

Form **990**

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)

OMB No. 1545-0047

2012

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SHRINERS HOSPITALS FOR CHILDREN		D Employer identification number 36-2193608
	Doing Business As		E Telephone number (813) 281-0300
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 2,821,100,809.
	POST OFFICE BOX 31356		
City, town, or post office, state, and ZIP code TAMPA, FL 33631-3356		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: DOUGLAS MAXWELL 2900 ROCKY POINT DRIVE, TAMPA, FL 33607		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)	
J Website: ▶ HTTP://WWW.SHRINERSHQ.ORG/		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1925 M State of legal domicile: CO	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WE PROVIDE PEDIATRIC SPECIALTY CARE WITHOUT FINANCIAL OBLIGATION TO PATIENTS OR THEIR FAMILIES.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3 20	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 15	
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5 5307	
	6 Total number of volunteers (estimate if necessary)	6 5000	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0.	
b Net unrelated business taxable income from Form 990-T, line 34	7b 0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 197,275,442.	Current Year 202,387,056.
	9 Program service revenue (Part VIII, line 2g)	66,934,531.	90,235,650.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	669,350,342.	321,112,058.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	30,087,050.	22,979,284.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	963,647,365.	636,714,048.
Expenses	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.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	344,911,456.	344,874,313.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	6,638,399.	8,778,069.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 21,862,972.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	268,785,988.	277,342,114.
	18 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.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 7,907,745,025.	End of Year 8,301,573,544.
	21 Total liabilities (Part X, line 26)	959,112,907.	980,615,198.
	22 Net assets or fund balances. Subtract line 21 from line 20	6,948,632,118.	7,320,958,346.

Part II Signature Block

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

Sign Here	▶ Signature of officer		Date
	▶ DOUGLAS MAXWELL, PRESIDENT		Type or print name and title
Paid Preparer Use Only	Print/Type preparer's name NATHAN SMITH	Preparer's signature	Date
	Firm's name ▶ CBIZ KIRKLAND, RUSS, MURPHY & TAPP	Firm's EIN ▶ 27-3605969	Check if self-employed <input type="checkbox"/> PTIN P00543757
Firm's address ▶ 13577 FEATHER SOUND DRIVE, #400 CLEARWATER, FL 33762		Phone no. (727) 572-1400	

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: SEE SCHEDULE O

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 92,188,983. including grants of \$) (Revenue \$ 16,491,071.) 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.) (Revenue \$ 73,744,579.) TREATMENT OF ORTHOPAEDIC PATIENTS ADMISSIONS: 6,619. OUTPATIENT CLINIC VISITS: 189,532 AT 16 ORTHOPAEDIC HOSPITALS AND ONE HOSPITAL THAT SPECIALIZES IN BOTH ORTHOPAEDIC AND BURNS SERVICES. OUTPATIENT CLINIC SURGERIES: 9,434.

4c (Code:) (Expenses \$ 23,721,610. including grants of \$) (Revenue \$) MEDICAL RESEARCH IS CONDUCTED AND PROVIDES A STRONG, POSITIVE IMPACT ON THE CARE AND CURE OF CHILDREN WITH ORTHOPAEDIC PROBLEMS, BURN AND SPINAL CORD INJURIES. 104 RESEARCH PROJECTS WERE FUNDED, AND 21 RESEARCH FELLOWSHIPS WERE PROVIDED. SHRINERS HOSPITALS FOR CHILDREN IS COMMITTED TO THE SUSTAINED INVESTMENT IN CLINICALLY USEFUL RESEARCH SO THAT FUNDAMENTAL KNOWLEDGE CAN BE ACQUIRED, IMPROVING THE QUALITY OF LIFE FOR CHILDREN WITH ORTHOPAEDIC PROBLEMS, BURN AND SPINAL CORD INJURIES.

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 528,160,215.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

X

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

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

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

Section A. Governing Body and Management

Table with columns for question number, description, and Yes/No checkboxes. Questions include: 1a (voting members), 1b (independent members), 2 (family/business relationships), 3 (management delegation), 4 (governing documents), 5 (asset diversion), 6 (members/stockholders), 7a (governing body power), 7b (governance decisions), 8 (meeting documentation), 9 (unreachable officer).

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

Table with columns for question number, description, and Yes/No checkboxes. Questions include: 10a (local chapters), 10b (written policies), 11a (Form 990 distribution), 12a-c (conflict of interest policy), 13 (whistleblower policy), 14 (document retention), 15 (compensation review), 16a (joint venture investment), 16b (joint venture policy).

