

Form **990**

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

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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 2018 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SHRINERS HOSPITALS FOR CHILDREN		D Employer identification number 36-2193608
	Doing business as		E Telephone number (813) 281-0300
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	POST OFFICE BOX 31356		G Gross receipts \$ 2,862,680,758.
	City or town, state or province, country, and ZIP or foreign postal code TAMPA, FL 33631-3356		
F Name and address of principal officer: JOHN MCCABE 2900 N ROCKY POINT DRIVE, TAMPA, FL 33607		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶	

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: ▶ HTTP://WWW.SHRINERSHOSPITALSFORCHILDREN.ORG/

K Form of organization: Corporation Trust Association Other ▶ **L Year of formation:** 1925 **M State of legal domicile:** CO

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: WE PROVIDE PEDIATRIC SPECIALTY CARE, REGARDLESS OF THE PATIENT OR FAMILIES ABILITY TO PAY.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	20
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	5940
	6 Total number of volunteers (estimate if necessary)	6	5000
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 38	7b	268,350.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	359,633,554.	428,230,235.
	9 Program service revenue (Part VIII, line 2g)	143,530,710.	139,681,988.
	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.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	838,298,361.	951,480,844.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	44,508,948.	33,590,293.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	417,680,579.	428,771,660.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	9,860,956.	15,241,668.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 68,719,015.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	384,193,460.	406,580,561.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	856,243,943.	884,184,182.	
19 Revenue less expenses. Subtract line 18 from line 12	-17,945,582.	67,296,662.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 9,210,344,113.	End of Year 8,356,855,492.
	21 Total liabilities (Part X, line 26)	949,741,369.	766,142,539.
	22 Net assets or fund balances. Subtract line 21 from line 20	8,260,602,744.	7,590,712,953.

Part II Signature Block

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

Sign Here	Signature of officer		Date
	JERRY GANTT, PRESIDENT Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name ALICIA BROWN	Preparer's signature	Date
	Firm's name ▶ CBIZ MHM, LLC	Firm's EIN ▶ 27-3605969	Check if self-employed <input type="checkbox"/> PTIN P01337755
	Firm's address ▶ 13577 FEATHER SOUND DR., SUITE 400 CLEARWATER, FL 33762-5539	Phone no. 727-572-1400	

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response 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 prior Form 990 or 990-EZ? [] Yes [X] No

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

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

4a (Code:) (Expenses \$ 682,220,970. including grants of \$ 33,590,293.) (Revenue \$ 139,681,988.) 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 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.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding organizational reporting, compensation, tax-exempt bonds, and excess benefit transactions.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

X

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No checkboxes. Includes questions 2a through 16 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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

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

Section A. Governing Body and Management

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, and 9.

