Form <b>990</b>	
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Department of the Treasury

Internal Revenue Service

## EXTENDED TO NOVEMBER 15, 2019 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

► Go to www.irs.gov/Form990 for instructions and the latest information.



A	For the	and a calendar year, or tax year beginning and and a	enaing				
B	Check if applicable	c Name of organization		D Employer identifi	cation number		
	Addres	SHRINERS HOSPITALS FOR CHILDREN					
	Name Change	Doing business as	36-23	193608			
	Initial return	E Telephone numbe	r				
	Final return/		81-0300				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		<b>G</b> Gross receipts \$	2,862,680,758.		
	Ameno return	<sup>led</sup> TAMPA, FL 33631-3356		H(a) Is this a group re	eturn		
	Application	F Name and address of principal officer: John McCABE		for subordinates	? Yes X No		
	pendin	<sup>g</sup> 2900 N ROCKY POINT DRIVE, TAMPA, FL 33607		H(b) Are all subordinates in	ncluded? Yes No		
		empt status: X 501(c)(3) 501(c) ( )◀ (insert no.) 4947(a)(1) o	or 🗌 527	If "No," attach a	list. (see instructions)		
<u>J</u>	Websit	e: > HTTP://WWW.SHRINERSHOSPITALSFORCHILDREN.ORG/		H(c) Group exemption	n number 🕨		
<u>K</u>	orm of	organization: 🕱 Corporation 📄 Trust 🦳 Association 📄 Other 🕨	L Year	of formation: 1925	A State of legal domicile: CO		
Pa	art I	Summary					
4	1	Briefly describe the organization's mission or most significant activities: WE PROV	VIDE PEDI	ATRIC SPECIALTY			
ő		CARE, REGARDLESS OF THE PATIENT OR FAMILIES ABILITY TO PAY.					
Governance	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	ed of more	than 25% of its net as	sets.		
ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	20		
5	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	17		
es	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)			5940		
Ż	6	Total number of volunteers (estimate if necessary)		6	5000		
Activities &	7 a `	Total unrelated business revenue from Part VIII, column (C), line 12			0.		
_	b	Net unrelated business taxable income from Form 990-T, line 38	·····		268,350.		
				Prior Year	Current Year		
ē	8	Contributions and grants (Part VIII, line 1h)		359,633,554.	428,230,235.		
Revenue	9	Program service revenue (Part VIII, line 2g)		143,530,710.	139,681,988.		
se	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		309,438,107.	353,307,162.		
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		25,695,990.	30,261,459.		
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		838,298,361.	951,480,844.		
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		44,508,948.	33,590,293.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		417,680,579.	428,771,660.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		9,860,956.	15,241,668.		
ã	. b	Total fundraising expenses (Part IX, column (D), line 25)		204 102 460	400 500 501		
ш	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		384,193,460.	406,580,561.		
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		856,243,943.	884,184,182.		
		Revenue less expenses. Subtract line 18 from line 12		-17,945,582.	67,296,662.		
ts or				ginning of Current Year	End of Year		
Net Assets	20	Total assets (Part X, line 16)		9,210,344,113. 949,741,369.	8,356,855,492. 766,142,539.		
let A	21	Total liabilities (Part X, line 26)		8,260,602,744.	7,590,712,953.		
	art II	Net assets or fund balances. Subtract line 21 from line 20		0,200,002,744.	1,390,112,953.		

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		JERRY GA							
		Type or prin	t name and title						
	Prin	it/Type prepar	er's name	Preparer's signature	Date	Check	k 🗌	PTIN	
Paid	ALIC	CIA BROWN				self-e	mployed	P01337755	5
Preparer	Firm	n's name 🕒	CBIZ MHM, LLC			Firm's EIN		27-360596	59
Use Only	Firm	n's address 🕨	13577 FEATHER SOUND DR.,	SUITE 400					
			Phone no.	727-5	72-1400				
May the I	RS di	scuss this re	eturn with the preparer shown abo	ve? (see instructions)				X Yes	No
								_ 0	

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Pa	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line 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	
-		s 🗴 No
	If "Yes." describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	s 🗵 No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	3.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses,	and
	revenue, if any, for each program service reported.	
4a	(Code:         ) (Expenses \$	81,988.
	STATE-OF-THE-ART MEDICAL CARE:	
	SHRINERS HOSPITALS FOR CHILDREN, COMPRISED OF A NETWORK OF HOSPITALS	
	(SEE SCHEDULE R), SERVES 179 COUNTRIES, TREATING MORE THAN 100,000	
	UNIQUE CHILDREN EACH YEAR. OUR ORGANIZATIONAL MISSION IS TO PROVIDE THE	
	HIGHEST QUALITY OF CARE TO CHILDREN WITHIN A COMPASSIONATE,	
	FAMILY-CENTERED AND COLLABORATIVE CARE ENVIRONMENT. OUR TEAM OF	
1         B           2         D           3         D           4         D           5         S           4         C	HIGHLY-SKILLED MEDICAL PROFESSIONALS ARE AMONG SOME OF THE MOST RECOGNIZED INDIVIDUALS IN THE FIELDS OF PEDIATRIC BURN CARE AND	
	PEDIATRIC ORTHOPEDIC CARE.	
	CONTINUED ON SCHEDULE O	
4b	(Code:) (Expenses \$ 27,408,068. including grants of \$) (Revenue \$)	
	RESEARCH:	
	SHRINERS HOSPITALS FOR CHILDREN PRIDES ITSELF ON THE WRAP-AROUND CARE	
	THAT IT PROVIDES TO PATIENTS AND FAMILIES. AS A HEALTH CARE SYSTEM WITH	
	22 LOCATIONS IN THE U.S., CANADA AND MEXICO (20 OPERATED BY THIS	
	ORGANIZATION), OUR STAFF IS DEDICATED TO IMPROVING THE LIVES OF	
	CHILDREN BY PROVIDING PEDIATRIC SPECIALTY CARE, CONDUCTING INNOVATIVE	
	RESEARCH, AND OFFERING OUTSTANDING TEACHING PROGRAMS FOR MEDICAL	
	PROFESSIONALS.	
	CONTINUED ON SCHEDULE O	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4d	Other program services (Describe in Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	
4e	Total program service expenses > 709,629,038.	
		<b>990</b> (201
	2 12-31-18 SEE SCHEDULE O FOR CONTINUATION(S)	

Form 990 (2018)

Part IV Checklist of Required Schedules

SHRINERS HOSPITALS FOR CHILDREN

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		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? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		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? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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?		_	
	If "Yes," complete Schedule D, Part IV	9	Х	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	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			v
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			х
لم	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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	11d	x	
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	x	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	TIE		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
120		12a		х
h	Schedule D, Parts XI and XII	120		
2	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	x	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	x	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X	
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	Х	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

832003 12-31-18

3 2018.04000 SHRINERS HOSPITALS FOR CH 326610\_1

Form 990 (2018)

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Form	990	(201)	ø

Page 4

			Yes	No						
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on									
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X						
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current									
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete									
	Schedule J	23	Х							
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the									
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete									
	Schedule K. If "No," go to line 25a									
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?									
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease									
	any tax-exempt bonds?	24c								
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d								
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit									
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X						
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and									
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete									
	Schedule L, Part I	25b		X						
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or									
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"									
	complete Schedule L, Part II	26		X						
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial									
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member									
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X						
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV									
	instructions for applicable filing thresholds, conditions, and exceptions):	28a		X						
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X						
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	28c		x						
	· · · · · · · · · · · · · · · · · · ·									
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	├──						
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation									
~	contributions? If "Yes," complete Schedule M	30		X						
31	Did the organization liquidate, terminate, or dissolve and cease operations?			x						
20	If "Yes," complete Schedule N, Part I	31								
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x						
20	Schedule N, Part II	32								
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	20	х							
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	- 25	<u> </u>						
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	24	х							
350	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	X	<u> </u>						
	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	358		<u> </u>						
a		35b	x							
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization?	000		<u> </u>						
50	If "Yes," complete Schedule R, Part V, line 2	36		x						
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization									
07	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x						
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?									
00	Note. All Form 990 filers are required to complete Schedule O	38	х							
Par			с <u> </u>							
	Check if Schedule O contains a response or note to any line in this Part V			X						
			Yes	No						
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 861									
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0									
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming									
	(gambling) winnings to prize winners?	1c	Х							
832004	12-31-18	Form	990	(2018)						

4

2018.04000 SHRINERS HOSPITALS FOR CH 326610\_1

Form	990 (2018) SHRINERS HOSPITALS FOR CHILDREN 36-219360	8	P	age <b>5</b>							
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)										
			Yes	No							
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,										
	filed for the calendar year ending with or within the year covered by this return 2a 5940										
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X								
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)										
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х								
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Х								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?										
b	If "Yes," enter the name of the foreign country:  SEE SCHEDULE 0										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		x							
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		x							
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c									
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit										
	any contributions that were not tax deductible as charitable contributions?	6a		x							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).										
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	х								
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х								
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required										
	to file Form 8282?	7c	х								
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d 2										
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		x							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		x							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		x							
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		x							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the										
•	sponsoring organization have excess business holdings at any time during the year?	8									
9	Sponsoring organizations maintaining donor advised funds.	-									
a	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A	9b									
10	Section 501(c)(7) organizations. Enter:										
	Initiation fees and capital contributions included on Part VIII, line 12 N/A										
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b										
11	Section 501(c)(12) organizations. Enter:										
	Gross income from members or shareholders N/A 11a										
	Gross income from other sources (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	124									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a									
u	<b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	Tou									
h	Enter the amount of reserves the organization is required to maintain by the states in which the										
, N	organization is licensed to issue qualified health plans										
c	Enter the amount of reserves on hand										
14a		14a		x							
	If "Yes," has it filed a Form 720 to report these payments? <i>If</i> "No," <i>provide an explanation in Schedule O</i>	14a		<u> </u>							
				<u> </u>							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		x							
	excess parachute payment(s) during the year?	15									
16		16		x							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	0		<u> </u>							
	If "Yes," complete Form 4720, Schedule O.		000	(2010)							

Form **990** (2018)

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 20	_		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent 17			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	Х	
7a				
	more members of the governing body?	7a	Х	
b				
	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
_	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b				
12a		12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b		15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
16a	taxable entity during the year?	16a		X
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
b	exempt status with respect to such arrangements?	16b		
b	exempt status with respect to such arrangements? tion C. Disclosure	16b		
b Sec	exempt status with respect to such arrangements?	16b		
b Sec 17	exempt status with respect to such arrangements? tion C. Disclosure	•	availat	ole
b Sec 17	exempt status with respect to such arrangements? <b>tion C. Disclosure</b> 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 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s for public inspection. Indicate how you made these available. Check all that apply.	•	availat	ole
b Sec 17	exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O)	; only) :		ole
b Sec 17 18	exempt status with respect to such arrangements? <b>tion C. Disclosure</b> 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 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s for public inspection. Indicate how you made these available. Check all that apply.	; only) :		ole
b	exempt status with respect to such arrangements? <b>Stion C. Disclosure</b> 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 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other ( <i>explain in Schedule O</i> ) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year.	; only) :		ble
b Sec 17 18 19	exempt status with respect to such arrangements? <b>Stion C. Disclosure</b> 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 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other ( <i>explain in Schedule O</i> ) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ▶	; only) :		ble
b <u>Sec</u> 17 18 19	exempt status with respect to such arrangements? <b>Stion C. Disclosure</b> 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 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other ( <i>explain in Schedule O</i> ) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ▶	; only) :		ble
b Sec 17 18	exempt status with respect to such arrangements? <b>Stion C. Disclosure</b> 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 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other ( <i>explain in Schedule O</i> ) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records ▶	; only) ; financ		

Form 990 (2	018) SHRINERS HOSPITALS FOR CHILDREN	36-2193608	Page 1
Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compension	sated	
	Employees, and Independent Contractors		
	Check if Schedule O contains a response or note to any line in this Part VII		
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
	a this table for all severe you used to be listed. Depend as severe the for the colorday your and is a with an		

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)	(B)	J			C)			(D)	(E)	(F)
Name and Title	Average Position Reportable				Reportable	Estimated				
	hours per	box	, unle	ss pei	rson i	s both	n an	compensation	compensation	amount of
	week		cer ar		Irecto	or/trus T	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations (W-2/1099-MISC)	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC)	(00-2/1099-00150)	from the organization
	organizations	ruste	Institutional trustee		yee	mpen		(₩-2/1033-10100)		and related
	below	dual t	utiona	-	Key employee	sst col	er			organizations
	line)	Indivi	Instit	Officer	Key e	Highest compensated employee	Former			
(1) JERRY G. GANTT	9.00									
PRESIDENT AND TRUSTEE	2.00	Х		Х				18,000.	٥.	0.
(2) JIM CAIN	40.00									
CHAIRMAN AND TRUSTEE	32.00	Х		Х				٥.	47,500.	0.
(3) JEFFREY SOWDER	9.00									
1ST VICE PRESIDENT AND TRUSTEE	7.00	Х		х				٥.	0.	0.
(4) JAMES R. SMITH	5.00									
2ND VICE PRESIDENT AND TRUSTEE	5.00	Х		х				٥.	0.	0.
(5) WILLIAM BAILEY	5.00									
SECRETARY	5.00	Х		Х				0.	0.	0.
(6) KENNETH CRAVEN	5.00									
ASSISTANT SECRETARY	5.00	Х		X				0.	0.	0.
(7) BRAD T. KOEHN	12.00									
TREASURER AND TRUSTEE	12.00	Х		X				0.	0.	0.
(8) RANDY RUDGE	5.00									
DIRECTOR	7.00	Х						0.	0.	0.
(9) JAMES E. STOLZE, JR.	5.00									
DIRECTOR	5.00	Х						0.	0.	0.
(10) RICHARD BURKE	5.00									
DIRECTOR	5.00	Х						0.	0.	0.
(11) KEVIN COSTELLO	5.00									
DIRECTOR	5.00	Х						0.	0.	0.
(12) LAWRENCE LEIB	5.00									
DIRECTOR	5.00	Х						0.	0.	0.
(13) MARK E. HARTZ	5.00									
DIRECTOR (8/1/18-12/31/18)	0.00	Х						0.	0.	0.
(14) GARY J. BERGENSKE	5.00									
DIRECTOR AND TRUSTEE	10.00	х						0.	47,500.	0.
(15) CHRIS SMITH	5.00									
DIRECTOR AND TRUSTEE(1/1/18-7/31/18)	7.00	х						0.	0.	0.
(16) PETER P. DIAZ	5.00									
TRUSTEE	2.00	х						0.	0.	0.
(17) SKIP D.F. STANAWAY	5.00									_
TRUSTEE	2.00	Х						0.	0.	0. Form <b>990</b> (2018)

Form 990 (2018)

7

Form 990 (2018) SHRINERS HOSPITALS FOR CHILDREN 36-2193									9360	8	Pa	ige <b>8</b>	
Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(da		Pos				Reportable	Reportable		Es	timate	d
	hours per	box	, unle	heck ı ss per	son i	s both	n an	compensation	compensatio	n	an	nount c	of
	week	offi	cer ar	nd a di	irecto	r/trus	tee)	from	from related	4		other	
	(list any	ctor						the	organization	s	com	pensat	ion
	hours for	r dire				ted		organization	(W-2/1099-MIS	SC)	fr	om the	9
	related	stee o	ustee			ensa		(W-2/1099-MISC)			org	anizati	on
	organizations	al trus	nal tr		oyee	e com					and	d relate	ed
	below	In dividual trustee or director	In stitutional	cer	ƙey employee	Highest compensated employee	Former				orga	nizatio	ons
	line)	Indi	Inst	Officer	Key	Emple	For						
(18) ANTHONY WEST TRUSTEE	5.00	x						0.		٥.			0
		~						· · ·		<u> </u>			0.
(19) JAMES DOEL	5.00												0
TRUSTEE	2.00	х						0.		0.			0.
(20) CHUCK PITTMAN	5.00												_
TRUSTEE	2.00	х						0.		0.			0.
(21) PAUL F. POULIN	5.00												0
TRUSTEE (8/1/18-12/31/18) (22) W. BRANDT BEDE	5.00	Х						0.		0.			0.
TRUSTEE (1/1/18-7/31/18)	2.00	х						0.		٥.			0.
(23) JOHN MCCABE	40.00	21								••			••
EXECUTIVE VICE PRESIDENT					x			623,528.		٥.		18 8	309.
(24) ALLISON SCOTT	40.00							, .		-		,	
ORTHOPEDIC SURGEON, ASST PROF						x		1,643,812.		٥.		31.4	495.
(25) PETER STASIKELIS	40.00											/	-
DIRECTOR OF SPINE PROGRAM						x		1,372,936.		٥.		41,6	531.
(26) MICHAEL AIONA	40.00												
ORTHOPEDIC SURGEON						х		1,005,834.		٥.	0. 31,64		549.
1b Sub-total								4,664,110.	95,	000.	123,58		584.
c Total from continuation sheets to Part VII								1,647,497.		Ο.		72,7	744.
d Total (add lines 1b and 1c)								6,311,607.	95,	000.	196,328.		328.
2 Total number of individuals (including but no							o re	eceived more than \$100,	000 of reportable	Э			
compensation from the organization													728
· · · · · · · · · · · · · · · · · · ·												Yes	No
<b>3</b> Did the organization list any <b>former</b> officer,	director, or tru	istee	e, ke	y en	nplo	yee,	or I	highest compensated er	nployee on	[			
line 1a? If "Yes," complete Schedule J for su	ich individual				·			•			3		Х
<ul><li>4 For any individual listed on line 1a, is the su</li></ul>											-		
and related organizations greater than \$150											4	х	
5 Did any person listed on line 1a receive or a	,		'								•		
rendered to the organization? If "Yes." com											5		х
Section B. Independent Contractors		2010	<u> </u>		JE/ 3	011 .					v		
1 Complete this table for your five highest cor	npensated ind	lepe	nde	nt co	ontra	actor	rs th	nat received more than \$	100.000 of com	pensat	ion fro	m	
the organization. Report compensation for t													
(A)								(B)			(0	;)	
Name and business	address							Description of s	ervices	С		isatior	า
UC REGENTS UC DAVIS MED CTR													
ONE SHIELDS AVE, DAVIS, CA 95616								MEDICAL SERVICES			10	613,5	521.
THE UNIVERSITY OF TEXAS MEDICAL													
301 UNIVERSITY BLVD, GALVESTON, TX 77	555							MEDICAL SERVICES			8	670,7	701.
PASADENA HOSPITAL ASSOCIATION													
100 W CALIFORNIA BLVD, PASADENA, CA 9	1109							MEDICAL SERVICES			5	734,1	101.
KENTUCKY MEDICAL SERVICES FOUNDATION													
PO BOX 587, LEXINGTON, KY 40586								MEDICAL SERVICES			3	447,6	530.
UNIVERSITY OF ILLINOIS, 506 S WRIGHT	ST,												
209 HAB MC399, URBANA, IL 61801								MEDICAL SERVICES			2	729,4	496 <b>.</b>
2 Total number of independent contractors (in	0	ot lin	nited	d to t	thos 71		ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz SEE PART VII, SECTION A CONTINU		TS			/ _	-					Form	<b>990</b> (2	018)
												(2	