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed: AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JACK JONES DIRECTOR	15.00	X					0.	158,870.	0.	
(2) DOUGLAS MAXWELL PRESIDENT, TRUSTEE	35.00	X		X			18,000.	0.	0.	
(3) MICHAEL SEVERE DIRECTOR	5.00	X					0.	0.	0.	
(4) ALAN MADSEN CHAIRMAN	5.00	X		X			0.	49,300.	0.	
(5) JOHN CINOTTO FIRST V.P.	5.00	X		X			0.	0.	0.	
(6) DALE STAUSS SECOND V.P.	5.00	X		X			0.	0.	0.	
(7) JERRY GANTT SECRETARY	5.00	X		X			0.	0.	0.	
(8) CHRIS SMITH ASSISTANT SECRETARY	5.00	X		X			0.	0.	0.	
(9) GARY BERGENSKE DIRECTOR	5.00	X					0.	900.	0.	
(10) JIM CAIN DIRECTOR	5.00	X					0.	0.	0.	
(11) JEFFREY SOWDER DIRECTOR	5.00	X					0.	0.	0.	
(12) WAYNE LACHUT DIRECTOR	5.00	X					0.	0.	0.	
(13) JAMES SMITH DIRECTOR	5.00	X					0.	0.	0.	
(14) CHARLES CLAYPOOL TRUSTEE	5.00	X					0.	0.	0.	
(15) GARY DUNWOODY TRUSTEE	5.00	X					0.	0.	0.	
(16) RAOUL L. FREVAL TRUSTEE	5.00	X					0.	0.	0.	
(17) BOBBY SIMMONS TRUSTEE	5.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) PETER DIAZ TRUSTEE	5.00	X					0.	0.	0.	
(19) JAMES MCCONNELL TREASURER	5.00	X		X			3,570.	630.	0.	
(20) WILLIAM BAILEY DIRECTOR	5.00	X					0.	0.	0.	
(21) JOHN MCCABE EXECUTIVE VICE PRESIDENT	40.00				X		293,151.	0.	18,376.	
(22) KENNETH GUIDERA CHIEF OF STAFF	40.00					X	458,045.	0.	100,047.	
(23) PHILLIP GATES CHIEF OF ANESTHESIA	40.00					X	428,500.	0.	125,727.	
(24) DENNIS GROGAN CHIEF OF STAFF	40.00					X	437,215.	0.	1,102,470.	
(25) KIT SONG CHIEF OF STAFF	40.00					X	607,942.	0.	5,612.	
(26) PETER ARMSTRONG CHIEF OF STAFF	40.00					X	478,683.	0.	78,108.	
1b Sub-total							2,725,106.	209,700.	1,430,340.	
c Total from continuation sheets to Part VII, Section A							100,120.	0.	488,271.	
d Total (add lines 1b and 1c)							2,825,226.	209,700.	1,918,611.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **409**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
STARCOM MEDIAVEST GROUP INC 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, MECHANICSVILLE, VA 23116	MEDICAL SERVICES	6,518,128.
CERNER CORP, 2800 ROCKCREEK PKWY, NORTH KANSAS CITY, MO 64117	SOFTWARE MAINTENANCE	6,372,130.
UTMB AT GALVESTON 301 UNIVERSITY BLVD, GALVESTON, TX 77550	MEDICAL SERVICES	6,299,004.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **372**

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2012)

Part VIII Statement of Revenue

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b 1,416,032.				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 200,971,024.				
	g Noncash contributions included in lines 1a-1f: \$	134,014.				
	h Total. Add lines 1a-1f	202,387,056.				
	Program Service Revenue	2 a PATIENT SERVICE	Business Code 621110	90,235,650.	90,235,650.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		90,235,650.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		190,833,337.		190,833,337.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		38,285.		38,285.	
	6 a Gross rents	(i) Real	803,228.			
		(ii) Personal				
		b Less: rental expenses	0.			
		c Rental income or (loss)	803,228.			
	d Net rental income or (loss)		803,228.		803,228.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	2314087232.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	2183090533.	717,978.		
		c Gain or (loss)	130,996,699.	-717,978.		
	d Net gain or (loss)		130,278,721.		130,278,721.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	19,211,635.			
		b Less: direct expenses	578,250.			
c Net income or (loss) from fundraising events			18,633,385.		18,633,385.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a OTHER INCOME		900099	3,504,386.		3,504,386.	
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		3,504,386.			
12 Total revenue. See instructions.		636,714,048.	90,235,650.	0.	344,091,342.	