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

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, and 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 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 only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) JERRY G. GANTT PRESIDENT AND TRUSTEE	9.00 2.00	X		X			18,000.	0.	0.	
(2) JIM CAIN CHAIRMAN AND TRUSTEE	40.00 32.00	X		X			0.	47,500.	0.	
(3) JEFFREY SOWDER 1ST VICE PRESIDENT AND TRUSTEE	9.00 7.00	X		X			0.	0.	0.	
(4) JAMES R. SMITH 2ND VICE PRESIDENT AND TRUSTEE	5.00 5.00	X		X			0.	0.	0.	
(5) WILLIAM BAILEY SECRETARY	5.00 5.00	X		X			0.	0.	0.	
(6) KENNETH CRAVEN ASSISTANT SECRETARY	5.00 5.00	X		X			0.	0.	0.	
(7) BRAD T. KOEHN TREASURER AND TRUSTEE	12.00 12.00	X		X			0.	0.	0.	
(8) RANDY RUDGE DIRECTOR	5.00 7.00	X					0.	0.	0.	
(9) JAMES E. STOLZE, JR. DIRECTOR	5.00 5.00	X					0.	0.	0.	
(10) RICHARD BURKE DIRECTOR	5.00 5.00	X					0.	0.	0.	
(11) KEVIN COSTELLO DIRECTOR	5.00 5.00	X					0.	0.	0.	
(12) LAWRENCE LEIB DIRECTOR	5.00 5.00	X					0.	0.	0.	
(13) MARK E. HARTZ DIRECTOR (8/1/18-12/31/18)	5.00 0.00	X					0.	0.	0.	
(14) GARY J. BERGENSKE DIRECTOR AND TRUSTEE	5.00 10.00	X					0.	47,500.	0.	
(15) CHRIS SMITH DIRECTOR AND TRUSTEE(1/1/18-7/31/18)	5.00 7.00	X					0.	0.	0.	
(16) PETER P. DIAZ TRUSTEE	5.00 2.00	X					0.	0.	0.	
(17) SKIP D.F. STANAWAY TRUSTEE	5.00 2.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) ANTHONY WEST TRUSTEE	5.00 2.00	X						0.	0.	0.
(19) JAMES DOEL TRUSTEE	5.00 2.00	X						0.	0.	0.
(20) CHUCK PITTMAN TRUSTEE	5.00 2.00	X						0.	0.	0.
(21) PAUL F. POULIN TRUSTEE (8/1/18-12/31/18)	5.00 5.00	X						0.	0.	0.
(22) W. BRANDT BEDE TRUSTEE (1/1/18-7/31/18)	5.00 2.00	X						0.	0.	0.
(23) JOHN MCCABE EXECUTIVE VICE PRESIDENT	40.00				X			623,528.	0.	18,809.
(24) ALLISON SCOTT ORTHOPEDIC SURGEON, ASST PROF	40.00					X		1,643,812.	0.	31,495.
(25) PETER STASIKELIS DIRECTOR OF SPINE PROGRAM	40.00					X		1,372,936.	0.	41,631.
(26) MICHAEL AIONA ORTHOPEDIC SURGEON	40.00					X		1,005,834.	0.	31,649.
1b Sub-total								4,664,110.	95,000.	123,584.
c Total from continuation sheets to Part VII, Section A								1,647,497.	0.	72,744.
d Total (add lines 1b and 1c)								6,311,607.	95,000.	196,328.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 728

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
UC REGENTS UC DAVIS MED CTR ONE SHIELDS AVE, DAVIS, CA 95616	MEDICAL SERVICES	10,613,521.
THE UNIVERSITY OF TEXAS MEDICAL 301 UNIVERSITY BLVD, GALVESTON, TX 77555	MEDICAL SERVICES	8,670,701.
PASADENA HOSPITAL ASSOCIATION 100 W CALIFORNIA BLVD, PASADENA, CA 91109	MEDICAL SERVICES	5,734,101.
KENTUCKY MEDICAL SERVICES FOUNDATION PO BOX 587, LEXINGTON, KY 40586	MEDICAL SERVICES	3,447,630.
UNIVERSITY OF ILLINOIS, 506 S WRIGHT ST, 209 HAB MC399, URBANA, IL 61801	MEDICAL SERVICES	2,729,496.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 71