832008 12-31-18

Form 990 SHRINERS HOS									36-21936	508
		nplo	yee			ligh	est (			(F)
(A) Name and title	<b>(B)</b> Average hours	(cl		<b>(C)</b> Position eck all that apply)		ly)	<b>(D)</b> Reportable compensation	(E) Reportable compensation	Estimated amount of	
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key em ployee	Highest com pensated em ployee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
27) DOUGLAS BARNES	40.00									
CHIEF OF STAFF	40.00					X		885,172.	0.	31,389
(28) SCOTT KOZIN CHIEF OF STAFF	40.00					x		762,325.	0.	41,355
		-								
		-								
otal to Part VII, Section A, line 1c								1,647,497.		72,74

832201 04-01-18

m 990 art V		Statement of Rever						08 Pag
		Check if Schedule O cont	ains a response	or note to any line	e in this Part VIII	. <u></u>		<u></u> [
					<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue exclu from tax und sections 512 - 514
2, 1	<b>a</b> Fe	ederated campaigns	1a					
uno I	<b>b</b> M	lembership dues		1,070,543.				
H (	<b>c</b> Fu	undraising events		49,666,497.				
	d Re	elated organizations						
		overnment grants (contribut		19,320,876.				
		ll other contributions, gifts, gran						
		milar amounts not included abo		358,172,319.				
2		oncash contributions included in lines			429 220 225			
σ	h To	otal. Add lines 1a-1f			428,230,235.			
	יח	ATIENT SERVICE		Business Code 621110	120 601 000	120 601 000		
2				021110	139,681,988.	139,681,988.		
an	b							
Neu								
č	u e							
		Il other program service reve	nue					
		otal. Add lines 2a-2f			139,681,988.			
3		vestment income (including						
		ther similar amounts)			172,879,040.			172,879,0
4		come from investment of ta						
5	Ro	oyalties		►	290,636.			290,6
			(i) Real	(ii) Personal				
6 6	<b>a</b> Gi	ross rents	18,089,771					
	<b>b</b> Le	ess: rental expenses	0					
	c Re	ental income or (loss)	18,089,771					
	d Ne	et rental income or (loss) .		►	18,089,771.			18,089,7
7 :	<b>a</b> G	ross amount from sales of	(i) Securities	(ii) Other				
	as	ssets other than inventory	2087945116	•				
	<b>b</b> Le	ess: cost or other basis		207 600				
		nd sales expenses	1907189304	, ,				
		ain or (loss)	180,755,812		100 400 100			100 400 1
		et gain or (loss)		····· ►	180,428,122.			180,428,1
8		ross income from fundraisin cluding \$49 , 666						
		ontributions reported on line						
		art IV, line 18		11 059 352				
	ble	ess: direct expenses		544,588.				
		et income or (loss) from fund		····· •	10,514,764.			10,514,7
		ross income from gaming a						. ,
		art IV, line 19		a				
1		ess: direct expenses						
		et income or (loss) from gan						
	<b>a</b> Gi	ross sales of inventory, less	returns					
	ar	nd allowances		3,686,390.				
1	<b>b</b> Le	ess: cost of goods sold	t	3,138,332.				
<u> </u>	c Ne	et income or (loss) from sale	s of inventory		548,058.			548,0
		Miscellaneous Revenu		Business Code				
11 :	a _							
	b _							
	c _							
		Il other revenue			818,230.			818,2
		otal. Add lines 11a-11d			818,230.	100 001 000	-	202 552 5
12	To	otal revenue. See instructions		🕨	951,480,844.	139,681,988.	0	. 383,568,6

10

SHRINERS HOSPITALS FOR CHILDREN

### Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Х Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b. Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 15,961,234 15,961,234 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 17,629,059. 17,629,059. Benefits paid to or for members 4 Compensation of current officers, directors, 5 660,337 trustees, and key employees 567,890. 92,447. Compensation not included above, to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 337,239,001 Other salaries and wages 301,933,136. 32,081,393. 3,224,472. 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 20,016,121 17,593,622. 2,231,393 191,106. 42,691,712. 48,548,478 5,393,349 463,417. Other employee benefits 9 22,307,723 19,607,702. 2,487,123 212,898. 10 Payroll taxes Fees for services (non-employees): 11 Management а b Legal С Accounting Lobbying d 15,241,668 15,241,668. Professional fundraising services. See Part IV, line 17 е Investment management fees 17,746,403. 1,420,416. 16,325,987. f Other. (If line 11g amount exceeds 10% of line 25, 123,743,471 96,109,333. 13,296,558. 14,337,580. column (A) amount, list line 11g expenses on Sch O.) 29,553,380 7,959,573, 269,392 21,324,415. Advertising and promotion 12 26,153,505 13,333,904. 6,108,393 6,711,208. 13 Office expenses 20,578,888 20,186,531 339,170. 53,187. Information technology 14 Royalties 15 16,468,736 15,775,799 692,937, 16 Occupancy 9,914,413, 2,260,778, 4,446,803 3,206,832. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 990,147. 1,336,781 329,531 17,103. Conferences, conventions, and meetings ..... 19 635,298, 215,258, 420,040 20 Interest Payments to affiliates 21 40,629,078 37,951,019, 2,678,059 22 Depreciation, depletion, and amortization ..... 5,388,310 5,251,982 136,328 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) MEDICAL SUPPLIES 79,762,217. 79,653,182. 103,433, 5,602. а PGA EVENT EXPENSES 12,085,485 8,513,715. 3,571,770. b PATIENT COSTS 4,213,672. 4,213,672. С 3,793,401 TAXES AND FEES ͲΡΡ 3,793,401. d 14.577.523 13,677,309, 742,457 157,757. All other expenses е 884,184,182, 709,629,038 105,836,129 68,719,015. Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

11

832010 12-31-18

Form 990 (2018)

Check here

educational campaign and fundraising solicitation.

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

08550711 143399 326610

	1	Cash - non-interest-bearing			2,098,972.	1	3,323,387.
	2	Savings and temporary cash investments			22,470,231.	2	26,091,941.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			38,402,588.	4	32,229,710.
	5	Loans and other receivables from current and	ormer offic	cers, directors,			
		trustees, key employees, and highest compens	ated empl	loyees. Complete			
		Part II of Schedule L				5	
	6	Loans and other receivables from other disqua	lified perso	ons (as defined under			
		section 4958(f)(1)), persons described in sectio	n 4958(c)(3	3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501(c	:)(9) voluntary			
ŝ		employees' beneficiary organizations (see instr	). Complet	e Part II of Sch L		6	
Assets	7	Notes and loans receivable, net				7	
Š	8	Inventories for sale or use			19,338,184.	8	11,071,159.
	9	Prepaid expenses and deferred charges			8,505,159.	9	24,779,342.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,365,033,229.			
	b	Less: accumulated depreciation	10b	694,708,427.	682,012,190.	10c	670,324,802.
	11	Investments - publicly traded securities			6,594,861,367.	11	5,980,012,981.
	12	Investments - other securities. See Part IV, line			287,764,255.	12	303,548,563.
	13	Investments - program-related. See Part IV, line	11		23,098,956.	13	24,257,039.
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			1,531,792,211.	15	1,281,216,568.
	16	Total assets. Add lines 1 through 15 (must eq	ual line 34)	)	9,210,344,113.	16	8,356,855,492.
	17	Accounts payable and accrued expenses		319,753,614.	17	262,421,560.	
	18	Grants payable				18	
	19	Deferred revenue			22,967,561.	19	6,627,551.
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete	40,273,461.	21	41,810,014.		
ŝ	22	Loans and other payables to current and forme					
liti		key employees, highest compensated employe	es, and di	squalified persons.			
Liabilities						22	
-	23	Secured mortgages and notes payable to unre	lated third	parties		23	
	24	Unsecured notes and loans payable to unrelate	ed third pa	rties		24	
	25	Other liabilities (including federal income tax, p	ayables to	related third			
		parties, and other liabilities not included on line	es 17-24). (	Complete Part X of			
		Schedule D			566,746,733.	25	455,283,414.
	26	Total liabilities. Add lines 17 through 25			949,741,369.	26	766,142,539.
		Organizations that follow SFAS 117 (ASC 95		here <b>b</b> X and			
es		complete lines 27 through 29, and lines 33 a			C 014 45C 440		6 050 004 050
anc	27	Unrestricted net assets			6,841,156,148.	27	6,258,891,953.
Bala	28				264,415,912.	28	194,156,000.
p	29				1,155,030,684.	29	1,137,665,000.
Εu		Organizations that do not follow SFAS 117 (	check here ▶				
o		and complete lines 30 through 34.					
Net Assets or Fund Balances	30	Capital stock or trust principal, or current fund				30	
Ass	31	Paid-in or capital surplus, or land, building, or e				31	
let.	32	Retained earnings, endowment, accumulated i			0.000.000.000	32	7 500 710 050
2	33	Total net assets or fund balances			8,260,602,744.	33	7,590,712,953.
	34	Total liabilities and net assets/fund balances			9,210,344,113.	34	8,356,855,492. Form <b>990</b> (2018)

SHRINERS HOSPITALS FOR CHILDREN

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

Cash - non-interest-bearing

36-2193608 Pa

**(B)** End of year

3,323,387.

**(A)** Beginning of year

2,098,972.

1

Page **11** 

Form 990 (2018)
Part X Balance Sheet

1

Form	990 (2018) SHRINERS HOSPITALS FOR CHILDREN	36-2193	608	Pa	<sub>ge</sub> 12
	rt XI Reconciliation of Net Assets				2-
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	951,	480,	844.
2	Total expenses (must equal Part IX, column (A), line 25)	2	884,	184,	182.
3	Revenue less expenses. Subtract line 2 from line 1	3	67,	296,	662.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	8,260,	602,	744.
5	Net unrealized gains (losses) on investments	5	-726,	269,	756.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8	4,	688,	967.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-15,	605,	664.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	7,590,	712,	953.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	D.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		х
	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:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. <b>2</b> b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. <b>3</b> b	000	(2010)
					$(n \cap 1 \circ)$

Form **990** (2018)

SCHEDULE A	SC	HE	DL	JLE	Α
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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047	
2018	

Open to Public Inspection

Nan	me of the organization Employer identification number								
_			RS HOSPITALS FO						36-2193608
Pa	art I	Reason for Public (	Charity Status (	All organizations must co	omplete th	is part.) Se	ee instructions	6.	
The	organi	zation is not a private found	ation because it is: (I	For lines 1 through 12, cl	heck only	one box.)			
1		A church, convention of ch	urches, or associatio	n of churches described	l in <b>sectio</b>	n 170(b)( <sup>-</sup>	1)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii). (	Attach Schedule E (Form	n 990 or 99	90-EZ).)			
3	X	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).		
4		A medical research organization	ation operated in co	njunction with a hospital	described	in sectio	n 170(b)(1)(A	)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (Complete Part II.)							
6	$\square$	A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).		
7	$\square$	An organization that norma						ne general r	oublic described in
		section 170(b)(1)(A)(vi). (C						5	
8		A community trust describe		(1)(A)(vi), (Complete Par	t II.)				
9	$\square$	An agricultural research org				ed in coniu	unction with a	land-grant	college
Ũ		or university or a non-land-g				-		-	-
		university:	frank conogo or agino			lame, eny	, and state of	and conlege	
10		An organization that norma	Ilv receives: (1) more	than 33 1/3% of its supr	oort from o	ontributio	ns members	hin fees an	d aross receipts from
10		activities related to its exem	•					-	•
		income and unrelated busir							-
		See section 509(a)(2). (Cor				500 2040		Janization e	
11		An organization organized a	• •	vely to test for public sat	fatu Saa	section 5	10(a)( <u>4</u> )		
12	H	An organization organized a						rny out the	nurnoses of one or
12		more publicly supported or	-	•	-			•	
			-						
_		lines 12a through 12d that	• ·					-	
а		<b>Type I.</b> A supporting orga	-	-	• • • •	-			
		the supported organization			majority c	of the aired	ctors or truste	es of the sl	ipporting
	_	organization. You must o	-						
b		<b>Type II.</b> A supporting org	-				-		-
		control or management o			ame perso	ns that co	ntrol or mana	ge the supp	oorted
		organization(s). You mus	-						
С		Type III functionally inte		•••				lly integrate	d with,
	. —	its supported organization		-					
C		Type III non-functionally	•					•	
		that is not functionally int	с с	<b>c</b>	•		-	an attentiv	/eness
		requirement (see instructi	-						
e		Check this box if the orga					Туре I, Туре	II, Type III	
		functionally integrated, or		nally integrated supporting	ng organiz	ation.			
f		er the number of supported o	•						
<u> </u>		vide the following information			(iv) is the ora:	anization listed	(v) Amount o	f waa awaa ka wax	(vi) Amount of other
	(1	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	support (see in	,	support (see instructions)
		organization		above (see instructions))	Yes	No	Support (See ii	istructions)	
Tota	al								
LHA	For P	aperwork Reduction Act N	lotice, see the Instr	uctions for Form 990 or	990-EZ.	832021 10-	11-18 Sche	dule A (For	m 990 or 990-EZ) 2018

14

<sup>2018.04000</sup> SHRINERS HOSPITALS FOR CH 326610\_1

## Schedule A (Form 990 or 990-EZ) 2018 SHRINERS HOSPITALS FOR CHILDREN

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.)

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
See	ction B. Total Support		_		_	_	_
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(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 VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
_	organization, check this box and stop						
See	ction C. Computation of Publi	c Support Pe	rcentage				
14	Public support percentage for 2018 (I					14	%
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2018. If the o	organization did n	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies		-				
b	<b>33 1/3% support test - 2017.</b> If the c	•					
	and <b>stop here.</b> The organization qual						
17a	10% -facts-and-circumstances test		-				
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"	-	-	• • • •	-		
b	10% -facts-and-circumstances test	- 2017. If the org	ganization did not	check a box on lin	e 13, 16a, 16b, or <sup>-</sup>	17a, and line 15 is	10% or
	more, and if the organization meets the						e
	organization meets the "facts-and-circ		° °		, ,, ,		▶∐
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17			
					Sche	edule A (Form 990	) or 990-EZ) 2018

832022 10-11-18

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Page **2** 

## Schedule A (Form 990 or 990 EZ) 2018 SHRINERS HOSPITALS FOR CHILDREN

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

(Complete only if you checked the box on line 10 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.)

Sec	ction A. Public Support	<u></u>					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
	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						
	Add lines 7a and 7b						
8 Sec	Public support. (Subtract line 7c from line 6.) ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10 <i>a</i>	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 VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization'	s first, second, thir	d, fourth, or fifth t	ax year as a section	n 501(c)(3) organi	zation,
_							
	ction C. Computation of Publi		•			<u> </u>	
	Public support percentage for 2018 (I			column (f))		15	%
	Public support percentage from 2017					16	%
	ction D. Computation of Inves					I	
17 18	Investment income percentage for <b>20</b> Investment income percentage from					17 18	<u>%</u>
	<b>33 1/3% support tests - 2018.</b> If the					· · · · ·	
	more than 33 1/3%, check this box ar						
b	<b>33 1/3% support tests - 2017.</b> If the						
~	line 18 is not more than 33 1/3%, che						
20	<b>Private foundation.</b> If the organization						
	23 10-11-18		, · -				0 or 990-EZ) 2018
			16			•	

2018.04000 SHRINERS HOSPITALS FOR CH 326610\_1

1

2

3a

3b

3c

4a

4b

4c

5a

Yes No

## Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and *if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If* "Yes," *provide detail in* **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

17

832024 10-11-18

Schedule A (Form 990 or 990-EZ) 2018

36-2193608 Page **5** 

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how			
		2		
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a	-		
5	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's	3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. <i>Complete</i> <b>line 2</b> below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> <b>line 3</b> <i>below.</i>			
c	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instr	ructions,		N
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
832025	5 10-11-18 Schedule A (Form 99	90 or 99	90-EZ)	2018

18

2018.04000 SHRINERS HOSPITALS FOR CH 326610\_1

	dule A (Form 990 or 990 EZ) 2018 SHRINERS HOSPITALS FOR CHILDREN			36-2193608 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifying other Type III per functionally integrated supporting organizations must a	•		Part VI.) See Instructions. A
Sect	other Type III non-functionally integrated supporting organizations must c		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
•	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functiona	ally integrated	Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2018

832026 10-11-18

instructions).

Pa	Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	Fage I
	ion D - Distributions		(***********	Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which th	e organization is responsive		
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
с	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in <b>Part VI.</b> See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

832027 10-11-18

Schedule A	(Form 990 or 990-EZ) 2018 SHRINERS HOSPITALS FOR CHILDREN	36-2193608	Page <b>8</b>
Part VI	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10; Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any a (See instructions.)	ines 1 and 2; Part IV, Section ; Part V, Section B, line 1e; Pa	n C,
	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	abadula A /Farm 000 ar 000	E7) 0041
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

Name	of the	organization
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mployer identific	ation number
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Name	e of the organization SHRINERS HOSPITALS FOR CHILI	DR F.N	Employer identification number 36-2193608
Par			
ı aı			Complete li the
	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
		(a) Donor advised funds	
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	0	
	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ac		-
	for charitable purposes and not for the benefit of the donor or		
D	impermissible private benefit?		
Par	t II Conservation Easements. Complete if the org	anization answered "Yes" on Form 9	90, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	ducation)	historically important land area
	Protection of natural habitat	Preservation of a	certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribution in the fo	orm of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
с	Number of conservation easements on a certified historic stru	cture included in (a)	<u>2</u> c
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on a historic str	ucture
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by	the organization during the tax
	year ►		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling	of
	violations, and enforcement of the conservation easements it	holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing o	conservation easements during the year
	▶		
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conse	ervation easements during the year
	▶\$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section	170(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		YesNo
9	In Part XIII, describe how the organization reports conservatio	n easements in its revenue and expe	nse statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizati	on's financial statements that describ	bes the organization's accounting for
	conservation easements.		
Par	t III Organizations Maintaining Collections of	Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue sta	atement and balance sheet works of art,
	historical treasures, or other similar assets held for public exhi	ibition, education, or research in furth	erance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC	C 958), to report in its revenue statem	nent and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:		-
	(i) Revenue included on Form 990, Part VIII, line 1		• • •
2	If the organization received or held works of art, historical trea		
-	the following amounts required to be reported under SFAS 11		
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
	Assets included in Form 990, Part X		

