Form 990
(Rev. January 2020)
Department of the Treasury

** PUBLIC DISCLOSURE COPY **

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

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.



AF	or the	2019 calendar year, or tax year beginning and	ending					
B c	heck if pplicable:	C Name of organization		D Employer identific	ation number			
	Address	SHRINERS HOSPITALS FOR CHILDREN						
	Name change	Doing business as	36-2193608					
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	E Telephone number					
	Final return/	POST OFFICE BOX 31356	(813)281-0300)				
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,630,142,502.				
	Amende	IAMPA, FL 53051-5550	H(a) Is this a group re	turn				
	Applica tion	F Name and address of principal officer: COMM MCCABE		for subordinates?	? Yes 🗓 No			
	pending	2900 N ROCKY POINT DRIVE, TAMPA, FL 33607		H(b) Are all subordinates ind	cluded? Yes No			
		npt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) (or 📃 527	If "No," attach a	list. (see instructions)			
		HTTP://WWW.SHRINERSHOSPITALSFORCHILDREN.ORG/		H(c) Group exemption				
		organization: 🕱 Corporation 📄 Trust 🦳 Association 🦳 Other 🕨	L Year	of formation: 1925	State of legal domicile: CO			
Pa		Summary						
e		Briefly describe the organization's mission or most significant activities:	VIDE PEDI	ATRIC SPECIALTY				
Governance	- 1	ARE, REGARDLESS OF THE PATIENT OR FAMILIES ABILITY TO PAY.						
ernë		Check this box 🕨 🛄 if the organization discontinued its operations or dispos	ed of more	1 1				
Š					18			
~ ৩		lumber of independent voting members of the governing body (Part VI, line 1b)		16 5530				
ies		otal number of individuals employed in calendar year 2019 (Part V, line 2a)						
Activities &		otal number of volunteers (estimate if necessary)			5000			
Act		otal unrelated business revenue from Part VIII, column (C), line 12			0.			
		let unrelated business taxable income from Form 990-T, line 39		Prior Year	Current Year			
	8 0	Contributions and grants (Part VIII, line 1h)		428,230,235.	403,738,980.			
Iue			139,681,988.	140,551,844.				
Revenue		Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		353,307,162.	254,455,704.			
Re		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		30,261,459.	17,005,509.			
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		951,480,844.	815,752,037.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		33,590,293.	35,075,483.			
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		428,771,660.	435,198,384.			
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		15,241,668.	16,939,548.			
per		otal fundraising expenses (Part IX, column (D), line 25)	141.					
ŭ		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		406,580,561.	415,744,921.			
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		884,184,182.	902,958,336.			
		Revenue less expenses. Subtract line 18 from line 12		67,296,662.	-87,206,299.			
OL				ginning of Current Year	End of Year			
sets	20 T	otal assets (Part X, line 16)		8,356,855,492.	10,003,771,442.			
tAs:		otal liabilities (Part X, line 26)		766,142,539.	995,905,590.			
ENei Plai		let assets or fund balances. Subtract line 21 from line 20		7,590,712,953.	9,007,865,852.			
Pa	art II	Signature Block						

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

Sign	Signature of officer		D	ate						
Here	JERRY GANTT, CHAIRMAN									
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	Date	Check PTIN						
Paid	PAUL DUNHAM			self-employed P00100222						
Preparer	Firm's name CBIZ MHM, LLC		F	irm's EIN 🕨 27–3605969						
Use Only	Firm's address 13577 FEATHER SOUND DR.,	SUITE 400								
CLEARWATER, FL 33762-5539 Phone no.727-572-1400										
May the II	May the IRS discuss this return with the preparer shown above? (see instructions)									
932001 01-2	32001 01-20-20 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019)									

	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?
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?
0	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$698,512,215. including grants of \$35,075,483.) (Revenue \$141,280,728.
	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 \$22,436,823. including grants of \$) (Revenue \$)
	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 \$
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4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c 4d	(Code:) (Expenses \$ including grants of \$) (Revenue \$
	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
	Other program services (Describe on Schedule O.)

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a	rt IV Checklist of Required Schedules			
			Yes	No
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
	Is the organization required to complete Schedule B, Schedule of Contributors?	2	х	
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	:		
	during the tax year? If "Yes," complete Schedule C, Part II			x
	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D. Part i	6		x
	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		x
	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9	х	
	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	х	
,	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
;	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
1	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	· ····		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	· ····		
-	Schedule D, Parts XI and XII	12a		x
,	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes." and if the organization answered "No" to line 12a, then completing Schedule D. Parts XI and XII is optional	12b	х	
	\sim rest, and it are organization answered into the interval, then completing constants D , rate N and N is oblicinal \sim			

13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
14a	Did the organization maintain an office, employees, or agents outside of the United States?
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000
	or more? If "Yes," complete Schedule F, Parts I and IV
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any
	foreign organization? If "Yes," complete Schedule F, Parts II and IV
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX

than \$15,000 of expenses for professional fundraisi column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18

1c and 8a? If "Yes," complete Schedule G, Part II 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes." 19 19 complete Schedule G, Part III 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a **b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II 21

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Х Form 990 (2019)

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2019.04000 SHRINERS HOSPITALS FOR CH 326610_1

Form 990 (2019)		HOSPITALS		
Part IV	Checklist o	of Required Se	chedules (contin	ued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	0.5		x
	transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>	25a		
a	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	OFh		x
26	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	0.51	х	
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Λ	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	26		x
37	<i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	- 57		
00	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			X
			Yes	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1032			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
с				
	(gambling) winnings to prize winners?	1c	х	
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2019.04000 SHRINERS HOSPITALS FOR CH 326610_1

Form	990 (2019) SHRINERS HOSPITALS FOR CHILDREN 36-219360	8	F	Page 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 5530			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
b	If "Yes," enter the name of the foreign country SEE SCHEDULE 0			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
с	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c	х	
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d 1			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	х	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year? N/A	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966? N/A	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders N/A 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? N/A	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
с	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
-	excess parachute payment(s) during the year?	15		x
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
	If "Yes," complete Form 4720, Schedule O.	10		
			000	(2010)

Form **990** (2019)

932005 01-20-20

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			-
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>		X
Sec	tion A. Governing Body and Management			
		•	Yes	No
1 a	Enter the number of voting members of the governing body at the end of the tax year 1a1	1		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	-		
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1	2		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6	X	
7a				
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed 🕨 AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only)	availa	ble
	for public inspection. Indicate how you made these available. Check all that apply.	,e e,))	arana	
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d finan	cial	
	statements available to the public during the tax year.	aman		
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	RACHEL L. MEHLENBACHER - 813-518-7845			
	2900 N ROCKY POINT DRIVE TAMPA FL 33607			
	2900 N ROCKY POINT DRIVE, TAMPA, FL 33607 3 01-20-20 SEE SCHEDULE O FOR FULL LIST OF STATES	Eorm	990	(201)

Form 990 (36-2193608	Page 7						
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.

See instructions for the order in which to list the persons above.

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

Name and title Average hours per weak fight any hours for weak below Description below mine and a structure weak below below Description and a structure below Reportable compensation from organization (W-2/1099-MISC) Estimated aunual compensation from the organization (W-2/1099-MISC) (1) JERRY G. GANTY 40.00 x x 10.000 0.000 0.000 (1) JERRY G. GANTY 40.00 x x 10.000 0.000 0.000 (1) JERRY G. GANTY 40.00 x x 10.000 0.000 0.000 (2) JERRY G. GANTY 40.00 x x 0.000 0.000 0.000 (2) JERRY G. GANTY 5.00 x x 0.000 0.000 0.000 (2) JERRY G. GANTY 5.00 x x 0.000 0.000 0.000 (2) JERRY G. GANTY 5.00 x x 0.000 0.000 0.000 (2) MELLE MANIN 6.00 x x 0.000 0.000 0.000 0.000 0	(A)	(B)	(C)		(D)	(E)	(F)				
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	TRUSTEE	2.00	Х						0.	0.	

932007 01-20-20

Form 990 (2019)

17030702 143399 326610

2019.04000 SHRINERS HOSPITALS FOR CH 326610_1

Form 990 (2019) SHRINERS HOSE									36-219	93608	8	F	Page 8		
Part VII Section A. Officers, Directors, Trust	ees, Key Em	oloy	ees,	and	d Hig	ghes	t C	ompensated Employee	s (continued)						
(A)	(B)				C)			(D)	(E)			(F)			
Name and title	Average	(do		Pos		l than o	ne	Reportable	Reportable		Es	timat	ted		
	hours per	box	, unle	ss pei	rson i	s both	an	compensation	compensatior	ו ר	an	nount	t of		
	week	offi	cer ar	nd a d	irecto	r/trust	ee)	from	from related			othe	r		
	(list any	ector						the	organizations		com	pens	ation		
	hours for	or dir	e a			ited		organization	(W-2/1099-MIS	C)		om tl			
	related	stee (trustee			Densa		(W-2/1099-MISC)			•	aniza			
	organizations below	al tru	onal t		loyee	com						d rela			
	line)	Individual trustee or director	In stit utio nal 1	Officer	ƙey employee	Highest compensated employee	Former				orga	Inizat	tions		
	,	lnc	lus	Off	Key	en (Ē			$ \rightarrow $					
(18) PAUL F. POULIN	5.00	-													
TRUSTEE	0.00	х						0.		0.			0.		
(19) JOHN MCCABE	40.00														
EXECUTIVE VICE PRESIDENT	0.00		<u> </u>		х			699,015.		0.		19	,806.		
(20) MICHELLE JAMES	40.00														
CHIEF OF STAFF	0.00					X		2,162,645.		0.		32	,433.		
(21) AMER SAMDANI	40.00														
CHIEF OF SURGERY	0.00					х		776,502.		٥.		44	,466.		
(22) SCOTT KOZIN	40.00														
CHIEF OF STAFF	0.00					x		765,375.		0.		44	,190.		
(23) PURNENDU GUPTA	40.00														
CHIEF OF STAFF	0.00					х		750,054.		٥.		55	,978.		
(24) GLEN BAIRD	40.00														
CHIEF OF STAFF	0.00					х		750,188.		٥.		46	,840.		
1b Subtotal	•					. <u> </u>	•	5,921,779.	47,5	00.		243	,713.		
c Total from continuation sheets to Part VI								0.	,	0.			0.		
d Total (add lines 1b and 1c)								5,921,779.	47,5	.00		243	,713.		
2 Total number of individuals (including but no								, ,	,				/		
compensation from the organization		030	11310	u ac	000	<i>,</i> , , , , , , , , , , , , , , , , , ,	510						766		
												Yes	-		
2 Did the exercitation list on <i>former</i> officer	diverter truct	I					h:~	hast componented own		ſ		100			
3 Did the organization list any former officer,				•	•		•				•		x		
line 1a? If "Yes," complete Schedule J for su											3		<u> </u>		
4 For any individual listed on line 1a, is the su												v			
and related organizations greater than \$150	,		•								4	X			
5 Did any person listed on line 1a receive or a															
rendered to the organization? If "Yes," com	plete Schedule	e J f	or sı	ıch i	bers	on .					5		X		
Section B. Independent Contractors															
1 Complete this table for your five highest cor	npensated inc	lepe	nde	nt co	ontra	actor	s th	nat received more than \$	100,000 of comp	ensat	ion fro	m			
the organization. Report compensation for t	he calendar ye	ear e	endir	ng w	rith c	or wit	hin	the organization's tax y	ear.						
(A)								(B)			(C				
Name and business	address							Description of s	ervices	C	omper	nsatio	on		
THE UNIVERSITY OF TEXAS MEDICAL															
301 UNIVERSITY BLVD, GALVESTON, TX 77	7555							MEDICAL SERVICES			8,	473	,459.		
UC REGENTS UC DAVIS MED CTR															
ONE SHIELDS AVE, DAVIS, CA 95616								MEDICAL SERVICES			8	109	,799.		
THE GENERAL HOSPITAL CORPORATION													<u> </u>		
55 FRUIT ST, BOSTON, MA 02114 MEDICAL SERVICES 4,511,658.							,658.								
KENTUCKY MEDICAL SERVICES FOUNDATION													,		
PO BOX 587, LEXINGTON, KY 40586								MEDICAL SERVICES			4	359	,037.		
BURNS AND ASSOCIATES MANAGEMENT											,				
906 OLIVE ST STE 1220, ST LOUIS, MO 6	53101							MARKETING			4	123	,608.		
		ot lir	nited	d to	thos	se list	ed	above) who received mo	ore than						
	•	-					 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 75 								

Form **990** (2019)