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b 1,070,543.				
	c Fundraising events	1c 49,666,497.				
	d Related organizations	1d				
	e Government grants (contributions)	1e 19,320,876.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 358,172,319.				
	g Noncash contributions included in lines 1a-1f: \$	17,241,348.				
	h Total. Add lines 1a-1f	▶ 428,230,235.				
	Program Service Revenue	2 a PATIENT SERVICE	Business Code 621110	139,681,988.	139,681,988.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		▶ 139,681,988.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 172,879,040.			172,879,040.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶ 290,636.			290,636.	
	6 a Gross rents	(i) Real	18,089,771.			
		(ii) Personal				
		b Less: rental expenses	0.			
		c Rental income or (loss)	18,089,771.			
	d Net rental income or (loss)	▶ 18,089,771.			18,089,771.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	2087945116.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	1907189304.	327,690.		
		c Gain or (loss)	180,755,812.	-327,690.		
	d Net gain or (loss)	▶ 180,428,122.			180,428,122.	
	8 a Gross income from fundraising events (not including \$ 49,666,497. of contributions reported on line 1c). See Part IV, line 18	a	11,059,352.			
		b Less: direct expenses	b 544,588.			
c Net income or (loss) from fundraising events		▶ 10,514,764.			10,514,764.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a	3,686,390.				
	b Less: cost of goods sold	b 3,138,332.				
	c Net income or (loss) from sales of inventory	▶ 548,058.			548,058.	
Miscellaneous Revenue		Business Code				
11	a					
	b					
	c					
	d All other revenue	900099	818,230.		818,230.	
	e Total. Add lines 11a-11d	▶ 818,230.				
12 Total revenue. See instructions	▶ 951,480,844.	139,681,988.	0.	383,568,621.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	15,961,234.	15,961,234.		
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.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	660,337.	567,890.	92,447.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	337,239,001.	301,933,136.	32,081,393.	3,224,472.
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.
9 Other employee benefits	48,548,478.	42,691,712.	5,393,349.	463,417.
10 Payroll taxes	22,307,723.	19,607,702.	2,487,123.	212,898.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	15,241,668.			15,241,668.
f Investment management fees	17,746,403.	1,420,416.	16,325,987.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch. O.)	123,743,471.	96,109,333.	13,296,558.	14,337,580.
12 Advertising and promotion	29,553,380.	7,959,573.	269,392.	21,324,415.
13 Office expenses	26,153,505.	13,333,904.	6,108,393.	6,711,208.
14 Information technology	20,578,888.	339,170.	20,186,531.	53,187.
15 Royalties				
16 Occupancy	16,468,736.	15,775,799.	692,937.	
17 Travel	9,914,413.	4,446,803.	2,260,778.	3,206,832.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	1,336,781.	990,147.	329,531.	17,103.
20 Interest	635,298.	215,258.	420,040.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	40,629,078.	37,951,019.	2,678,059.	
23 Insurance	5,388,310.	5,251,982.	136,328.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEDICAL SUPPLIES	79,762,217.	79,653,182.	103,433.	5,602.
b PGA EVENT EXPENSES	12,085,485.	8,513,715.		3,571,770.
c PATIENT COSTS	4,213,672.	4,213,672.		
d TAXES AND FEES - TPP	3,793,401.	3,793,401.		
e All other expenses	14,577,523.	13,677,309.	742,457.	157,757.
25 Total functional expenses. Add lines 1 through 24e	884,184,182.	709,629,038.	105,836,129.	68,719,015.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	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 former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	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 11	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 equal line 34)	9,210,344,113.	16	8,356,855,492.	
Liabilities	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 Part IV of Schedule D	40,273,461.	21	41,810,014.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	566,746,733.	25	455,283,414.
	26 Total liabilities. Add lines 17 through 25	949,741,369.	26	766,142,539.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	6,841,156,148.	27	6,258,891,953.
	28 Temporarily restricted net assets	264,415,912.	28	194,156,000.
	29 Permanently restricted net assets	1,155,030,684.	29	1,137,665,000.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	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.	

Part XI Reconciliation of Net Assets

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

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.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form **990** (2018)

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(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 instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

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

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section 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? <i>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.</i>		
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? <i>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.</i>		

Section 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)? <i>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).</i>		

Section 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (2), did the organization's supported organizations have a 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a 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? <i>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.</i>		
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? <i>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.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a 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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(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	

Section 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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
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	

Section 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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2018

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
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 the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable 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: \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c 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 Part VI . 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:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, 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; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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.**

OMB No. 1545-0047

2018
Open to Public Inspection

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

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

	(a) Donor advised funds	(b) Funds and other accounts
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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a 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 conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part 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 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

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

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	7,477,660,381.	6,858,255,032.	6,833,070,742.	7,245,318,162.	7,305,707,433.
b Contributions					
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					
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					
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:
- 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:
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | | X |
| (ii) related organizations | | X |
| 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.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
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.

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

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

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	143,801,738.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	-726,269,756.	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	-62,899,308.	
e	Add lines 2a through 2d		2e	-789,169,064.
3	Subtract line 2e from line 1		3	932,970,802.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	17,741,118.	
b	Other (Describe in Part XIII.)	4b	768,924.	
c	Add lines 4a and 4b		4c	18,510,042.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	951,480,844.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	819,331,465.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	-768,924.	
e	Add lines 2a through 2d		2e	-768,924.
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:			
a	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.	
c	Add lines 4a and 4b		4c	64,083,793.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	884,184,182.