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
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Partial       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets	Sche		OSPITALS FOR CH						36-219		Pa	age <b>2</b>
cenck all that apply:       d       Loan or exchange programs         a       Police exhibition       d       Loan or exchange programs         b       Scholarly research       o       Other	Par	t III Organizations Maintaining C	ollections of Ar	t, Histori	cal Tre	asures, or	Other	<sup>.</sup> Similar	<sup>r</sup> Assets	contir	nued)	
a       Public schittion       d       □ an or exchange programs         b       Scholary research       e       □ Otter	3	Using the organization's acquisition, accessi	on, and other record	ls, check ar	y of the f	following that	are a sig	nificant u	se of its c	ollection	items	
b       Scholarly research       e       Other         c       Prevention for hubre generations       a control of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.         5       Uning the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets       to be solic or asset under starting that no be maintained as part of the organization answered "Yes" on Form 990, Part X, line 9, or reported an amount on form 990, Part X, line 21.         1a       Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Yes       X nount         1a       Is the organization angent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Amount       1a         1a       Is did to solaring the year       1a       1a       4mount       1a         2       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       X Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII       X       Yes       No         Child palance       17, 477, 660, 381, 6, 859, 255, 032, 6, 833, 070, 742, 7, 245, 316, 162, 7, 305, 707, 743.       X       Yes       No         D contributions       1, 22, 1, 477, 660, 381, 6, 8		(check all that apply):										
c       Preservation for future generations         4       Provide a description of the organization is collections and explain how they three the organization's exempt purpose in Part XIII.         5       During the year, did the organization is collections and explain how they three the organization's exempt purpose in Part XIII.         6       Provide a description of the organization is collection?       Yes       No         Part IV       Exercement 4C Statistical and amount on Form 900, Part X, line 21.       Is the organization an answered 'Yes' on Form 900, Part X, line 21.         16       Is the organization on Form 900, Part X, line 21.       Is the organization angement in Part XIII and complete the following table:       Yes       No         17       Yes, "explain the arrangement in Part XIII and complete the following table:       Indicate the table of the organization include an amount on Form 900, Part X, line 21, for escrow or custodial account liabity?       Xes       No         16       Indicate the organization answered 'Yes' on Form 990, Part X, line 21, for escrow or custodial account liabity?       Xes       No         17       Yes in plance       Indicate the arrangement in Part XIII.       Part V       Fondowner the arrangement in Part XIII.         2a Did the organization include an amount on Form 900, Part X, line 21, for escrow or custodial account liabity?       Xes       No         9art V       Endowment Funds.       Complete if the organization answered	а	Public exhibition	c	1 🗌 Lo	an or exc	hange prograi	ms					
<ul> <li>Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.</li> <li>During the year, did the organization alloit or receive donations of at, historical treasures, or other similar assets</li> <li>to be aud to raise funds rather than to be maintained as part of the organization's collection?</li> <li>Part W Escrow and Custodial Arrangements. Complete if the organization answered "Ves" on Form 980, Part X, line 9, or reported an amount on Form 980, Part X, line 21.</li> <li>Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21.</li> <li>Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X, line 21.</li> <li>Is the organization include an amount on Form 980, Part X, line 21. (or escrow or custodial account liability?</li> <li>A mount to be influe explanation include an amount on Form 980, Part X, line 21. (or escrow or custodial account liability?</li> <li>W Yes: walian the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.</li> <li>Berinning of year balance</li> <li>(a) Current vear (b) Prior vear back (c) Prover vears back (c) P</li></ul>	b	Scholarly research	e	e 🗌 Ot	ner							
5       During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets       No         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 980, Part IV, line 9, or reported an anount on Form 980, Part X, line 21.       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X (line 21.       Ives       X No         b       If "Yes," explain the arrangement in Part XIII and complete the following table:       Amount       Ice       Amount       Ice       Amount       Ice       Amount       Ice       Ice </th <td>с</td> <td>Preservation for future generations</td> <td></td>	с	Preservation for future generations										
To be sold to raise funds rather than to be maintained as part of the organization scalection?       Yes       No.         Part IV       Escrow and Custodial Arrangements. Complete if the organization answered 'Yes' on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.       14       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X       Ves       X       No         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Amount       Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21.       X       Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Image: Complete intermediary for contributions or other assets not included on Form 990, Part X, line 21.       Image: Complete intermediary for contributions or other assets not included an amount on Form 990, Part X, line 21. for escrow or custodial account liability?       Image: Complete intermediary for contributions or other assets not include an amount on Form 990, Part X, line 21.       Image: Complete intermediary for contributions or other assets not include an amount on Form 990, Part X, line 21.       Image: Complete intermediary for contributions or outstodial account liability?       Image: Complete intermediary for contributions or outstodial account liability?       Image: Complete intermediary for contributions or outstodial account liability?       Image: Complete intermediary for contributions or outstodial account liability?       Image: Complete intemediary for contributions or outstodiary for contrimati	4	Provide a description of the organization's co	ollections and explain	n how they	further th	ne organizatior	n's exem	npt purpos	se in Part	XIII.		
Part IV       Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on 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 is part X       Ves       X       No         b       If 'Yes,' explain the arrangement in Part XIII and complete the following table:       Additions during the year       1d	5	During the year, did the organization solicit o	r receive donations of	of art, histo	rical treas	sures, or other	r similar	assets				
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?         Ime 21.           1a         Is the organization include an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?         Ime 21.           1a         Image: Control of the part XII and complete the following table:         Image: Control of the part XII.         Ima												No
1a       Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X ///	Par			ete if the or	ganizatio	n answered "`	Yes" on	Form 990	, Part IV,	line 9, or		
on Form 990, Part X?		· · ·										
b       If 'Yes,' explain the arrangement in Part XIII and complete the following table: <b>A</b> mount <b>B B B B</b> <td< th=""><td><b>1</b>a</td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>_</td><td>-</td><td></td><td>-</td></td<>	<b>1</b> a								_	-		-
c       Beginning balance       Id         d       Additions during the year       Id         e       Distributions during the year       Id         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       IX       Yes       No         b       If "Yes," explain the arrangement in Part XIII. Check here if the explanation naws been provided on Part XIII.       IX       Yes       No         Part V       Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10.       IX       Yes       No       IX         1a       Beginning of year balance       Id       Id       Id       IX       Yes       No       IX         b       Contributions       Id       Id       Id       Id       Id       Id       Id       Id         ad programs       Id       Id <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td> L</td> <td>Yes</td> <td>X</td> <td>No</td>									L	Yes	X	No
c       Beginning balance       1c         d       Additions during the year       1c         d       Additions during the year       1c         d       Ending balance       1r         d       Distributions during the year       1r         d       Distributions during the year       1r         d       Did the organization include an amount on Form 990, Part X, line 21, for escorew or custodial account liability?       X         d       Did the organization answered 'Yes' on Form 990, Part X, line 10.       X       Yes       No         e       Distributions       7,477,660,881, 6,893,255,932, 4,693,070,742,7,453,16,162, 7,305,707,433.       Contributions       -374,792,161,922,744,387,478,266,581,934,968,808,263,100,355.         d       Grants or scholarships       -374,792,161,922,744,387,478,266,581,925,032,6,83,070,742,7,245,318,162.       263,100,355.         d       Grants or scholarships       -300,441,462,303,339,038,453,082,291,316,360,612,323,2489,628.       400 year balance         f       Administrative expenses       5,802,426,758.7,477,660,381.6,858,255,032.6,833,070,742.7,245,318,162.         g       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       80ard designated or quasi-adowment >	b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing tabl	e:							
d Additions during the year       id         e Distributions during the year       id         if       Ending balance         2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       X         Part V       Endowment FundS. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.         1a Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (c) Two years back       (c) Four years back       (										Amoun	t	
e       Distributions during the year       1e         f       Ending balance       2x       1c       1f         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ix       Yes       No         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       Ix       Yes       No         Part V       Endowment Funds.       Complete if the organization answered "Yes" on Form 990, Part IV, line 10.       Im												
f       Ending balance       If         2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       X       Yes       No         Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?       X       Yes       No         Did the organization include an amount on Form 990, Part X, line 10.       (a) Current vear       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back       (c) Two years back       (d) Three years back       (e) Four years back       (c) Two years back       (c) Ty 245, 245, 032.       (c) 830, 070, 742.       7, 245, 318, 162.       7, 477, 560, 381.       6, 858, 255, 032.       6, 833, 070, 742.       7, 245, 318, 162.       7,												
2a       Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account lability?       Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 10.         Part V       Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, line 10.       Image: Complete if the organization answered 'Yes' on Form 990, Part X, line 10.         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Contributions												
b       If Yes,* explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.       Image: Complete if the organization answered Yes' on Form 990, Part IV, line 10.         Image: I									v	Vee		1
Part V         Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.           1a         Beginning of year balance         (a) Current year         (b) Prior year         (c) Two years back.         (d) Three years back.         (e) Four years back.           1a         Beginning of year balance         7,477,660,381.         6,858,255,032.         6,833,070,742.         7,245,318,162.         7,305,707,433.           Contributions		-						ty?		_ res	x	] <b>NO</b> ]
Image: fight prior year balance       (a) Current year       (b) Prior year       (c) Two years back       (d) Three years back       (e) Four years back         1a       Beginning of year balance       7, 477, 660, 381.       6, 858, 255, 032.       6, 833, 070, 742.       7, 245, 318, 162.       7, 305, 707, 433.         b       Contributions       -374, 792, 161.       922, 744, 387.       478, 266, 581.       -95, 886, 808.       263, 100, 355.         c       Other expenditures for facilities and programs       -300, 441, 462.       303, 339, 038.       453, 082, 291.       316, 360, 612.       323, 489, 628.         f       Administrative expenses       -       <								0				<u> </u>
1a       Beginning of year balance       7,477,660,381,6,858,255,032,6,833,070,742,7,245,318,162,7,305,707,433,         b       Contributions       -374,792,161,922,744,387,478,266,581,-95,886,808,263,100,355,         c       Net investment earnings, gains, and losses       -374,792,161,922,744,387,478,266,581,-95,886,808,263,100,355,         d       Grants or scholarships       -300,441,462,303,339,038,453,082,291,316,360,612,323,489,628,         g       End of year balance       6,802,426,758,7,477,660,381,6,858,255,032,6,833,070,742,7,245,318,162,         g       End of year balance       6,802,426,758,7,477,660,381,6,858,255,032,6,833,070,742,7,245,318,162,         g       End of year balance       6,802,426,758,7,477,660,381,6,858,255,032,6,833,070,742,7,245,318,162,         g       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a         a       Board designated or quasi-endowment ▶       1.22 %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a       Are there endowment ▶       3a(0) X         3a       If Yees' on line 3a(i), are the related organizations isted as required on Schedule R?       3a(0) X       3a(0) X         b       I'ryee' on line 3a(i), are the related organization's endowment funds.       3a(0) X       3a(0) X       3a(0) X         3b       I'ryee' on line 3a(i), are the related organization's endowment funds.									ears hack		veare	hack
b       Contributions	19	Beginning of year balance										
c       Net investment earnings, gains, and losses       -374, 792, 161.       922, 744, 387.       478, 266, 581.       -95, 886, 808.       263, 100, 355.         d       Grants or scholarships       -300, 441, 462.       303, 339, 038.       453, 082, 291.       316, 360, 612.       323, 489, 628.         f       Administrative expenses					,		,	//	,	, , ,	,	
d Grants or scholarships			-374,792,161.	922.74	4,387.	478,266	.581.	-95,8	86,808.	263	100	355.
e       Other expenditures for facilities and programs       300,441,462.       303,339,038.       453,082,291.       316,360,612.       323,489,628.         f       Administrative expenses       6,802,426,758.       7,477,660,381.       6,858,255,032.       6,833,070,742.       7,245,318,162.         2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       Board designated or quasi-endowment ▶       92.51       %         b       Permanent endowment ▶       6.27       %        The percentages on lines 2a, 2b, and 2c should equal 100%.         3a       Are there endowment ▶       1.22       %        Yes       Yes         (i)       unrelated organizations       yes       yes       Yes       Yes       No         (ii)       related organizations       yes       yes       Yes       No       Yes       Yes       Yes       Yes       Yes       Yes       Yes       No       Yes       Ye			, ,	, ,	,	, ,	,	,	,	,		
and programs       300,441,462,       303,339,038,       453,082,291,       316,360,612,       323,489,628.         f Administrative expenses       6,802,426,758,       7,477,660,381,       6,858,255,032,       6,833,070,742,       7,245,318,162.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       a       a       a       a         a Board designated or quasi-endowment ▶       92,51       %       %       b       Permanent endowment ▶       92,51       %         b Permanent endowment ▶       6.27       %       %       The percentages on lines 2a, 2b, and 2c should equal 100%.         3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       (i) unrelated organizations       Yes       No         ii) related organizations												
f       Administrative expenses <ul> <li>f</li> <li>g</li> <li>End of year balance</li> <li>f</li> <l< th=""><td>-</td><td>· ·</td><td>300,441,462.</td><td>303,33</td><td>39,038.</td><td>453,082</td><td>,291.</td><td>316,3</td><td>60,612.</td><td>323</td><td>489,</td><td>628.</td></l<></ul>	-	· ·	300,441,462.	303,33	39,038.	453,082	,291.	316,3	60,612.	323	489,	628.
g End of year balance       6,802,426,758.       7,477,660,381.       6,858,255,032.       6,833,070,742.       7,245,318,162.         2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:       92.51       %         b Permanent endowment ▶       92.51       %         c Temporarily restricted endowment ▶       1.22       %         The percentages on lines 2a, 2b, and 2c should equal 100%.       3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:       (i) unrelated organizations       3a(i)       X         (i) unrelated organizations	f									`		
2       Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:         a       Board designated or quasi-endowment ▶			6,802,426,758.	7,477,60	50,381.	6,858,255	,032.	6,833,0	70,742.	7,245,	318,	162.
a Board designated or quasi-endowment ▶       92.51 %         b Permanent endowment ▶       6.27 %         c Temporarily restricted endowment ▶       1.22 %         The percentages on 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: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>b If "Yes" on line 3a(ii), are the related organization's endowment funds.</li> </ul> 4 Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.         Description of property       (a) Cost or other         basis (investment)       basis (other)         depreciation       30,143,419.         30,143,419.       30,143,419.         basis (investment)       882,541,972.       397,667,853.       484,874,119.         c Leasehold improvements       9,866,267.       8,515,500.       1,350,767.         c Equipment       350,167,899.       288,396,977.       61,770,922.         e Other       92,313,672.       128,097.       92,185,575.         Total. Add lines 1a through 1e. (Column (a) must equal Form 990, Part X, column (B), line 10c.)       670,324,80			rent year end balanc	e (line 1g, c	olumn (a	)) held as:	•					
c       Temporarily restricted endowment ▶       1.22       %         The percentages on 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:	а											
The percentages on 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: <ul> <li>(i) unrelated organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(ii) related organizations</li> <li>(iii) related organizations is listed as required on Schedule R?</li> <li>4 Describe in Part XIII the intended uses of the organization's endowment funds.</li> </ul> <li>Part VI Land, Buildings, and Equipment.</li> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.</li> <li>Description of property</li> <li>(a) Cost or other basis (other)</li> <li>(b) Cost or other basis (other)</li> <li>(c) Accumulated depreciation</li> <li>1a Land</li>	b	Permanent endowment  6.27	%									
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       3a(i)       X         (ii) related organizations       3a(ii)       X         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       30,143,419.       30,143,419.       30,143,419.         b Buildings       882,541,972.       397,667,853.       484,874,119.         c Leasehold improvements       9,866,267.       8,515,500.       1,350,767.         d Equipment       350,167,899.       288,396,977.       61,770,922.         e Other       92,313,672.       128,097.       92,185,575.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B). line 10c.)       670,324,802.	с	Temporarily restricted endowment	1.22 %									
by: (i) unrelated organizations (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. 1a Land b Buildings c Leasehold improvements c Leasehold improvements d Equipment e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) Complete if the organization and equipment (b) Cost or other basis (other) 0 Soft or other 0 Soft or other 0 Soft or Soft o		The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
(i)       unrelated organizations       3a(i)       x         (ii)       related organizations       3a(ii)       x         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3c         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3c       3c       3c         Part VI       Land, Buildings, and Equipment.       3c       3c       3c       3c         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (c) Accumulated depreciation       (d) Book value         1a       Land       3c       3c       3c       1c       3c       1c       1c       3c       1c       3c       1c	3a	Are there endowment funds not in the posse	ssion of the organiza	ation that a	e held ar	nd administere	ed for the	e organiza	ation			
(ii) related organizations       3a(ii) x         (ii) related organizations       3a(ii) x         b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b         4 Describe in Part XIII the intended uses of the organization's endowment funds.       3b         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (d) Book value         Description of property       (a) Cost or other basis (other)       (c) Accumulated depreciation         1a Land       30,143,419.       30,143,419.         b Buildings       882,541,972.       397,667,853.       484,874,119.         c Leasehold improvements       9,866,267.       8,515,500.       1,350,767.         d Equipment       350,167,899.       288,396,977.       61,770,922.         e Other       92,313,672.       128,097.       92,185,575.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       670,324,802.		by:									Yes	No
(ii)       related organizations       3a(ii)       X         b       If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?       3b       3b       3b       3b         4       Describe in Part XIII the intended uses of the organization's endowment funds.       3b       3c		(i) unrelated organizations								3a(i)		Х
4       Describe in Part XIII the intended uses of the organization's endowment funds.         Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (c) Accumulated depreciation         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       Land       30,143,419.       30,143,419.         b       Buildings       882,541,972.       397,667,853.       484,874,119.         c       Leasehold improvements       9,866,267.       8,515,500.       1,350,767.         d       Equipment       350,167,899.       288,396,977.       61,770,922.         e       Other       92,313,672.       128,097.       92,185,575.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       670,324,802.		(ii) related organizations								3a(ii)		Х
Part VI       Land, Buildings, and Equipment.         Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.       (c) Accumulated depreciation         Description of property       (a) Cost or other basis (investment)       (b) Cost or other basis (other)       (c) Accumulated depreciation         1a       1a       1a       30,143,419.       30,143,419.       30,143,419.         b       Buildings       882,541,972.       397,667,853.       484,874,119.         c       Leasehold improvements       9,866,267.       8,515,500.       1,350,767.         d       Equipment       350,167,899.       288,396,977.       61,770,922.         e       Other       92,313,672.       128,097.       92,185,575.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)       670,324,802.	b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	red on Sche	edule R?					3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation1a Land30,143,419.30,143,419.b Buildings882,541,972.397,667,853.484,874,119.c Leasehold improvements9,866,267.8,515,500.1,350,767.d Equipment350,167,899.288,396,977.61,770,922.e Other92,313,672.128,097.92,185,575.Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, column (B), line 10c.)670,324,802.	4			wment fun	ds.							
Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land30,143,419.30,143,419.30,143,419.b Buildings882,541,972.397,667,853.484,874,119.c Leasehold improvements9,866,267.8,515,500.1,350,767.d Equipment350,167,899.288,396,977.61,770,922.e Other92,313,672.128,097.92,185,575.Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, column (B), line 10c.)670,324,802.	Par											
basis (investment)         basis (other)         depreciation           1a Land         30,143,419.         30,143,419.           b Buildings         882,541,972.         397,667,853.         484,874,119.           c Leasehold improvements         9,866,267.         8,515,500.         1,350,767.           d Equipment         350,167,899.         288,396,977.         61,770,922.           e Other         92,313,672.         128,097.         92,185,575.           Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, column (B), line 10c.)         670,324,802.												
1a Land       30,143,419.       30,143,419.         b Buildings       882,541,972.       397,667,853.       484,874,119.         c Leasehold improvements       9,866,267.       8,515,500.       1,350,767.         d Equipment       350,167,899.       288,396,977.       61,770,922.         e Other       92,313,672.       128,097.       92,185,575.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, column (B), line 10c.)       670,324,802.		Description of property			• •		• •		ed	( <b>d</b> ) Boo	k value	÷
b Buildings       882,541,972.       397,667,853.       484,874,119.         c Leasehold improvements       9,866,267.       8,515,500.       1,350,767.         d Equipment       350,167,899.       288,396,977.       61,770,922.         e Other       92,313,672.       128,097.       92,185,575.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, column (B), line 10c.)       670,324,802.		Land		nent)		. ,	aep	reclation		20	1/2	410
c       Leasehold improvements       9,866,267.       8,515,500.       1,350,767.         d       Equipment       350,167,899.       288,396,977.       61,770,922.         e       Other       92,313,672.       128,097.       92,185,575.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, column (B). line 10c.)       670,324,802.							2	97 667	953			
d Equipment       350,167,899.       288,396,977.       61,770,922.         e Other       92,313,672.       128,097.       92,185,575.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.)       ►       670,324,802.							3					
e Other       92,313,672.       128,097.       92,185,575.         Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)       ►       670,324,802.							<u>ر</u>					
Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, column (B), line 10c.)							2					
				V och		, , ,						
	TOLA	- Aud miles ra tribugir re. (Column (a) must e	<u>qual Form 990, Part</u>	<u>, column i</u>	<u>., iine 1</u>				Schedule			

### Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

### Part VIII Investments - Program Related.

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

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

### Part IX Other Assets.

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

(a) Description	(b) Book value
(1) BENEFICIAL INTERESTS IN TRUSTS	509,442,303.
(2) ESTATES IN PROCESS	255,190,620.
(3) PATIENT TRANSPORTATION FUNDS	67,474,225.
(4) COLLATERAL CASH AND SECURITIES	429,663,070.
(5) RECEIVABLES FROM INCOME TRUSTS	2,471,469.
(6) INTERCOMPANY RECEIVABLES	16,974,881.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990. Part X. col. (B) line 15.)	1,281,216,568.