932008 01-20-20

	t VIII	Statement of Re	ven	ue					8 Paç
		Check if Schedule O	conta	ains a response	or note to any line	e in this Part VIII			Γ
				·		(A) Total revenue	(B) Related or exempt	(C)	(D) Revenue exclu from tax und sections 512 -
'n	1 a	Federated campaigns		1a					
nur		Membership dues			964,305.				
Ē		Fundraising events			11,842,026.				
A		Related organizations							
and Other Similar Amounts		Government grants (contr			22,296,854.				
0		All other contributions, gifts,							
ner.		similar amounts not included			368,635,795.				
	g	Noncash contributions included in	lines [.]	1a-1f 1g \$	8,730,924.				
an	h	Total. Add lines 1a-1f				403,738,980.			
					Business Code				
	2 a	PATIENT SERVICE			621110	140,551,844.	140,551,844.		
Ð	b								
μ	с								
nevenue	d								
١	е								
		All other program service							
_		Total. Add lines 2a-2f				140,551,844.			
	3	Investment income (includ	Ŭ		· ·	100 000 054			100 000 0
	_	other similar amounts)				190,006,654.			190,006,6
	4	Income from investment o				409 776			400 7
	5	Royalties				498,776.			498,7
	•	a .		(i) Real	(ii) Personal				
		Gross rents							
		Less: rental expenses	6b	16,168,766	·				
		Rental income or (loss)	\ <u></u>			16,168,766.			16,168,7
		Net rental income or (loss) Gross amount from sales of) <u></u>	(i) Securities	(ii) Other	10,100,700.			10,100,7
	Га	assets other than inventory	7a						
	h	Less: cost or other basis	10		•				
	D.	and sales expenses	7h	1800035924	. 26,834.				
	c	Gain or (loss)	_	64,475,884					
		Net gain or (loss)				64,449,050.			64,449,0
		Gross income from fundraisi				, ,			, ,
	• -	including \$ 11,8	-						
		contributions reported on							
		Part IV, line 18			9,327,181.				
	b	Less: direct expenses			11,202,708.				
		Net income or (loss) from				-1,875,527.			-1,875,5
	9 a	Gross income from gamin	ig ac	tivities. See					
		Part IV, line 19			1				
	b	Less: direct expenses							
	с	Net income or (loss) from	gam	ing activities	🕨				
	10 a	Gross sales of inventory, I							
		and allowances			a 3,563,176.				
		Less: cost of goods sold			b 3,124,999.				
+	С	Net income or (loss) from	sale	s of inventory .	>	438,177.			438,1
					Business Code				
e	11 a								
(en	b								
Revenue	c				000000	1 995 346	700 001		1 046 4
1		All other revenue			900099	1,775,317.	728,884.		1,046,4
L		Total. Add lines 11a-11d			····· •	1,775,317.	141 000 700		000 000 0
	12	Total revenue. See instruction	าทร			815,752,037.	141,280,728.	0.	270,732,3

9

SHRINERS HOSPITALS FOR CHILDREN

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

Х Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b, Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 19,582,965 19,582,965 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 15,492,518. 15,492,518. Benefits paid to or for members 4 Compensation of current officers, directors, 5 103,155 trustees, and key employees 736,821, 633,666. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 339,016,368. Other salaries and wages 303,053,092. 32,551,451. 3,411,825. 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 19,782,668 17,682,998. 1,900,906 198,764. 47,993,421 53,692,634 5,159,874 539,339. Other employee benefits 9 21,969,893 19,637,762 2,111,484 220,647. 10 Payroll taxes Fees for services (nonemployees): 11 Management а b Legal С Accounting Lobbying d 16,939,548, 16,939,548. Professional fundraising services. See Part IV, line 17 е Investment management fees 17,767,997. 2,246,713. 15,521,284. f Other. (If line 11g amount exceeds 10% of line 25, 130,216,579 96,677,008. 14,776,843 18,762,728. column (A) amount, list line 11g expenses on Sch O.) 35,494,269 12,113,406 266,233 23,114,630. Advertising and promotion 12 28,494,373 13,562,223. 8,712,034. 6,220,116 13 Office expenses 20,847,147. 21,147,843 294,052. 6,644. Information technology 14 Royalties 15 17,270,129 16,635,408. 634,721. 16 Occupancy 8,203,583 2,121,036, 3,873,954 2,208,593. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 318,584 1,251,062. 930,995. Conferences, conventions, and meetings 1,483. 19 568,627, 199,312, 369,315, 20 Interest Payments to affiliates 21 50,833,858 46,836,343, 3,997,515 22 Depreciation, depletion, and amortization 5,724,002. 5,425,582 298,420 23 Insurance Other expenses. Itemize expenses not covered 24 above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.) MEDICAL SUPPLIES 78,283,922, 78,145,826. 132,693 5,403. а PGA EVENT EXPENSES 8,599,401 8,599,401 b TAXES AND FEES -ͲΡΡ 4,149,762. 4,149,762. С PATIENT COSTS 2,576,217. 2,576,217. d 5,163,297, 4,606,414, 431,380 125,503. All other expenses е 74,247,141. 902,958,336 720,949,038 107,762,157 Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

932010 01-20-20

10 2019.04000 SHRINERS HOSPITALS FOR CH 326610_1

Form 990 (2019)

17030702 143399 326610

					Degining of year		End of year
	1	Cash - non-interest-bearing			3,323,387.	1	1,391,112.
	2	Savings and temporary cash investments		Г	26,091,941.	2	32,413,834.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		32,229,710.	4	30,407,974.	
	5	Loans and other receivables from any current of					
		trustee, key employee, creator or founder, subs					
		controlled entity or family member of any of the		5			
	6	Loans and other receivables from other disqua	-			-	
	•	under section 4958(f)(1)), and persons describe				6	
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use	11,071,159.	8	10,698,209.		
Ass	9				24,779,342.	9	26,463,429.
		•	·····			9	
	10a	Land, buildings, and equipment: cost or other	100	1 391 161 027			
	b	basis. Complete Part VI of Schedule D		734,131,001.	670,324,802.	10-	657,030,026.
		Less: accumulated depreciation		, ,	5,980,012,981.	10c	7,475,878,961.
	11	Investments - publicly traded securities			303,548,563.	11	289,949,957.
	12	Investments - other securities. See Part IV, line			24,257,039.	12	
	13	Investments - program-related. See Part IV, line			24,257,039.	13	31,121,747.
	14	Intangible assets			1 201 216 560	14	1 440 416 102
	15	Other assets. See Part IV, line 11			1,281,216,568.	15	1,448,416,193.
	16	Total assets. Add lines 1 through 15 (must equ			8,356,855,492.	16	10,003,771,442.
	17	Accounts payable and accrued expenses			262,421,560.	17	291,736,852.
	18	Grants payable				18	
	19	Deferred revenue		6,627,551.	19	3,134,887.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	41,810,014.	21	41,680,991.		
ŝ	22	Loans and other payables to any current or for					
liti		trustee, key employee, creator or founder, subs					
Liabilities		controlled entity or family member of any of the			22		
	23	Secured mortgages and notes payable to unrel	ated third p	arties		23	
	24	Unsecured notes and loans payable to unrelate	ed third part	ies		24	
	25	Other liabilities (including federal income tax, p	ayables to r	elated third			
		parties, and other liabilities not included on line	es 17-24). Co	omplete Part X			
		of Schedule D			455,283,414.	25	659,352,860.
	26	Total liabilities. Add lines 17 through 25			766,142,539.	26	995,905,590.
		Organizations that follow FASB ASC 958, ch	eck here	X			
ces		and complete lines 27, 28, 32, and 33.					
an	27	Net assets without donor restrictions			6,258,891,953.	27	7,632,025,852.
Ва	28				1,331,821,000.	28	1,375,840,000.
Fund Balanc		Organizations that do not follow FASB ASC 958, check here					
л -		and complete lines 29 through 33.					
õ	29	Capital stock or trust principal, or current funds		29			
sets	30	Paid-in or capital surplus, or land, building, or e		und		30	
Ast	31	Retained earnings, endowment, accumulated in				31	
Net Assets or	32	Total net assets or fund balances			7,590,712,953.	32	9,007,865,852.
~	33				8,356,855,492.	33	10,003,771,442.

SHRINERS HOSPITALS FOR CHILDREN

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

36-2193608 Pa

(B) End of year

(A) Beginning of year Page **11**

Form 990 (2019)
Part X Balance Sheet

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI X 1 Total revenue (must equal Part VIII, column (A), line 12) 1 815,752,037. 2 Total expenses (must equal Part IX, column (A), line 25) 2 902,958,336. 3 Revenue less expenses. Subtract line 2 from line 1 3 -87,206,299. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 7,590,712,953. 5 Net unrealized gains (losses) on investments 5 871,778,362. 6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 -1,012,302. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 633,593,138. 10 9,007,865,852. 10 9,007,865,852. Part XII Financial Statements and Reporting 5	Form	990 (2019) SHRINERS HOSPITALS FOR CHILDREN	36-219	3608	Pa	_{ge} 12
1Total revenue (must equal Part VIII, column (A), line 12)1815,752,037.2Total expenses (must equal Part IX, column (A), line 25)2902,958,336.3Revenue less expenses. Subtract line 2 from line 13-87,206,299.4Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))47,590,712,953.5Net unrealized gains (losses) on investments5871,778,362.60667Investment expenses78Prior period adjustments8-1,012,302.9Other changes in net assets or fund balances (explain on Schedule O)9633,593,138.10Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))9,007,865,852.						<u>.</u>
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 5 7 6 7 7 8 -1,012,302. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Ga3, 593,138. 10 9,007,865,852. Part XII Financial Statements and Reporting		Check if Schedule O contains a response or note to any line in this Part XI				X
2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 5 7 6 7 7 8 -1,012,302. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Ga3, 593,138. 10 9,007,865,852. Part XII Financial Statements and Reporting						
3 Revenue less expenses. Subtract line 2 from line 1 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 7,590,712,953. 5 Net unrealized gains (losses) on investments 5 871,778,362. 6 6 6 7 6 7 9 Other changes in net assets or fund balances (explain on Schedule O) 9 633,593,138. 10 Net assets and diguard part XII Financial Statements and Reporting 10 9,007,865,852.	1	Total revenue (must equal Part VIII, column (A), line 12)	1	815	,752,	037.
3 Revenue less expenses. Subtract line 2 from line 1 3 -87,206,299. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 7,590,712,953. 5 Net unrealized gains (losses) on investments 5 871,778,362. 6 6 6 7 6 7 8 Prior period adjustments 8 -1,012,302. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 633,593,138. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 9,007,865,852.	2	Total expenses (must equal Part IX, column (A), line 25)	2	902	,958,	336.
 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 0 7 Investment expenses 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 9 Other sets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 9,007,865,852. Part XII Financial Statements and Reporting 	3		3	-87	,206,	299.
6 6 7 7 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting	4		4	7,590	,712,	953.
6 6 7 7 8 Prior period adjustments 8 -1,012,302 9 Other changes in net assets or fund balances (explain on Schedule O) 9 633,593,138 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 9,007,865,852 Part XII Financial Statements and Reporting 10 9,007,865,852	5	Net unrealized gains (losses) on investments	5	871	,778,	362.
7 Investment expenses 7 8 Prior period adjustments 8 -1,012,302. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 633,593,138. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 9,007,865,852. Part XII Financial Statements and Reporting 10 9,007,865,852.	6		6			
8 Prior period adjustments 8 -1,012,302. 9 Other changes in net assets or fund balances (explain on Schedule O) 9 633,593,138. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 9 007,865,852. Part XII Financial Statements and Reporting 10 9,007,865,852.	7		7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 9,007,865,852. Part XII Financial Statements and Reporting 10 9,007,865,852.	8		8	-1	,012,	302.
column (B)) 10 9,007,865,852. Part XII Financial Statements and Reporting	9	Other changes in net assets or fund balances (explain on Schedule O)	9	633	,593,	138.
Part XII Financial Statements and Reporting	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
			10	9,007	,865,	852.
Check if Schedule O contains a response or note to any line in this Part XII	Pa	rt XII Financial Statements and Reporting				
		Check if Schedule O contains a response or note to any line in this Part XII				X
Yes No					Yes	No
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	1	Accounting method used to prepare the Form 990: Cash X Accrual Other		-		
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	D.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a		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, or both:				
Separate basis Consolidated basis Both consolidated and separate basis		Separate basis Consolidated basis Both consolidated and separate basis				
b Were the organization's financial statements audited by an independent accountant?	b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis,		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
consolidated basis, or both:						
Separate basis X Consolidated basis Both consolidated and separate basis		Separate basis X 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,	С	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?		review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.		If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule 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	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit			
Act and OMB Circular A-133? 3a X		Act and OMB Circular A-133?		3a		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
or audits, explain why on Schedule O and describe any steps taken to undergo such audits		or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2019)