Part 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

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

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 F
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization SHRINERS HOSPITALS FOR CHILDREN	Employer identification number 36-2193608
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Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
MEXICO	0	0	GRANTS TO HOSPITAL SHRINERS PARA NINOS, A RELATED NONPROFIT ORGANIZATION.		13,367,118.
CANADA	0	0	GRANTS TO SHRINERS HOSPITALS FOR CHILDREN, A RELATED NONPROFIT ORGANIZATION.		4,234,893.
TIJUANA	0	0	GRANTS TO SHRINERS HOSPITALS FOR CHILDREN AMBULATORY CLINIC AT HIC AC, A RELATED NONPROFIT		27,048.
3 a Subtotal	0	0			17,629,059.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			17,629,059.

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) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA - CANADA, BUT NOT THE UNITED STATES OR MEXICO	TO PROVIDE FUNDS FOR PATIENT'S NEEDS AT SHRINERS HOSPITALS IN CANADA, WHICH INCLUDE	4,234,893.	CASH DISBURSEMENT	0.	N/A	N/A
		NORTH AMERICA - MEXICO, BUT NOT THE UNITED STATES OR CANADA	TO PROVIDE FUNDS FOR PATIENT'S NEEDS AT SHRINERS HOSPITALS IN MEXICO, WHICH INCLUDE	13,367,118.	CASH DISBURSEMENT	0.	N/A	N/A
		NORTH AMERICA - MEXICO, BUT NOT THE UNITED STATES OR CANADA	TO PROVIDE FUNDS FOR PATIENT'S NEEDS AT SHRINERS HOSPITALS IN TIJUANA, WHICH	27,048.	CASH DISBURSEMENT	0.	N/A	N/A

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▶ _____ 3

3 Enter total number of other organizations or entities ▶ _____

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part IV Foreign Forms

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

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to 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 No

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

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

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

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Schedule F (Form 990) 2018

Part V Supplemental Information

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.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		PAPER CRUSADE (event type)	FOOTBALL GAME (event type)	30 (total number)	
Revenue	1 Gross receipts	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.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	24,583.	237,034.	282,971.	544,588.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				544,588.
11 Net income summary. Subtract line 10 from line 3, column (d)				10,514,764.	

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 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:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount 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 ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

PART I, COLUMN V

FUNDRAISING SERVICES ARE PAID AS A FIXED FEE ONLY, FOR DONOR CULTIVATION, AND DO NOT INCLUDE ANY PAYMENT BASED ON AMOUNT RAISED. IN ADDITION, ALL AMOUNTS COME DIRECTLY TO THE ORGANIZATION AND ARE NOT RECEIVED BY THE FUNDRAISING COUNSEL TO OFFSET EXPENSES. WHILE THERE IS AN UPFRONT INVESTMENT, THE LIFETIME VALUE OF GIVING FROM THESE DONORS GENERATE SIGNIFICANT REVENUE TO SUPPORT THE CARE PROVIDED FOR THE PATIENTS OF THE ORGANIZATION.

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization SHRINERS HOSPITALS FOR CHILDREN	Employer identification number 36-2193608
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Part I Financial Assistance and Certain Other Community Benefits at Cost

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

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

7 Financial Assistance and Certain Other Community Benefits at Cost

	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			369,458,151.	74,031,454.	295,426,697.	33.41%
b Medicaid (from Worksheet 3, column a)			312,762,819.	65,650,534.	247,112,285.	27.95%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total. Financial Assistance and Means-Tested Government Programs			682,220,970.	139,681,988.	542,538,982.	61.36%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)						
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)						
h Research (from Worksheet 7)			27,408,068.		27,408,068.	3.10%
i Cash and in-kind contributions for community benefit (from Worksheet 8)						
j Total. Other Benefits			27,408,068.		27,408,068.	3.10%
k Total. Add lines 7d and 7j			709,629,038.	139,681,988.	569,947,050.	64.46%