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LIABILITY UNDER SECURITIES LENDING	429,663,070.
(3) INTERCOMPANY PAYABLE	25,620,344.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total, (Column (b) must equal Form 990, Part X, col. (B) line 25.)	▶ 455,283,414.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2018

Sche	dule D (Form 990) 2018 SHRINERS HOSPITALS FOR CHILDREN			36-23	193608	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Statemer	nts With	Revenue per Ret	turn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	143,801	1,738.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a	-726,269,756.			
b	Donated services and use of facilities	2b				
с	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)		-62,899,308.			
е	Add lines 2a through 2d			2e	-789,169	9,064.
3	Subtract line 2e from line 1			3	932,970	0,802.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	17,741,118.			
b	Other (Describe in Part XIII.)	4b	768,924.			
с	Add lines 4a and 4b			4c	18,510	0,042.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	951,480	),844.
Pa	t XII Reconciliation of Expenses per Audited Financial Stateme	nts Witl	n Expenses per R	eturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.					
1	Total expenses and losses per audited financial statements			1	819,331	1,465.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
с	Other losses	2c				
d	Other (Describe in Part XIII.)		-768,924.			
е	Add lines 2a through 2d			2e	-768	3,924.
3	Subtract line 2e from line 1			3	820,100	),389.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	17,741,118.			
b	Other (Describe in Part XIII.)	4b	46,342,675.			
с	Add lines 4a and 4b			4c	64,083	3,793.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I, line 18.)			5	884,184	4,182.
Pa	t XIII Supplemental Information.					

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

PART IV, LINE 2B:

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

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

THE ESTIMATED TIME PERIOD UNTIL THE DONOR'S DEATH

PART V, LINE 4:

THE ENDOWMENT FUNDS (INCLUDING UNRESTRICTED FUND BALANCES) ARE A

SIGNIFICANT SOURCE OF SUPPORT FROM WHICH SHRINERS HOSPITALS FOR CHILDREN

832054 10-29-18

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Schedule D (Form 990) 2018

## SHRINERS HOSPITALS FOR CHILDREN 36-2193608 Schedule D (Form 990) 2018 Part XIII Supplemental Information (continued) PERFORMS ITS PROGRAM SERVICES TO ACHIEVE ITS PRIMARY EXEMPT PURPOSE. IN ADDITION, AS PATIENTS OFTEN COME TO SHRINERS HOSPITALS FOR CHILDREN AS AN INFANT AND REMAIN PATIENTS THROUGHOUT THEIR CHILDHOOD, A STRONG ENDOWMENT IS REQUIRED TO ENSURE FUNDS ARE AVAILABLE TO SUPPORT THE MISSION AND HEALTH NEEDS OF THE PATIENTS. PART XI, LINE 2D - OTHER ADJUSTMENTS: CHANGE IN PATIENT TRANSPORTATION FUNDS HELD BY SHRINE TEMPLES 639,854. CHANGE IN PENSION FUNDING OBLIGATION -12,289,555. CHANGE IN CHARITABLE GIFT ANNUITY -3,905,593. MISCELLANEOUS RECLASSIFIED TO EXPENSE -302,651. INTEREST EXPENSE -420,040. TAXES & FEES RELATED TO TPP RECLASSIFIED TO EXPENSE -3,793,401. FOREIGN CURRENCY EXCHANGE -27,713. INITIAL INVENTORY ADJUSTMENT -8,298,290. ASSET WRITE-OFF OR SETUP ADJUSTMENT -22,646. PRIOR PERIOD ADJUSTMENT 4,688,967. INTERCOMPANY GRANTS RECLASSIFIED TO EXPENSE -39,168,240. TOTAL TO SCHEDULE D, PART XI, LINE 2D -62,899,308.

PART XI, LINE 4B - OTHER ADJUSTMENTS:		
SPECIAL EVENT EXPENSES RECLASSIFIED FROM EXPENSES	-544,588.	
NET CAFETERIA REVENUE RECLASSIFIED FROM EXPENSES	548,058.	
OTHER REVENUE RECLASSIFIED FROM EXPENSES	765,454.	
TOTAL TO SCHEDULE D, PART XI, LINE 4B	768,924.	

PART XII, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2018

832055 10-29-18

Schedule D (Form 990) 2018 SHRINERS HOSPITALS FOR CHILDE	REN	36-2193608 Page
Part XIII Supplemental Information (continued)		
SPECIAL EVENT EXPENSES RECLASSIFIED FROM EXPENSES	544,588.	
NET CAFETERIA REVENUE RECLASSIFIED FROM EXPENSES	-548,058.	
OTHER REVENUE RECLASSIFIED FROM EXPENSES	-765,454.	
TOTAL TO SCHEDULE D, PART XII, LINE 2D	-768,924.	
PART XII, LINE 4B - OTHER ADJUSTMENTS:		
INTEREST EXPENSE	420,040.	
GRANTS TO OTHER SHRINERS HOSPITALS	33,528,293.	
TAXES & FEES RELATED TO TPP RECLASSIFIED FROM REVENUE	3,793,401.	
MISCELLANEOUS EXPENSE RECLASSIFIED FROM REVENUE	302,651.	
INITIAL INVENTORY ADJUSTMENT	8,298,290.	
TOTAL TO SCHEDULE D, PART XII, LINE 4B	46,342,675.	
		Schedule D (Form 990) 20

Schedule D (Form 990) 2018

832055 10-29-18

Department of the Treasury Internal Revenue Service	Go to y	www.irs.gov/Fc	Attach to Form 990. orm990 for instructions and the latest	information		Open to Public Inspection
Name of the organization		www.ii 3.gov/1 c			Employer ide	entification number
0						
SHRINERS HOSPITALS FOR					36-21936	
Form 990, Part I		ctivities Out	side the United States. Comple	te if the orgar	nization answere	ed "Yes" on
	,	n maintain recor	ds to substantiate the amount of its grar	nts and other	assistance,	
the grantees' eligibility for	or the grants or a	assistance, and	the selection criteria used to award the	grants or assis	stance?	X Yes No
0 Fax avantus alvana Daaa	uibe in Deut V/the			ananta and at		
<ol> <li>For grantmakers. Desc United States.</li> </ol>	ribe in Part v the	e organization's	procedures for monitoring the use of its	grants and ot	ner assistance	outside the
	he following Part	I. line 3 table ca	an be duplicated if additional space is ne	eded.)		
(a) Region	(b) Number of				vity listed in (d)	(f) Total
	offices	employees, agents, and	(by type) (such as, fundraising, pro-	• •	gram service,	expenditures
	in the region	independent	gram services, investments, grants to		e specific type	for and investments
		contractors in the region	recipients located in the region)	of service	e(s) in the region	in the region
			GRANTS TO HOSPITAL SHRINERS			
			PARA NINOS, A RELATED			10.005.000
MEXICO	0	0	NONPROFIT ORGANIZATION.			13,367,118.
			GRANTS TO SHRINERS			
			HOSPITALS FOR CHILDREN, A RELATED NONPROFIT			
CANADA	0	0	ORGANIZATION.			4,234,893.
	Ŭ	0	GRANTS TO SHRINERS			4,234,055.
			HOSPITALS FOR CHILDREN			
			AMBULATORY CLINIC AT HIC			
TIJUANA	0	0	AC, A RELATED NONPROFIT			27,048.
3 a Subtotal	0	0				17,629,059.
<b>b</b> Total from continuation						
sheets to Part I	0	0				0.
c Totals (add lines 3a						
and 3b)	0	0				17 629 059

Statement of Activities Outside the United States

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

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

Schedule F (Form 990) 2018

OMB No. 1545-0047

8

832071 10-31-18

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

1 (a) Name of organization	<b>(b)</b> IRS code section and EIN (if applicable)	(c) Region	<b>(d)</b> Purpose of grant	<b>(e)</b> Amount of cash grant	(f) Manner of cash disbursement	<b>(g)</b> Amount of noncash assistance	<b>(h)</b> Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		NORTH AMERICA -	TO PROVIDE FUNDS FOR					
			PATIENT'S NEEDS AT					
		, <i>'</i>	SHRINERS HOSPITALS IN		CASH			
		OR MEXICO	CANADA, WHICH INCLUDE	4,234,893.	DISBURSEMENT	0.	N/A	N/A
		NORTH AMERICA -	TO PROVIDE FUNDS FOR					
		MEXICO, BUT NOT	PATIENT'S NEEDS AT					
		- · ·	SHRINERS HOSPITALS IN		CASH			
		or canada	MEXICO, WHICH INCLUDE	13,367,118.	DISBURSEMENT	0.	N/A	N/A
		NORTH AMERICA -	TO PROVIDE FUNDS FOR					
		MEXICO, BUT NOT	PATIENT'S NEEDS AT					
		· ·	SHRINERS HOSPITALS IN		CASH			
		or canada	TIJUANA, WHICH	27,048.	DISBURSEMENT	٥.	N/A	N/A
by the IRS, or for whic	ch the grantee or cou	insel has provided a sect	ecognized as charities by the f tion 501(c)(3) equivalency letter					

36-2193608

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

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	<b>(e)</b> Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	<b>(h)</b> Method of valuation (book, FMV, appraisal, other)

Schedule F (Form 990) 2018

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)	X 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 separately 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; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>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)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2018

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. See instructions.

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, COLUMN (D):

REGION: NORTH AMERICA - CANADA, BUT NOT THE UNITED STATES OR MEXICO

(D) PURPOSE OF GRANT: TO PROVIDE FUNDS FOR PATIENT'S NEEDS AT SHRINERS

HOSPITALS IN CANADA, WHICH INCLUDE EMPLOYEE'S SALARIES, MEDICAL SUPPLIES

AND OTHER NECESSARY EXPENSES.

REGION: NORTH AMERICA - MEXICO, BUT NOT THE UNITED STATES OR CANADA

(D) PURPOSE OF GRANT: TO PROVIDE FUNDS FOR PATIENT'S NEEDS AT SHRINERS

HOSPITALS IN MEXICO, WHICH INCLUDE EMPLOYEE'S SALARIES, MEDICAL SUPPLIES

AND OTHER NECESSARY EXPENSES.

REGION: NORTH AMERICA - MEXICO, BUT NOT THE UNITED STATES OR CANADA

(D) PURPOSE OF GRANT: TO PROVIDE FUNDS FOR PATIENT'S NEEDS AT SHRINERS

HOSPITALS IN TIJUANA, WHICH INCLUDE EMPLOYEE'S SALARIES, MEDICAL

SUPPLIES, AND OTHER NECESSARY EXPENSES.

832075 10-31-18

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ng or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the	or if the	2018					
Department of the Treasury		Open to Public						
Internal Revenue Service Name of the organizatior		to www.irs.gov/Form990 for instruction	uction	s and	the latest informati	on.		Inspection ntification number
Nume of the organization		OSPITALS FOR CHILDREN					36-219360	
Part I Fundrais	ing Activities.	Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
	complete this par							
	•	ed funds through any of the followin	•					
a X Mail solicitat	email solicitations			•	overnment grants nment grants			
c X Phone solici		g X Special		-	-			
d 🗵 In-person so		• <u> </u>		Ũ				
•		or oral agreement with any individual		Ū		tees,		
		art VII) or entity in connection with p			•		X Yes	
compensated at le	•	viduals or entities (fundraisers) pursus organization.	ant to	agreei	ments under which tr	ne tur	Idraiser is to be	3
							• • • •	
(i) Name and addres		(ii) Activity	(III) fundr have c	Did aiser	(iv) Gross receipts	tò (c	Amount paid or retained by)	(vi) Amount paid to (or retained by)
or entity (func	Iraiser)		or con contrib	trol of	from activity	from activity fundra		organization
EDGE DIRECT - 3030	WATERVIEW	DIRECT MAIL SOLICITATION &	Yes	No				
AVE, BALTIMORE, MD	21230	TELEVISION ADS		X	48,764,235.		15,241,668.	33,522,567.
Total				•	48,764,235.		15,241,668.	33,522,567.
Total         3       List all states in whi	ch the organizatio	n is registered or licensed to solicit c	ontrib	utions				
or licensing.	gaa.io							
		A,HI,ID,IL,IN,IA,KS,KY,LA,M						
MO, MT, NE, NV, NH, NJ,	NM, NY, NC, ND, O	H,OK,OR,PA,RI,SC,SD,TN,TX,U	Τ, VT,	VA,W	A,WV,WI			

WY

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

Schedule G (Form 990 or 990-EZ) 2018

832081 10-03-18

### Schedule G (Form 990 or 990-EZ) 2018 SHRINERS HOSPITALS FOR CHILDREN

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

			(a) Event #1	(b) Event #2 FOOTBALL GAME	(c) Other events	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Hevenue	1	Gross receipts	18,093,868.	11,962,021.	30,669,960.	60,725,849
	2	Less: Contributions	14,798,624.	9,783,506.	25,084,367.	49,666,497
	3	Gross income (line 1 minus line 2)	3,295,244.	2,178,515.	5,585,593.	11,059,352
	4	Cash prizes				
	5	Noncash prizes				
benses	6	Rent/facility costs				
Ulrect Expenses	7	Food and beverages				
Ī	8	Entertainment		007.004	000.071	514 500
	9	Other direct expenses	24,583.	237,034.	282,971.	544,588
	10 11 rt I		line 3, column (d)	990, Part IV, line 19, or n		,
Pai	11	Net income summary. Subtract line 10 from	line 3, column (d)		►	10 , 514 , 764
	11	Net income summary. Subtract line 10 from <b>II Gaming.</b> Complete if the organization	ine 3, column (d)answered "Yes" on Form	990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	10 , 514 , 764
Pevenne	<u>11</u> rt I	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	ine 3, column (d)answered "Yes" on Form	990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	10 , 514 , 764
Pevenne	<u>11</u> rt I	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue	ine 3, column (d)answered "Yes" on Form	990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	544,588 10,514,764 (d) Total gaming (add col. (a) through col. (c)
Pai	11 rt I 2 3	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	ine 3, column (d)answered "Yes" on Form	990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	10 , 514 , 764
Pevenne	11 rt I 2 3	Net income summary. Subtract line 10 from Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	ine 3, column (d)answered "Yes" on Form	990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	10 , 514 , 764
Pevenne	11 rt I 2 3 4 5	Net income summary. Subtract line 10 from         Gaming.       Complete if the organization         \$15,000 on Form 990-EZ, line 6a.         Gross revenue         Cash prizes         Noncash prizes         Rent/facility costs	ine 3, column (d)answered "Yes" on Form	990, Part IV, line 19, or ro (b) Pull tabs/instant	eported more than	10 , 514 , 764
Pevenne	11 rt I 2 3 4 5 6	Net income summary. Subtract line 10 from         Gaming. Complete if the organization         \$15,000 on Form 990-EZ, line 6a.         Gross revenue         Cash prizes         Noncash prizes         Rent/facility costs         Other direct expenses	ine 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming (c) Yes% No	10 , 514 , 764
Direct Expenses Revenue	11 rt I 2 3 4 5 6 7	Net income summary. Subtract line 10 from         Gaming. Complete if the organization         \$15,000 on Form 990-EZ, line 6a.         Gross revenue         Cash prizes         Noncash prizes         Rent/facility costs         Other direct expenses         Volunteer labor	ine 3, column (d) answered "Yes" on Form (a) Bingo (a) Bingo (b) Bingo (c) Bin	990, Part IV, line 19, or re (b) Pull tabs/instant bingo/progressive bingo	eported more than  (c) Other gaming  (c) Yes%  No	10 , 514 , 764

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? **b** If "Yes," explain: \_\_\_\_\_

832082 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

Sch	edule G (Form 990 or 990-EZ) 2018 SHRINERS HOSPITALS FOR CHILDREN	36-219360	8 (	Page 3
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?		Yes	No
13	Indicate the percentage of gaming activity conducted in:		163	
	The organization's facility	13a		%
	An outside facility		1	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		1	/0
	Name			
	Address			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount	t		
	of gaming revenue retained by the third party ►\$			
C	If "Yes," enter name and address of the third party:			
	Name			
	Address 🕨			
16	Gaming manager information:			
	Name			
	Gaming manager compensation <b>&gt;</b> \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
17	Mandatory distributions:			
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		Yes	No No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year <b>&gt;</b> \$			
Pa	<b>TEND</b> Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	d Part III, lir	nes 9,	9b, 10b,
PAR	T I, COLUMN V			
FIIN	DRAISING SERVICES ARE PAID AS A FIXED FEE ONLY, FOR DONOR			
	·			
CUL	TIVATION, AND DO NOT INCLUDE ANY PAYMENT BASED ON AMOUNT RAISED. IN			
ADD	ITION, ALL AMOUNTS COME DIRECTLY TO THE ORGANIZATION AND ARE NOT			
REC	EIVED BY THE FUNDRAISING COUNSEL TO OFFSET EXPENSES. WHILE THERE IS			
AN	UPFRONT INVESTMENT, THE LIFETIME VALUE OF GIVING FROM THESE DONORS			
GEN	ERATE SIGNIFICANT REVENUE TO SUPPORT THE CARE PROVIDED FOR THE			
PAT	IENTS OF THE ORGANIZATION.			
8320	83 10-03-18 Schedule G	(Form 990 (	or 990	-EZ) 2018
	35			

Schedule G (Form 990 or 990-EZ)

