** 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.

A For the 2022 calendar year, or tax year beginning and ending

B Check if applicable

C Name of organization

SHERINESS HOSPITALS FOR CHILDREN

Doing business as

D Employer identification number

36-2193608

E Telephone number

(813) 281-0300

F Name and address of principal officer: JOHN MCCABE

2900 N ROCKY POINT DRIVE, TAMPA, FL 33607

G Gross receipts $ 2,942,314,665.

H(a) Is this a group return for subordinates? Yes X No

H(b) Are all subordinates included? Yes No

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

J Website: WWW.SHERINESSCHILDRENS.ORG

K Form of organization: X Corporation Trust Association Other

L Year of formation: 1925 M State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities: WE OFFER FAMILY-CENTERED PEDIATRIC SPECIALTY CARE REGARDLESS OF FAMILIES' ABILITY TO PAY.

2 Check this box ☒ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)

4 Number of independent voting members of the governing body (Part VI, line 1b)

5 Number of independent voting members of the governing body (Part VI, line 1b)

6 Number of volunteers (estimate if necessary)

7a Total unrelated business revenue from Part VIII, column (C), line 12

7b Net unrelated business taxable income from Form 990-T, Part I, line 11

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

16a Professional fundraising fees (Part IX, column (A), line 11a)

16b Total fundraising expenses (Part IX, column (D), line 25)

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24a)

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

19 Revenue less expenses, Subtract line 18 from line 12


Expenditures

Net Assets or Fund Balances

Part II Signature Block

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

Sign Here

Signature of officer

JERRY GANTT, CHAIRMAN

Type or print name and title

PAUL DUNHAM

Paid

Preparer's name

CBIZ HIM, LLC

Preparer's signature

Date

PAUL DUNHAM

Chk if self-employed

PTIN 00100222

Use Only

Firm's EIN 27-3605969

Phone no. 727-572-1400

May the IRS discuss this return with the preparer shown above? See instructions

[ ] Yes [ ] No
Part III  Statement of Program Service Accomplishments

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

1  Briefly describe the organization's mission:

SHRINERS CHILDREN'S IS DEDICATED TO ELIMINATING CHILDREN'S NEEDS THROUGH COMPASSIONATE, HIGH-QUALITY CARE THAT IMPROVES CHILDREN'S LIVES, IN A FAMILY-CENTERED AND COLLABORATIVE ENVIRONMENT. (CONTINUED ON SCHEDULE 0)

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

If 'Yes,' describe these new services on Schedule O.

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

If 'Yes,' describe these changes on Schedule O.

4  Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 $701,301,604, including grants of $70,058,746.)  (Revenue $165,612,097.)

STATE-OF-THE-ART MEDICAL CARE:

SHRINERS HOSPITALS FOR CHILDREN, COMPRISING A NETWORK OF 199 HOSPITALS (SEE SCHEDULE 0), SERVES 179 COUNTRIES, TREATING MORE THAN 150,000 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 0

4b  (Code ________)  (Expenses $18,679,612, including grants of $.)  (Revenue $)

RESEARCH:

SHRINERS HOSPITALS FOR CHILDREN PRIDES ITSELF ON THE WRAP-AROUND CARE THAT IT PROVIDES TO PATIENTS AND FAMILIES, AS A HEALTH CARE SYSTEM WITH 20 LOCATIONS IN THE U.S., CANADA AND MEXICO (16 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 0

4c  (Code ________)  (Expenses $, including grants of $)  (Revenue $)

4d  Other program services (Describe on Schedule O.)

(Expenses $, including grants of $)  (Revenue $)

4e  Total program service expenses 719,981,216.
### Part IV Checklist of Required Schedules

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**Form 990 (2022)**

**SHRINERS HOSPITALS FOR CHILDREN**

**Page 3**

**36-2193608**

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**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

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

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

Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

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

If the organization’s answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.

a. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI

b. Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

c. Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

d. Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX

e. Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f. Did the organization’s separate or consolidated financial statements for the tax year include a footnote that addresses the organization’s liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

12a. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII

b. 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

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, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions

18. Did the organization report more than $15,000 of total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19. Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20a. Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b. If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

21. Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17? If "Yes," complete Schedule I, Parts I and II
### Part IV Checklist of Required Schedules (continued)

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#### Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations

- Did the organization engage in an excess benefit transaction with a disqualified person during the year? [complete Schedule L, Part I]
- 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? [complete Schedule L, Part I]

#### Part V Statements Regarding Other IRS Filings and Tax Compliance

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Note: All Form 990 filers are required to complete Schedule O.
Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

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

b. If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b

3a. Did the organization have unrelated business gross income of $1,000 or more during the year? 3a

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

b. If "Yes," enter the name of the foreign country. See Schedule O

5a. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a

b. Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b

c. 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

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).

a. 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

b. If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b

c. Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c

d. If "Yes," indicate the number of Forms 8282 filed during the year 7d

e. Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e

f. Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f

g. If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g

h. If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h

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.

a. Did the sponsoring organization make any taxable distributions under section 4966? N/A 9a

b. Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? N/A 9b

10 Section 501(c)(7) organizations. Enter:

a. 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 10b

11 Section 501(c)(12) organizations. Enter:

a. 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.) 11b

12a. Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a

b. If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b

13 Section 501(c)(29) qualified nonprofit health insurance issuers.

a. 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. 13b

c. Enter the amount of reserves on hand 13c

14a. Did the organization receive any payments for indoor tanning services during the tax year? 14a

b. If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b

15 Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? 15

16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16

17 Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? N/A 17

If "Yes," complete Form 6069.
### Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year
   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.

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1b Enter the number of voting members included on line 1a, above, who are independent

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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?

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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?

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4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

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5 Did the organization become aware during the year of a significant diversion of the organization’s assets?

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6 Did the organization have members or stockholders?

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7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?

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7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?

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8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following?

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8a The governing body

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8b Each committee with authority to act on behalf of the governing body

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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

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### Section B. Policies

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

10a Did the organization have local chapters, branches, or affiliates?

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10b 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?

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11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?

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11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.

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12a Did the organization have a written conflict of interest policy? If “No,” go to line 13

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12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

<table>
<thead>
<tr>
<th></th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>12b</td>
<td>12</td>
</tr>
</tbody>
</table>

12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If “Yes,” describe on Schedule O how this was done

<table>
<thead>
<tr>
<th></th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>12c</td>
<td>12</td>
</tr>
</tbody>
</table>

13 Did the organization have a written whistleblower policy?

<table>
<thead>
<tr>
<th></th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td>13</td>
</tr>
</tbody>
</table>

14 Did the organization have a written document retention and destruction policy?

<table>
<thead>
<tr>
<th></th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td>14</td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th></th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>15</td>
</tr>
</tbody>
</table>

15a The organization’s CEO, Executive Director, or top management official

<table>
<thead>
<tr>
<th></th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>15a</td>
<td>15</td>
</tr>
</tbody>
</table>

15b Other officers or key employees of the organization

<table>
<thead>
<tr>
<th></th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>15b</td>
<td>15</td>
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</tbody>
</table>

If “Yes” to line 15a or 15b, describe the process on Schedule O. See instructions.

<table>
<thead>
<tr>
<th></th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td>15</td>
</tr>
</tbody>
</table>

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?

<table>
<thead>
<tr>
<th></th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>16a</td>
<td>16</td>
</tr>
</tbody>
</table>

16b 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?

<table>
<thead>
<tr>
<th></th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>16b</td>
<td>16</td>
</tr>
</tbody>
</table>

### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed

|   | AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI |
|---|---|---|---|---|---|---|---|---|---|
| 17 | X | Own state | Another’s state | 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 financial statements available to the public during the tax year.

<table>
<thead>
<tr>
<th></th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>19</td>
</tr>
</tbody>
</table>

20 State the name, address, and telephone number of the person who possesses the organization’s books and records

<table>
<thead>
<tr>
<th></th>
<th>X</th>
</tr>
</thead>
<tbody>
<tr>
<td>20</td>
<td>20</td>
</tr>
</tbody>
</table>

22 2022.04000 SHRINERS HOSPITALS FOR CH 326610_1

2390630 143399 326610

SEE SCHEDULE O FOR FULL LIST OF STATES

Form 990 (2022)
**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

Check if Schedule O contains a response or note to any line in this Part VII. □

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 the instructions for definition of “key employee.”

- 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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.