Part V Facility Information

Section A. Hospital Facilities

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

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
1 SHRINERS HOSPITAL FOR CHILDREN-CHICAG 2211 NORTH OAK PARK AVENUE CHICAGO, IL 60707-3392 WWW.SHRINERSHOSPITALSFORCHILDREN.ORG 0003152	X		X	X		X				A
2 SHRINERS HOSPITAL FOR CHILDREN-CINCIN 3229 BURNET AVENUE CINCINNATI, OH 45229-3095 WWW.SHRINERSHOSPITALSFORCHILDREN.ORG 1808	X		X	X		X				A
3 SHRINERS HOSPITAL FOR CHILDREN-ERIE 1645 WEST 8TH STREET ERIE, PA 16505 WWW.SHRINERSHOSPITALSFORCHILDREN.ORG 23661501									OUTPATIENT AMBULATORY SURGICAL 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	X		X	X		X				A
6 SHRINERS HOSPITAL FOR CHILDREN-HONOLU 1310 PUNAHOU STREET HONOLULU, HI 96826-1099 WWW.SHRINERSHOSPITALSFORCHILDREN.ORG 8-H	X		X	X		X				A
7 SHRINERS HOSPITAL FOR CHILDREN-HOUSTO 6977 MAIN STREET HOUSTON, TX 77030-3701 WWW.SHRINERSHOSPITALSFORCHILDREN.ORG 000526	X		X	X		X				A
8 SHRINERS HOSPITAL FOR CHILDREN-LEXING 1900 RICHMOND ROAD LEXINGTON, KY 40502 WWW.SHRINERSHOSPITALSFORCHILDREN.ORG 300277; 101302; 740392									OUTPATIENT AMBULATORY SURGICAL CENTER & CLINIC	A
9 SHRINERS HOSPITAL FOR CHILDREN-PASADE 909 S. FAIR OAKS AVE PASADENA, CA 91105 WWW.SHRINERSHOSPITALSFORCHILDREN.ORG 930000150									OUTPATIENT AMBULATORY SURGICAL CENTER & CLINIC	A
10 SHRINERS HOSPITAL FOR CHILDREN-PHILAD 3551 NORTH BROAD STREET PHILADELPHIA, PA 19140-4131 WWW.SHRINERSHOSPITALSFORCHILDREN.ORG 07470100	X		X	X		X				A

Part V Facility Information

Section A. Hospital Facilities

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

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

Name, address, primary website address, and state license number (and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)

	Licensed hospital	Gen. medical & surgical	Children's hospital	Teaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other	Other (describe)	Facility reporting group
11 SHRINERS HOSPITAL FOR CHILDREN-PORTLA 3101 SW SAM JACKSON PARK RD. PORTLAND, OR 97239-3095 WWW.SHRINERSHOSPITALSFORCHILDREN.ORG 14-0073	X		X	X		X				A
12 SHRINERS HOSPITAL FOR CHILDREN-SALT L FAIRFAX ROAD AT VIRGINIA STREET SALT LAKE CITY, UT 84103 WWW.SHRINERSHOSPITALSFORCHILDREN.ORG 2015-HOSP-206	X		X	X						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.00000042	X		X	X		X				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
16 SHRINERS HOSPITAL FOR CHILDREN-TAMPA 12502 USF PINE DRIVE TAMPA, FL 33612-9499 WWW.SHRINERSHOSPITALSFORCHILDREN.ORG 4184	X		X	X		X				A
17 SHRINERS HOSPITAL FOR CHILDREN-TWIN C 2025 EAST RIVER PARKWAY MINNEAPOLIS, MN 55414 WWW.SHRINERSHOSPITALSFORCHILDREN.ORG N/A	X		X	X		X			CLINIC	A
18 SHRINERS HOSPITAL FOR CHILDREN-N. CAL 2425 STOCKTON BOULEVARD SACRAMENTO, CA 95817 WWW.SHRINERSHOSPITALSFORCHILDREN.ORG 030000620	X		X	X		X				A

Part V Facility Information (continued)

Section B. Facility Policies and Practices

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

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

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

Table with 3 columns: Question, Yes, No. Rows include Community Health Needs Assessment questions 1 through 12b.