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

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2019

Open to	Public
Inspec	tion

Name of the organization

Nam	e of t	the organization						Employer	identification number
			RS HOSPITALS FO						36-2193608
Pa	τI	Reason for Public C	Charity Status (All organizations must co	omplete th	is part.) Se	e instructions	3.	
The o	organ	ization is not a private found	ation because it is: (For lines 1 through 12, c	heck only	one box.)			
1		A church, convention of chu	urches, or associatio	on of churches described	in sectio	on 170(b)(1	I)(A)(i).		
2		A school described in secti	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3	Х	A hospital or a cooperative					ii).		
4		A medical research organization)(iii). Enter	the hospital's name,
		city, and state:							
5		An organization operated for	or the benefit of a co	llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6		A federal, state, or local gov	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).		
7		An organization that normal	lly receives a substa	ntial part of its support fi	om a gove	ernmental	unit or from th	ne general j	oublic described in
		section 170(b)(1)(A)(vi). (Complete Part II.)							
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)				
9	An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college								
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the i	name, city	, and state of	the college	or
		university:						-	
10		An organization that normal	lly receives: (1) more	than 33 1/3% of its sup	oort from o	contributio	ns, membersl	nip fees, an	d gross receipts from
		activities related to its exem							
		income and unrelated busir	ness taxable income	(less section 511 tax) fro	m busines	sses acqui	red by the org	anization a	Ifter June 30, 1975.
		See section 509(a)(2). (Cor	mplete Part III.)						
11		An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).		
12		An organization organized a	and operated exclus	ively for the benefit of, to	perform t	he functio	ns of, or to ca	rry out the	purposes of one or
		more publicly supported org	ganizations describe	d in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3).	Check the box in
		lines 12a through 12d that of	describes the type o	f supporting organizatior	and com	plete lines	12e, 12f, and	12g.	
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its supp	oorted org	anization(s), t	pically by	giving
		the supported organization	on(s) the power to re	gularly appoint or elect a	majority c	of the direc	tors or truste	es of the su	Ipporting
		organization. You must c	complete Part IV, Se	ections A and B.					
b		Type II. A supporting orga	anization supervised	or controlled in connect	ion with its	s supporte	ed organizatio	n(s), by hav	ring
		control or management o	f the supporting org	anization vested in the sa	ame perso	ns that co	ntrol or mana	ge the supp	ported
		organization(s). You mus	t complete Part IV,	Sections A and C.					
с		Type III functionally inte	grated. A supportin	g organization operated	in connect	tion with, a	and functional	ly integrate	ed with,
		its supported organizatior	n(s) (see instructions). You must complete I	Part IV, Se	ections A,	D, and E.		
d		Type III non-functionally	integrated. A supp	orting organization oper	ated in co	nnection v	ith its suppor	ted organiz	zation(s)
		that is not functionally inte	egrated. The organiz	ation generally must sat	isfy a distr	ibution red	quirement and	an attentiv	/eness
		requirement (see instructi	ions). You must cor	nplete Part IV, Sections	A and D,	and Part	V.		
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	Туре I, Туре	II, Type III	
		functionally integrated, or	r Type III non-functio	nally integrated supporti	ng organiz	ation.			
f	Ente	er the number of supported o	organizations						
g		vide the following information			(iv) to the error	nization listed			
	(i) Name of supported organization 	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	anization listed ing document?	(v) Amount o support (see ir	-	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see in	istructions)	support (see instructions)
Tota							<u> </u>		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019 13

Schedule A (Form 990 or 990-EZ) 2019 SHRINERS HOSPITALS FOR CHILDREN

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

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

See	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support		•		•	•	•
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
	Gross receipts from related activities,	etc. (see instructiv	ons)			12	•
	First five years. If the Form 990 is for	-				1 501(c)(3)	
	organization, check this box and stop	ohere					
See	ction C. Computation of Publi						
14	Public support percentage for 2019 (I	ine 6, column (f) di	ivided by line 11, c	olumn (f))		14	%
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2019. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organization	۱			
b	33 1/3% support test - 2018. If the c						
	and stop here. The organization qual	ifies as a publicly s	supported organiz	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop	here. Explain in Pa	rt VI how the orga	nization
	meets the "facts-and-circumstances"					-	
b	10% -facts-and-circumstances test	-	-	• • • •		7a, and line 15 is	10% or
	more, and if the organization meets th	י וe "facts-and-circu	imstances" test, cl	neck this box and	stop here. Explair	n in Part VI how the	9
	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio		•		, ,, ,		s ►
						edule A (Form 990	

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Schedule A (Form 990 or 990-EZ) 2019 SHRINERS HOSPITALS FOR CHILDREN

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	<u>, prodoc comp</u>					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
t	3 received from disqualified persons Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
See	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b 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	s first, second, thir	d, fourth, or fifth t	ax year as a section	n 501(c)(3) organ	ization,
_							
	ction C. Computation of Publi		•				
	Public support percentage for 2019 (I					15	%
	Public support percentage from 2018					16	%
	ction D. Computation of Inves			10 1 (1)			
	Investment income percentage for 20					17	%
18	Investment income percentage from :					18	17 is not
195	33 1/3% support tests - 2019. If the more than 33 1/3%, check this box ar						
٢	33 1/3% support tests - 2018. If the						and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 09-25-19						90 or 990-EZ) 2019
			1 5				

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1

No Yes

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

16

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Schedule A (Form 990 or 990-EZ) 2019

2 3a 3b 3c 4a 4b 4c 5a 5b <u>5c</u> 6 7 8 9a 9b 9c 10a 10b

36-2193608 Page **5**

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		100	
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
2	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
		2		
2	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3				
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	0		
<u>Soc</u>	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a	The organization satisfied the Activities Test. <i>Complete</i> line 2 <i>below.</i>			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instr	uctions)		
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	-		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
932025	5 09-25-19 Schedule A (Form 9	90 or 99	0-EZ)	2019

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2019.04000 SHRINERS HOSPITALS FOR CH 326610_1

	edule A (Form 990 or 990 EZ) 2019 SHRINERS HOSPITALS FOR CHILDREN			36-2193608 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir			
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	•		Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co		lions a through E.	(B) Current Year
Sect	ion A - Adjusted Net Income		(A) Prior Year	(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year
				(optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
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		
е	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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functiona	Ilv integrated	d Type III supporting orga	anization (see

Schedule A (Form 990 or 990-EZ) 2019

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instructions).

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	e organization is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount	r	1	
		(i)	(ii)	(iii)
Sect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
c	From 2016			
d	From 2017			
e	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
	Excess from 2018			
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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Schedule A	(Form 990 or 990-EZ) 2019 SHRINERS HOSPITALS FOR CHILDREN	36-2193608	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any a (See instructions.)	ines 1 and 2; Part IV, Section Part V, Section B, line 1e; Pa	٦C,
932028 09-25-1	9 Sc 20	hedule A (Form 990 or 990	-EZ) 2019

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Employer identification number

36	-21	93	60	8

SI	HRINERS HOSPITALS FOR CHILDREN
Organization type (check	one):
Filers of:	Section:
Form 990 or 990-EZ	$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $
	4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization
501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

Form 990-PF

X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

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

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributions totaling \$5,000 or more during the year for an *exclusively* set is contributed.

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

 $\label{eq:LHA} \mbox{ For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

SCHEDULE D)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.



Department of the Treasury Internal Revenue Service

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

Nam	e of the organization SHRINERS HOSPITALS FOR CHILE	זיק סו	Employer identification number 36-2193608
Pa			
Fai			Son Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
	Tabel work on the former	(a) Donor advised funds	
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	-	
~	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or impermissible private benefit?		
Pa		anization answered "Ves" on Form 990	Part IV line 7
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (for example, recreati		of a historically important land area
	Protection of natural habitat	·	of a certified historic structure
	Preservation of open space		of a certified historic structure
0		ad concernation contribution in the form	of a concentration accoment on the last
2	Complete lines 2a through 2d if the organization held a qualifie day of the tax year.		Held at the End of the Tax Year
2	Total number of conservation easements		
a b			
b	Number of conservation easements on a certified historic structure	sturo included in (a)	
c d	Number of conservation easements included in (c) acquired af		
u	listed in the National Register	-	
3	Number of conservation easements modified, transferred, rele		
5	year	ased, extinguished, or terminated by th	e organization during the tax
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period		-
Ŭ	violations, and enforcement of the conservation easements it I		
6	Staff and volunteer hours devoted to monitoring, inspecting, h		
•	►		
7	Amount of expenses incurred in monitoring, inspecting, handli	ng of violations, and enforcing conserv	ation easements during the year
-	► \$		
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	D(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense	e statement and
	balance sheet, and include, if applicable, the text of the footnot		
	organization's accounting for conservation easements.	5	
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form S	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for publ	ic exhibition, education, or research in t	furtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these iter	ms.
b	If the organization elected, as permitted under FASB ASC 958	, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public e		
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
2	If the organization received or held works of art, historical treat		
	the following amounts required to be reported under FASB AS		
а		,	▶ \$
	Assets included in Form 990 Part X		• • • • • • • • • • • • • • • • • • •

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	
932051 10-02-19	

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Schedule D (Form 990) 2019

		OSPITALS FOR CH						5-2193		Pa	_{age} 2
Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, or	Other	Similar A	ssets	(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, checł	any of the	following that	make sig	nificant use	of its			
	collection items (check all that apply):										
а											
b	Scholarly research	e	•	Other							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explai	n how th	ney further th	ne organizatio	n's exem	pt purpose ir	n Part X	KIII.		
5	During the year, did the organization solicit of										
	to be sold to raise funds rather than to be ma		,		,				Yes		No
Par	t IV Escrow and Custodial Arran							art IV. li			
	reported an amount on Form 990, Pa			-				,			
1a	Is the organization an agent, trustee, custod		liary for	contribution	s or other ass	ets not in	cluded				
	on Form 990, Part X?								Yes	X	No
h	If "Yes," explain the arrangement in Part XIII							ட	103] 110
D		and complete the lo	liowing t	able.					Amount		
•	Paginning balance						1c		Amount		
	Beginning balance						1d				
	Additions during the year						1e				
e	Distributions during the year						1f				
f	Ending balance							x	Yes		
	Did the organization include an amount on F						yr	🕰	Tes	X	No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete						<u></u>			Δ]
I GI								haali	(-) [haali
		(a) Current year 6,802,426,758.		Prior year	(c) Two year		d) Three years				
	Beginning of year balance			,000,301.	0,050,255	,032.0	, 833, 070,	/42.	7,245,	510,	102.
b	Contributions	676,246,306.		700 101	000 744	207	470 266	F 0 1	0.5	000	
С	Net investment earnings, gains, and losses	1,122,113,321.	-3/4	,/92,161.	922,744	, 387.	4/8,200,	581.	-95,	886,	508.
d	Grants or scholarships										
е	Other expenditures for facilities										
	and programs	249,347,326.	300	,441,462.	303,339	,038.	453,082,	291.	316,	360,0	612.
f	Administrative expenses										
g	End of year balance	8,351,439,059.				,381.6	,858,255,	032.	6,833,	070,	742.
2	Provide the estimated percentage of the cur		e (line 1	g, column (a)) held as:						
а	Board designated or quasi-endowment	93.24	_%								
	Permanent endowment 5.59	%									
С	Term endowment 1.17	<u>%</u>									
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.									
3a	Are there endowment funds not in the posse	ession of the organiza	ation tha	at are held ar	nd administer	ed for the	organizatior	۱	_		
	by:									Yes	No
	(i) Unrelated organizations								3a(i)		Х
	(ii) Related organizations								3a(ii)		Х
b	If "Yes" on line 3a(ii), are the related organization	ations listed as requir	red on S	chedule R?					3b		
4	Describe in Part XIII the intended uses of the										
Par	t VI Land, Buildings, and Equipm	nent.									
	Complete if the organization answere	d "Yes" on Form 990), Part IN	/, line 11a. S	See Form 990,	Part X, li	ne 10.				
	Description of property	(a) Cost or c	other	(b) Cost	t or other	(c) Ac	cumulated		(d) Book	value	 e
		basis (investr		• • •	(other)	• •	reciation		. ,		
1a	Land		-	30	,143,419.				30.	143,4	419.
	Buildings				,668,722.	42	5,030,610			, 638,	
	Leasehold improvements				,901,348.		8,747,616			153,	
	Equipment				,367,663.		0,221,699			145,9	
	Other				,079,875.		131,076	_		948,	
	Add lines 1a through 1e. (Column (d) must e		V colum	1	, , ,					030,0	
TUI	Add lines ta through te. (Column (a) must e	<u>qual Forni 990, Part</u>	<u>∧, coiun</u>	<u>ин (в), Iine T</u>	<u>UC.J</u>	<u></u>		l odule			
							Sch	ieaule	D (Form	990)	2019

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	574,396,749.
(2)	ESTATES IN PROCESS	249,983,689.
(3)	PATIENT TRANSPORTATION FUNDS	70,477,280.
(4)	COLLATERAL CASH AND SECURITIES	531,229,045.
(5)	RECEIVABLES FROM INCOME TRUSTS	2,078,101.
(6)	INTERCOMPANY RECEIVABLES	20,251,329.
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990. Part X. col. (B) line 15.)	1,448,416,193.
Part		
	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	531,229,045.
(0)		128 123 815

(3) INTERCOMPANY PAYABLE	128,123,815.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990 Part X col. (B) line 25.)	659,352,860.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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 FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2019

Sche	edule D (Form 990) 2019 SHRINERS HOSPITALS FOR CHILDREN		36-2	193608	Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statements With Reve	enue per Ret	urn.		
	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	1,587,0	26,746.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	371,778,362.			
b	Donated services and use of facilities 2b				
с	Recoveries of prior year grants 2c				
d		85,576,067.			
е	Add lines 2a through 2d		2e	786,2	02,295.
3	Subtract line 2e from line 1		3	800,8	24,451.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	17,764,885.			
b	Other (Describe in Part XIII.) 4b	-2,837,299.			
с	Add lines 4a and 4b		4c	14,9	27,586.
5			5		52,037.
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Exp	penses per R	eturn	•	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements		1	853,4	53,205.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities 2a				
b	Prior year adjustments 2b				
с	Other losses 2c				
d	Other (Describe in Part XIII.) 2d	2,837,299.			
е	Add lines 2a through 2d		2e	2,8	37,299.
3	Subtract line 2e from line 1		3	850,6	15,906.
			-		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		-		
4 a	Amounts included on Form 990, Part IX, line 25, but not on line 1:	17,764,885.			
-	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b				
a b	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	17,764,885. 34,577,545.	4c	52,3	42,430.
a b c 5	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	17,764,885. 34,577,545.	4c 5		42,430. 58,336.