832084 04-01-18

SC	HEDULE H			Hoop	itala			OMB No.	1545-004	47
(Fo	rm 990)			Hospi	ILAIS			20	10	
		Complexity Complexity	ete if the organiza	ation answered "	Yes" on Form 990	, Part IV, question	20.	ΖU	18	
	ment of the Treasury			Attach to				Open to		ic
	Revenue Service	-	to www.irs.gov/	Form990 for inst	ructions and the la	atest information.		Inspect		
Nam	e of the organization	on					Employer ide	entificati	on nui	mber
			B HOSPITALS FO				36-21936	08		
Par	t I Financia	l Assistance a	nd Certain Ot	her Commun	ity Benefits at	Cost				
									Yes	No
1a	Did the organization	on have a financial	assistance policy	during the tax ye	ar? If "No," skip to o	question 6a		. 1a	Х	
b	If "Yes," was it a w	ritten policy?	indicate which of the fall	owing boot doooriboo o	pplication of the financial a	vaniatanaa naliay ta ita ya	vique boopital	1b	Х	
2	facilities during the tax ye		indicate which of the follo	owing best describes a	pplication of the infancial a	assistance policy to its val	nous nospital			
	X Applied unif	ormly to all hospita	al facilities	Appl	ied uniformly to mo	st hospital facilities	i			
	Generally tai	ilored to individual	hospital facilities							
3	Answer the following bas	ed on the financial assis	tance eligibility criteria th	at applied to the larges	t number of the organization	on's patients during the ta	x year.			
а	Did the organization	on use Federal Pov	erty Guidelines (Fl	PG) as a factor in	determining eligibil	ity for providing fre	ee care?			
	If "Yes," indicate w	which of the followi			for eligibility for fre	e care:		. <u>3a</u>	Х	
	100%	150%	200% X	Other 4	.00 %					
b					viding discounted					
	of the following wa	as the family incom	e limit for eligibility	y for discounted	çare:			. <u>3b</u>		X
	200%	250%	300%	350%	400% O	ther %	6			
С	•			0 0 1	describe in Part VI		•			
	• •			•	the organization us		other			
_					free or discounted of during the tax year provid		ara ta tha			
4								4	Х	
	•	•		•	ts financial assistance		• • • • • • • • • • • • • • • • • • • •		X	
b	If "Yes," did the or	ganization's financ	ial assistance exp	enses exceed the	e budgeted amount	?		. 5b		X
С			-		ation unable to prov					
	care to a patient w	ho was eligible for	free or discounted	d care?				<u>5c</u>		
					year?				X	
b	If "Yes," did the or	ganization make it	available to the p	ublic?				6b	X	
	Complete the following ta	able using the worksheet	s provided in the Schedu	Ile H instructions. Do no	ot submit these worksheet	s with the Schedule H.				
7	Financial Assistant	ce and Certain Oth					(-)		n -	
	Financial Assist	ance and	(a) Number of activities or	(b) Persons served	(C) Total community benefit expense	(d) Direct offsetting revenue	(e) Net communit benefit expense	y (	f) Percer of total	
Mea	ans-Tested Govern	ment Programs	programs (optional)	(optional)				_	expense	•
а	Financial Assistant	ι.								
	Worksheet 1)				369,458,151.	74,031,454.	295,426,69	7.	33.41	.*
b	Medicaid (from Wo	orksheet 3,						_		
					312,762,819.	65,650,534.	247,112,28	5.	27.95	58
С	Costs of other mea									
	government progra	•								
	Worksheet 3, colu							_		
d	Total. Financial Assist	ance and				100 000 000			~ ~ ~	- 0
	Means-Tested Governme				682,220,970.	139,681,988.	542,538,98	2.	61.36	) <del>8</del>
	Other Ben									
е	Community health									
	improvement servi									
	community benefit	•								
_	(from Worksheet 4							_		
f	Health professions									
	(from Worksheet 5							_		
g	Subsidized health									
_	(from Worksheet 6				07 400 000		07 400 07		2 4 0	<u>, e.</u>
	Research (from Wo				27,408,068.		27,408,06	°.	3.10	/ ব
i	Cash and in-kind c									
	for community ber	nefit (from								
					07 400 000		07 400 07		2 4 2	<u>, e.</u>
	Total. Other Bener				27,408,068.		27,408,06		3.10	
k	Total. Add lines 70	d and 7j		1	709,629,038.	139,681,988.	569,947,05	v•	64.46	015

832091 11-09-18 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 37

37 2018.04000 SHRINERS HOSPITALS FOR CH 326610\_1 Part II Community Building Activities Complete this table if the organization conducted any community building activities during the

	tax year, and describe in Par	t VI how its commu	nity building activ				communities it serve	s.		
		(a) Number of activities or programs (optional)	<b>(b)</b> Persons served (optional)	(C) Total community building expens	offse	<b>d)</b> Direct etting reven	ue (e) Net community building expense	to	) Percen tal exper	
1	Physical improvements and housing									
2	Economic development									
3	Community support									
4	Environmental improvements									
5	Leadership development and									
	training for community members									
6	Coalition building									
7	Community health improvement									
	advocacy									
8	Workforce development									
9	Other									
10	Total									
Pa	rt III Bad Debt, Medicare, &	& Collection Pr	actices							
Sect	ion A. Bad Debt Expense								Yes	No
1	Did the organization report bad deb	t expense in accord	ance with Health	care Financial	Manageme	ent Asso	ciation			
	Statement No. 15?				-			1		х
2	Enter the amount of the organization									
	methodology used by the organizati	on to estimate this	amount			2				
3	Enter the estimated amount of the c	organization's bad c								
	patients eligible under the organizat	ion's financial assis	tance policy. Expl	lain in Part VI t	he					
	methodology used by the organizati	ion to estimate this	amount and the r	ationale, if any	,					
	for including this portion of bad deb	t as community ber	nefit			3				
4	Provide in Part VI the text of the foo	tnote to the organiz				bad de	bt			
	expense or the page number on whi	ich this footnote is	contained in the a	attached financ	ial stateme	ents.				
Sect	ion B. Medicare									
5	Enter total revenue received from M	edicare (including [	OSH and IME)			5				
6	Enter Medicare allowable costs of c	are relating to payn				6				
7	Subtract line 6 from line 5. This is th	e surplus (or shortf				7				
8	Describe in Part VI the extent to whi					unity bei	nefit.			
	Also describe in Part VI the costing	methodology or so	urce used to deter	rmine the amo	unt reporte	ed on line	e 6.			
	Check the box that describes the m	ethod used:								
	Cost accounting system	Cost to char	ge ratio	Other						
Sect	ion C. Collection Practices		-							
9a	Did the organization have a written of	debt collection poli	cy during the tax y	year?				9a		х
b	If "Yes," did the organization's collection	-								
	collection practices to be followed for pa	tients who are known	to qualify for financ	ial assistance? E	Describe in F	Part VI		. 9b		
Pa	rt IV   Management Compar	nies and Joint V	Ventures (owned	d 10% or more by of	fficers, directo	rs, trustees	, key employees, and phys	icians - see	instructi	ons)
	(a) Name of entity	(b) Des	scription of primar	N I	(c) Organiz	ation's	(d) Officers, direct-	(a) P	hysicia	ins'
	(a) - tanie er ennig		tivity of entity		profit % or		ors, trustees, or		ofit % d	
					ownersh	ip %	key employees' profit % or stock		stock	
							ownership %	owr	nership	%
								1		
								1		

38

Schedule H (Form 990) 2018

Schedule H (Form 990) 2018         SHRINERS HOSPITALS FOR CHILDREN           Part V         Facility Information									36-2193608	Page 3
Section A. Hospital Facilities					ต					
list in order of size, from largest to smallest)		ical	_		Critical access hospital					
How many hospital facilities did the organization operate	tal	àen. medical & surgi	Children's hospital	tal	ğ	Σ				
during the tax year? 18	spi	s s	lso	id so	sss	cilit				
	 icensed hospital	Ga	s P	eaching hospital	U S	Research facility	ER-24 hours			
Name, address, primary website address, and state license number and if a group return, the name and EIN of the subordinate hospital	sec	Ded	е,	l ic	al a	arch	르	ER-other		Facility reportir
brganization that operates the hospital facility)	ens		lid r	l 2	ţi	sea	-24	-otl		group
	<u></u>	Ge	듕	ق ۲	ō	Re	6	E	Other (describe)	
1 SHRINERS HOSPITAL FOR CHILDREN-CHICAG										
2211 NORTH OAK PARK AVENUE										
CHICAGO, IL 60707-3392										
WWW.SHRINERSHOSPITALSFORCHILDREN.ORG										
0003152	х		х	х		х				A
2 SHRINERS HOSPITAL FOR CHILDREN-CINCIN										
3229 BURNET AVENUE										
CINCINNATI, OH 45229-3095										
WWW.SHRINERSHOSPITALSFORCHILDREN.ORG										
1808	x		x	x		x				A
	~			<u>^</u>		Δ				
3 SHRINERS HOSPITAL FOR CHILDREN-ERIE										
1645 WEST 8TH STREET										
ERIE, PA 16505									OUTPATIENT	
WWW.SHRINERSHOSPITALSFORCHILDREN.ORG									AMBULATORY SURGICAL	
23661501									CENTER & CLINIC	A
4 SHRINERS HOSPITAL FOR CHILDREN-GALVES										
815 MARKET STREET										
GALVESTON, TX 77550										
WWW.SHRINERSHOSPITALSFORCHILDREN.ORG										
000247	x		x	x		x				A
5 SHRINERS HOSPITAL FOR CHILDREN-GREENV										
950 WEST FARIS ROAD										
GREENVILLE, SC 29605										
WWW.SHRINERSHOSPITALSFORCHILDREN.ORG										
HTL-0069	Х		X	х		X				A
5 SHRINERS HOSPITAL FOR CHILDREN-HONOLU										
1310 PUNAHOU STREET										
HONOLULU, HI 96826-1099										
WWW.SHRINERSHOSPITALSFORCHILDREN.ORG										
8-H	x		x	x		х				A
7 SHRINERS HOSPITAL FOR CHILDREN-HOUSTO										
6977 MAIN STREET										
HOUSTON, TX 77030-3701										
WWW.SHRINERSHOSPITALSFORCHILDREN.ORG										
000526	X		X	х		Х				A
3 SHRINERS HOSPITAL FOR CHILDREN-LEXING										
1900 RICHMOND ROAD										
LEXINGTON, KY 40502									OUTPATIENT	
WWW.SHRINERSHOSPITALSFORCHILDREN.ORG									AMBULATORY SURGICAL	
300277; 101302; 740392									CENTER & CLINIC	A
9 SHRINERS HOSPITAL FOR CHILDREN-PASADE				1						1
909 S. FAIR OAKS AVE										
PASADENA, CA 91105									OUTPATIENT	
WWW.SHRINERSHOSPITALSFORCHILDREN.ORG									AMBULATORY SURGICAL	
930000150				-					CENTER & CLINIC	A
10 SHRINERS HOSPITAL FOR CHILDREN-PHILAD										
3551 NORTH BROAD STREET										
PHILADELPHIA, PA 19140-4131										
WWW.SHRINERSHOSPITALSFORCHILDREN.ORG										
07470100	x		x	х		х				A

39 2018.04000 Shriners Hospitals for CH 326610\_1

Part V Facility Information										
Section A. Hospital Facilities		_			ital					
list in order of size, from largest to smallest)	_	surgical	<u>_</u>	_	Critical access hospital					
How many hospital facilities did the organization operate	oita	s III	bit	oita	ې ا	ity				
during the tax year?	 hospital	∞	Children's hospital	eaching hospital	ess	Research facility	s			
Name, address, primary website address, and state license number		medical &	Σ.	ے م	00	h fi	ER-24 hours			Facilit
and if a group return, the name and EIN of the subordinate hospital	Ise	l ar	l e	Ŀ.	<u></u>	arc	ے ج	he		report
organization that operates the hospital facility)	icensed	ien. 1	lic	ac	ļĘi	ese	5	ER-other		group
	<u> </u>	- B	þ	μΨ	ð	ď	<u> </u>	<u> </u>	Other (describe)	_
11 SHRINERS HOSPITAL FOR CHILDREN-PORTLA										
3101 SW SAM JACKSON PARK RD.										
PORTLAND, OR 97239-3095										
WWW.SHRINERSHOSPITALSFORCHILDREN.ORG										
14-0073	х		X	Х		х				A
12 SHRINERS HOSPITAL FOR CHILDREN-SALT L										
FAIRFAX ROAD AT VIRGINIA STREET										
SALT LAKE CITY, UT 84103										
WWW.SHRINERSHOSPITALSFORCHILDREN.ORG										
	x			v						
2015-HOSP-206	X		X	Х						A
13 SHRINERS HOSPITAL FOR CHILDREN-SHREVE										
3100 SAMFORD AVENUE										
SHREVEPORT, LA 71103										
WWW.SHRINERSHOSPITALSFORCHILDREN.ORG										
179	x		x	x						A
14 SHRINERS HOSPITAL FOR CHILDREN-SPOKAN										
911 WEST 5TH AVENUE										
SPOKANE, WA 99204										
WWW.SHRINERSHOSPITALSFORCHILDREN.ORG										
HAC.FS.0000042	Х		X	Х		Х				A
15 SHRINERS HOSPITAL FOR CHILDREN-ST. LO										
2001 S. LINDBERGH BOULEVARD										
ST. LOUIS, MO 63131-3597										
WWW.SHRINERSHOSPITALSFORCHILDREN.ORG										
142-60	x		x	x		x				A
142 00 16 SHRINERS HOSPITAL FOR CHILDREN-TAMPA										
12502 USF PINE DRIVE										
TAMPA, FL 33612-9499										
WWW.SHRINERSHOSPITALSFORCHILDREN.ORG										
4184	х		X	Х		х				A
17 SHRINERS HOSPITAL FOR CHILDREN-TWIN C										
2025 EAST RIVER PARKWAY										
MINNEAPOLIS, MN 55414										
WWW.SHRINERSHOSPITALSFORCHILDREN.ORG										
N/A	X		X	Х		Х			CLINIC	A
18 SHRINERS HOSPITAL FOR CHILDREN-N. CAL										
2425 STOCKTON BOULEVARD										
SACRAMENTO, CA 95817										
WWW.SHRINERSHOSPITALSFORCHILDREN.ORG										
03000620	x		x	x		х				A
			<u> </u>							
	1	1	1	1	I	1				1

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Part V Facility Information (continued)			
Section B. Facility Policies and Practices			
(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)			
Name of hospital facility or letter of facility reporting group SHRINERS HOSPITAL FOR CHILDREN-GROUP A			
I in a number of boonital facility, or line numbers of boonital			
Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17			
$\frac{-1}{2} + \frac{1}{2} + 1$		Yes	No
Community Health Needs Assessment			
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the			
current tax year or the immediately preceding tax year?	1		х
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or			
the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		Х
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a			
community health needs assessment (CHNA)? If "No," skip to line 12	3	х	
If "Yes," indicate what the CHNA report describes (check all that apply):			
a X A definition of the community served by the hospital facility			
<b>b</b> X Demographics of the community			
c X Existing health care facilities and resources within the community that are available to respond to the health needs			
of the community			
d X How data was obtained			
e X The significant health needs of the community			
f X Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority			
groups			
g X The process for identifying and prioritizing community health needs and services to meet the community health needs			
h X The process for consulting with persons representing the community's interests			
i X The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)			
j Other (describe in Section C)			
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 18			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad			
interests of the community served by the hospital facility, including those with special knowledge of or expertise in public			
health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the	_	Ţ	
community, and identify the persons the hospital facility consulted	5	X	
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other	0	x	
hospital facilities in Section C	<u>6a</u>	~	
<b>b</b> Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes,"	Ch	x	
list the other organizations in Section C	6b 7	X	
7 Did the hospital facility make its CHNA report widely available to the public?	-		
If "Yes," indicate how the CHNA report was made widely available (check all that apply): a X Hospital facility's website (list url): HTTP://WWW.SHRINERSHOSPITALSFORCHILDREN.ORG			
<ul> <li>b Other website (list url):</li> </ul>			
c Made a paper copy available for public inspection without charge at the hospital facility			
d Other (describe in Section C)			
<ul> <li>8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs</li> </ul>			
	8	x	
<ul> <li>Identified through its most recently conducted CHNA? If "No," skip to line 11</li> <li>Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <sup>15</sup></li> </ul>			
<ul> <li>10 Is the hospital facility's most recently adopted implementation strategy posted on a website?</li> </ul>	10	х	
a If "Yes," (list url): HTTP://WWW.SHRINERSHOSPITALSFORCHILDREN.ORG			
<b>b</b> If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b		
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most			
recently conducted CHNA and any such needs that are not being addressed together with the reasons why			
such needs are not being addressed.			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a			
CHNA as required by section 501(r)(3)?	12a		x
<b>b</b> If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720			
for all of its hospital facilities? \$			
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41

SHRINERS HOSPITALS FOR CHILDREN

08550711 143399 326610	0	8	55	50	7	1	1	1	4	3	3	9	9	3	3	2	6	6	1	0	)
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Schedule H (Form 990) 2018

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Page 4

Schedule H (Form 990) 20	18 SHRINERS	HOSPITALS	FOR	CHILDREN

Part V Facility Information (continued)			
Financial Assistance Policy (FAP)			
Name of hospital facility or letter of facility reporting group SHRINERS HOSPITAL FOR CHILDREN-GROUP A			
		Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:			
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	13	Х	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a X Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of 400 %			
and FPG family income limit for eligibility for discounted care of %			
<b>b</b> X Income level other than FPG (describe in Section C)			
c Asset level			
d Medical indigency			
e Insurance status			
f Underinsurance status			
g Residency			
h X Other (describe in Section C)			
14 Explained the basis for calculating amounts charged to patients?	14	Х	
15 Explained the method for applying for financial assistance?	15	Х	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions)			
explained the method for applying for financial assistance (check all that apply):			
a Described the information the hospital facility may require an individual to provide as part of his or her application			
<b>b</b> Described the supporting documentation the hospital facility may require an individual to submit as part of his			
or her application			
c Provided the contact information of hospital facility staff who can provide an individual with information			
about the FAP and FAP application process			
d Provided the contact information of nonprofit organizations or government agencies that may be sources			
of assistance with FAP applications			
e X Other (describe in Section C)			
16 Was widely publicized within the community served by the hospital facility?	16	Х	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a X The FAP was widely available on a website (list url): SEE PART V, PAGE 8			
<b>b</b> X The FAP application form was widely available on a website (list url): SEE PART V, PAGE 8			
c X A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8			
d X The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)			
e X The FAP application form was available upon request and without charge (in public locations in the hospital			
facility and by mail)			
f X A plain language summary of the FAP was available upon request and without charge (in public locations in			
the hospital facility and by mail)			
g X Individuals were notified about the FAP by being offered a paper copy of the plain language summary of the FAP,			
by receiving a conspicuous written notice about the FAP on their billing statements, and via conspicuous public			
displays or other measures reasonably calculated to attract patients' attention			
h 📃 Notified members of the community who are most likely to require financial assistance about availability of the FAP			
i The FAP, FAP application form, and plain language summary of the FAP were translated into the primary language(s)			
spoken by Limited English Proficiency (LEP) populations			
j Other (describe in Section C)			

j Other (describe in Section C)

Schedule H (Form 990) 2018

	I (Form 990) 2018		HOSPITALS	FOR	CHILDREN
Part V	Facility Information	ation <sub>(continue</sub>	ed)		

Billi	ing and Collections			
Nar	ne of hospital facility or letter of facility reporting group SHRINERS HOSPITAL FOR CHILDREN-GROUP A			
			Yes	No
17	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 all of the actions the hospital facility or other authorized party may take upon			
	nonpayment?	17		х
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the			
	tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a	a Reporting to credit agency(ies)			
k	Selling an individual's debt to another party			
c	Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a			
	previous bill for care covered under the hospital facility's FAP			
c	Actions that require a legal or judicial process			
e	Other similar actions (describe in Section C)			
f	None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making			
	reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		х
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	a Reporting to credit agency(ies)			
k	Selling an individual's debt to another party			
c	Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a			
	previous bill for care covered under the hospital facility's FAP			
c	Actions that require a legal or judicial process			
e	Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or			
	not checked) in line 19 (check all that apply):			
đ	Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the			
	FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
k	D Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Secti	on C)		
c	Processed incomplete and complete FAP applications (if not, describe in Section C)			
c	Made presumptive eligibility determinations (if not, describe in Section C)			
e	e Other (describe in Section C)			
f	None of these efforts were made			
Poli	icy Relating to Emergency Medical Care			
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care			
	that required 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?	21		X
	If "No," indicate why:			
a	a X The hospital facility did not provide care for any emergency medical conditions			
k	The hospital facility's policy was not in writing			
c	The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			

d Other (describe in Section C)

Schedule H (Form 990) 2018

Schedule H (Form 990) 2018	SHRINERS	HOSPITALS	FOR	CHILDREN

Part V Facility Information (continued)									
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)									
Name of hospital facility or letter of facility reporting group SHRINERS HOSPITAL FOR CHILDREN-GROUP A									
	Yes	No							
22 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.									
The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior     12-month period									
<b>b</b> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period									
c 🗌 The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination									
with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior									
12-month period									
d The hospital facility used a prospective Medicare or Medicaid method									
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided									
emergency or other medically necessary services more than the amounts generally billed to individuals who had									
insurance covering such care?		X							
If "Yes," explain in Section C.									
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?       24		x							
If "Yes," explain in Section C.									

