN THE U.S VOTING IS	
DECIDED WITH SIMPLE MAJORITY, WHERE EACH MEMBER'S VOTE IS EQUAL WEIGHTED.	
ELECTED PERSONS SERVE A THREE-YEAR TERM ON THE BOARD OF TRUSTEES, A	
ONE-YEAR TERM ON THE BOARD OF DIRECTORS, A ONE-YEAR TERM FOR THE	
ORGANIZATION'S PRESIDENT, AND A ONE-YEAR TERM FOR THE ORGANIZATION'S	
TREASURER. THE ORGANIZATION'S OFFICERS ARE NOT ELECTED, AND INSTEAD ARE	
HIRED BY COMMITTEE.	
232212 01-04-13 Sc 57	hedule O (Form 990 or 990-EZ) (2012)

14220709 144584 67151 2012.04000 SHRINERS HOSPITALS FOR CHIL 671511

<u>Schedule O (Form 990 or 990-EZ) (2012)</u>	Page <b>2</b>
Name of the organization	Employer identification number
SHRINERS HOSPITALS FOR CHILDREN	36-2193608

FORM 990, PART VI, SECTION B, LINE 11: A FULL VERSION OF FORM 990 AS FILED

WITH THE IRS IS MADE AVAILABLE TO EACH VOTING MEMBER OF THE GOVERNING BODY

AND/OR DESIGNATED COMMITTEE RESPONSIBLE FOR PERFORMING A REVIEW PROCESS

PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION HAS A WRITTEN

CONFLICT OF INTEREST POLICY AND ALL MEMBERS ARE REQUIRED TO DISCLOSE ANY

CONFLICTING INTERESTS OR STATE "NONE" ON THE ANNUAL CONFLICT OF INTEREST

FORM. POTENTIAL CONFLICTS ARE DETERMINED BY THE BOARD OF DIRECTORS. THE

PERSON(S) HAVING A POTENTIAL CONFLICT OF INTEREST ARE PROHIBITED FROM

PARTICIPATING IN DELIBERATIONS/DECISIONS IN THE TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15: A SALARY & 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 IX, LINE 11G, OTHER FEES:

PUBLIC RELATIONS & OTHER:

PROGRAM SERVICE EXPENSES

30,445,076.

5,782,104.

MANAGEMENT AND GENERAL EXPENSES
232212
01-04-13

Schedule O (Form 990 or 990-EZ) (2012)

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Schedule O (Form 990 or 990-EZ) (2012) Name of the organization SHRINERS HOSPITALS FOR CHILDREN		Employer identification num 36-2193608
FUNDRAISING EXPENSES	762,178.	
TOTAL EXPENSES	36,989,358.	
MEDICAL SERVICES:		
PROGRAM SERVICE EXPENSES	29,042,293.	
MANAGEMENT AND GENERAL EXPENSES	5,515,689.	
FUNDRAISING EXPENSES	727,060.	
TOTAL EXPENSES	35,285,042.	
AGENCY PERSONNEL SERVICES:		
PROGRAM SERVICE EXPENSES	978,107.	
MANAGEMENT AND GENERAL EXPENSES	185,761.	
FUNDRAISING EXPENSES	24,486.	
TOTAL EXPENSES	1,188,354.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL	A 73,462,754.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
CHANGE IN PENSION FUNDING OBLIGATION	-87,500,800.	
TRANSFERS TO RELATED ENTITIES	-56,615,463.	
CHANGE IN PATIENT TRANSPORTATION FUNDS HELD BY SHRIN	E	
TEMPLES	2,992,057.	
OTHER CHANGE IN FUNDS	-322,979.	
TOTAL TO FORM 990, PART XI, LINE 9	-141,447,185.	
FORM 990, PART XI, LINE 2C, AUDIT COMMITTEE OVERSIGH	T PROCESS:	
THE ORGANIZATION HAS NOT CHANGED (DURING THE CURRENT	YEAR) ITS	
OVERSIGHT PROCESS OR ITS SELECTION PROCESS REGARDING	THE COMMITTEE	

				Employer identification numbe
SHRINERS HOSPITALS FO	R CHILDREN			36-2193608
AND THE SELECTION OF THE INDEPENDENT ACCOUNT	NTANT.			
232212 01-04-13			Scho	dule O (Form 990 or 990-EZ) (201:
		60		FOR CHIL 671511

(Form 990) Department of the Treasury Internal Revenue Service

## **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990. See separate instructions.

OMB No. 1545-0047

2012 Open to Public Inspection

Name of the organization

SHRINERS HOSPITALS FOR CHILDREN

Employer identification number 36-2193608

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

<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity				<b>(f)</b> Direct controlling entity
PEDIATRIC ORTHOPEDIC & PROSTHETIC SERVICES -					
NORTHN CALIFORNIA, LLC - 27-221, 2425	1				
STOCKTON BLVD, SACRAMENTO, CA 95817	ORTHOPEDICS & PROSTHETICS	DELAWARE	869,767.	513,230.	Ю
PEDIATRIC ORTHOPEDIC & PROSTHETIC SERVICES -					
TAMPA, LLC - 45-2723185, 12502 USF PINE					
DRIVE, TAMPA, FL 33612-9499	ORTHOPEDICS & PROSTHETICS	DELAWARE	727,241.	596,742.	NO
	-				
	1				