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?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:			
a	<input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>400</u> % and FPG family income limit for eligibility for discounted care of <u>0</u> %		
b	<input checked="" type="checkbox"/> Income level other than FPG (describe in Section C)		
c	<input type="checkbox"/> Asset level		
d	<input type="checkbox"/> Medical indigency		
e	<input type="checkbox"/> Insurance status		
f	<input type="checkbox"/> Underinsurance status		
g	<input type="checkbox"/> Residency		
h	<input checked="" type="checkbox"/> Other (describe in Section C)		
14	Explained the basis for calculating amounts charged to patients?	X	
15	Explained the method for applying for financial assistance?	X	
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	<input type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b	<input type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c	<input type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d	<input type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e	<input checked="" type="checkbox"/> Other (describe in Section C)		
16	Was widely publicized within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):			
a	<input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
b	<input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
c	<input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>SEE PART V, PAGE 8</u>		
d	<input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e	<input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f	<input checked="" type="checkbox"/> 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	<input checked="" type="checkbox"/> 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	<input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i	<input type="checkbox"/> 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	<input type="checkbox"/> Other (describe in Section C)		

Part V Facility Information (continued)

Billing and Collections

Name 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?		X
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 <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> 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		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> Other similar actions (describe in Section C)		
f <input type="checkbox"/> 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?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> 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		
d <input type="checkbox"/> Actions that require a legal or judicial process		
e <input type="checkbox"/> 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):		
a <input type="checkbox"/> 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)		
b <input type="checkbox"/> Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)		
c <input type="checkbox"/> Processed incomplete and complete FAP applications (if not, describe in Section C)		
d <input type="checkbox"/> Made presumptive eligibility determinations (if not, describe in Section C)		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy 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?		X
If "No," indicate why:		
a <input checked="" type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions		
b <input type="checkbox"/> The hospital facility's policy was not in writing		
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)		
d <input type="checkbox"/> Other (describe in Section C)		

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.		
a	<input type="checkbox"/> The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period		
b	<input type="checkbox"/> 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	<input type="checkbox"/> 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	<input type="checkbox"/> 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? If "Yes," explain in Section C.		X
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? If "Yes," explain in Section C.		X

Schedule H (Form 990) 2018

Part V Facility Information (continued)

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

Part V Facility Information (continued)

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

Part V Facility Information (continued)

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

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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

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.

Part V Facility Information (continued)

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

Part V Facility Information (continued)

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.

Part V Facility Information (continued)

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

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 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.

Part V Facility Information (continued)

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

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 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.

Part V Facility Information (continued)

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

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 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

Part V Facility Information (continued)

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

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 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

CHNA THROUGH SURVEYS AND FOCUS GROUPS.

Part V Facility Information (continued)

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

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 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-PHILADELPHIA

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-PHILADELPHIA

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

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

Part V Facility Information (continued)

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.

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 10 -- SHRINERS HOSPITAL FOR CHILDREN-PHILADELPHIA

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
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

Part V Facility Information (continued)

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.

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 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 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,

Part V Facility Information (continued)

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.

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 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

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

Part V Facility Information (continued)

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

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,

Part V Facility Information (continued)

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.

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 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

WILL RECEIVE CARE COORDINATION AND BE REFERRED TO THE APPROPRIATE

Part V Facility Information (continued)

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

Part V Facility Information (continued)

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

WILL RECEIVE CARE COORDINATION AND BE REFERRED TO THE APPROPRIATE

PROFESSIONALS WITHIN THE COMMUNITY FOR PROVISION OF SERVICES.

Part V Facility Information (continued)

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

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 18 -- SHRINERS HOSPITAL FOR CHILDREN-N. CALI

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

Part V Facility Information *(continued)*

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.

Multiple horizontal lines for providing supplemental information.

Part VI Supplemental Information

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.

832100 11-09-18

Part VI Supplemental Information (Continuation)

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 I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to www.irs.gov/Form990 for the latest information.**

OMB No. 1545-0047

2018

**Open to Public
Inspection**

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

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
PEDIATRIC ORTHOPAEDIC SOCIETY OF NORTH AMERICA - 9400 W. HIGGINS RD, SUITE 500 - ROSEMONT, IL 60018	54-1323281	501(C)(3)	62,000.	0.	N/A	N/A	SPONSORSHIP GRANT
THE SHRINERS HOSPITAL FOR CHILDREN POST OFFICE BOX 31356 TAMPA, FL 33631-3356	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

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

3 Enter total number of other organizations listed in the line 1 table ▶

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2018)

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	(c) 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

Part IV Supplemental Information

INCLUDE EMPLOYEES SALARIES, MEDICAL SUPPLIES, AND OTHER NECESSARY

EXPENSES.