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

932054 10-02-19

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 3,003,055. CHANGE IN PENSION FUNDING OBLIGATION -32,194,270. CHANGE IN CHARITABLE GIFT ANNUITY -5,229,632. MISCELLANEOUS EXPENSE RECLASSIFIED TO EXPENSE -376,132. INTEREST EXPENSE -369,315. -4,149,762. TAXES & FEES RELATED TO TPP RECLASSIFIED TO EXPENSE FOREIGN CURRENCY EXCHANGE -73,039. MARKET VALUE ADJUSTMENT -11,429,434. PRIOR PERIOD ADJUSTMENT -1,012,301. INTERCOMPANY GRANTS RECLASSIFIED TO EXPENSE -33,745,237. TOTAL TO SCHEDULE D, PART XI, LINE 2D -85,576,067. PART XI, LINE 4B - OTHER ADJUSTMENTS: SPECIAL EVENT EXPENSES RECLASSIFIED FROM EXPENSES -4,013,527. NET CAFETERIA REVENUE RECLASSIFIED FROM EXPENSES 438,177. OTHER REVENUE RECLASSIFIED FROM EXPENSES 738,051. TOTAL TO SCHEDULE D, PART XI, LINE 4B -2,837,299. PART XII, LINE 2D - OTHER ADJUSTMENTS: 4,013,527. SPECIAL EVENT EXPENSES NET WITH REVENUE Schedule D (Form 990) 2019 932055 10-02-19 620 17030702 143399 326610 2019.04000 SHRINERS HOSPITALS FOR CH 326610_1

Schedule D (Form 990) 2019 SHRINERS HOSPITALS FOR CHILDR	EN	36-2193608	Page 5
Part XIII Supplemental Information (continued)			
NET CAFETERIA REVENUE RECLASSIFIED FROM EXPENSES	-438,177.		
OTHER REVENUE RECLASSIFIED FROM EXPENSES	-738,051.		
TOTAL TO SCHEDULE D, PART XII, LINE 2D	2,837,299.		
PART XII, LINE 4B - OTHER ADJUSTMENTS:			
INTEREST EXPENSE	369,315.		
GRANTS TO OTHER SHRINERS HOSPITALS	29,682,336.		
TAXES & FEES RELATED TO TPP RECLASSIFIED FROM REVENUE	4,149,762.		
MISCELLANEOUS EXPENSE RECLASSIFIED FROM REVENUE	376,132.		
TOTAL TO SCHEDULE D, PART XII, LINE 4B	34,577,545.		
		Schedule D (Form	990) 2019

932055 10-02-19

(a) Region			an be duplicated if additional space is nee		
	(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, pro- gram 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
			GRANTS TO HOSPITAL SHRINERS		
EXICO	0	0	PARA NINOS, A RELATED NONPROFIT ORGANIZATION.		15,376,845
			GRANTS TO SHRINERS		13,370,013
			HOSPITALS FOR CHILDREN, A		
			RELATED NONPROFIT		
ANADA	0	0	ORGANIZATION.		17,572
			GRANTS TO SHRINERS		
			HOSPITALS FOR CHILDREN		
			AMBULATORY CLINIC AT HIC		
IJUANA	0	0	AC, A RELATED NONPROFIT		98,101
3 a Subtotal	0	0			15,492,518
b Total from continuation	0	0			
sheets to Part I	0	0			0
c Totals (add lines 3a	0	0			15,492,518
and 3b)			Lions for Form 990.	Oak - data P	(Form 990) 201

Attach to Form 990. Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service

Name of the organization

SCHEDULE F

(Form 990)

SHRINERS HOSPITALS FOR CHILDREN

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

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

Statement of Activities Outside the United States

Employer identification number 36-2193608

Statement of Activities Outside the United States	OMB No. 1545-0047
Complete if the organization answered "Yes" on Form 990. Part IV. line 14b. 15. or 16.	2019

Open to Public

Inspection

17030702 143399 326610

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 -	TO PROVIDE FUNDS FOR					
			PATIENT'S NEEDS AT					
		1 '	SHRINERS HOSPITALS IN		CASH			
			CANADA, WHICH INCLUDE	17,572.	DISBURSEMENT	٥.	N/A	N/A
		NORTH AMERICA -	TO PROVIDE FUNDS FOR					
		MEXICO, BUT NOT	PATIENT'S NEEDS AT					
		l :	SHRINERS HOSPITALS IN		CASH			
		or canada	MEXICO, WHICH INCLUDE	15,376,845.	DISBURSEMENT	٥.	N/A	N/A
			TO PROVIDE FUNDS FOR					
		MEXICO, BUT NOT	PATIENT'S NEEDS AT					
		l :	SHRINERS HOSPITALS IN		CASH			
		or canada	TIJUANA, WHICH	98,101.	DISBURSEMENT	٥.	N/A	N/A
	ch the grantee or cou	insel has provided a sect	ecognized as charities by the t ion 501(c)(3) equivalency letter		recognized as tax-exe	empt		

SEE PART V FOR COLUMN (D) DESCRIPTIONS

36-2193608

Page 3

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

Part III can be duplicated if additional space is needed.

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

Schedule F (Form 990) 2019

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)</i>	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)</i>	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? <i>If</i> "Yes," <i>the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)</i>	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? <i>If</i> "Yes," <i>the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)</i>	Yes	X No

Schedule F (Form 990) 2019

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.

932075 10-12-19

17030702 143399 326610

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047
(Form 990 or 990-EZ)		e organization answered "Yes" on organization entered more than \$1				r 19,	or if the	2019
Department of the Treasury		Attach to Form 990	or Fo	rm 99	0-EZ.			Open to Public
Internal Revenue Service		o to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.		Inspection
Name of the organization								ntification number
		OSPITALS FOR CHILDREN					36-219360	
	complete this part	 Complete if the organization answe t. 	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-EZ	filers are not
1 Indicate whether the	e organization rais	ed funds through any of the followir	ig activ	ities.	Check all that apply.			
a X Mail solicitat	ions	e X Solicita	tion of	non-g	overnment grants			
b X Internet and	email solicitations	s f Solicita	tion of	gover	nment grants			
c X Phone solicit		g 🔀 Special	fundra	lising	events			
d X In-person so	licitations							
•		or oral agreement with any individual	•	Ū		tees,		
		art VII) or entity in connection with p			•	_	X Yes	
•	•	viduals or entities (fundraisers) pursu	ant to	agree	ments under which the	ne fur	ndraiser is to be	9
compensated at le	ast \$5,000 by the	organization.						
	a affinalisials al		(iii) fundr	Did			Amount paid	(vi) Amount paid
(i) Name and address or entity (fund		(ii) Activity	have c	ustody	(iv) Gross receipts from activity		or retained by) fundraiser	to (or retained by)
			contrib			lis	ted in col. (i)	organization
EDGE DIRECT - 3030	WATERVIEW	DIRECT MAIL SOLICITATION &	Yes	No				
AVE, BALTIMORE, MD	21230	TELEVISION ADS		X	51,458,523.		16,939,548.	34,518,975.
		1						
Total	<u></u>		<u></u>		51,458,523.		16,939,548.	34,518,975.
 List all states in whi or licensing. 	ch the organizatio	n is registered or licensed to solicit (contrib	utions	or has been notified	it is (exempt from re	gistration
Ţ	CT, DE, DC, FL, G	A,HI,ID,IL,IN,IA,KS,KY,LA,M	E, MD,	MA,M	I, MN, MS			
		H,OK,OR,PA,RI,SC,SD,TN,TX,U						

WY

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

Schedule G (Form 990 or 990-EZ) 2019

932081 09-11-19

Schedule G (Form 990 or 990-EZ) 2019 SHRINERS HOSPITALS FOR CHILDREN

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

		of fundraising event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	
						(d) Total events (add col. (a) through
			PGA	PAPER CRUSADE	32	col. (c)
e			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	7,051,094.	3,353,503.	10,764,610.	21,169,207
	2	Less: Contributions	5,883,849.	1,415,257.	4,542,920.	11,842,026
_	3	Gross income (line 1 minus line 2)	1,167,245.	1,938,246.	6,221,690.	9,327,181
	4	Cash prizes				
_ I	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
rect Ex	7	Food and beverages				
_	8	Entertainment		1.001.710	<u> </u>	11 000 500
	9	Other direct expenses		1,064,716.	6,628,408.	11,202,708
	10 11	Direct expense summary. Add lines 4 through Net income summary. Subtract line 10 from I			🕨	11,202,708 -1,875,527
			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c
r	1	Gross revenue				
Ises	2	Cash prizes				
Uirect Expenses	3	Noncash prizes				
nireci	4	Rent/facility costs				
\downarrow	5	Other direct expenses				
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	Yes % No	
	7	Direct expense summary. Add lines 2 throug	n 5 in column (d)		►	
	8	Net gaming income summary. Subtract line 7	' from line 1, column (d)			
)	Fnt	er the state(s) in which the organization condu	icts gaming activities.			
	ls t	he organization licensed to conduct gaming a No," explain:	ctivities in each of these	states?		Yes No
b						
b)a	We	re any of the organization's gaming licenses re Yes," explain:			ear?	Yes No

932082 09-11-19

Schedule G (Form 990 or 990-EZ) 2019

Sch	edule G (Form 990 or 990-EZ) 2019 SHRINERS HOSPITALS FOR CHILDREN	36-2193608	Page 3
	Does the organization conduct gaming activities with nonmembers?	Yes	No
	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?		No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
	An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	🗌 No
Ł	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amoun	t	
	of gaming revenue retained by the third party ▶ \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	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 No
k	• 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 🕨 \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); an 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	nd Part III, lines 9,	9b, 10b,
PAR	TI, COLUMN V		
	·		
	IDRAISING SERVICES ARE PAID AS A FIXED FEE ONLY, FOR DONOR		
CUL	TIVATION, AND DO NOT INCLUDE ANY PAYMENT BASED ON AMOUNT RAISED. IN		
ADD	DITION, ALL AMOUNTS COME DIRECTLY TO THE ORGANIZATION AND ARE NOT		
REC	EIVED BY THE FUNDRAISING COUNSEL TO OFFSET EXPENSES. WHILE THERE IS		
AN	UPFRONT INVESTMENT, THE LIFETIME VALUE OF GIVING FROM THESE DONORS		
GEN	IERATE SIGNIFICANT REVENUE TO SUPPORT THE CARE PROVIDED FOR THE		
PAT	TIENTS OF THE ORGANIZATION.		
		/Form 000 00	
9320	83 09-11-19 Schedule G	(Form 990 or 99	J-EZ) 2019

(*******	
	Schedule G (Form 990 or 990-FZ)
	SCHEDUE G FORM MULLAR MULLE /

Schedule G (Form 990 or 990-EZ)

932084 04-01-19

	HEDULE H			Hospi	tale			OMB No.	1545-004	47	
(Fo	rm 990)			nospi	lais			20	2019		
		Comple	ete if the organiza	tion answered "	Yes" on Form 990	Part IV, question	20.	20	13)	
	ment of the Treasury Revenue Service	► Go	to www.irs.gov/l	Attach to I Form990 for inst	Form 990. ructions and the la	test information.			Open to Public		
Name	e of the organization	on					Employer id	entificati	on nu	mber	
	-	SHRINERS	HOSPITALS FO	R CHILDREN			36-21936	08			
Par	t I 📔 Financia	I Assistance a	nd Certain Ot	her Commun	ity Benefits at	Cost	•				
									Yes	No	
1a	Did the organizatio	on have a financial	assistance policy	during the tax yea	ar? If "No," skip to o	uestion 6a		. 1a	Х		
					oplication of the financial a				Х		
2	If the organization had m facilities during the tax ye	ultiple hospital facilities, i ear.	ndicate which of the follo	owing best describes a	pplication of the financial a	essistance policy to its va	rious hospital				
		ormly to all hospita	l facilities		ied uniformly to mo	st hospital facilities	;				
		lored to individual				·					
3	Answer the following bas	ed on the financial assist	ance eligibility criteria th	at applied to the larges	t number of the organization	on's patients during the ta	x year.				
а	Did the organizatio	on use Federal Pov	erty Guidelines (Fl	PG) as a factor in	determining eligibil	ity for providing fre	ee care?				
	If "Yes," indicate w	hich of the followi	ng was the FPG fa	mily income limit	for eligibility for fre	e care:		. 3a	х		
	100%	150%			00 %						
b	Did the organizatio	on use FPG as a fa	ctor in determining	g eligibility for pro	viding discounted	care? If "Yes," indi	cate which				
	of the following wa	as the family incom	e limit for eligibility	for discounted o	care:			. 3b		x	
	200%	250%	300%	350%		ther %					
с	If the organization	used factors other	than FPG in deter	rmining eligibility,	describe in Part VI	the criteria used fo	r determining				
	eligibility for free o	r discounted care.	Include in the des	cription whether	the organization use	ed an asset test or	other				
					free or discounted o						
4					during the tax year provid			4	х		
5a					ts financial assistance			<u> </u>	Х		
b	If "Yes," did the or	ganization's financ	ial assistance exp	enses exceed the	e budgeted amount	?		5b		х	
					ation unable to prov						
	care to a patient w	ho was eligible for	free or discounted	d care?				5c			
6a					/ear?				Х		
									Х		
					ot submit these worksheets						
7	Financial Assistan	ce and Certain Oth		nefits at Cost							
	Financial Assist	ance and	(a) Number of activities or	(b) Persons served	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net communi benefit expense	ty (f) Perce of total	nt	
Mea	ins-Tested Govern	ment Programs	programs (optional)	(optional)	-				expense	•	
а	Financial Assistant	ce at cost (from									
	Worksheet 1)				378,314,216.	78,392,321.	299,921,89	5.	33.22	28	
b	Medicaid (from Wo										
	column a)				320,197,999.	62,159,523.	258,038,47	6.	28.58	38	
С	Costs of other mea	ans-tested									
	government progra	ams (from									
	Worksheet 3, colu	mn b)									
d	Total. Financial Assist	ance and									
	Means-Tested Governme	ent Programs			698,512,215.	140,551,844.	557,960,37	1.	61.80)8	
	Other Ben	efits									
е	Community health										
	improvement servi	ces and									
	community benefit	· .									
	(from Worksheet 4)									
f	Health professions										
	(from Worksheet 5										
g	Subsidized health										
	(from Worksheet 6)						_			
h	Research (from Wo	orksheet 7)			22,436,823.		22,436,82	3.	2.48	38	
i	Cash and in-kind c	ontributions									
	for community ber	nefit (from									
j	Total. Other Benet	fits			22,436,823.		22,436,82		2.48		
k	Total. Add lines 70	d and 7j			720,949,038.	140,551,844.	580,397,19	4.	64.28	38	