Schedule H (Form 990) 2018

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

SHRINERS HOSPITAL FOR CHILDREN-GROUP A

PART V, LINE 16A, FAP WEBSITE:

HTTP://WWW.SHRINERSHOSPITALSFORCHILDREN.ORG/EN/FINANCIAL-ASSISTANCE

SHRINERS HOSPITAL FOR CHILDREN-GROUP A

PART V, LINE 16B, FAP APPLICATION WEBSITE:

HTTP://WWW.SHRINERSHOSPITALSFORCHILDREN.ORG/EN/FINANCIAL-ASSISTANCE

SHRINERS HOSPITAL FOR CHILDREN-GROUP A

PART V, LINE 16C, FAP PLAIN LANGUAGE SUMMARY WEBSITE:

HTTP://WWW.SHRINERSHOSPITALSFORCHILDREN.ORG/EN/FINANCIAL-ASSISTANCE

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

FACILITY REPORTING GROUP A CONSISTS OF:

- FACILITY 1: SHRINERS HOSPITAL FOR CHILDREN-CHICAGO

- FACILITY 2: SHRINERS HOSPITAL FOR CHILDREN-CINCINNATI

- FACILITY 3: SHRINERS HOSPITAL FOR CHILDREN-ERIE

- FACILITY 4: SHRINERS HOSPITAL FOR CHILDREN-GALVESTON

- FACILITY 5: SHRINERS HOSPITAL FOR CHILDREN-GREENVILLE

- FACILITY 6: SHRINERS HOSPITAL FOR CHILDREN-HONOLULU

- FACILITY 7: SHRINERS HOSPITAL FOR CHILDREN-HOUSTON

- FACILITY 8: SHRINERS HOSPITAL FOR CHILDREN-LEXINGTON

- FACILITY 9: SHRINERS HOSPITAL FOR CHILDREN-PASADENA

- FACILITY 10: SHRINERS HOSPITAL FOR CHILDREN-PHILADELPHIA

- FACILITY 11: SHRINERS HOSPITAL FOR CHILDREN-PORTLAND

- FACILITY 12: SHRINERS HOSPITAL FOR CHILDREN-SALT LAKE

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45

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

- FACILITY 13: SHRINERS HOSPITAL FOR CHILDREN-SHREVEPORT
- FACILITY 14: SHRINERS HOSPITAL FOR CHILDREN-SPOKANE
- FACILITY 15: SHRINERS HOSPITAL FOR CHILDREN-ST. LOUIS
- FACILITY 16: SHRINERS HOSPITAL FOR CHILDREN-TAMPA
- FACILITY 17: SHRINERS HOSPITAL FOR CHILDREN-TWIN CITY
- FACILITY 18: SHRINERS HOSPITAL FOR CHILDREN-N. CALI

GROUP A-FACILITY 1 -- SHRINERS HOSPITAL FOR CHILDREN - CHICAGO

PART V, SECTION B, LINE 5: THE SHRINERS HOSPITALS FOR CHILDREN TOOK INTO

ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY FOR ITS MOST RECENT

CHNA THROUGH SURVEYS AND FOCUS GROUPS.

GROUP A-FACILITY 1 -- SHRINERS HOSPITAL FOR CHILDREN - CHICAGO

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2018 CHNA, SHRINERS

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

INCLUDES AFFILIATE AND COMMUNITY PROVIDERS IN COMMUNITY OUTREACH,

COMMUNITY INVOLVEMENT, AND COMMUNITY EDUCATION TO ADDRESS IDENTIFIED

HEALTH CARE NEEDS WITHIN EACH MARKET. HEALTH CARE NEEDS THAT ARE

IDENTIFIED BUT NOT ADDRESSED WITHIN ANY ACTION PLAN FALL OUTSIDE OF THE

SERVICE OFFERINGS PROVIDED AT SHRINERS HOSPITALS FOR CHILDREN. SOME OF THE

NEEDS IDENTIFIED BUT NOT ADDRESSED ARE MENTAL HEALTH, DIABETES, OBESITY,

ASTHMA, AND DRUG & ALCOHOL ABUSE. THEREFORE, PATIENTS/FAMILIES PRESENTING

WITH HEALTH CARE NEEDS WHICH ARE OUTSIDE OF THE HOSPITAL SERVICE OFFERINGS

WILL RECEIVE CARE COORDINATION AND BE REFERRED TO THE APPROPRIATE

PROFESSIONALS WITHIN THE COMMUNITY FOR PROVISION OF SERVICES.

GROUP A-FACILITY 1 -- SHRINERS HOSPITAL FOR CHILDREN - CHICAGO

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PART V, SECTION B, LINE 15E: PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

GROUP A-FACILITY 2 -- SHRINERS HOSPITAL FOR CHILDREN-CINCINNAT

PART V, SECTION B, LINE 5: THE SHRINERS HOSPITALS FOR CHILDREN TOOK INTO

ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY FOR ITS MOST RECENT

CHNA THROUGH SURVEYS AND FOCUS GROUPS.

GROUP A-FACILITY 2 -- SHRINERS HOSPITAL FOR CHILDREN-CINCINNAT

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2018 CHNA, SHRINERS

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

INCLUDES AFFILIATE AND COMMUNITY PROVIDERS IN COMMUNITY OUTREACH,

COMMUNITY INVOLVEMENT, AND COMMUNITY EDUCATION TO ADDRESS IDENTIFIED

HEALTH CARE NEEDS WITHIN EACH MARKET. HEALTH CARE NEEDS THAT ARE

IDENTIFIED BUT NOT ADDRESSED WITHIN ANY ACTION PLAN FALL OUTSIDE OF THE

SERVICE OFFERINGS PROVIDED AT SHRINERS HOSPITALS FOR CHILDREN. SOME OF THE

NEEDS IDENTIFIED BUT NOT ADDRESSED ARE MENTAL HEALTH, DIABETES, OBESITY,

ASTHMA, AND DRUG & ALCOHOL ABUSE. THEREFORE, PATIENTS/FAMILIES PRESENTING

WITH HEALTH CARE NEEDS WHICH ARE OUTSIDE OF THE HOSPITAL SERVICE OFFERINGS

WILL RECEIVE CARE COORDINATION AND BE REFERRED TO THE APPROPRIATE

PROFESSIONALS WITHIN THE COMMUNITY FOR PROVISION OF SERVICES.

GROUP A-FACILITY 2 -- SHRINERS HOSPITAL FOR CHILDREN-CINCINNAT

PART V, SECTION B, LINE 15E: PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

GROUP A-FACILITY 3 -- SHRINERS HOSPITAL FOR CHILDREN-ERIE

PART V, SECTION B, LINE 5: THE SHRINERS HOSPITALS FOR CHILDREN TOOK INTO

ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY FOR ITS MOST RECENT

CHNA THROUGH SURVEYS AND FOCUS GROUPS.

GROUP A-FACILITY 3 -- SHRINERS HOSPITAL FOR CHILDREN-ERIE

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2018 CHNA, SHRINERS

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

INCLUDES AFFILIATE AND COMMUNITY PROVIDERS IN COMMUNITY OUTREACH,

COMMUNITY INVOLVEMENT, AND COMMUNITY EDUCATION TO ADDRESS IDENTIFIED

HEALTH CARE NEEDS WITHIN EACH MARKET. HEALTH CARE NEEDS THAT ARE

IDENTIFIED BUT NOT ADDRESSED WITHIN ANY ACTION PLAN FALL OUTSIDE OF THE

SERVICE OFFERINGS PROVIDED AT SHRINERS HOSPITALS FOR CHILDREN. SOME OF THE

NEEDS IDENTIFIED BUT NOT ADDRESSED ARE MENTAL HEALTH, DIABETES, OBESITY,

ASTHMA, AND DRUG & ALCOHOL ABUSE. THEREFORE, PATIENTS/FAMILIES PRESENTING

WITH HEALTH CARE NEEDS WHICH ARE OUTSIDE OF THE HOSPITAL SERVICE OFFERINGS

WILL RECEIVE CARE COORDINATION AND BE REFERRED TO THE APPROPRIATE

PROFESSIONALS WITHIN THE COMMUNITY FOR PROVISION OF SERVICES.

GROUP A-FACILITY 3 -- SHRINERS HOSPITAL FOR CHILDREN-ERIE

#### PART V, SECTION B, LINE 15E: PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

GROUP A-FACILITY 4 -- SHRINERS HOSPITAL FOR CHILDREN-GALVESTON

PART V, SECTION B, LINE 5: THE SHRINERS HOSPITALS FOR CHILDREN TOOK INTO

48

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY FOR ITS MOST RECENT

CHNA THROUGH SURVEYS AND FOCUS GROUPS.

GROUP A-FACILITY 4 -- SHRINERS HOSPITAL FOR CHILDREN-GALVESTON

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2018 CHNA, SHRINERS

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

INCLUDES AFFILIATE AND COMMUNITY PROVIDERS IN COMMUNITY OUTREACH,

COMMUNITY INVOLVEMENT, AND COMMUNITY EDUCATION TO ADDRESS IDENTIFIED

HEALTH CARE NEEDS WITHIN EACH MARKET. HEALTH CARE NEEDS THAT ARE

IDENTIFIED BUT NOT ADDRESSED WITHIN ANY ACTION PLAN FALL OUTSIDE OF THE

SERVICE OFFERINGS PROVIDED AT SHRINERS HOSPITALS FOR CHILDREN. SOME OF THE

NEEDS IDENTIFIED BUT NOT ADDRESSED ARE MENTAL HEALTH, DIABETES, OBESITY,

ASTHMA, AND DRUG & ALCOHOL ABUSE. THEREFORE, PATIENTS/FAMILIES PRESENTING

WITH HEALTH CARE NEEDS WHICH ARE OUTSIDE OF THE HOSPITAL SERVICE OFFERINGS

WILL RECEIVE CARE COORDINATION AND BE REFERRED TO THE APPROPRIATE

PROFESSIONALS WITHIN THE COMMUNITY FOR PROVISION OF SERVICES.

GROUP A-FACILITY 4 -- SHRINERS HOSPITAL FOR CHILDREN-GALVESTON

PART V, SECTION B, LINE 15E: PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

GROUP A-FACILITY 5 -- SHRINERS HOSPITAL FOR CHILDREN-GREENVILL

PART V, SECTION B, LINE 5: THE SHRINERS HOSPITALS FOR CHILDREN TOOK INTO

ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY FOR ITS MOST RECENT

CHNA THROUGH SURVEYS AND FOCUS GROUPS.

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

GROUP A-FACILITY 5 -- SHRINERS HOSPITAL FOR CHILDREN-GREENVILL

PART V, SECTION B, LINE 6B: GREENVILLE HEALTH SYSTEM (GHS), BON SECOURS

ST. FRANCIS HEALTH SYSTEM, THE JOHNSON GROUP

GROUP A-FACILITY 5 -- SHRINERS HOSPITAL FOR CHILDREN-GREENVILL

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2018 CHNA, SHRINERS

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

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COMMUNITY INVOLVEMENT, AND COMMUNITY EDUCATION TO ADDRESS IDENTIFIED

HEALTH CARE NEEDS WITHIN EACH MARKET. HEALTH CARE NEEDS THAT ARE

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SERVICE OFFERINGS PROVIDED AT SHRINERS HOSPITALS FOR CHILDREN. SOME OF THE

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ASTHMA, AND DRUG & ALCOHOL ABUSE. THEREFORE, PATIENTS/FAMILIES PRESENTING

WITH HEALTH CARE NEEDS WHICH ARE OUTSIDE OF THE HOSPITAL SERVICE OFFERINGS

WILL RECEIVE CARE COORDINATION AND BE REFERRED TO THE APPROPRIATE

PROFESSIONALS WITHIN THE COMMUNITY FOR PROVISION OF SERVICES.

GROUP A-FACILITY 5 -- SHRINERS HOSPITAL FOR CHILDREN-GREENVILL

PART V, SECTION B, LINE 15E: PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

GROUP A-FACILITY 6 -- SHRINERS HOSPITAL FOR CHILDREN-HONOLULU

PART V, SECTION B, LINE 5: THE SHRINERS HOSPITALS FOR CHILDREN TOOK INTO

ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY FOR ITS MOST RECENT

CHNA THROUGH SURVEYS AND FOCUS GROUPS.

832098 11-09-18

Schedule H (Form 990) 2018

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

GROUP A-FACILITY 6 -- SHRINERS HOSPITAL FOR CHILDREN-HONOLULU

PART V, SECTION B, LINE 6B: CASTLE MEDICAL CENTER, KAHI MOHALA BEHAVIORAL

HEALTH, KAISER PERMANENTE MEDICAL CENTER, KAPIOLANI MEDICAL CENTER FOR

WOMEN & CHILDREN, KUAKINI MEDICAL CENTER, PALI MOMI MEDICAL CENTER,

REHABILITATION HOSPITAL OF THE PACIFIC, SHRINERS HOSPITALS FOR CHILDREN -

HONOLULU, STRAUB CLINIC & HOSPITAL, THE QUEEN'S MEDICAL CENTER, THE

QUEEN'S MEDICAL CENTER - WEST OAHU, WAHIAWA GENERAL HOSPITAL

GROUP A-FACILITY 6 -- SHRINERS HOSPITAL FOR CHILDREN-HONOLULU

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2018 CHNA, SHRINERS

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

INCLUDES AFFILIATE AND COMMUNITY PROVIDERS IN COMMUNITY OUTREACH,

COMMUNITY INVOLVEMENT, AND COMMUNITY EDUCATION TO ADDRESS IDENTIFIED

HEALTH CARE NEEDS WITHIN EACH MARKET. HEALTH CARE NEEDS THAT ARE

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SERVICE OFFERINGS PROVIDED AT SHRINERS HOSPITALS FOR CHILDREN. SOME OF THE

NEEDS IDENTIFIED BUT NOT ADDRESSED ARE MENTAL HEALTH, DIABETES, OBESITY,

ASTHMA AND DRUG & ALCOHOL ABUSE. THEREFORE PATIENTS/FAMILIES PRESENTING

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PROFESSIONALS WITHIN THE COMMUNITY FOR PROVISION OF SERVICES.

GROUP A-FACILITY 6 -- SHRINERS HOSPITAL FOR CHILDREN-HONOLULU

PART V, SECTION B, LINE 15E: PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

832098 11-09-18

Schedule H (Form 990) 2018

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

GROUP A-FACILITY 7 -- SHRINERS HOSPITAL FOR CHILDREN-HOUSTON

PART V, SECTION B, LINE 5: THE SHRINERS HOSPITALS FOR CHILDREN TOOK INTO

ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY FOR ITS MOST RECENT

CHNA THROUGH SURVEYS AND FOCUS GROUPS.

GROUP A-FACILITY 7 -- SHRINERS HOSPITAL FOR CHILDREN-HOUSTON

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2018 CHNA, SHRINERS

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GROUP A-FACILITY 7 -- SHRINERS HOSPITAL FOR CHILDREN-HOUSTON

#### PART V, SECTION B, LINE 15E: PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

GROUP A-FACILITY 8 -- SHRINERS HOSPITAL FOR CHILDREN-LEXINGTON

PART V, SECTION B, LINE 5: THE SHRINERS HOSPITALS FOR CHILDREN TOOK INTO

52

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY FOR ITS MOST RECENT

CHNA THROUGH SURVEYS AND FOCUS GROUPS.

GROUP A-FACILITY 8 -- SHRINERS HOSPITAL FOR CHILDREN-LEXINGTON

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2018 CHNA, SHRINERS

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

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PROFESSIONALS WITHIN THE COMMUNITY FOR PROVISION OF SERVICES.

GROUP A-FACILITY 8 -- SHRINERS HOSPITAL FOR CHILDREN-LEXINGTON

PART V, SECTION B, LINE 15E: PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

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

PART V, SECTION B, LINE 5: THE SHRINERS HOSPITALS FOR CHILDREN TOOK INTO

ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY FOR ITS MOST RECENT

53

CHNA THROUGH SURVEYS AND FOCUS GROUPS.

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

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

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2018 CHNA, SHRINERS

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

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SERVICE OFFERINGS PROVIDED AT SHRINERS HOSPITALS FOR CHILDREN. SOME OF THE

NEEDS IDENTIFIED BUT NOT ADDRESSED ARE MENTAL HEALTH, DIABETES, OBESITY

ASTHMA, AND DRUG & ALCOHOL ABUSE. THEREFORE, PATIENTS/FAMILIES PRESENTING

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

PART V, SECTION B, LINE 15E: PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

GROUP A-FACILITY 10 -- SHRINERS HOSPITAL FOR CHILDREN-PHILADELP

PART V, SECTION B, LINE 5: THE SHRINERS HOSPITALS FOR CHILDREN TOOK INTO

ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY FOR ITS MOST RECENT

CHNA THROUGH SURVEYS AND FOCUS GROUPS.

GROUP A-FACILITY 10 -- SHRINERS HOSPITAL FOR CHILDREN-PHILADELP

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2018 CHNA, SHRINERS

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

832098 11-09-18

Schedule H (Form 990) 2018

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**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

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GROUP A-FACILITY 10 -- SHRINERS HOSPITAL FOR CHILDREN-PHILADELP

PART V, SECTION B, LINE 15E: PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

GROUP A-FACILITY 11 -- SHRINERS HOSPITAL FOR CHILDREN-PORTLAND

PART V, SECTION B, LINE 5: THE SHRINERS HOSPITALS FOR CHILDREN TOOK INTO

ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY FOR ITS MOST RECENT

CHNA THROUGH SURVEYS AND FOCUS GROUPS.

GROUP A-FACILITY 11 -- SHRINERS HOSPITAL FOR CHILDREN-PORTLAND

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2018 CHNA, SHRINERS

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

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COMMUNITY INVOLVEMENT, AND COMMUNITY EDUCATION TO ADDRESS IDENTIFIED

55

HEALTH CARE NEEDS WITHIN EACH MARKET. HEALTH CARE NEEDS THAT ARE

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

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ASTHMA, AND DRUG & ALCOHOL ABUSE. THEREFORE, PATIENTS/FAMILIES PRESENTING

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PROFESSIONALS WITHIN THE COMMUNITY FOR PROVISION OF SERVICES.

GROUP A-FACILITY 11 -- SHRINERS HOSPITAL FOR CHILDREN-PORTLAND

PART V, SECTION B, LINE 15E: PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

GROUP A-FACILITY 12 -- SHRINERS HOSPITAL FOR CHILDREN-SALT LAKE

PART V, SECTION B, LINE 5: THE SHRINERS HOSPITALS FOR CHILDREN TOOK INTO

ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY FOR ITS MOST RECENT

CHNA THROUGH SURVEYS AND FOCUS GROUPS.