Part IX Statement of Functional Expenses

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

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

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

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	5,255,703.	2	6,625,642.
	3 Pledges and grants receivable, net	5,776,619.	3	8,645,395.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	18,143,097.	8	18,755,223.
	9 Prepaid expenses and deferred charges	4,955,391.	9	7,657,763.
	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.	10c 606,032,608.
	11 Investments - publicly traded securities	5,663,335,353.	11	6,015,404,955.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11	213,688,724.	13	241,391,907.
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	1,378,237,587.	15	1,397,060,051.
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,907,745,025.	16	8,301,573,544.	
Liabilities	17 Accounts payable and accrued expenses	229,218,190.	17	314,377,590.
	18 Grants payable		18	
	19 Deferred revenue	10,404,922.	19	14,071,728.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	36,706,503.	21	37,483,795.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	0.	24	63,000,000.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	682,783,292.	25	551,682,085.
	26 Total liabilities. Add lines 17 through 25	959,112,907.	26	980,615,198.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,632,700,282.	27	5,969,812,253.
	28 Temporarily restricted net assets	308,388,249.	28	320,177,402.
	29 Permanently restricted net assets	1,007,543,587.	29	1,030,968,691.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	6,948,632,118.	33	7,320,958,346.	
34 Total liabilities and net assets/fund balances	7,907,745,025.	34	8,301,573,544.	

Part XI Reconciliation of Net Assets

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

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	631,349,536.
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	7,320,958,346.

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2012)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

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

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

- The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)
- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
 - 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
 - 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
 - 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
 - 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
 - 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
 - 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
 - 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
 - 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
 - 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
 - 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
 - e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
 - f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
 - g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
 - h Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(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 organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2011 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(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 performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	%
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 **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

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

OMB No. 1545-0047

2012

Name of the organization

SHRINERS HOSPITALS FOR CHILDREN

Employer identification number

36-2193608

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

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

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(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 religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

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

Name of organization SHRINERS HOSPITALS FOR CHILDREN	Employer identification number 36-2193608
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/> <hr/>	\$ 4,750,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
_____	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

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

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

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

Name of organization SHRINERS HOSPITALS FOR CHILDREN	Employer identification number 36-2193608
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Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(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, and ZIP + 4	Relationship of transferor to transferee

(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, and ZIP + 4	Relationship of transferor to transferee

(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, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

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

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

Form for Part II Conservation Easements. Includes checkboxes for purposes of easements, a table for held easements at end of tax year (2a-2d), and questions about monitoring, expenses, and reporting.

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

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

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting works of art and assets, and amounts related to these items.

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____

- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

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

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

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

- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,340,401,648.	6,598,994,424.	6,299,536,273.	5,604,239,809.	8,060,241,165.
b Contributions					
c Net investment earnings, gains, and losses	830,356,472.	3,569,133.	696,982,199.	995,576,563.	
d Grants or scholarships					
e Other expenditures for facilities and programs	445,485,670.	262,161,909.	397,524,048.	300,280,099.	424,544,778.
f Administrative expenses					
g End of year balance	6,725,272,450.	6,340,401,648.	6,598,994,424.	6,299,536,273.	5,604,239,809.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 80.00 %
 - b Permanent endowment 15.00 %
 - c Temporarily restricted endowment 5.00 %
- The percentages in lines 2a, 2b, and 2c should equal 100%.

- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------------------------|-------------------------------------|
| (i) unrelated organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| (ii) related organizations | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | <input type="checkbox"/> | <input type="checkbox"/> |

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		18,138,235.		18,138,235.
b Buildings		792,976,017.	323,333,268.	469,642,749.
c Leasehold improvements		10,405,749.	8,290,766.	2,114,983.
d Equipment		284,842,177.	210,234,154.	74,608,023.
e Other		41,528,618.		41,528,618.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				606,032,608.

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

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

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

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

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

(a) Description	(b) Book value
(1) BENEFICIAL INTERESTS IN TRUSTS	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.
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	1,397,060,051.

Part X Other Liabilities. See Form 990, Part X, line 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 of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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:		
a	Net unrealized gains on investments	2a	508,408,901.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	-441,871.
c	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.

Part XII Reconciliation of Expenses per Audited Financial Statements With 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:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	578,250.
e	Add lines 2a through 2d	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:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	13,288,127.
c	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.