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>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity		<b>g)</b> 512(b)(13) rolled ity?
				501(c)(3))		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		х
SHRINERS INTERNATIONAL - 36-2158164							
POST OFFICE BOX 31356	FOUNDED SHRINERS HOSPITALS						
TAMPA, FL 33631-3356	FOR CHILDREN	IOWA	501(C)(10)	N/A	NO		х
SHRINERS HOSPITALS FOR CHILDREN EMPLOYEE							
DISASTER RELIEF FUND - 26-3733381, 2900							
ROCKY POINT DRIVE, TAMPA, FL 33607	DISASTER RELIEF	DISTRICT OF COLUMBIA	501(C)(3)	9	NO		x

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

organizations treated as a partnership during the tax year.)

(b)

(c)

(d)

Part III

(a)

Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predomin (related,	nant income unrelated, om tax under	Share inc	ome end-of-		Share of end-of-year assets		Share of end-of-year assets		oortion- cations?	Code V-UB amount in be 20 of Schedu	) Ger DX <sup>ma</sup>	General or managing partner?		ntage rship
		foreign country)		sections	512-514)			as	Sels	Yes	No	K-1 (Form 10						
													$\rightarrow$					
				-									+					
Part IV Identification of Related Orgonizations treated as a co	ganizations Taxable rporation or trust duri	as a Corpo	<b>oration or Trust</b> (C year.)	Complete if t	he organizat	ion ansv	wered "Ye	s" to For	m 990, Pa	art IV, I	ine 34	because it ha	d one o	or mo	re rela	ted		
(a)			(b)	(c)	(d)		(e	)	(f)	)		(g)	(h	)	(i Sect	)		
Name, address, and E of related organizatio	IN	Primary activity		Legal domicile (state or	icile Direct contro		trolling Type of entit		ity Share of total			Share of end-of-year	Percer owner	ntage	512(b contr	o)(13) olled		
or related organizatio	11			foreign country)	entity	у	or tru	corp, S corp, income or trust)				assets	Owner	siip	enti	ty?		
															Yes	No		
													<u> </u>					
													1					

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related

(e)

(f)

(g)

(h)

(j)

(i)

(k)

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
1 During the tax year, did the organization engage in any of the following transaction						
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				. 1a		X
<b>b</b> Gift, grant, or capital contribution to related organization(s)				_ <b>1</b> b	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s)				. 1c		x
d Loans or loan guarantees to or for related organization(s)				. 1d	X	
e Loans or loan guarantees by related organization(s)				. <u>1e</u>		X
f Dividends from related organization(s)				. 1f		x
g Sale of assets to related organization(s)				. 1g		Х
h Purchase of assets from related organization(s)						Х
i Exchange of assets with related organization(s)				. 1i		Х
j Lease of facilities, equipment, or other assets to related organization(s)				. <b>1</b> j	X	
k Lease of facilities, equipment, or other assets from related organization(s)				l 1k		x
I Performance of services or membership or fundraising solicitations for related org	anization(s)			. 11		X
m Performance of services or membership or fundraising solicitations by related orga						X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization						X
o Sharing of paid employees with related organization(s)						X
p Reimbursement paid to related organization(s) for expenses				. 1p	x	
<b>q</b> Reimbursement paid by related organization(s) for expenses				. 1q	X	
r Other transfer of cash or property to related organization(s)				1r		x
s Other transfer of cash or property from related organization(s)						X
2 If the answer to any of the above is "Yes," see the instructions for information on						•
<b>(a)</b> Name of other organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount ii	nvolved		
(1) THE SHRINERS' HOSPITAL FOR CHILDREN	D	10,503,000.				
(2) SHRINERS INTERNATIONAL	J	5,103,571.				

(4)

(5)

(6)

(3) THE SHRINERS' HOSPITAL FOR CHILDREN

В

38,442,340.

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#### Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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

<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e Are a partners 501 (c orgs Yes	) all s sec. )(3) .? <b>No</b>	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(I Dispr tior alloca <b>Yes</b>	opor- ate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes NO	<b>(k)</b> Percentage ownership

Schedule R (Form 990) 2012

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Part VII Supplemental Informatio	ditional information for responses to questions on Schedule R (see instructions).
32165 12-10-12	Schedule R (Form 990) 65
20709 144584 67151	2012.04000 SHRINERS HOSPITALS FOR CHIL 671511