Multiple horizontal lines for data entry.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2018

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ 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: **SHRINERS HOSPITALS FOR CHILDREN**
 Employer identification number: **36-2193608**

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input checked="" type="checkbox"/> First-class or charter travel | <input checked="" type="checkbox"/> Housing allowance or residence for personal use |
| <input checked="" type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

- b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	X	
2	X	
4a		X
4b	X	
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2018

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 other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOHN MCCABE EXECUTIVE VICE PRESIDENT	(i)	601,416.	0.	22,112.	8,250.	10,559.	642,337.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ALLISON SCOTT ORTHOPEDIC SURGEON, ASST PROF	(i)	507,023.	0.	1,136,789.	8,250.	23,245.	1,675,307.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) PETER STASIKELIS DIRECTOR OF SPINE PROGRAM	(i)	482,690.	0.	890,246.	8,250.	33,381.	1,414,567.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) MICHAEL AIONA ORTHOPEDIC SURGEON	(i)	658,780.	0.	347,054.	8,250.	23,399.	1,037,483.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) DOUGLAS BARNES CHIEF OF STAFF	(i)	683,092.	0.	202,080.	8,250.	23,139.	916,561.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SCOTT KOZIN CHIEF OF STAFF	(i)	740,213.	0.	22,112.	8,250.	33,105.	803,680.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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 ACTIVELY 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

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
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 trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other	X	11	2,937,125.	FAIR MARKET VALUE
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 2

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **X**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **X**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **X**
- b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	

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

Schedule M (Form 990) 2018

Part II 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:

THE ORGANIZATION USES THIRD PARTY BROKERS AND REAL ESTATE AGENTS TO

SELL THE NON-CASH CONTRIBUTIONS OF REAL ESTATE.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public
Inspection

Name of the organization

SHRINERS HOSPITALS FOR CHILDREN

Employer identification number

36-2193608

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

SHRINERS HOSPITALS FOR CHILDREN OFFERS "CHARITY CARE" THROUGH AN

INTERNATIONAL NETWORK OF PEDIATRIC HOSPITALS DEDICATED TO PROVIDING

EXCELLENT PATIENT CARE, RESEARCH, AND EDUCATION FOR ORTHOPEDIC

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

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

STAFF IN 18 HOSPITALS, DELIVERS EXPERT, FAMILY-FOCUSED CARE REGARDLESS

OF THE FAMILY'S ABILITY TO PAY.

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

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

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

INFORMATION ABOUT SUPPORTING SHRINERS HOSPITALS, PLEASE VISIT

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

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

OUR SPECIALIZED CARE EXTENDS BEYOND THE CONVENTIONAL WALLS OF THE

HOSPITAL. SHRINERS HOSPITALS FOR CHILDREN ALSO SEEKS TO DELIVER CARE TO

THOSE INTERNATIONALLY THROUGH OUR TELEHEALTH PROGRAM, WHICH ALLOWS

PATIENTS TO RECEIVE OUR WRAP-AROUND CARE VIA VIDEO CONFERENCING. WE

ALSO STRIVE TO HELP 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 CLINICAL RESEARCH. SIX SHC LOCATIONS ARE MAJOR RESEARCH

HOSPITALS (FIVE OPERATED BY THIS ORGANIZATION), WORKING TO DEVELOP NEW

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

Schedule O (Form 990 or 990-EZ) (2018)

Name of the organization SHRINERS HOSPITALS FOR CHILDREN	Employer identification number 36-2193608
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TREATMENTS AND TECHNOLOGICAL ADVANCES WITHIN THE MEDICAL COMMUNITY.

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

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

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FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO

MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS (INCLUDING ITS CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS) ARE AVAILABLE ON THE ORGANIZATION'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.
FUNDRAISING 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.

Name of the organization SHRINERS HOSPITALS FOR CHILDREN	Employer identification number 36-2193608
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FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

CHANGE IN PENSION FUNDING OBLIGATION -12,289,555.