<table>
<thead>
<tr>
<th>(A)</th>
<th>Name and title</th>
<th>(B) Average hours per week</th>
<th>(C) Position</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td>ELEN RANEY</td>
<td>40.00</td>
<td>X</td>
<td>3,333,171.00</td>
<td>0.00</td>
<td>33,381.00</td>
</tr>
<tr>
<td>ORTHOPEDIC SURGEON, PROFESSOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td>EMILY NAUS</td>
<td>40.00</td>
<td>X</td>
<td>1,514,269.00</td>
<td>0.00</td>
<td>33,261.00</td>
</tr>
<tr>
<td>ANESTHESIOLOGIST (THRU 11/1/22)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td>MAUREEN MACIEL</td>
<td>40.00</td>
<td>X</td>
<td>1,323,438.00</td>
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<td>10,820.00</td>
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<td>CHISP OR STAFF (THRU 4/2/22)</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td>SCOTT KOZIN</td>
<td>40.00</td>
<td>X</td>
<td>967,440.00</td>
<td>0.00</td>
<td>47,826.00</td>
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<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>(5)</td>
<td>JOHN MCCAIFE</td>
<td>40.00</td>
<td>X</td>
<td>986,324.00</td>
<td>0.00</td>
<td>21,193.00</td>
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<tr>
<td>EXECUTIVE VICE PRESIDENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td>PURNENDU GUPTA</td>
<td>40.00</td>
<td>X</td>
<td>910,709.00</td>
<td>0.00</td>
<td>60,790.00</td>
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<td></td>
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<td></td>
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</tr>
<tr>
<td>(7)</td>
<td>FRANCES FARLEY</td>
<td>40.00</td>
<td>X</td>
<td>928,355.00</td>
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<td>19,527.00</td>
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<td>CHISP MEDICAL OFFICER</td>
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<tr>
<td>(8)</td>
<td>WILLIAMS S. BAILEY</td>
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<td>47,500.00</td>
<td>0.00</td>
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<tr>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td>JERRY G. GANTT</td>
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<td>X</td>
<td>18,000.00</td>
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<td>0.00</td>
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<tr>
<td>PRESIDENT</td>
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<td></td>
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<td></td>
<td></td>
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<tr>
<td>(10)</td>
<td>KENNETH G. CRAVEN</td>
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<td>X</td>
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<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>CHAIRMAN OF THE BOARD</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(11)</td>
<td>JAMES E. STOLZE, JR</td>
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<td>X</td>
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<td>0.00</td>
</tr>
<tr>
<td>1ST VICE PRESIDENT</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>(12)</td>
<td>RICHARD G. BURKE</td>
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<td>0.00</td>
<td>0.00</td>
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<tr>
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<td></td>
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<td></td>
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<td></td>
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<tr>
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<td>BRAD T. KOHN</td>
<td>12.00</td>
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<tr>
<td>TREASURER</td>
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<td></td>
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<tr>
<td>(14)</td>
<td>KEVIN R. COSTELLO</td>
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<td>X</td>
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<td>0.00</td>
<td>0.00</td>
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<tr>
<td>SECRETARY</td>
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<tr>
<td>(15)</td>
<td>LAWRENCE J. LEIB</td>
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<td>X</td>
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<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>ASSISTANT SECRETARY</td>
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<td></td>
<td></td>
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<tr>
<td>(16)</td>
<td>JIM CAIN</td>
<td>5.00</td>
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<td>0.00</td>
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<td>0.00</td>
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<tr>
<td>DIRECTOR</td>
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</tr>
<tr>
<td>(17)</td>
<td>MARK E. HARTZ</td>
<td>5.00</td>
<td>X</td>
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<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>DIRECTOR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Part VII

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

<table>
<thead>
<tr>
<th>(A) Name and title</th>
<th>(B) Average hours per week (list any hours for related organizations below line)</th>
<th>(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)</th>
<th>(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)</th>
<th>(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)</th>
<th>(F) Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(18) MATTHEW STURLAUGSON</td>
<td>5.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>5.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(19) MARTIN L. BARTLETT</td>
<td>5.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>5.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(20) TIMOTHY D. FORBIS</td>
<td>5.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECTOR</td>
<td>5.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(21) RONALD L. DEVOLL, JR.</td>
<td>5.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECTOR (7/1/22-12/31/22)</td>
<td>0.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(22) JAMES A. DOEL</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRUSTEE</td>
<td>2.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(23) CHUCK PITTMA</td>
<td>5.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRUSTEE</td>
<td>2.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(24) PAUL F. POULIN</td>
<td>5.00</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>TRUSTEE</td>
<td>2.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(25) LESLIE D. STEWART</td>
<td>5.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRUSTEE</td>
<td>2.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
<tr>
<td>(26) KENNETH J. GUIDERA</td>
<td>5.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRUSTEE</td>
<td>2.00</td>
<td>X</td>
<td>0.</td>
<td>0.</td>
<td>0.</td>
</tr>
</tbody>
</table>