932091 11-19-19 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

631 2019.04000 SHRINERS HOSPITALS FOR CH 326610_1

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

	tax year, and describe in Par	t VI how its commu (a) Number of activities or programs (optional)	nity building activ (b) Persons served (optional)	ities promoted (c) Total community building expens	(C offset	of the c) Direct ting revenue	(e) Net	(f	Percent tal exper	
1	Physical improvements and housing			5 1						
2	Economic development									
3	Community support									
4	Environmental improvements									
5	Leadership development and									
	training for community members									
6	Coalition building									
7	Community health improvement									
	advocacy									
8	Workforce development									
9	Other									
10	Total									
Pa	rt III Bad Debt, Medicare, a	& Collection Pr	actices							
Sect	ion A. Bad Debt Expense								Yes	No
1	Did the organization report bad deb	t expense in accord	ance with Health	care Financial N	/lanagemer	nt Asso	ciation			
	Statement No. 15?				-			1		x
2	Enter the amount of the organizatio									
	methodology used by the organizat	ion to estimate this	amount			2				
3	Enter the estimated amount of the o	organization's bad c								
	patients eligible under the organizat	ion's financial assis	tance policy. Expl	lain in Part VI th	ne					
	methodology used by the organizat	ion to estimate this	amount and the r	ationale, if any,						
	for including this portion of bad deb	t as community ber	nefit			3				
4	Provide in Part VI the text of the foc	tnote to the organiz				bad del	ot			
	expense or the page number on wh	ich this footnote is	contained in the a	ttached financi	al statemer	nts.				
Sect	ion B. Medicare									
5	Enter total revenue received from Medicare (including DSH and IME)									
6	Enter Medicare allowable costs of c	edicare allowable costs of care relating to payments on line 5								
7	Subtract line 6 from line 5. This is th	ne surplus (or shortf								
8	Describe in Part VI the extent to wh					unity be	nefit.			
	Also describe in Part VI the costing	methodology or so	urce used to deter	rmine the amou	int reported	d on line	e 6.			
	Check the box that describes the m				•					
	Cost accounting system	Cost to char	ge ratio	Other						
Sect	ion C. Collection Practices		• <u> </u>							
	Did the organization have a written	debt collection poli	cv during the tax v	/ear?				9a		x
	If "Yes," did the organization's collection	•								
	collection practices to be followed for pa	tients who are known	to qualify for financ	ial assistance? D	escribe in Pa	art VI		9b		
Pa	rt IV Management Compar	nies and Joint V	Ventures (owned	d 10% or more by off	icers, directors	s, trustees,	key employees, and physic	ians - see	instructi	ons)
	(a) Name of entity		scription of primar stivity of entity		c) Organiza profit % or ownershi	stock	(d) Officers, direct- ors, trustees, or key employees' profit % or stock ownership %	pro	hysicia ofit % o stock ership	or
		1								
		1								

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ection A. Hospital Facilities					ଜ					
ist in order of size, from largest to smallest)		ical	_		Critical access hospital					
low many hospital facilities did the organization operate	tal	àen. medical & surgi	Children's hospital	tal	ğ	ج ج				
uring the tax year? 18	spi	s S	so	spi	ss	cilit				
	l icensed hospital	ਯ	ې د	eaching hospital	မိပ္ပ	Research facility	ER-24 hours			
lame, address, primary website address, and state license number and if a group return, the name and EIN of the subordinate hospital	sed	ledi	e,	ling	ala	Irch	온	Jer		Facilit report
rganization that operates the hospital facility)	ens	<u>ج</u>	ļā	l L	ti C	sea	-24	ER-other		group
	Ľ.	Ger	5	ĕ	ō	Be	E.	Ë	Other (describe)	
SHRINERS HOSPITAL FOR CHILDREN-CHICAG										
2211 NORTH OAK PARK AVENUE										
CHICAGO, IL 60707-3392										
WWW.SHRINERSHOSPITALSFORCHILDREN.ORG										
0003152	x		x	x		х				A
	~			<u>л</u>		Δ				
SHRINERS HOSPITAL FOR CHILDREN-CINCIN										
3229 BURNET AVENUE										
CINCINNATI, OH 45229-3095										
WWW.SHRINERSHOSPITALSFORCHILDREN.ORG										
1808	х		х	х		Х				A
SHRINERS HOSPITAL FOR CHILDREN-ERIE										
1645 WEST 8TH STREET										
ERIE, PA 16505									OUTPATIENT	
•										
WWW.SHRINERSHOSPITALSFORCHILDREN.ORG									AMBULATORY SURGICAL	1
23661501									CENTER & CLINIC	A
SHRINERS HOSPITAL FOR CHILDREN-GALVES										
815 MARKET STREET										
GALVESTON, TX 77550										
WWW.SHRINERSHOSPITALSFORCHILDREN.ORG										
000247	x		x	x		x				A
	~		^	^		Δ				
SHRINERS HOSPITAL FOR CHILDREN-GREENV										
950 WEST FARIS ROAD										
GREENVILLE, SC 29605										
WWW.SHRINERSHOSPITALSFORCHILDREN.ORG										
HTL-0069	х		х	х		Х				A
SHRINERS HOSPITAL FOR CHILDREN-HONOLU										
1310 PUNAHOU STREET										
HONOLULU, HI 96826-1099										
WWW.SHRINERSHOSPITALSFORCHILDREN.ORG										
8-H	X		X	X		Х				A
SHRINERS HOSPITAL FOR CHILDREN-HOUSTO										
6977 MAIN STREET										
HOUSTON, TX 77030-3701										
WWW.SHRINERSHOSPITALSFORCHILDREN.ORG										
000526	x		x	x		х				A
	~			<u>л</u>		Δ				
SHRINERS HOSPITAL FOR CHILDREN-LEXING										
1900 RICHMOND ROAD										
LEXINGTON, KY 40502									OUTPATIENT	
WWW.SHRINERSHOSPITALSFORCHILDREN.ORG									AMBULATORY SURGICAL	
300277; 101302; 740392									CENTER & CLINIC	A
SHRINERS HOSPITAL FOR CHILDREN-PASADE										
909 S. FAIR OAKS AVE										
PASADENA, CA 91105									OUTPATIENT	
WWW.SHRINERSHOSPITALSFORCHILDREN.ORG	_								AMBULATORY SURGICAL	1
930000150									CENTER & CLINIC	A
0 SHRINERS HOSPITAL FOR CHILDREN-PHILAD										
3551 NORTH BROAD STREET										
PHILADELPHIA, PA 19140-4131										
WWW.SHRINERSHOSPITALSFORCHILDREN.ORG										
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Part V Facility Information										
Section A. Hospital Facilities		_			ital					
ist in order of size, from largest to smallest)	_	surgical	<u></u>	_	Critical access hospital					
low many hospital facilities did the organization operate	 hospital	Î	Children's hospital	eaching hospital	24	ity				
luring the tax year?	dso	_∞	Soc	l so	esse	Research facility	,s			
lame, address, primary website address, and state license number	– 4 P	medical &	Į,	р Г	S	Ч Ц	ER-24 hours	2		Facili
and if a group return, the name and EIN of the subordinate hospital	Ise	l mec	F	hi	<u>ज</u>	aro	4 7	the		repor
organization that operates the hospital facility)	icensed	ien.	hild	eac	liti	ese	3-2-	ER-other	Other (describe)	group
1 SHRINERS HOSPITAL FOR CHILDREN-PORTLA	<u> </u>	ā	0	۴	$ \circ$	ñ	Ē	Ē	Other (describe)	
3101 SW SAM JACKSON PARK RD.										
PORTLAND, OR 97239-3095										
WWW.SHRINERSHOSPITALSFORCHILDREN.ORG										
14-0073	х		Х	Х		Х				A
2 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
3 SHRINERS HOSPITAL FOR CHILDREN-SHREVE										
3100 SAMFORD AVENUE										
SHREVEPORT, LA 71103										
WWW.SHRINERSHOSPITALSFORCHILDREN.ORG										
179	Х		Х	Х						A
4 SHRINERS HOSPITAL FOR CHILDREN-SPOKAN										
911 WEST 5TH AVENUE										
SPOKANE, WA 99204										
WWW.SHRINERSHOSPITALSFORCHILDREN.ORG										
HAC.FS.00000042	x		x	x		x				A
	~		^	^		^				A
5 SHRINERS HOSPITAL FOR CHILDREN-ST. LO										
2001 S. LINDBERGH BOULEVARD										
ST. LOUIS, MO 63131-3597										
WWW.SHRINERSHOSPITALSFORCHILDREN.ORG										
142-60	х		Х	Х		х				A
.6 SHRINERS HOSPITAL FOR CHILDREN-TAMPA										
12502 USF PINE DRIVE										
TAMPA, FL 33612-9499										
WWW.SHRINERSHOSPITALSFORCHILDREN.ORG										
4184	x		v	v		x				
	~		x	^		^				A
7 SHRINERS HOSPITAL FOR CHILDREN-TWIN C										
2025 EAST RIVER PARKWAY										
MINNEAPOLIS, MN 55414										
WWW.SHRINERSHOSPITALSFORCHILDREN.ORG										
N/A	х		x	х		х			CLINIC	A
8 SHRINERS HOSPITAL FOR CHILDREN-N. CAL										
2425 STOCKTON BOULEVARD										
SACRAMENTO, CA 95817										
· · · · · · · · · · · · · · · · · · ·										
WWW.SHRINERSHOSPITALSFORCHILDREN.ORG										
030000620	X		X	X		Х				A
			1	1		1				

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Part V Facility Information (continued)			
Section B. Facility Policies and Practices			
(complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)			
Name of hospital facility or letter of facility reporting group SHRINERS HOSPITAL FOR CHILDREN-GROUP A			
Line number of hospital facility, or line numbers of hospital			
facilities in a facility reporting group (from Part V, Section A): <u>1,2,3,4,5,6,7,8,9,10,11,12,13,14,15,16,17</u>		Yes	No
Community Health Needs Assessment		165	
· · · · ·	-		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the surrent tax user or the immediately preceding tax user?	4		х
current tax year or the immediately preceding tax year?	1		
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		х
	2		
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a	3	x	
community health needs assessment (CHNA)? If "No," skip to line 12	3		
If "Yes," indicate what the CHNA report describes (check all that apply): a X A definition of the community served by the hospital facility			
b X Demographics of the community			
c X Existing health care facilities and resources within the community that are available to respond to the health needs			
of the community			
$d \overline{X}$ How data was obtained			
e X The significant health needs of the community			
f X Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority			
· · · · · · · · · · · · · · · · · · ·			
groups g X The process for identifying and prioritizing community health needs and services to meet the community health needs			
 g A The process for identifying and prioritizing community health needs and services to meet the community health needs h X The process for consulting with persons representing the community's interests 			
 i X The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) 			
j Other (describe in Section C)			
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad			
interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the			
	5	x	
community, and identify the persons the hospital facility consulted 6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other	5		
	6a	x	
hospital facilities in Section C b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes,"	0a		
	6b	x	
list the other organizations in Section C	7	X	
7 Did the hospital facility make its CHNA report widely available to the public?	-		
If "Yes," indicate how the CHNA report was made widely available (check all that apply): a X Hospital facility's website (list url): HTTP://WWW.SHRINERSHOSPITALSFORCHILDREN.ORG			
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs		x	
identified through its most recently conducted CHNA? If "No," skip to line 11 9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 18	8		
	10	x	
10 Is the hospital facility's most recently adopted implementation strategy posted on a website? a If "Yes," (list url): HTTP://WWW.SHRINERSHOSPITALSFORCHILDREN.ORG	10		
	10b		
 b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return? 11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most 			
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why			
such needs are not being addressed.			
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	10-		х
	12a		
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b		
 c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? 			
		n 000)	2010
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SHRINERS HOSPITALS FOR CHILDREN