GROUP A-FACILITY 12 -- SHRINERS HOSPITAL FOR CHILDREN-SALT LAKE

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2018 CHNA, SHRINERS

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

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832098 11-09-18

56

Schedule H (Form 990) 2018

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PROFESSIONALS WITHIN THE COMMUNITY FOR PROVISION OF SERVICES.

GROUP A-FACILITY 12 -- SHRINERS HOSPITAL FOR CHILDREN-SALT LAKE

PART V, SECTION B, LINE 15E: PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

GROUP A-FACILITY 13 -- SHRINERS HOSPITAL FOR CHILDREN-SHREVEPOR

PART V, SECTION B, LINE 5: THE SHRINERS HOSPITALS FOR CHILDREN TOOK INTO

ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY FOR ITS MOST RECENT

CHNA THROUGH SURVEYS AND FOCUS GROUPS.

GROUP A-FACILITY 13 -- SHRINERS HOSPITAL FOR CHILDREN-SHREVEPOR

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2018 CHNA, SHRINERS

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

INCLUDES AFFILIATE AND COMMUNITY PROVIDERS IN COMMUNITY OUTREACH.

COMMUNITY INVOLVEMENT, AND COMMUNITY EDUCATION TO ADDRESS IDENTIFIED

HEALTH CARE NEEDS WITHIN EACH MARKET. HEALTH CARE NEEDS THAT ARE

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NEEDS IDENTIFIED BUT NOT ADDRESSED ARE MENTAL HEALTH, DIABETES, OBESITY,

ASTHMA, AND DRUG & ALCOHOL ABUSE. THEREFORE, PATIENTS/FAMILIES PRESENTING

WITH HEALTH CARE NEEDS WHICH ARE OUTSIDE OF THE HOSPITAL SERVICE OFFERINGS

57

WILL RECEIVE CARE COORDINATION AND BE REFERRED TO THE APPROPRIATE

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PROFESSIONALS WITHIN THE COMMUNITY FOR PROVISION OF SERVICES.

GROUP A-FACILITY 13 -- SHRINERS HOSPITAL FOR CHILDREN-SHREVEPOR

PART V, SECTION B, LINE 15E: PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

GROUP A-FACILITY 14 -- SHRINERS HOSPITAL FOR CHILDREN-SPOKANE

PART V, SECTION B, LINE 5: THE SHRINERS HOSPITALS FOR CHILDREN TOOK INTO

ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY FOR ITS MOST RECENT

CHNA THROUGH SURVEYS AND FOCUS GROUPS.

GROUP A-FACILITY 14 -- SHRINERS HOSPITAL FOR CHILDREN-SPOKANE

PART V, SECTION B, LINE 6B: SPOKANE REGIONAL HEALTH DISTRICT, BETTER

HEALTH TOGETHER, SCHOOL HEALTH CARE ASSOCIATION OF SPOKANE COUNTY,

COMMUNITY HEALTH ASSESSMENT BOARD, GREATER SPOKANE, INC., HEALTH INDUSTRY

DEVELOPMENT GROUP, WASHINGTON RURAL HEALTH ASSOCIATION

GROUP A-FACILITY 14 -- SHRINERS HOSPITAL FOR CHILDREN-SPOKANE

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2018 CHNA, SHRINERS

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

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832098 11-09-18

58

<sup>2018.04000</sup> SHRINERS HOSPITALS FOR CH 326610\_1

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

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PROFESSIONALS WITHIN THE COMMUNITY FOR PROVISION OF SERVICES.

GROUP A-FACILITY 14 -- SHRINERS HOSPITAL FOR CHILDREN-SPOKANE

PART V, SECTION B, LINE 15E: PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

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

PART V, SECTION B, LINE 5: THE SHRINERS HOSPITALS FOR CHILDREN TOOK INTO

ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY FOR ITS MOST RECENT

CHNA THROUGH SURVEYS AND FOCUS GROUPS.

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

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2018 CHNA, SHRINERS

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

INCLUDES AFFILIATE AND COMMUNITY PROVIDERS IN COMMUNITY OUTREACH.

COMMUNITY INVOLVEMENT, AND COMMUNITY EDUCATION TO ADDRESS IDENTIFIED

HEALTH CARE NEEDS WITHIN EACH MARKET. HEALTH CARE NEEDS THAT ARE

IDENTIFIED BUT NOT ADDRESSED WITHIN ANY ACTION PLAN FALL OUTSIDE OF THE

SERVICE OFFERINGS PROVIDED AT SHRINERS HOSPITALS FOR CHILDREN. SOME OF THE

NEEDS IDENTIFIED BUT NOT ADDRESSED ARE MENTAL HEALTH, DIABETES, OBESITY,

ASTHMA, AND DRUG & ALCOHOL ABUSE. THEREFORE, PATIENTS/FAMILIES PRESENTING

WITH HEALTH CARE NEEDS WHICH ARE OUTSIDE OF THE HOSPITAL SERVICE OFFERINGS

59

WILL RECEIVE CARE COORDINATION AND BE REFERRED TO THE APPROPRIATE

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

PROFESSIONALS WITHIN THE COMMUNITY FOR PROVISION OF SERVICES.

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

PART V, SECTION B, LINE 15E: PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

GROUP A-FACILITY 16 -- SHRINERS HOSPITAL FOR CHILDREN-TAMPA

PART V, SECTION B, LINE 5: THE SHRINERS HOSPITALS FOR CHILDREN TOOK INTO

ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY FOR ITS MOST RECENT

CHNA THROUGH SURVEYS AND FOCUS GROUPS.

GROUP A-FACILITY 16 -- SHRINERS HOSPITAL FOR CHILDREN-TAMPA

PART V, SECTION B, LINE 6B: DOH-HILLSBOROUGH, BAYCARE, FLORIDA HOSPITAL,

TAMPA GENERAL HOSPITAL, MOFFITT CANCER CENTER, TAMPA FAMILY HEALTH

CENTERS, SUNCOAST COMMUNITY HEALTH CENTERS

GROUP A-FACILITY 16 -- SHRINERS HOSPITAL FOR CHILDREN-TAMPA

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2018 CHNA, SHRINERS

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

INCLUDES AFFILIATE AND COMMUNITY PROVIDERS IN COMMUNITY OUTREACH,

COMMUNITY INVOLVEMENT, AND COMMUNITY EDUCATION TO ADDRESS IDENTIFIED

HEALTH CARE NEEDS WITHIN EACH MARKET. HEALTH CARE NEEDS THAT ARE

IDENTIFIED BUT NOT ADDRESSED WITHIN ANY ACTION PLAN FALL OUTSIDE OF THE

SERVICE OFFERINGS PROVIDED AT SHRINERS HOSPITALS FOR CHILDREN. SOME OF THE

NEEDS IDENTIFIED BUT NOT ADDRESSED ARE MENTAL HEALTH, DIABETES, OBESITY,

ASTHMA, AND DRUG & ALCOHOL ABUSE. THEREFORE, PATIENTS/FAMILIES PRESENTING

832098 11-09-18

Schedule H (Form 990) 2018

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08550711 143399 326610
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**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

WITH HEALTH CARE NEEDS WHICH ARE OUTSIDE OF THE HOSPITAL SERVICE OFFERINGS

WILL RECEIVE CARE COORDINATION AND BE REFERRED TO THE APPROPRIATE

PROFESSIONALS WITHIN THE COMMUNITY FOR PROVISION OF SERVICES.

GROUP A-FACILITY 16 -- SHRINERS HOSPITAL FOR CHILDREN-TAMPA

PART V, SECTION B, LINE 15E: PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

GROUP A-FACILITY 17 -- SHRINERS HOSPITAL FOR CHILDREN-TWIN CITY

PART V, SECTION B, LINE 5: THE SHRINERS HOSPITALS FOR CHILDREN TOOK INTO

ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY FOR ITS MOST RECENT

CHNA THROUGH SURVEYS AND FOCUS GROUPS.

GROUP A-FACILITY 17 -- SHRINERS HOSPITAL FOR CHILDREN-TWIN CITY

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2018 CHNA, SHRINERS

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

INCLUDES AFFILIATE AND COMMUNITY PROVIDERS IN COMMUNITY OUTREACH.

COMMUNITY INVOLVEMENT, AND COMMUNITY EDUCATION TO ADDRESS IDENTIFIED

HEALTH CARE NEEDS WITHIN EACH MARKET. HEALTH CARE NEEDS THAT ARE

IDENTIFIED BUT NOT ADDRESSED WITHIN ANY ACTION PLAN FALL OUTSIDE OF THE

SERVICE OFFERINGS PROVIDED AT SHRINERS HOSPITALS FOR CHILDREN. SOME OF THE

NEEDS IDENTIFIED BUT NOT ADDRESSED ARE MENTAL HEALTH, DIABETES, OBESITY,

ASTHMA, AND DRUG & ALCOHOL ABUSE. THEREFORE, PATIENTS/FAMILIES PRESENTING

WITH HEALTH CARE NEEDS WHICH ARE OUTSIDE OF THE HOSPITAL SERVICE OFFERINGS

61

WILL RECEIVE CARE COORDINATION AND BE REFERRED TO THE APPROPRIATE

PROFESSIONALS WITHIN THE COMMUNITY FOR PROVISION OF SERVICES.

**Section C. Supplemental Information for Part V, Section B.** Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

GROUP A-FACILITY 17 -- SHRINERS HOSPITAL FOR CHILDREN-TWIN CITY

PART V, SECTION B, LINE 15E: PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

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

PART V, SECTION B, LINE 5: THE SHRINERS HOSPITALS FOR CHILDREN TOOK INTO

ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY FOR ITS MOST RECENT

CHNA THROUGH SURVEYS AND FOCUS GROUPS.

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

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2018 CHNA, SHRINERS

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

INCLUDES AFFILIATE AND COMMUNITY PROVIDERS IN COMMUNITY OUTREACH,

COMMUNITY INVOLVEMENT, AND COMMUNITY EDUCATION TO ADDRESS IDENTIFIED

HEALTH CARE NEEDS WITHIN EACH MARKET. HEALTH CARE NEEDS THAT ARE

IDENTIFIED BUT NOT ADDRESSED WITHIN ANY ACTION PLAN FALL OUTSIDE OF THE

SERVICE OFFERINGS PROVIDED AT SHRINERS HOSPITALS FOR CHILDREN. SOME OF THE

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ASTHMA, AND DRUG & ALCOHOL ABUSE. THEREFORE, PATIENTS/FAMILIES PRESENTING

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WILL RECEIVE CARE COORDINATION AND BE REFERRED TO THE APPROPRIATE

PROFESSIONALS WITHIN THE COMMUNITY FOR PROVISION OF SERVICES.

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

PART V, SECTION B, LINE 15E: PATIENTS QUALIFY FOR FINANCIAL ASSISTANCE

62

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16j, 18e, 19e, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

Schedule H (Form 990) 2018

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Name and address	Type of Facility (describe)

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

How many non-hospital health care facilities did the organization operate during the tax year?

Section D. Other Health Care Facilities That Are Not Licensed, Registered, or Similarly Recognized as a Hospital Facility

Schedule H (Form 990) 2018

0

Provide the following information.

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

PART I, LINE 3C:

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, LINE 3A, 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 2018.

PART I, LINE 7:

A GENERAL LEDGER ACCOUNTING SYSTEM WAS USED TO CALCULATE THE AMOUNTS

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

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

SYSTEM.

#### PART III, LINE 4:

BAD DEBT EXPENSE IS NOT APPLICABLE TO SHRINERS HOSPITALS FOR CHILDREN, AND

AS SUCH. IS NOT PART OF THE FOOTNOTES IN ITS FINANCIAL STATEMENTS.

SHRINERS HOSPITALS FOR CHILDREN PROVIDES PATIENT CARE 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 UNITED STATES AND WORLD-WIDE.

Schedule H (Form 990)

832271 04-01-18

SCHEDULE I (Form 990) Department of the Treasury		Go	irants and Ot vernments, a ete if the organizatio	nd Individual on answered "Yes" Attach to Form	<b>s in the Ŭn</b> i on Form 990, Pa m 990.	ted States rt IV, line 21 or 22.		OMB No. 1545-0047 <b>2018</b> Open to Public
Internal Revenue Service			Go to www.	irs.gov/Form990 fo	r the latest inform	nation.		Inspection
Name of the organization	NERS HOSPI	TALS FOR CHIL	DREN					Employer identification number 36-2193608
Part I General Information	on Grants an	nd Assistance						
<ol> <li>Does the organization maintacriteria used to award the gravitation of the organization of the</li></ol>	ants or assist iization's proc	tance? cedures for monite	oring the use of grant	funds in the United	States.	-		X Yes No
Part II Grants and Other Ass		-				anization answered "	Yes" on Form 990, Par	t IV, line 21, for any
recipient that received <b>1 (a)</b> Name and address of orgory or government		<u>5,000. Part II can</u> (b) EIN	be duplicated if addit (c) IRC section (if applicable)	(d) Amount of cash grant	ed. (e) Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
PEDIATRIC ORTHOPAEDIC SOC NORTH AMERICA - 9400 W. H RD, SUITE 500 - ROSEMONT,	IGGINS	54-1323281	501(C)(3)	62,000.	0.	N/A	N/A	SPONSORSHIP GRANT
THE SHRINERS HOSPITAL FOR POST OFFICE BOX 31356 TAMPA, FL 33631-3356	CHILDREN	04-2121377	501(C)(3)	15,899,234.	0.	N/A	N/A	TO PROVIDE FUNDS FOR PATIENTS NEEDS AT THE TWO SHRINERS HOSPITALS FOR CHILDREN IN
<ul><li>2 Enter total number of section</li><li>3 Enter total number of other of</li></ul>				ne line 1 table				<u>2.</u>
LHA For Paperwork Reduction	Act Notice,		ons for Form 990.					Schedule I (Form 990) (2018)

Schedule I (Form 990) (2018) SHRINE

SHRINERS HOSPITALS FOR CHILDREN

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on 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	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV** Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

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, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: THE SHRINERS HOSPITAL FOR CHILDREN

(H) PURPOSE OF GRANT OR ASSISTANCE: TO PROVIDE FUNDS FOR PATIENTS NEEDS

AT THE TWO SHRINERS HOSPITALS FOR CHILDREN IN MASSACHUSETTS, WHICH

Schedule I	(Form 990)	SHRINER
Part IV	Supplemental	Information

INCLUDE EMPLOYEES SALARIES, MEDICAL SUPPLIES, AND OTHER NECESSARY

EXPENSES.

Schedule I (Form 990)

832291 04-01-18

sc	HEDULE J	Compens	ation Information	1	OMB No.	1545-004	47
	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			2018			
			ensated Employees nswered "Yes" on Form 990, Part IV, line 23.		20	10	
Depa	tment of the Treasury		ach to Form 990.		Open to		ic
Intern	al Revenue Service	Go to www.irs.gov/Form99	0 for instructions and the latest information.		•	ection	
Nan	e of the organization			Employer ide		on nui	mber
		SHRINERS HOSPITALS FOR CHII	LDREN	36-21	93608		
Ра	rt I Question	s Regarding Compensation					
						Yes	No
1a			of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relev					
	X First-class or c		X Housing allowance or residence for perso				
	X Travel for com		Payments for business use of personal res				
		ation and gross-up payments	Health or social club dues or initiation fee				
		spending account	Personal services (such as maid, chauffeu	ir, chet)			
ь.	If any of the base	on line to are checked did the evention them	follow a written policy recording a second				
D	•		follow a written policy regarding payment or		416	х	
•	•	rovision of all of the expenses described abo			. <u>1b</u>	Λ	
2			or allowing expenses incurred by all directors,			х	
	trustees, and office	's, including the CEO/Executive Director, reg	garding the items checked on line 1a?		. 2	л	
3	Indianta which if a	w, of the following the filing organization use	d to optablish the componentian of the organize	tion's			
3			ed to establish the compensation of the organiza boxes for methods used by a related organization				
		ation of the CEO/Executive Director, but expl		51110			
	X Compensation	· · ·	Written employment contract				
		ompensation consultant	X Compensation survey or study				
		ther organizations	X Approval by the board or compensation c	ommittoo			
				Ommittee			
4	During the year, did	any person listed on Form 990, Part VII, See	ction A. line 1a. with respect to the filing				
	organization or a re	•••					
а	•	e payment or change-of-control payment?			4a		x
b			lified retirement plan?			Х	
с			nsation arrangement?				x
		es 4a-c, list the persons and provide the app					
	,						
	Only section 501(c	)(3), 501(c)(4), and 501(c)(29) organizations	s must complete lines 5-9.				
5			the organization pay or accrue any compensatio	'n			
	contingent on the r						
а	The organization?				5a		x
b	Any related organiz	ation?			5b		X
		r 5b, describe in Part III.					
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did	the organization pay or accrue any compensatio	'n			
	contingent on the r	et earnings of:					
а	The organization?				6a		x
b	Any related organiz	ation?			6b		x
		r 6b, describe in Part III.					
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did	the organization provide any nonfixed payments	1			
	not described on lir	es 5 and 6? If "Yes," describe in Part III $\ldots$			7		x
8			ued pursuant to a contract that was subject to th				
	initial contract exce	ption described in Regulations section 53.49	958-4(a)(3)? If "Yes," describe in Part III		. 8		x
9	If "Yes" on line 8, d	d the organization also follow the rebuttable	presumption procedure described in				
			· · · ·	<u></u>	9		
LHA		eduction Act Notice, see the Instructions f		Schedul	e J (Forr	n 990)	) 2018

832111 10-26-18

36-2193608

#### 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 on 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 aren't 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	(D) Nontaxable	(E) Total of columns (B)(i)-(D)	(F) Compensation
				compensation	other deferred benefits compensation		in column (B) reported as deferred on prior Form 990	
(1) JOHN MCCABE	(i)	601,416.	0.	22,112.	8,250.	10,559.	642,337.	0.
EXECUTIVE VICE PRESIDENT	(ii)	Ο.	0.	0.	0.	0.	0.	0.
(2) ALLISON SCOTT	(i)	507,023.	0.	1,136,789.	8,250.	23,245.	1,675,307.	0.
ORTHOPEDIC SURGEON, ASST PROF	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PETER STASIKELIS	(i)	482,690.	0.	890,246.	8,250.	33,381.	1,414,567.	0.
DIRECTOR OF SPINE PROGRAM	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MICHAEL AIONA	(i)	658,780.	0.	347,054.	8,250.	23,399.	1,037,483.	0.
ORTHOPEDIC SURGEON	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DOUGLAS BARNES	(i)	683,092.	0.	202,080.	8,250.	23,139.	916,561.	0.
CHIEF OF STAFF	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SCOTT KOZIN	(i)	740,213.	٥.	22,112.	8,250.	33,105.	803,680.	٥.
CHIEF OF STAFF	(ii)	٥.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2018

#### Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

PART I, LINE 1A:

FIRST CLASS TRAVEL IS AVAILABLE ONLY TO BOARD MEMBERS AND EXECUTIVE STAFF

AND ONLY IF THE FLIGHT IS LONGER THAN TWO AND A HALF HOURS. A COMPANION

ONLY QUALIFIES FOR TRAVEL IF HE OR SHE IS A COMPANION OF A BOARD MEMBER AND

IS ACTIVIELY PARTICIPATING IN SHRINE BUSINESS DURING THE TRIP. FOR SOME KEY

EMPLOYEES, IF RELOCATION IS REQUIRED, A TEMPORARY HOUSING ALLOWANCE MAY BE

PROVIDED AS A MEANS TO RECRUIT TOP INDIVIDUALS.