1b Subtotal ........................................................................................................ 9,981,706. 47,500. 226,798.

c Total from continuation sheets to Part VII, Section A .................................. 0. 0. 0.

d Total (add lines 1b and 1c) ................................................................................. 9,981,706. 47,500. 226,798.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization 890

| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual |
|---|---|
| Yes | No |
| 3 | X |

| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual |
|---|---|
| 4 | X |

| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person |
|---|---|
| 5 | X |

### Section B. Independent Contractors

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

<table>
<thead>
<tr>
<th>(A) Name and business address</th>
<th>(B) Description of services</th>
<th>(C) Compensation</th>
</tr>
</thead>
<tbody>
<tr>
<td>BURNS AND ASSOCIATES MANAGEMENT LLC</td>
<td>MARKETING</td>
<td>20,283,885.</td>
</tr>
<tr>
<td>1000 CLARK AVE, 4TH FL, ST LOUIS, MO 63102</td>
<td></td>
<td></td>
</tr>
<tr>
<td>UC REGENTS UC DAVIS MEDICAL CENTER</td>
<td></td>
<td></td>
</tr>
<tr>
<td>ONE SHIELDS AVE, DAVIS, CA 95616</td>
<td>MEDICAL SERVICES</td>
<td>12,248,895.</td>
</tr>
<tr>
<td>MEDICAL SOLUTIONS LLC</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1010 N 122ND ST, STE 300, OMAHA, NE 68114</td>
<td>MEDICAL SERVICES</td>
<td>6,990,417.</td>
</tr>
<tr>
<td>FORNEY CONSTRUCTION, 8945 LONG POINT RD, STE 20, HOUSTON, TX 77055</td>
<td>GENERAL CONTRACTOR</td>
<td>6,486,174.</td>
</tr>
<tr>
<td>THE UNIVERSITY OF TEXAS MEDICAL BRANCH</td>
<td></td>
<td></td>
</tr>
<tr>
<td>301 UNIVERSITY BLVD, GALVESTON, TX 77555</td>
<td>MEDICAL SERVICES</td>
<td>5,039,995.</td>
</tr>
</tbody>
</table>

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization 84
<table>
<thead>
<tr>
<th>Name and title</th>
<th>Average hours per week</th>
<th>Position (check all that apply)</th>
<th>Reportable compensation from the organization (W-2/1099-MISC)</th>
<th>Reportable compensation from related organizations (W-2/1099-MISC)</th>
<th>Estimated amount of other compensation from the organization and related organizations</th>
</tr>
</thead>
<tbody>
<tr>
<td>(27) RICARTE A. ARROCHA</td>
<td>5.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRUSTEE</td>
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<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(28) WILLIAM B. RASNER</td>
<td>5.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRUSTEE (7/1/22-12/31/22)</td>
<td>0.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>(29) JAMES R. SMITH</td>
<td>9.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>DIRECTOR (1/1/22-7/1/22)</td>
<td>32.00</td>
<td>X</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
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<tr>
<td>(30) ANTHONY M. WEST</td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TRUSTEE (1/1/22-7/1/22)</td>
<td>2.00</td>
<td>X</td>
<td>0.00</td>
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<td>0.00</td>
</tr>
</tbody>
</table>

Total to Part VII, Section A, line 1c
### Part VIII Statement of Revenue

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

<table>
<thead>
<tr>
<th>(A) Total revenue</th>
<th>(B) Related or exempt function revenue</th>
<th>(C) Unrelated business revenue</th>
<th>(D) Revenue excluded from tax under sections 512 - 514</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Federated campaigns</td>
<td>1a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1b Membership dues</td>
<td>1b</td>
<td>885,483.</td>
<td></td>
</tr>
<tr>
<td>1c Fundraising events</td>
<td>1c</td>
<td>3,532,536.</td>
<td></td>
</tr>
<tr>
<td>1d Related organizations</td>
<td>1d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1e Government grants (contributions)</td>
<td>1e</td>
<td>20,083,573.</td>
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</tr>
<tr>
<td>1f All other contributions, gifts, grants, and similar amounts not included above</td>
<td>1f</td>
<td>537,077,262.</td>
<td></td>
</tr>
<tr>
<td>1g Noncash contributions included in lines 1a-1f</td>
<td>1g</td>
<td>1,937,635.</td>
<td></td>
</tr>
<tr>
<td><strong>h Total, Add lines 1a-1f</strong></td>
<td></td>
<td>561,578,854.</td>
<td></td>
</tr>
</tbody>
</table>