CHANGE IN PATIENT TRANSPORTATION FUNDS HELD BY SHRINE

TEMPLES 639,854.

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 OVERSIGHT PROCESS:

THE ORGANIZATION HAS AN AUDIT AND FINANCE COMMITTEE RESPONSIBLE FOR
OVERSIGHT OF THE FINANCIAL STATEMENT AUDIT AND SELECTION OF THE
INDEPENDENT ACCOUNTANT. THE COMMITTEE MEETS THREE TIMES A YEAR AND
COORDINATES THE AUDIT WITH THE INDEPENDENT AUDITORS. ANY FINANCIAL
CONCERN ENCOUNTERED IN THE SYSTEM IS ROUTED TO THIS COMMITTEE FOR
REVIEW. ALL MEMBERS OF THE COMMITTEE HOLD A CPA LICENSE. THIS PROCESS
HAS NOT CHANGED FROM PRIOR YEARS.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization SHRINERS HOSPITALS FOR CHILDREN	Employer identification number 36-2193608
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
PEDIATRIC ORTHOTIC AND PROSTHETIC SERVICES - NORTHWEST, LLC - 45-3940402, 3101 SW SAM JACKSON PARK RD, PORTLAND, OR 97239-3009	ORTHOPEDICS & PROSTHETICS	DELAWARE	3,306,672.	2,625,005.	SHRINERS HOSPITALS FOR CHILDREN
PEDIATRIC ORTHOTIC AND PROSTHETIC SERVICES - WEST, LLC - 27-2210763, 2425 STOCKTON BLVD, SACRAMENTO, CA 95817-2215	ORTHOPEDICS & PROSTHETICS	DELAWARE	3,616,404.	846,976.	SHRINERS HOSPITALS FOR CHILDREN
PEDIATRIC ORTHOTIC AND PROSTHETIC SERVICES - MIDWEST, LLC - 36-4790476, 2025 E RIVER PKWY, MINNEAPOLIS, MN 55414-3604	ORTHOPEDICS & PROSTHETICS	DELAWARE	2,016,102.	905,148.	SHRINERS HOSPITALS FOR CHILDREN
PEDIATRIC ORTHOTIC AND PROSTHETIC SERVICES - NORTHEAST, LLC - 61-1700888, 3551 N BROAD ST, PHILADELPHIA, PA 19140-4160	ORTHOPEDICS & PROSTHETICS	DELAWARE	1,421,526.	554,456.	SHRINERS HOSPITALS FOR 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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE SHRINERS' HOSPITAL FOR CHILDREN - 04-2121377, POST OFFICE BOX 31356, TAMPA, FL 33631-3356	HOSPITAL SYSTEM	MASSACHUSETTS	501(C)(3)	LINE 3	SHRINERS HOSPITALS FOR CHILDREN	X	
SHRINERS INTERNATIONAL - 36-2158164 POST OFFICE BOX 31356 TAMPA, FL 33631-3356	FOUNDED SHRINERS HOSPITALS FOR CHILDREN	IOWA	501(C)(10)	N/A			X
SHRINERS HOSPITALS FOR CHILDREN EMPLOYEE DISASTER RELIEF FUND - 26-3733381, 2900 ROCKY POINT DRIVE, TAMPA, FL 33607	DISASTER RELIEF	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7	SHRINERS HOSPITALS FOR CHILDREN	X	
SHRINERS HOSPITALS FOR CHILDREN (QUEBEC) INC., 1529 CEDAR AVE, MONTREAL, QUEBEC, CANADA H36 1A6	HOSPITAL SYSTEM	CANADA	501(C)(3) EQUIVALENT	LINE 3	SHRINERS HOSPITALS FOR CHILDREN	X	

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

Schedule R (Form 990) 2018

SEE PART VII FOR CONTINUATIONS

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

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								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.

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

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) SHRINERS HOSPITALS FOR CHILDREN, CAN	B	4,234,893.	CASH
(2) SHRINERS HOSPITALS FOR CHILDREN, MEX	B	13,367,118.	CASH
(3) THE SHRINERS' HOSPITAL FOR CHILDREN	B	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

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

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

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