Schedule H (Form 990) 2019

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Schedule H (Form 990)	2019 SHRINE	RS HOSPITAL	S FOR	CHILDREN

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

j Other (describe in Section C)

Schedule H (Form 990) 2019

	l (Form 990) 2019		HOSPITALS	FOR	CHILDREN
Part V	Facility Informa	tion _{(continu}	ed)		

Billi	ng and Collections			
Nar	ne of hospital facility or letter of facility reporting group SHRINERS HOSPITAL FOR CHILDREN-GROUP A			
			Yes	No
17	Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial			
	assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon			
	nonpayment?	17		х
18	Check all of the following actions against an individual that were permitted under the hospital facility's policies during the			
	tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:			
a	Reporting to credit agency(ies)			
k				
c	Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a			
	previous bill for care covered under the hospital facility's FAP			
c	Actions that require a legal or judicial process			
e	Other similar actions (describe in Section C)			
f	None of these actions or other similar actions were permitted			
19	Did the hospital facility or other authorized party perform any of the following actions during the tax year before making			
	reasonable efforts to determine the individual's eligibility under the facility's FAP?	19		Х
	If "Yes," check all actions in which the hospital facility or a third party engaged:			
a	Reporting to credit agency(ies)			
k	Selling an individual's debt to another party			
c	Deferring, denying, or requiring a payment before providing medically necessary care due to nonpayment of a			
	previous bill for care covered under the hospital facility's FAP			
c	Actions that require a legal or judicial process			
e	Other similar actions (describe in Section C)			
20	Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or			
	not checked) in line 19 (check all that apply):			
a	Provided a written notice about upcoming ECAs (Extraordinary Collection Action) and a plain language summary of the			
	FAP at least 30 days before initiating those ECAs (if not, describe in Section C)			
k	Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section	n C)		
c	Processed incomplete and complete FAP applications (if not, describe in Section C)			
c	Made presumptive eligibility determinations (if not, describe in Section C)			
e	e Other (describe in Section C)			
f	None of these efforts were made			
Poli	cy Relating to Emergency Medical Care			
21	Did the hospital facility have in place during the tax year a written policy relating to emergency medical care			
	that required the hospital facility to provide, without discrimination, care for emergency medical conditions to			
	individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21		Х
	If "No," indicate why:			
a	a X The hospital facility did not provide care for any emergency medical conditions			
k	The hospital facility's policy was not in writing			
c	The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
	d Other (describe in Section C)			

Schedule H (Form 990) 2019

Schedule H (Form 990) 2019	SHRINERS	HOSPITALS	FOR	CHILDREN

Part V Facility Information (continued)			-					
Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)								
Name of hospital facility or letter of facility reporting group								
	`	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 The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period								
b The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior 12-month period								
c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in combination								
with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a prior								
12-month period								
d The hospital facility used a prospective Medicare or Medicaid method								
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided			I					
emergency or other medically necessary services more than the amounts generally billed to individuals who had			1					
insurance covering such care?	23		Х					
If "Yes," explain in Section C.								
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24		x					
If "Yes," explain in Section C.								

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

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

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

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

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

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

CHNA THROUGH SURVEYS AND FOCUS GROUPS.

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

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

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

INCLUDES AFFILIATE AND COMMUNITY PROVIDERS IN COMMUNITY OUTREACH,

COMMUNITY INVOLVEMENT, AND COMMUNITY EDUCATION TO ADDRESS IDENTIFIED

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

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

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

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

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

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

WILL RECEIVE CARE COORDINATION AND BE REFERRED TO THE APPROPRIATE

PROFESSIONALS WITHIN THE COMMUNITY FOR PROVISION OF SERVICES.

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

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

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

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

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

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

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

CHNA THROUGH SURVEYS AND FOCUS GROUPS.

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

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

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

INCLUDES AFFILIATE AND COMMUNITY PROVIDERS IN COMMUNITY OUTREACH,

COMMUNITY INVOLVEMENT, AND COMMUNITY EDUCATION TO ADDRESS IDENTIFIED

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

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

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

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

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

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

WILL RECEIVE CARE COORDINATION AND BE REFERRED TO THE APPROPRIATE

PROFESSIONALS WITHIN THE COMMUNITY FOR PROVISION OF SERVICES.

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

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

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

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

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

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

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

CHNA THROUGH SURVEYS AND FOCUS GROUPS.

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

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

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

INCLUDES AFFILIATE AND COMMUNITY PROVIDERS IN COMMUNITY OUTREACH,

COMMUNITY INVOLVEMENT, AND COMMUNITY EDUCATION TO ADDRESS IDENTIFIED

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

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

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

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

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

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

WILL RECEIVE CARE COORDINATION AND BE REFERRED TO THE APPROPRIATE

PROFESSIONALS WITHIN THE COMMUNITY FOR PROVISION OF SERVICES.

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

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

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

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

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

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

CHNA THROUGH SURVEYS AND FOCUS GROUPS.

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

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

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

ST. FRANCIS HEALTH SYSTEM, THE JOHNSON GROUP

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

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

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

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COMMUNITY INVOLVEMENT, AND COMMUNITY EDUCATION TO ADDRESS IDENTIFIED

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

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

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

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PROFESSIONALS WITHIN THE COMMUNITY FOR PROVISION OF SERVICES.

GROUP A-FACILITY 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.

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

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

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PROFESSIONALS WITHIN THE COMMUNITY FOR PROVISION OF SERVICES.

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

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

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

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

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

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

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

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

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

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

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

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

CHNA THROUGH SURVEYS AND FOCUS GROUPS.

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

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

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

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

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

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PROFESSIONALS WITHIN THE COMMUNITY FOR PROVISION OF SERVICES.

GROUP A-FACILITY 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.

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

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

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

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

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COMMUNITY INVOLVEMENT, AND COMMUNITY EDUCATION TO ADDRESS IDENTIFIED

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

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

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

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

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

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

CHNA THROUGH SURVEYS AND FOCUS GROUPS.

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

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

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

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

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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 10 -- SHRINERS HOSPITAL FOR CHILDREN-PHILADELP

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

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

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

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

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

CHNA THROUGH SURVEYS AND FOCUS GROUPS.

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

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

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

INCLUDES AFFILIATE AND COMMUNITY PROVIDERS IN COMMUNITY OUTREACH,

COMMUNITY INVOLVEMENT, AND COMMUNITY EDUCATION TO ADDRESS IDENTIFIED

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

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

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

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PROFESSIONALS WITHIN THE COMMUNITY FOR PROVISION OF SERVICES.

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

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

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

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

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

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

CHNA THROUGH SURVEYS AND FOCUS GROUPS.

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

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

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

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

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

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PROFESSIONALS WITHIN THE COMMUNITY FOR PROVISION OF SERVICES.

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

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

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

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

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

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

CHNA THROUGH SURVEYS AND FOCUS GROUPS.

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

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

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

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COMMUNITY INVOLVEMENT, AND COMMUNITY EDUCATION TO ADDRESS IDENTIFIED

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

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WILL RECEIVE CARE COORDINATION AND BE REFERRED TO THE APPROPRIATE

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

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

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

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

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

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WILL RECEIVE CARE COORDINATION AND BE REFERRED TO THE APPROPRIATE

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

PROFESSIONALS WITHIN THE COMMUNITY FOR PROVISION OF SERVICES.

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

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

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

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

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

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

CHNA THROUGH SURVEYS AND FOCUS GROUPS.

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

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

TAMPA GENERAL HOSPITAL, MOFFITT CANCER CENTER, TAMPA FAMILY HEALTH

CENTERS, SUNCOAST COMMUNITY HEALTH CENTERS

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

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

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

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

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

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

WILL RECEIVE CARE COORDINATION AND BE REFERRED TO THE APPROPRIATE

PROFESSIONALS WITHIN THE COMMUNITY FOR PROVISION OF SERVICES.

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

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

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

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

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

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

CHNA THROUGH SURVEYS AND FOCUS GROUPS.

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

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

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

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WILL RECEIVE CARE COORDINATION AND BE REFERRED TO THE APPROPRIATE

PROFESSIONALS WITHIN THE COMMUNITY FOR PROVISION OF SERVICES.

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

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

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

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

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

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

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

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

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

BASED UPON THEIR INCOME LEVEL COMPARED TO THE FEDERAL POVERTY GUIDELINES

AND INTERNAL POLICY.

Schedule H (Form 990) 2019

17030702 143399 326610

How many non-hospital health care facilities did the organization operate during the tax year?					
Name and address	Type of Facility (describe)				
	-				
	-				
	-				
	Schedule H (Form 990) 2019				

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

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

Part V | Facility Information (continued)

36-2193608 Page 9 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.).

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- 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 2019.

PART I, LINE 7:

A GENERAL LEDGER ACCOUNTING SYSTEM WAS USED TO CALCULATE THE AMOUNTS

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

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

SYSTEM.

PART III, LINE 4:

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

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

SHRINERS HOSPITALS FOR CHILDREN PROVIDES PATIENT CARE REGARDLESS OF THEIR

ABILITY TO PAY. AS SUCH. THERE ARE NO REVENUES AGAINST WHICH A BAD DEBT

COULD ARISE.

PART III, LINE 9B:

SHRINERS HOSPITALS FOR CHILDREN PROVIDES PATIENT CARE REGARDLESS OF THEIR

ABILITY TO PAY. AS SUCH, THERE IS NO DEBT COLLECTION POLICY.

PART VI, LINE 2:

SHRINERS HOSPITALS FOR CHILDREN PROVIDES PEDIATRIC, ORTHOPAEDIC, AND BURN

CARE REGARDLESS OF THEIR ABILITY TO PAY.

PART VI, LINE 3:

SHRINERS HOSPITALS FOR CHILDREN POSTS ITS CHARITY CARE POLICY IN ADMISSION

AREAS, EMERGENCY ROOMS, AND OTHER AREAS OF FACILITIES WHERE ELIGIBLE

PATIENTS ARE LIKELY TO BE PRESENT, AND PROVIDES A COPY OF ITS POLICY TO

PATIENTS AS PART OF THE INTAKE PROCESS AND WITH DISCHARGE MATERIALS.

PART VI, LINE 4:

SHRINERS HOSPITALS FOR CHILDREN (THROUGH THIS ENTITY AND ITS RELATED

ENTITY) SERVE CHILDREN IN NEED OF SPECIALIZED ORTHOPAEDIC AND BURN CARE

ACROSS THE UNITED STATES AND WORLD-WIDE.

Schedule H (Form 990)

932271 04-01-19

SCHEDULE I (Form 990)		Gov	rants and Oth vernments, an ete if the organization	d Individual	s in the Ŭni	ted States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Compre	-	Attach to Forn s.gov/Form990 for	n 990.			Open to Public Inspection
Name of the organization	ERS HOSPITAL	S FOR CHIL	DREN					Employer identification number 36-2193608
Part I General Information o	on Grants and As	ssistance						
 Does the organization mainta criteria used to award the gra Describe in Part IV the organi 	ants or assistance	e?				 • 		
Part II Grants and Other Ass						anization answered "Y	es" on Form 990 Part	IV line 21 for any
recipient that received		-				anization answered i	es off off 350,1 at	
1 (a) Name and address of orgorige 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 SOCI NORTH AMERICA - 9400 W. HI	GGINS							
RD, SUITE 500 - ROSEMONT,	IL 60018 54	4-1323281	501(C)(3)	40,000.	0.	N/A	N/A	SPONSORSHIP GRANT
THE SHRINERS HOSPITAL FOR POST OFFICE BOX 31356	CHILDREN							TO PROVIDE FUNDS FOR PATIENTS NEEDS AT THE TWO SHRINERS HOSPITALS FOR
TAMPA, FL 33631-3356	04	4-2121377	501(C)(3)	14,189,818.	0.	N/A	N/A	CHILDREN IN
UNIVERSITY OF FLORIDA FOUN INC. – PO BOX 14425 – GAIN FL 32604	ESVILLE,	9-0974739	501(C)(3)	5,300,000.	0.	N/A	N/A	ENDOWMENTS FOR FELLOWSHIP AND UF PROFESSORSHIP OF PEDIATRIC ORTHOPEDICS
2 Enter total number of section	501(c)(3) and go	overnment ora	anizations listed in the	line 1 table		1	I	3.
3 Enter total number of other o		0			·····		·····	
LHA For Paperwork Reduction	Act Notice, see	the Instruction	ons for Form 990.					Schedule I (Form 990) (2019)

гар SEE PART IV FOR COLUMN (H) DESCRIPTIONS Schedule I (Form 990) (2019) SHRINERS

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(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

	Supplemental	Information
Schedule I	(Form 990)	SHRINER

INCLUDE EMPLOYEES SALARIES, MEDICAL SUPPLIES, AND OTHER NECESSARY

EXPENSES.