**Program Service Revenue**

<table>
<thead>
<tr>
<th>Business Code</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>2a PATIENT SERVICE</td>
<td>621110</td>
</tr>
<tr>
<td>2b</td>
<td>163,973,117.</td>
</tr>
<tr>
<td>2c</td>
<td>163,973,117.</td>
</tr>
<tr>
<td><strong>g Total, Add lines 2a-2f</strong></td>
<td></td>
</tr>
</tbody>
</table>

**Other Revenue**

<table>
<thead>
<tr>
<th>Real</th>
<th>Personal</th>
</tr>
</thead>
<tbody>
<tr>
<td>3 Investment income (including dividends, interest, and other similar amounts)</td>
<td>189,941,829.</td>
</tr>
<tr>
<td>4 Income from investment of tax-exempt bond proceeds</td>
<td></td>
</tr>
<tr>
<td>5 Royalties</td>
<td>219,074.</td>
</tr>
<tr>
<td><strong>6 Real</strong></td>
<td></td>
</tr>
<tr>
<td><strong>6 Personal</strong></td>
<td></td>
</tr>
<tr>
<td>6b Less: rental expenses</td>
<td>0.</td>
</tr>
<tr>
<td>6c Rental income or (loss)</td>
<td>23,667,550.</td>
</tr>
<tr>
<td><strong>7 Personal</strong></td>
<td></td>
</tr>
<tr>
<td><strong>7 Securities</strong></td>
<td>1995660260.</td>
</tr>
<tr>
<td><strong>7 Other</strong></td>
<td></td>
</tr>
<tr>
<td>7a Gross amount from sales of assets other than inventory</td>
<td></td>
</tr>
<tr>
<td>7b Less: cost or other basis and sales expenses</td>
<td>1881155596.</td>
</tr>
<tr>
<td>7c Gain or (loss)</td>
<td>14,504,664.</td>
</tr>
<tr>
<td><strong>7 Net gain or (loss)</strong></td>
<td>93,645,664.</td>
</tr>
<tr>
<td>8a Gross income from fundraising events (not including $3,532,536. of contributions reported on line 1c). See Part IV, line 18</td>
<td></td>
</tr>
<tr>
<td>8b Less: direct expenses</td>
<td>3,304,495.</td>
</tr>
<tr>
<td><strong>8 Net income or (loss) from fundraising events</strong></td>
<td>-2,821,446.</td>
</tr>
<tr>
<td>9a Gross income from gaming activities. See Part IV, line 19</td>
<td></td>
</tr>
<tr>
<td>9b Less: direct expenses</td>
<td></td>
</tr>
<tr>
<td><strong>9 Net income or (loss) from gaming activities</strong></td>
<td></td>
</tr>
<tr>
<td>10a Gross sales of inventory, less returns and allowances</td>
<td>2,145,249.</td>
</tr>
<tr>
<td>10b Less: cost of goods sold</td>
<td>2,308,130.</td>
</tr>
<tr>
<td><strong>10 Net income or (loss) from sales of inventory</strong></td>
<td>-162,881.</td>
</tr>
</tbody>
</table>

**Miscellaneous Revenue**

<table>
<thead>
<tr>
<th>Business Code</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>11a</td>
<td></td>
</tr>
<tr>
<td>11b</td>
<td></td>
</tr>
<tr>
<td>11c</td>
<td></td>
</tr>
<tr>
<td>11d All other revenue</td>
<td>900099</td>
</tr>
<tr>
<td>11e Total, Add lines 11a-11d</td>
<td>4,045,486.</td>
</tr>
<tr>
<td><strong>12 Total revenue, See instructions</strong></td>
<td>1,034,087,247.</td>
</tr>
</tbody>
</table>