Part XIII Supplemental Information

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

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

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

FOR CHILDREN PERFORMS ITS PROGRAM SERVICES TO ACHIEVE ITS PRIMARY EXEMPT

PURPOSE.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES RECLASSIFIED FROM EXPENSES -578,250.

LIFE MEMBERSHIPS INCOME FROM CHANGE IN FUND BALANCE 136,379.

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 578,250.

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 = (38,442,340)

SHRINERS HOSPITALS FOR CHILDREN, A

CANADIAN CORPORATION = (5,616,428)

SHRINERS HOSPITALS FOR CHILDREN, A

MEXICAN CORPORATION = (8,064,336)

SUBTOTAL TRANSFERS : (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 HELD BY SHRINERS

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

ESTIMATED FUTURE PAYMENTS TO BE PAID TO THE DESIGNATED BENEFICIARIES.

DEFERRED INCOME IS RECOGNIZED ON GIFTS TO SHRINERS HOSPITALS FOR CHILDREN

Part XIII Supplemental Information (continued)

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

THE ESTIMATED TIME PERIOD UNTIL THE DONOR'S DEATH.

Multiple horizontal lines for supplemental information.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

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

OMB No. 1545-0047

2012

Open to Public
Inspection

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

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

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

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

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

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
MEXICO	1	350	FUNDING TO HOSPITAL SHRINERS PARA NINOS, A RELATED NONPROFIT ORGANIZATION.		13,834,541.
CANADA	1	250	FUNDING TO SHRINERS HOSPITALS FOR CHILDREN RELATED NONPROFIT ORGANIZATION.		5,616,428.
3 a Sub-total	2	600			19,450,969.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	2	600			19,450,969.

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report. (see Instructions for Form 5713)* Yes No

Schedule F (Form 990) 2012

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; 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 II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		PAPER CRUSADE (event type)	FOOTBALL GAME (event type)	30 (total number)	
Revenue	1 Gross receipts	6,520,683.	3,116,823.	9,574,129.	19,211,635.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	6,520,683.	3,116,823.	9,574,129.	19,211,635.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	196,266.	93,813.	288,171.	578,250.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(578,250)
	11 Net income summary. Combine line 3, column (d), and line 10				18,633,385.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

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

Part I Financial Assistance and Certain Other Community Benefits at Cost

		Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	1a	X	
b If "Yes," was it a written policy?	1b	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities			
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.			
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing <i>free</i> care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care:	3a	X	
<input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>300</u> %			
b Did the organization use FPG as a factor in determining eligibility for providing <i>discounted</i> care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:	3b	X	
<input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %			
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.			
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	4	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	5a	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	5b		X
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?	5c		
6a Did the organization prepare a community benefit report during the tax year?	6a	X	
b If "Yes," did the organization make it available to the public?	6b	X	

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

Financial Assistance and Means-Tested Government Programs	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
a Financial Assistance at cost (from Worksheet 1)			504,438,605.	90,235,650.	414,202,955.	65.61%
b Medicaid (from Worksheet 3, column a)						
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			504,438,605.	90,235,650.	414,202,955.	65.61%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			23,721,610.		23,721,610.	3.76%
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
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%

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

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

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

Name, address, and primary website address	Licensed hospital	General medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 SHRINERS HOSPITAL FOR CHILDREN-CHICAG 2211 NORTH OAK PARK AVENUE CHICAGO, IL 60707-3392	X		X	X		X				A
2 SHRINERS HOSPITAL FOR CHILDREN-CINCIN 3229 BURNET AVENUE CINCINNATI, OH 45229-3095	X		X	X		X				A
3 SHRINERS HOSPITAL FOR CHILDREN-ERIE 1645 WEST 8TH STREET ERIE, PA 16505						X			OUTPATIENT AMBULATORY SURGICAL CENTER & CLINIC	A
4 SHRINERS HOSPITAL FOR CHILDREN-GALVES 815 MARKET STREET GALVESTON, TX 77550	X		X	X		X				A
5 SHRINERS HOSPITAL FOR CHILDREN-GREENV 950 WEST FARIS ROAD GREENVILLE, SC 29605	X		X	X		X				A
6 SHRINERS HOSPITAL FOR CHILDREN-HONOLU 1310 PUNAHOU STREET HONOLULU, HI 96826-1099	X		X	X		X				A
7 SHRINERS HOSPITAL FOR CHILDREN-HOUSTO 6977 MAIN STREET HOUSTON, TX 77030-3701	X		X	X		X				A
8 SHRINERS HOSPITAL FOR CHILDREN-LEXING 1900 RICHMOND ROAD LEXINGTON, KY 40502	X		X	X		X				A
9 SHRINERS HOSPITAL FOR CHILDREN-L.A. 3160 GENEVA STREET LOS ANGELES, CA 90020	X		X	X		X				A
11 SHRINERS HOSPITAL FOR CHILDREN-PHILAD 3551 NORTH BROAD STREET PHILADELPHIA, PA 19140-4131	X		X	X		X				A
12 SHRINERS HOSPITAL FOR CHILDREN-PORTLA 3101 SW SAM JACKSON PARK RD. PORTLAND, OR 97239-3095	X		X	X		X				A
13 SHRINERS HOSPITAL FOR CHILDREN-SALT L FAIRFAX ROAD AT VIRGINIA STREET SALT LAKE CITY, UT 84103	X		X	X		X				A