Schedule I (Form 990)

932291 04-01-19

SC	HEDULE J	Compens	ation Information	1	OMB No.	1545-004	47
	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			2019			
			ensated Employees nswered "Yes" on Form 990, Part IV, line 23.		20	13)
Depa	tment of the Treasury		ach to Form 990.		Open to		ic
Intern	al Revenue Service	Go to www.irs.gov/Form990) for instructions and the latest information.		•	ection	
Nam	e of the organization			Employer ide		on nui	mber
		SHRINERS HOSPITALS FOR CHIL	JREN	36-219	93608		
Ра	rt I Question	Regarding Compensation					
_						Yes	No
1a			of the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any relev					
	X First-class or c		X Housing allowance or residence for perso				
	X Travel for com		Payments for business use of personal res				
		ation and gross-up payments	Health or social club dues or initiation fee				
		pending account	Personal services (such as maid, chauffe	ir, chet)			
Ŀ.	If any of the here-	an line to ave absolved with the superiorities					
a	•	on line 1a are checked, did the organization t	· · · · · · · · · · · · · · · · · · ·		41.	х	
•	•	rovision of all of the expenses described abo			. 1b		
2	•		or allowing expenses incurred by all directors,			х	
	trustees, and office	's, including the CEO/Executive Director, reg	arding the items checked on line 1a?		. 2		
2	Indianta which if a	w of the following the exception used to	antablish the componentian of the exercitation's				
3			establish the compensation of the organization's				
		,	boxes for methods used by a related organization				
	·	tion of the CEO/Executive Director, but expl					
			Written employment contract				
		ompensation consultant		ommittee			
		her organizations	X Approval by the board or compensation c	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Sec	ction A. line 1a. with respect to the filing				
-	organization or a re						
а	•	e payment or change-of-control payment?			4a		x
b			lified retirement plan?			х	
с			nsation arrangement?				x
		es 4a-c, list the persons and provide the app					
	,						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations	s must complete lines 5-9.				
5			the organization pay or accrue any compensatio	n			
	contingent on the r		· · ·				
а	The organization?				5a		x
b	Any related organiz	ation?			5b		X
		r 5b, describe in Part III.					
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did	the organization pay or accrue any compensatio	n			
	contingent on the r	et earnings of:					
а	The organization?				6a		x
b	Any related organiz	ation?			6b		x
		r 6b, describe in Part III.					
7	For persons listed of	n Form 990, Part VII, Section A, line 1a, did	the organization provide any nonfixed payments				
	not described on lir	es 5 and 6? If "Yes," describe in Part III \ldots			7		x
8			ed pursuant to a contract that was subject to th				
	initial contract exce	ption described in Regulations section 53.49	958-4(a)(3)? If "Yes," describe in Part III		. 8		x
9	If "Yes" on line 8, d	d the organization also follow the rebuttable	presumption procedure described in				
	Regulations section	53.4958-6(c)?			9		
LHA		eduction Act Notice, see the Instructions f		Schedul	e J (Forr	n 990)	2019

932111 10-21-19

36-2193608

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

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

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

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation		
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) JOHN MCCABE	(i)	676,903.	0.	22,112.	8,400.	11,406.	718,821.	0.	
EXECUTIVE VICE PRESIDENT	(ii)	Ο.	0.	0.	0.	0.	0.	0.	
(2) MICHELLE JAMES	(i)	561,356.	0.	1,601,289.	8,400.	24,033.	2,195,078.	0.	
CHIEF OF STAFF	(ii)	Ο.	0.	0.	0.	0.	0.	0.	
(3) AMER SAMDANI	(i)	757,742.	0.	18,760.	8,400.	36,066.	820,968.	0.	
CHIEF OF SURGERY	(ii)	Ο.	0.	0.	0.	0.	0.	0.	
(4) SCOTT KOZIN	(i)	740,831.	0.	24,544.	8,400.	35,790.	809,565.	0.	
CHIEF OF STAFF	(ii)	Ο.	0.	0.	0.	0.	0.	0.	
(5) PURNENDU GUPTA	(i)	748,144.	0.	1,910.	16,800.	39,178.	806,032.	0.	
CHIEF OF STAFF	(ii)	٥.	0.	0.	0.	0.	0.	0.	
(6) GLEN BAIRD	(i)	735,578.	0.	14,610.	8,400.	38,440.	797,028.	0.	
CHIEF OF STAFF	(ii)	٥.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Part III Supplemental Information

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

PART I, LINE 1A:

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

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

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

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

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

PROVIDED AS A MEANS TO RECRUIT TOP INDIVIDUALS.

PART I, LINE 4B:

EMPLOYEES PARTICIPATING IN SUPPLEMENTAL EXECUTIVE RETIREMENT PLANS (SERP):

MICHELLE JAMES \$1,578,245

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2019 **Open to Public** Inspection

Employer identification number

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

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

Lation				
	SHRINERS	HOSPITALS	FOR	CHILDREN

	SHRINERS HOSPITALS	FOR CHII	DREN					36-219	360	8	
Pa	t I Types of Property										
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contri amounts report Form 990, Part VI	ted on	r		(d) od of deter contributio		•	S
1	Art - Works of art										
2	Art - Historical treasures										
3	Art - Fractional interests										
4	Books and publications										
5	Clothing and household goods										
6	Cars and other vehicles	Х	60	1	15,570.	FAIR	MARKET	VALUE			
7	Boats and planes										
8	Intellectual property										
9	Securities - Publicly traded	Х	172	6	16,887.	STOC	K QUOTE	1			
10	Securities - Closely held stock	Х	1	4,6	00,000.	FAIR	MARKET	VALUE			
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	Х	3	1,4	70,144.	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 (LIFE INSURANC)	Х	6	1,4	38,803.	FAIR	MARKET	VALUE			
26	Other (MORTGAGE)	х	1	3	39,291.	FAIR	MARKET	VALUE			
27	Other (JUDGEMENT)	х	1	1	50,229.	FAIR	MARKET	VALUE			
28	Other ()										
29	Number of Forms 8283 received by the organiz	zation durino	, the tax year for c	ontributions							
	for which the organization completed Form 82	-	•		29					1	
	°									Yes	No
30a	During the year, did the organization receive by	y contributio	n any property rep	orted in Part I, line	s 1 throug	gh 28, ⁻	that it				
	must hold for at least three years from the date	e of the initia	l contribution, and	which isn't require	d to be u	sed for					
	exempt purposes for the entire holding period?							3	0a		x
b	If "Yes," describe the arrangement in Part II.										
31	Does the organization have a gift acceptance	oolicy that re	quires the review of	of any nonstandard	l contribu	tions?			31	Х	
	Does the organization hire or use third parties	or related or	ganizations to solid	cit, process, or sell	noncash						
	contributions?		•	· •				3	2a	х	
b	If "Yes," describe in Part II.										
33	If the organization didn't report an amount in c	olumn (c) foi	a type of property	/ for which column	(a) is che	cked,					
	describe in Part II.					,					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2019

932141 09-27-19

Schedule M (Form 990) 2019	SHRINERS	HOSPITALS	FOR	CHILDREN
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Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

Part II

THE ORGANIZATION USES THIRD PARTY BROKERS AND REAL ESTATE AGENTS TO

SELL THE NON-CASH CONTRIBUTIONS OF REAL ESTATE.

Schedule M (Form 990) 2019

932142 09-27-19

Page 2

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury	Supplemental Information to Form 990 or 99 Complete to provide information for responses to specific questions or Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.	Dependence of the second secon
Internal Revenue Service Name of the organizatio	Go to www.irs.gov/Form990 for the latest information.	Inspection Employer identification number
	SHRINERS HOSPITALS FOR CHILDREN	36-2193608
FORM 990, PART III	, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
SHRINERS HOSPITALS	FOR CHILDREN OFFERS "CHARITY CARE" THROUGH AN	
INTERNATIONAL NETW	ORK OF PEDIATRIC HOSPITALS DEDICATED TO PROVIDING	
EXCELLENT PATIENT	CARE, RESEARCH, AND EDUCATION FOR ORTHOPEDIC	
CONDITIONS, BURNS,	SPINAL CORD INJURIES AND CLEFT LIP AND PALATE. OUR	
SPECIALIZED MEDICA	L CARE, BACKED BY THE SKILLS AND KNOWLEDGE OF THE	
STAFF IN 18 HOSPIT	ALS, DELIVERS EXPERT, FAMILY-FOCUSED CARE REGARDLESS	
OF THE FAMILY'S AE	ILITY TO PAY.	
AS A 501(C)3 NON-F	ROFIT ORGANIZATION, SHRINERS HOSPITALS RELIES ON THE	
GENEROUS DONATIONS	OF SHRINERS AND THE GENERAL PUBLIC TO CARRY OUT OUR	
MISSION AND CHANGE	THE LIVES OF CHILDREN EVERY DAY. FOR MORE	
INFORMATION ABOUT	SUPPORTING SHRINERS HOSPITALS, PLEASE VISIT	
WWW.SHRINERSHOSPI1	ALSFORCHILDREN.ORG OR CALL 1-800-241-GIFT.	
FORM 990, PART III	, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	
OUR SPECIALIZED CA	RE EXTENDS BEYOND THE CONVENTIONAL WALLS OF THE	
HOSPITAL. SHRINERS	HOSPITALS FOR CHILDREN ALSO SEEKS TO DELIVER CARE TO	
THOSE INTERNATIONA	LLY THROUGH OUR TELEHEALTH PROGRAM, WHICH ALLOWS	
PATIENTS TO RECEIV	E OUR WRAP-AROUND CARE VIA VIDEO CONFERENCING. WE	
ALSO STRIVE TO HEL	P THOSE IN NEED - ESPECIALLY WHEN DISASTER STRIKES.	
FORM 990, PART III	, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:	
OUR RESEARCH TEAM	IS AMONG THE MOST HIGHLY RENOWNED, GAINING NATIONAL	
RECOGNITION FOR CL	INICAL RESEARCH. SIX SHC LOCATIONS ARE MAJOR RESEARCH	
HOSPITALS (FIVE OF	ERATED BY THIS ORGANIZATION), WORKING TO DEVELOP NEW	
LHA For Paperwork R	eduction Act Notice, see the Instructions for Form 990 or 990-EZ. Sch	nedule O (Form 990 or 990-EZ) (2019)

17030702 143399 326610

932211 09-06-19

669 2019.04000 SHRINERS HOSPITALS FOR CH 326610_1

Schedule O (Form 990 or 990·EZ) (2019) Name of the organization	Page Employer identification number
SHRINERS HOSPITALS FOR CHILDREN	36-2193608
TREATMENTS AND TECHNOLOGICAL ADVANCES WITHIN THE MEDICAL COMMUNITY.	
FORM 990, PART V, LINE 4B, LIST OF FOREIGN COUNTRIES:	
AUSTRALIA, AUSTRIA, BELGIUM, BRAZIL,	
CANADA, CHINA, DENMARK, FINLAND,	
RANCE, GERMANY, HONG KONG, IRELAND,	
ITALY, JAPAN, SOUTH KOREA, MEXICO,	
NETHERLANDS, NEW ZEALAND, NORWAY, PORTUGAL,	
SPAIN, SWEDEN, SWITZERLAND, UNITED KINGDOM	
FORM 990, PART VI, SECTION A, LINE 6:	
THE ORGANIZATION IS ORGANIZED AS A NONPROFIT CORPORATION WITH MEMBERS.	
EMBERS HAVE THE RIGHT TO ELECT PERSONS BELONGING TO THE GOVERNING BODY,	
ND 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	
HE TOTAL MEMBERSHIP OF SHRINERS INTERNATIONAL (A RELATED ORGANIZATION).	
IEMBERS MAY ELECT PERSONS ON THE ORGANIZATION'S GOVERNING BODY, AND MAY	
APPROVE SIGNIFICANT DECISIONS OF THE ORGANIZATION.	
ORM 990, PART VI, SECTION A, LINE 7B:	
NDER THE BYLAWS OF THE ORGANIZATION, SIGNIFICANT DECISIONS OF THE	
OVERNING BODY REQUIRE APPROVAL BY THE ORGANIZATION'S 1,400 MEMBERS (SUCH	
S CHANGES TO THE BYLAWS, OR SIGNIFICANT RESTRUCTURING OR EXTRAORDINARY	
VENTS). THE ORGANIZATION'S MEMBERS ALSO MAY ELECT PERSONS TO SERVE ON THE	
DRGANIZATION'S GOVERNING BODY. THE ORGANIZATION'S MEMBERS DO NOT HAVE	
¹³²²¹² 09-06-19 50	chedule O (Form 990 or 990-EZ) (2019