PART I, LINE 4B:

EMPLOYEES PARTICIPATING IN SUPPLEMENTAL EXECUTIVE RETIREMENT PLANS (SERP):

ALLISON SCOTT \$1,113,253

PETER STASIKELIS \$868,202

MICHAEL AIONA \$322,879

DOUGLAS BARNES \$191,253

Page 3

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

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. 

2018 **Open to Public** . Inspection

Go to www.irs.gov/Form990 for instructions and the latest informati
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Iganization				
	SHRINERS	HOSPITALS	FOR	CHILDREN

Employer	identification	number

36-	21	93	608	

		TON CHIT			50 1	119900	0	
Pa	t I Types of Property							
		<b>(a)</b> Check if	<b>(b)</b> Number of	(c) Noncash contribution	<b>(d</b> Method of d	, etermin	0	
		applicable	contributions or items contributed	amounts reported on Form 990, Part VIII, line 1g	noncash contrib	ution ar	nounts	S
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	x	521	14 304 223	STOCK QUOTE			
10	Securities - Closely held stock			,	×			
11	Securities - Partnership, LLC, or							
••								
12								
12	Qualified conservation contribution -							
10								
14	Augualified conservation contribution - Other							
15								
16	Real estate - Residential Real estate - Commercial							
17	Real estate - Other	x	11	2 937 125	FAIR MARKET VALU	JE		
18				_,,				
19	Collectibles							
20	Food inventory Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25								
26	Other         ►         ()           Other         ►         ()							
27								
28	Other         ►         ()           Other         ►         ()							
29	Number of Forms 8283 received by the organiz	zation during	the tax year for co					
20	for which the organization completed Form 828						2	
		50, i uitiv, i					Yes	No
30a	During the year, did the organization receive by	, contributio	n any property rep	orted in Part L lines 1 throu	ah 28 that it		100	
	must hold for at least three years from the date	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	0 /			
	exempt purposes for the entire holding period?		,			30a		x
h	If "Yes," describe the arrangement in Part II.	·						
31	Does the organization have a gift acceptance p	olicy that re	auires the review o	of any nonstandard contribu	itions?	31	х	
	Does the organization hire or use third parties of							
JEU	contributions?		-			32a	x	1
h	If "Yes," describe in Part II.					02u		
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	r for which column (a) is che	cked			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2018

Schedule M (Form 990) 2018	SHRINERS	HOSPITALS	FOR	CHILDREN
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**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

Part II

THE ORGANIZATION USES THIRD PARTY BROKERS AND REAL ESTATE AGENTS TO

SELL THE NON-CASH CONTRIBUTIONS OF REAL ESTATE.

Schedule M (Form 990) 2018

832142 10-18-18

Page 2

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 99 Complete to provide information for responses to specific questions or Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.	
Name of the organization		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 NETW	ORK OF PEDIATRIC HOSPITALS DEDICATED TO PROVIDING	
EXCELLENT PATIENT	CARE, RESEARCH, AND EDUCATION FOR ORTHOPEDIC	
CONDITIONS, BURNS,	SPINAL CORD INJURIES AND CLEFT LIP AND PALATE. OUR	
SPECIALIZED MEDICA	L CARE, BACKED BY THE SKILLS AND KNOWLEDGE OF THE	
STAFF IN 18 HOSPIT	ALS, DELIVERS EXPERT, FAMILY-FOCUSED CARE REGARDLESS	
OF THE FAMILY'S AB	ILITY TO PAY.	
AS A 501(C)3 NON-P	ROFIT ORGANIZATION, SHRINERS HOSPITALS RELIES ON THE	
GENEROUS DONATIONS	OF SHRINERS AND THE GENERAL PUBLIC TO CARRY OUT OUR	
MISSION AND CHANGE	THE LIVES OF CHILDREN EVERY DAY. FOR MORE	
INFORMATION ABOUT	SUPPORTING SHRINERS HOSPITALS, PLEASE VISIT	
WWW.SHRINERSHOSPIT	ALSFORCHILDREN.ORG OR CALL 1-800-241-GIFT.	
FORM 990, PART III	, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	
OUR SPECIALIZED CA	RE EXTENDS BEYOND THE CONVENTIONAL WALLS OF THE	
HOSPITAL. SHRINERS	HOSPITALS FOR CHILDREN ALSO SEEKS TO DELIVER CARE TO	
THOSE INTERNATIONA	LLY THROUGH OUR TELEHEALTH PROGRAM, WHICH ALLOWS	
PATIENTS TO RECEIV	E OUR WRAP-AROUND CARE VIA VIDEO CONFERENCING. WE	
ALSO STRIVE TO HEL	P THOSE IN NEED - ESPECIALLY WHEN DISASTER STRIKES.	
FORM 990, PART III	, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:	
OUR RESEARCH TEAM	IS AMONG THE MOST HIGHLY RENOWNED, GAINING NATIONAL	
RECOGNITION FOR CL	INICAL RESEARCH. SIX SHC LOCATIONS ARE MAJOR RESEARCH	
	ERATED BY THIS ORGANIZATION), WORKING TO DEVELOP NEW         eduction Act Notice, see the Instructions for Form 990 or 990-EZ.       Sci	hedule O (Form 990 or 990-EZ) (2018)

08550711 143399 326610

832211 10-10-18

75 2018.04000 SHRINERS HOSPITALS FOR CH 326610\_1

Name of the organization SHRINERS HOSPITALS FOR CHILDREN	Employer identification number 36-2193608
TREATMENTS AND TECHNOLOGICAL ADVANCES WITHIN THE MEDICAL COMMUNITY.	30 2193000
FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:	
AUSTRALIA, BELGIUM, BRAZIL, CANADA,	
CHINA, DENMARK, FINLAND, FRANCE,	
GERMANY, HONG KONG, IRELAND, ISRAEL,	
ITALY, JAPAN, SOUTH KOREA, MEXICO,	
NETHERLANDS, NEW ZEALAND, NORWAY, PORTUGAL,	
SINGAPORE, SOUTH AFRICA, SPAIN, SWEDEN,	
SWITZERLAND, UNITED ARAB EMIRATES, UNITED KINGDOM	
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	
832212 10-10-18 S	Schedule O (Form 990 or 990-EZ) (2018

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76 2018.04000 SHRINERS HOSPITALS FOR CH 326610\_1

Schedule O (Form 990 or 990-EZ) (2018)	Page <b>2</b>
Name of the organization SHRINERS HOSPITALS FOR CHILDREN	Employer identification number 36-2193608
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.	
FORM 990, PART VI, SECTION B, LINE 11B:	
A COMPLETE COPY OF FORM 990 IS REVIEWED BY THE AUDIT AND FINANCE COMMITTEE.	
SUBSEQUENTLY, A COMPLETE COPY OF FORM 990 IS PROVIDED TO THE FULL BOARD.	
MANAGEMENT REVIEWS THE FORM WITH THE BOARD 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 AND PERSONNEL COMMITTEE IS INVOLVED WITH ALL COMPENSATION AND	_
APPROVES WAGES FOR MANAGEMENT AND COMPARES THESE SALARIES TO VARIOUS MARKET	
INDICATORS.	
	_
832212 10-10-18 Sc	hedule O (Form 990 or 990-EZ) (2018)

Name of the organization SHRINERS HOSPITALS FOR CHILDREN		Employer identification number 36-2193608
ORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY (	DF FORM 990:	·
L, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MI	), MA, MI, MN, MS, MO	
MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VI	r, va, wa, wv, wi, wy	
FORM 990, PART VI, SECTION C, LINE 19:		
THE ORGANIZATION'S GOVERNING DOCUMENTS (INCLUDING ITS CONFI	JICT OF INTEREST	
POLICY AND FINANCIAL STATEMENTS) ARE AVAILABLE ON THE ORGAN	NIZATION'S	
WEBSITE AND TO THE PUBLIC UPON WRITTEN REQUEST.		
FORM 990, PART IX, LINE 11G, OTHER FEES:		
PUBLIC RELATIONS & OTHER:		
PROGRAM SERVICE EXPENSES	18,909,383.	
MANAGEMENT AND GENERAL EXPENSES	10,643,773.	
FUNDRAISING EXPENSES	14,337,580.	
TOTAL EXPENSES	43,890,736.	
MEDICAL SERVICES:		
PROGRAM SERVICE EXPENSES	75,476,546.	
MANAGEMENT AND GENERAL EXPENSES	2,652,785.	
UNDRAISING EXPENSES	0.	
TOTAL EXPENSES	78,129,331.	
AGENCY PERSONNEL SERVICES:		
PROGRAM SERVICE EXPENSES	1,723,404.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	1,723,404.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	123,743,471.	
332212 10-10-18 <b>78</b>	S	Schedule O (Form 990 or 990-EZ) (201

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2018.04000 SHRINERS HOSPITALS FOR CH 326610\_1

Name of the organization		Employer identification number
SHRINERS HOSPITALS FOR CHIL	JDREN	36-2193608
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS	2.	
	-12,289,555.	
CHANGE IN PATIENT TRANSPORTATION FUNDS HELD BY S		
TEMPLES		
CHANGE IN CHARITABLE GIFT ANNUITY	-3,905,593.	
OTHER CHANGES IN FUND BALANCE	-50,370.	
TOTAL TO FORM 990, PART XI, LINE 9	-15,605,664.	
FORM 990, PART XI, LINE 2C, AUDIT COMMITTEE OVER	RSIGHT PROCESS:	
THE ORGANIZATION HAS AN AUDIT AND FINANCE COMMIT		
OVERSIGHT OF THE FINANCIAL STATEMENT AUDIT AND S	SELECTION OF THE	
INDEPENDENT ACCOUNTANT. THE COMMITTEE MEETS THRE	EE TIMES A YEAR AND	
COORDINATES THE AUDIT WITH THE INDEPENDENT AUDIT	TORS. ANY FINANCIAL	
CONCERN ENCOUNTERED IN THE SYSTEM IS ROUTED TO T	THIS COMMITTEE FOR	
REVIEW. ALL MEMBERS OF THE COMMITTEE HOLD A CPA	LICENSE. THIS PROCESS	
HAS NOT CHANGED FROM PRIOR YEARS.		
HAS NOT CHANGED FROM PRIOR YEARS.		
HAS NOT CHANGED FROM PRIOR YEARS.		
HAS NOT CHANGED FROM PRIOR YEARS.		
HAS NOT CHANGED FROM PRIOR YEARS.		
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HAS NOT CHANGED FROM PRIOR YEARS.		

832212 10-10-18

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<b>/</b>		

(Form 990)

## **Related Organizations and Unrelated Partnerships**

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

Attach to Form 990.

OMB No. 1545-0047

2018 Open to Public Inspection

Employer identification number

36-2193608

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

SHRINERS HOSPITALS FOR CHILDREN

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

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	
of disregarded entity		foreign country)			entity
PEDIATRIC ORTHOTIC AND PROSTHETIC SERVICES -					
NORTHWEST, LLC - 45-3940402, 3101 SW SAM					SHRINERS HOSPITALS FOR
JACKSON PARK RD, PORTLAND, OR 97239-3009	ORTHOPEDICS & PROSTHETICS	DELAWARE	3,306,672.	2,625,005.	CHILDREN
PEDIATRIC ORTHOTIC AND PROSTHETIC SERVICES -					
WEST, LLC - 27-2210763, 2425 STOCKTON BLVD,					SHRINERS HOSPITALS FOR
SACRAMENTO, CA 95817-2215	ORTHOPEDICS & PROSTHETICS	DELAWARE	3,616,404.	846,976.	CHILDREN
PEDIATRIC ORTHOTIC AND PROSTHETIC SERVICES -					
MIDWEST, LLC - 36-4790476, 2025 E RIVER					SHRINERS HOSPITALS FOR
PKWY, MINNEAPOLIS, MN 55414-3604	ORTHOPEDICS & PROSTHETICS	DELAWARE	2,016,102.	905,148.	CHILDREN
PEDIATRIC ORTHOTIC AND PROSTHETIC SERVICES -					
NORTHEAST, LLC - 61-1700888, 3551 N BROAD					SHRINERS HOSPITALS FOR
ST, PHILADELPHIA, PA 19140-4160	ORTHOPEDICS & PROSTHETICS	DELAWARE	1,421,526.	554,456.	CHILDREN

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

(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	(f) Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
THE SHRINERS' HOSPITAL FOR CHILDREN -					SHRINERS		
04-2121377, POST OFFICE BOX 31356, TAMPA, FL					HOSPITALS FOR		
33631-3356	HOSPITAL SYSTEM	MASSACHUSETTS	501(C)(3)	LINE 3	CHILDREN	х	
SHRINERS INTERNATIONAL - 36-2158164							
POST OFFICE BOX 31356	FOUNDED SHRINERS HOSPITALS						
TAMPA, FL 33631-3356	FOR CHILDREN	IOWA	501(C)(10)	N/A			х
SHRINERS HOSPITALS FOR CHILDREN EMPLOYEE					SHRINERS		
DISASTER RELIEF FUND - 26-3733381, 2900	]				HOSPITALS FOR		
ROCKY POINT DRIVE, TAMPA, FL 33607	DISASTER RELIEF	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7	CHILDREN	х	
SHRINERS HOSPITALS FOR CHILDREN (QUEBEC)					SHRINERS		
INC., 1529 CEDAR AVE, MONTREAL, QUEBEC,	1		501(C)(3)		HOSPITALS FOR		
CANADA H36 1A6	HOSPITAL SYSTEM	CANADA	EQUIVALENT	LINE 3	CHILDREN	x	

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2018

Part I Continuation of Identification of Disregarded Entities

<b>(a)</b> Name, address, and EIN of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity
PEDIATRIC ORTHOTIC AND PROSTHETIC SERVICES - SOUTHEAST, LLC - 45-2723185, 12502 USF PINE DR STE 100, TAMPA, FL 33612-9411	ORTHOPEDICS & PROSTHETICS	DELAWARE	3,088,022.		SHRINERS HOSPITALS FOR CHILDREN
PEDIATRIC ORTHOTIC AND PROSTHETIC SERVICES - HONOLULU, LLC - 38-4018709, 1310 PUNAHOU ST, HONOLULU, HI 96826-1099	ORTHOPEDICS & PROSTHETICS	DELAWARE	82,529.		SHRINERS HOSPITALS FOR CHILDREN
	-				
	-				
	-				
	-				
	-				
	-				
	-				

Part II Continuation of Identification of Related Tax-Exempt Organizations

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	contr	<b>g)</b> 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
SHRINERS HOSPITALS FOR CHILDREN, A CANADIAN					SHRINERS		
CORPORATION, 1529 CEDAR AVE, MONTREAL,	1		501(C)(3)		HOSPITALS FOR		
QUEBEC, CANADA H36 1A6	HOSPITAL SYSTEM	CANADA	EQUIVALENT	LINE 3	CHILDREN	х	
SHRINERS HOSPITALS FOR CHILDREN, A MEXICAN					SHRINERS		
ASSOCIATION, MX AV. DEL IMAN NO. 257, MEXICO			501(C)(3)		HOSPITALS FOR		
CITY, MEXICO 04600	HOSPITAL SYSTEM	MEXICO	EQUIVALENT	LINE 3	CHILDREN	х	
SHRINERS INTERNATIONAL EDUCATION FOUNDATION							
- 81-3788196, POST OFFICE BOX 25251, TAMPA,	EDUCATION AND LEADERSHIP				SHRINERS		
FL 33622	TRAINING	TEXAS	501(C)(3)	LINE 7	INTERNATIONAL		x
SHRINERS HOSPITALS FOR CHILDREN AMBULATORY					SHRINERS		
CLINIC AT HIC AC, BOSQUE DE DURAZNOS NO. 61	1		501(C)(3)		HOSPITALS FOR		
PISO 4, BOSQUE DE LAS LOMAS, MEXICO CITY,	HOSPITAL SYSTEM	MEXICO	EQUIVALENT	LINE 3	CHILDREN	x	
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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(		(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514) Share of total income	Share of end-of-year assets	Disproportiona allocations?		Code V-UBI amount in box 20 of Schedule	Gene mana part	ral or aging ner?	Percentage ownership	
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No	
	-											
	-											
	-											
	1											
	{											
	4											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign	<b>(d)</b> Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	<b>(h)</b> Percentage ownership	Sec 512(t contr ent	(i) ction b)(13) rolled tity?
		country)				400010		Yes	No
	]								

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

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			Yes	3
1 During the tax year, did the organization engage in any of the following transactions with one or m	ore related organizations listed in Parts II-IV?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		1a		
<b>b</b> Gift, grant, or capital contribution to related organization(s)			X	
c Gift, grant, or capital contribution from related organization(s)		1c		
d Loans or loan guarantees to or for related organization(s)			X	
e Loans or loan guarantees by related organization(s)			X	Ŧ
f Dividends from related organization(s)		1f		
g Sale of assets to related organization(s)		1g		
h Purchase of assets from related organization(s)		1h		
i Exchange of assets with related organization(s)		1i		
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)		1k		
m Performance of services or membership or fundraising solicitations by related organization(s)		1m		
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		1n		
o Sharing of paid employees with related organization(s)			X	
p Reimbursement paid to related organization(s) for expenses		<b>1</b> p	x	
<b>q</b> Reimbursement paid by related organization(s) for expenses			X	+
r Other transfer of cash or property to related organization(s)		1r		
s Other transfer of cash or property from related organization(s)		1s		

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.

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
(1) SHRINERS HOSPITALS FOR CHILDREN, CAN	В	4,234,893.	CASH
(2) SHRINERS HOSPITALS FOR CHILDREN, MEX	В	13,367,118.	CASH
(3) THE SHRINERS' HOSPITAL FOR CHILDREN	В	15,899,234.	CASH
(4) SHRINERS HOSPITALS FOR CHILDREN, CAN	D	783,770.	CASH
(5) SHRINERS HOSPITALS FOR CHILDREN, MEX	D	2,031,379.	CASH
(6) SHRINERS HOSPITALS FOR CHILDREN AMBULATORY CLINIC AT HIC AC	D	12,069,131.	CASH

#### Schedule R (Form 990) SHRINERS HOSPITALS FOR CHILDREN

### Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

<b>(a)</b> Name of other organization	<b>(b)</b> Transaction type (a-r)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
(7) THE SHRINERS' HOSPITAL FOR CHILDREN	Е	25,620,344.	CASH
(8) THE SHRINERS' HOSPITAL FOR CHILDREN	0	0.	AMOUNT UNDETERMINABLE
(9)			
_ (10)			
(11)			
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
_ (20)			
_ (21)			
_ (22)			
_ (23)			
(24)			

#### Schedule R (Form 990) 2018 SHRINERS HOSPITALS FOR CHILDREN

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e Are partne 501( org <b>Yes</b>	e) all rs sec. c)(3) s.? <b>No</b>	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	(ř Dispr tior allocat <b>Yes</b>	n) opor- late tions? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne <b>Yes</b>	N or Pe ing or? ON	<b>(k)</b> ercentage ownership

Schedule R (Form 990) 2018

#### Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME AND ADDRESS OF RELATED ORGANIZATION:

SHRINERS HOSPITALS FOR CHILDREN AMBULATORY CLINIC AT HIC AC

BOSQUE DE DURAZNOS NO. 61 PISO 4

BOSQUE DE LAS LOMAS, MEXICO CITY, MEXICO 11700

Schedule R (Form 990) 2018

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