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

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

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

Table with 3 columns: Question, Yes, No. Rows include Community Health Needs Assessment questions 1 through 8b, with checkboxes for 'Yes' and 'No'.

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

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

Billing and Collections		Yes	No
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?		X
16	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine patient's eligibility under the facility's FAP:		
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in 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?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	<input type="checkbox"/> Reporting to credit agency		
b	<input type="checkbox"/> Lawsuits		
c	<input type="checkbox"/> Liens on residences		
d	<input type="checkbox"/> Body attachments		
e	<input type="checkbox"/> Other similar actions (describe in Part VI)		

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

- 18** Indicate which efforts the hospital facility made before initiating any of the actions listed in line 17 (check all that apply):
- a Notified individuals of the financial assistance policy on admission
 - b Notified individuals of the financial assistance policy prior to discharge
 - c Notified individuals of the financial assistance policy in communications with the patients regarding the patients' bills
 - d Documented its determination of whether patients were eligible for financial assistance under the hospital facility's financial assistance policy
 - e Other (describe in Part VI)

Policy Relating to Emergency Medical Care

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

	Yes	No
19		X

If "No," indicate why:

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

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

20 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.

- a The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged
- b The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged
- c The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged
- d Other (describe in Part VI)

21 During the tax year, did the hospital facility charge any of its FAP-eligible individuals, to whom the hospital facility provided emergency or other medically necessary services, more than the amounts generally billed to individuals who had insurance covering such care?

21		X
22		X

If "Yes," explain in Part VI.

22 During the tax year, did the hospital facility charge any FAP-eligible individuals an amount equal to the gross charge for any service provided to that individual?

If "Yes," explain in Part VI.

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II; Part III, lines 4, 8, and 9b; Part V, Section A; and 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.
- 4 Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.
- 8 Facility reporting group(s).** If applicable, for each hospital facility in a facility reporting group provide the descriptions required for Part V, 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.

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)

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.

Part VI Supplemental Information

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.

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

CLASSES, PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE BASED ON THEIR INCOME

LEVEL AND FEDERAL POVERTY GUIDELINES.

Part 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-PHILADELPHIA

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

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
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

Part VI Supplemental Information

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 I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

OMB No. 1545-0047

2012

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS - 6300 NORTH RIVER ROAD - ROSEMONT, IL 60018	36-2110592	501(C)(3)	40,000.	0.			SPONSORSHIP GRANT
MEDICAL COLLEGE OF GEORGIA 1120 15TH STREET AUGUSTA, GA 30912	59-1892079	501(C)(3)	5,000.	0.			CONTRIBUTION
UNIVERSITY OF IOWA 200 HAWKINS DR, 5231 RCP IOWA CITY, IA 52242	42-6004813	501(C)(3)	5,000.	0.			CONTRIBUTION
CHILDRENS HOSPITAL OF PHILADELPHIA 34TH ST AND CIVIC CTR BLVD PHILADELPHIA, PA 19104	23-1352166	501(C)(3)	5,040.	0.			CONTRIBUTION
FOUNDATION FOR THE CHILDREN CAMINO DEL RIO S STE 210 SAN DIEGO, CA 92108-3704	33-0415572	501(C)(3)	300,000.	0.			CONTRIBUTION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **5.**
- 3** Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) (2012)

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

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

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, 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.