17030702 143399 326610

2019.04000 SHRINERS HOSPITALS FOR CH 326610_1

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

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

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

SHRINERS HOSPITALS FOR CHIL	JREN	36-2193608
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,		
FORM 990, PART VI, SECTION C, LINE 18:		
THE ORGANIZATION'S FORM 990 CAN BE FOUND ONLINE	AT	
HTTPS://LOVETOTHERESCUE.ORG/FINANCIALS-2/#FIN-DO	DCS. THIS SITE CAN BE	
ACCESSED FROM THE MAIN WEBSITE HTTP://WWW.SHRINE	ERSHOSPITALSFORCHILDREN.ORG.	
FORM 990, PART VI, SECTION C, LINE 19:		
THE ORGANIZATION'S GOVERNING DOCUMENTS (INCLUDIN	IG ITS CONFLICT OF INTEREST	
POLICY AND FINANCIAL STATEMENTS) ARE AVAILABLE O	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	30,053,756.	
MANAGEMENT AND GENERAL EXPENSES	11,185,991.	
FUNDRAISING EXPENSES	18,762,728.	
TOTAL EXPENSES	60,002,475.	
MEDICAL SERVICES:		
PROGRAM SERVICE EXPENSES	64,780,040.	
MANAGEMENT AND GENERAL EXPENSES	3,590,852.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	68,370,892.	
AGENCY PERSONNEL SERVICES:		
PROGRAM SERVICE EXPENSES	1,843,212. Sche	dule O (Form 990 or 990-EZ) (2019)
)30702 143399 326610	672 2019.04000 SHRINERS HOS	

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization

Employer identification number

Schedule O (Form 990 or 990-EZ) (2019)		Page 2
Name of the organization SHRINERS HOSPITALS FOR CHILDREN		Employer identification number 36-2193608
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	1,843,212.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	130,216,579.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
CHANGE IN PENSION FUNDING OBLIGATION	-32,194,270.	
CHANGE IN PATIENT TRANSPORTATION FUNDS HELD BY SHRINE		
TEMPLES	3,003,055.	
CHANGE IN CHARITABLE GIFT ANNUITY	-5,229,632.	
FOREIGN CURRENCY EXCHANGE GAIN (LOSS)	-73,039.	
MARKET VALUE ADJUSTMENT	-11,429,434.	
OTHER CHANGES IN NET ASSETS	3,270,152.	
INTERCOMPANY SETTLEMENT (SEE EXPLANATION BELOW)	676,246,306.	
TOTAL TO FORM 990, PART XI, LINE 9	633,593,138.	
FORM 990, PART XI, LINE 9, EXPLANATION OF CHANGES IN NE	ET ASSETS:	
OTHER CHANGES IN NET ASSETS INCLUDES AN INTERCOMPANY SE	ETTLEMENT WITH	
THE SHRINERS' HOSPITALS FOR CHILDREN (MA CORPORATION),	A RELATED	
TAX-EXEMPT ORGANIZATION (SEE SCHEDULE R). THE SETTLEMEN	NT TRANSACTION	
REPRESENTED SEVERAL PAST YEARS OF EXPENSES PAID BY THIS	5 ORGANIZATION	
FOR THE TWO (2) MASSACHUSETTS HOSPITALS OWNED BY THE MA	A CORPORATION.	
\$676,246,306 WAS TRANSFERRED FROM THE MA CORPORATION EN	NDOWMENT TO THIS	
ORGANIZATION'S ENDOWMENT IN REFUND OF THOSE EXPENSES PF		
TRUE UP OF EXPENSES WILL OCCUR ANNUALLY MOVING FORWARD.		

FORM 990, PART XI, LINE 2C, AUDIT COMMITTEE OVERSIGHT PROCESS:

932212 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization SHRINERS HOSPITALS FOR CHILDREN	Employer identification number 36-2193608
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. THIS PROCESS HAS NOT CHANGED FROM PRIOR YEARS.	
	Calcadula () (Fauna 000 000 F7) (00 40
932212 09-06-19 674	Schedule O (Form 990 or 990-EZ) (2019

SCH	IEDULE R	ł
/		

(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019 Open to Public Inspection

Employer identification number

36-2193608

Department of the Treasury Internal Revenue Service

Name of the organization

SHRINERS HOSPITALS FOR CHILDREN

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

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable)	Primary activity	Legal domicile (state or	Total income	End-of-year assets	Direct controlling
of disregarded entity		foreign country)			entity
PEDIATRIC ORTHOTIC AND PROSTHETIC SERVICES -					
NORTHWEST, LLC - 45-3940402, 3101 SW SAM					SHRINERS HOSPITALS FOR
JACKSON PARK RD, PORTLAND, OR 97239-3009	ORTHOPEDICS & PROSTHETICS	DELAWARE	2,996,364.	643,896.	CHILDREN
PEDIATRIC ORTHOTIC AND PROSTHETIC SERVICES -					
WEST, LLC - 27-2210763, 2425 STOCKTON BLVD,	1				SHRINERS HOSPITALS FOR
SACRAMENTO, CA 95817-2215	ORTHOPEDICS & PROSTHETICS	DELAWARE	2,054,612.	342,223.	CHILDREN
PEDIATRIC ORTHOTIC AND PROSTHETIC SERVICES -					
MIDWEST, LLC - 36-4790476, 2025 E RIVER					SHRINERS HOSPITALS FOR
PKWY, MINNEAPOLIS, MN 55414-3604	ORTHOPEDICS & PROSTHETICS	DELAWARE	2,184,230.	1,043,757.	CHILDREN
PEDIATRIC ORTHOTIC AND PROSTHETIC SERVICES -					
NORTHEAST, LLC - 61-1700888, 3551 N BROAD					SHRINERS HOSPITALS FOR
ST, PHILADELPHIA, PA 19140-4160	ORTHOPEDICS & PROSTHETICS	DELAWARE	1,922,681.	477,487.	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	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
THE SHRINERS' HOSPITAL FOR CHILDREN -					SHRINERS		
04-2121377, POST OFFICE BOX 31356, TAMPA, FL]				HOSPITALS FOR		
33631-3356	HOSPITAL SYSTEM	MASSACHUSETTS	501(C)(3)	LINE 3	CHILDREN	х	
SHRINERS INTERNATIONAL - 36-2158164							
POST OFFICE BOX 31356	FOUNDED SHRINERS HOSPITALS						
TAMPA, FL 33631-3356	FOR CHILDREN	IOWA	501(C)(10)	N/A			х
SHRINERS HOSPITALS FOR CHILDREN EMPLOYEE					SHRINERS		
DISASTER RELIEF FUND - 26-3733381, 2900]				HOSPITALS FOR		
ROCKY POINT DRIVE, TAMPA, FL 33607	DISASTER RELIEF	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7	CHILDREN	x	
SHRINERS HOSPITALS FOR CHILDREN (QUEBEC)					SHRINERS		
INC., 1529 CEDAR AVE, MONTREAL, QUEBEC,	1		501(C)(3)		HOSPITALS FOR		
CANADA H36 1A6	HOSPITAL SYSTEM	CANADA	EQUIVALENT	LINE 3	CHILDREN	х	

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2019

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
PEDIATRIC ORTHOTIC AND PROSTHETIC SERVICES - SOUTHEAST, LLC - 45-2723185, 12502 USF PINE DR STE 100, TAMPA, FL 33612-9411	ORTHOPEDICS & PROSTHETICS	DELAWARE	3,562,313.		SHRINERS HOSPITALS FOR CHILDREN
PEDIATRIC ORTHOTIC AND PROSTHETIC SERVICES - HONOLULU, LLC - 38-4018709, 1310 PUNAHOU ST, HONOLULU, HI 96826-1099	ORTHOPEDICS & PROSTHETICS	DELAWARE	64,333.		SHRINERS HOSPITALS FOR CHILDREN
	-				
	-				
	-				
	-				
	-				
	-				

Part II Continuation of Identification of Related Tax-Exempt Organizations

(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	(f) Direct controlling entity	contr	g) 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
SHRINERS HOSPITALS FOR CHILDREN, A CANADIAN					SHRINERS		
CORPORATION, 1529 CEDAR AVE, MONTREAL,			501(C)(3)		HOSPITALS FOR		
QUEBEC, CANADA H36 1A6	HOSPITAL SYSTEM	CANADA	EQUIVALENT	LINE 3	CHILDREN	х	
SHRINERS HOSPITALS FOR CHILDREN, A MEXICAN					SHRINERS		
ASSOCIATION, MX AV. DEL IMAN NO. 257, MEXICO			501(C)(3)		HOSPITALS FOR		
CITY, MEXICO 04600	HOSPITAL SYSTEM	MEXICO	EQUIVALENT	LINE 3	CHILDREN	x	
SHRINERS INTERNATIONAL EDUCATION FOUNDATION							
- 81-3788196, POST OFFICE BOX 25251, TAMPA,	EDUCATION AND LEADERSHIP				SHRINERS		
FL 33622	TRAINING	TEXAS	501(C)(3)	LINE 7	INTERNATIONAL		х
SHRINERS HOSPITALS FOR CHILDREN AMBULATORY					SHRINERS		
CLINIC AT HIC AC, BOSQUE DE DURAZNOS NO. 61	1		501(C)(3)		HOSPITALS FOR		
PISO 4, BOSQUE DE LAS LOMAS, MEXICO CITY,	HOSPITAL SYSTEM	MEXICO	EQUIVALENT	LINE 3	CHILDREN	x	
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	1						

36-2193608

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.

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(a)	(b)	(c)	(d)	(e)	(f)	(g)	(ł	h)	(i)		i)	(k)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	Disproportionate allocations?		amount in box	General or managing partner?		r Percentage ownership	
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes	No		
]												
	1												
	1												
	1												
	1												
	1												
	1												
	1												
			1	1	1	1	1			1			

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) (c) Primary activity Legal domicile (state or foreign		(d) Direct controlling entity	(e) Type of entity (C corp, S corp,	(f) Share of total income	end-of-year	(h) Percentage ownership	Sec 512(cont ent	i) ction b)(13) rolled tity?
		country)		or trust)		assets		Yes	No
SURETY INVESTMENT CO - 84-0332330			SHRINERS						
2900 N ROCKY POINT DR	REAL ESTATE RENTAL &		HOSPITALS FOR						
TAMPA, FL 33607	INVESTMENTS	FL	CHILDREN	C CORP	205,889.	2,100,939.	100%	x	
	-								
	-								
	-								

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Yes	s N
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?			
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
b Gift, grant, or capital contribution to related organization(s)		X	
c Gift, grant, or capital contribution from related organization(s)	1c		
d Loans or loan guarantees to or for related organization(s)		X	
e Loans or loan guarantees by related organization(s)	1e	X	_
Dividends from related organization(s)			
g Sale of assets to related organization(s)			
Purchase of assets from related organization(s)	1 h		
Exchange of assets with related organization(s)	1i		
Lease of facilities, equipment, or other assets to related organization(s)		X	_
Lease of facilities, equipment, or other assets from related organization(s)	1k		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)	1m		
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)			
Sharing of paid employees with related organization(s)		X	_
Reimbursement paid to related organization(s) for expenses	<u>1p</u>	x	
Reimbursement paid by related organization(s) for expenses		x	+
Other transfer of cash or property to related organization(s)	1r		
Other transfer of cash or property from related organization(s)	1s		

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE SHRINERS' HOSPITAL FOR CHILDREN	В	14,189,818.	Cash
(2) SHRINERS HOSPITALS FOR CHILDREN, CAN	В	17,572.	CASH TRANSFERS
(3) SHRINERS HOSPITALS FOR CHILDREN, MEX	В	15,376,845.	CASH TRANSFERS
(4) SHRINERS HOSPITALS FOR CHILDREN AMBULATORY CLINIC AT HIC AC	В	98,101.	CASH TRANSFERS
(5) SHRINERS HOSPITALS FOR CHILDREN, CAN	D	2,132,077.	LOAN BALANCE
(6) SHRINERS HOSPITALS FOR CHILDREN, MEX	D	2,641,981.	LOAN BALANCE

Schedule R (Form 990) SHRINERS HOSPITALS FOR CHILDREN

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-s)	(c) Amount involved	(d) Method of determining amount involved
(7) SHRINERS HOSPITALS FOR CHILDREN AMBULATORY CLINIC AT HIC AC	D	14,423,080.	LOAN BALANCE
(8) THE SHRINERS' HOSPITAL FOR CHILDREN	Е	128,123,815.	LOAN BALANCE
(9) THE SHRINERS' HOSPITAL FOR CHILDREN	0	0.	AMOUNT UNDETERMINABLE
_ (10)			
(11)			
_ (12)			
_ (13)			
_ (14)			
_ (15)			
_ (16)			
(17)			
_ (18)			
_ (19)			
(20)			
(21)			
(22)			
(23)			
(24)			

Schedule R (Form 990) 2019 SHRINERS HOSPITALS FOR CHILDREN

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

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(۲	1)	(i)	(j)		(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are Are partne 501(org	e all rs sec.	Share of	Share of	Dispr tior	opor-	Code V-UBI	Genera	or Perc	entage
of entity		(state or foreign	Predominant income (related, unrelated, excluded from tax under sections 512-514)	. 501(org	c)(3) s.?	total	end-of-year	tion allocat	iate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	manag partne	_{r?} own	nership
		country)	sections 512-514)	Yes		income	assets	Yes	No	(Form 1065)	Yes N	10	
											\square		
											\square		

Schedule R (Form 990) 2019

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME AND ADDRESS OF RELATED ORGANIZATION:

SHRINERS HOSPITALS FOR CHILDREN AMBULATORY CLINIC AT HIC AC

BOSQUE DE DURAZNOS NO. 61 PISO 4

BOSQUE DE LAS LOMAS, MEXICO CITY, MEXICO 11700

Schedule R (Form 990) 2019

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