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

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

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

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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2012

**Open to Public
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Department of the Treasury
Internal Revenue Service

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

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles	X	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 ▶ (<u>MEDICAL EQUIP</u>)	X	2	34,900.	COMPARABLE SALES
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

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

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

Schedule M (Form 990) (2012)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2012

Open to Public
Inspection

Name of the organization

SHRINERS HOSPITALS FOR CHILDREN

Employer identification number

36-2193608

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

SHRINERS HOSPITALS FOR CHILDREN OFFERS "CHARITY CARE" THROUGH AN

INTERNATIONAL NETWORK OF PEDIATRIC HOSPITALS DEDICATED TO PROVIDING

EXCELLENT PATIENT CARE, RESEARCH, AND EDUCATION FOR ORTHOPAEDIC

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

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

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

CHARGE.

...

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

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

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

INFORMATION ABOUT SUPPORTING SHRINERS HOSPITALS, PLEASE VISIT

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

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

AUSTRALIA, AUSTRIA, BELGIUM, BERMUDA,

BRAZIL, BULGARIA, CANADA, CAYMAN ISLANDS,

CHILE, CHINA, COLOMBIA, DENMARK,

FINLAND, FRANCE, GERMANY, HONG KONG,

INDIA, INDONESIA, IRELAND, ISRAEL,

ITALY, JAPAN, SOUTH KOREA, LUXEMBOURG,

MARSHALL ISLANDS, MEXICO, NETHERLANDS, NORWAY,

PANAMA, PERU, POLAND, QATAR,

RUSSIA, SINGAPORE, SOUTH AFRICA, SPAIN,

SWEDEN, SWITZERLAND, TAIWAN, UNITED KINGDOM,

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

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

232211
01-04-13

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

FORM 990, PART VI, SECTION A, LINE 7B: UNDER THE BYLAWS OF THE
ORGANIZATION, SIGNIFICANT DECISIONS OF THE GOVERNING BODY REQUIRE APPROVAL
BY THE ORGANIZATION'S 1,400 MEMBERS (SUCH AS CHANGES TO THE BYLAWS, OR
SIGNIFICANT RESTRUCTURING OR EXTRAORDINARY EVENTS). THE ORGANIZATION'S
MEMBERS ALSO MAY ELECT PERSONS TO SERVE ON THE ORGANIZATION'S GOVERNING
BODY. THE ORGANIZATION'S MEMBERS DO NOT HAVE CONTROL OVER THE GENERAL
OPERATIONS OR FINANCIAL MATTERS OF THE ORGANIZATION. ELECTIONS ARE HELD
ANNUALLY BY THE MEMBERS AT VARYING LOCATIONS IN THE U.S.. VOTING IS
DECIDED WITH SIMPLE MAJORITY, WHERE EACH MEMBER'S VOTE IS EQUAL WEIGHTED.
ELECTED PERSONS SERVE A THREE-YEAR TERM ON THE BOARD OF TRUSTEES, A
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

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

MANAGEMENT AND GENERAL EXPENSES 5,782,104.

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

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 OVERSIGHT PROCESS:

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

OVERSIGHT PROCESS OR ITS SELECTION PROCESS REGARDING THE COMMITTEE

RESPONSIBLE FOR THE OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS

232212
01-04-13

Name of the organization
SHRINERS HOSPITALS FOR CHILDREN

Employer identification number
36-2193608

AND THE SELECTION OF THE INDEPENDENT ACCOUNTANT.

Multiple horizontal lines for text entry.

Related Organizations and Unrelated Partnerships

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

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
PEDIATRIC ORTHOPEDIC & PROSTHETIC SERVICES - NORTH CALIFORNIA, LLC - 27-221, 2425 STOCKTON BLVD, SACRAMENTO, CA 95817	ORTHOPEDECS & PROSTHETICS	DELAWARE	869,767.	513,230.	NO
PEDIATRIC ORTHOPEDIC & PROSTHETIC SERVICES - TAMPA, LLC - 45-2723185, 12502 USF PINE DRIVE, TAMPA, FL 33612-9499	ORTHOPEDECS & PROSTHETICS	DELAWARE	727,241.	596,742.	NO

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

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

Part V Transactions With Related Organizations (Complete if the organization answered "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.

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

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE SHRINERS' HOSPITAL FOR CHILDREN	D	10,503,000.	
(2) SHRINERS INTERNATIONAL	J	5,103,571.	
(3) THE SHRINERS' HOSPITAL FOR CHILDREN	B	38,442,340.	
(4)			
(5)			
(6)			