---

16390630 143399 326610

2022.04000 SHRINERS HOSPITALS FOR CH 326610_1
### Part IX Statement of Functional Expenses

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

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

<table>
<thead>
<tr>
<th></th>
<th>(A) Total expenses</th>
<th>(B) Program service expenses</th>
<th>(C) Management and general expenses</th>
<th>(D) Fundraising expenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21</td>
<td>25,043,734</td>
<td>25,043,734</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Grants and other assistance to domestic individuals. See Part IV, line 22</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16</td>
<td>45,015,012</td>
<td>45,015,012</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Benefits paid to or for members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Compensation of current officers, directors, trustees, and key employees</td>
<td>1,973,399</td>
<td>1,775,873</td>
<td>181,731</td>
</tr>
<tr>
<td>6</td>
<td>Compensation not included above to disqualified persons (as defined under section 4958(f)(3)(B) and persons described in section 4958(c)(3)(B)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Other salaries and wages</td>
<td>337,205,164</td>
<td>278,089,613</td>
<td>53,814,204</td>
</tr>
<tr>
<td>8</td>
<td>Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)</td>
<td>29,370,129</td>
<td>24,133,494</td>
<td>4,775,901</td>
</tr>
<tr>
<td>9</td>
<td>Other employee benefits</td>
<td>49,781,719</td>
<td>40,911,266</td>
<td>8,090,007</td>
</tr>
<tr>
<td>10</td>
<td>Payroll taxes</td>
<td>22,199,045</td>
<td>18,243,465</td>
<td>3,607,557</td>
</tr>
<tr>
<td>11</td>
<td>Fees for services (nonemployees):</td>
<td>25,247,225</td>
<td>25,247,225</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>Legal</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>Accounting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>Lobbying</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>Professional fundraising services. See Part IV, line 17</td>
<td>25,247,225</td>
<td>25,247,225</td>
<td></td>
</tr>
<tr>
<td>f</td>
<td>Investment management fees</td>
<td>17,728,982</td>
<td>2,029,496</td>
<td>15,699,527</td>
</tr>
<tr>
<td>g</td>
<td>Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)</td>
<td>183,872,871</td>
<td>117,586,482</td>
<td>28,028,467</td>
</tr>
<tr>
<td>12</td>
<td>Advertising and promotion</td>
<td>57,245,225</td>
<td>481,366</td>
<td>3,266,788</td>
</tr>
<tr>
<td>13</td>
<td>Office expenses</td>
<td>20,495,330</td>
<td>14,223,943</td>
<td>5,482,648</td>
</tr>
<tr>
<td>14</td>
<td>Information technology</td>
<td>26,870,057</td>
<td>1,131,863</td>
<td>25,724,437</td>
</tr>
<tr>
<td>15</td>
<td>Royalties</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Occupancy</td>
<td>17,162,921</td>
<td>15,377,097</td>
<td>1,785,824</td>
</tr>
<tr>
<td>17</td>
<td>Travel</td>
<td>5,000,199</td>
<td>2,277,844</td>
<td>2,319,469</td>
</tr>
<tr>
<td>18</td>
<td>Payments of travel or entertainment expenses for any federal, state, or local public officials</td>
<td>1,172,180</td>
<td>605,715</td>
<td>327,766</td>
</tr>
<tr>
<td>19</td>
<td>Conferences, conventions, and meetings</td>
<td>509,647</td>
<td>276,815</td>
<td>232,832</td>
</tr>
<tr>
<td>20</td>
<td>Interest</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Payments to affiliates</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Depreciation, depletion, and amortization</td>
<td>45,848,336</td>
<td>36,611,957</td>
<td>9,236,379</td>
</tr>
<tr>
<td>23</td>
<td>Insurance</td>
<td>6,591,517</td>
<td>6,252,276</td>
<td>339,241</td>
</tr>
<tr>
<td>24</td>
<td>Other expenses. Itemize expenses not covered 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 O.)</td>
<td>75,025,033</td>
<td>74,944,560</td>
<td>67,417</td>
</tr>
<tr>
<td>a</td>
<td>MEDICAL SUPPLIES</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>PGA EVENT EXPENSES</td>
<td>5,540,000</td>
<td>5,540,000</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>TAXES AND FEES - TPP</td>
<td>3,682,383</td>
<td>3,682,383</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>PATIENT COSTS</td>
<td>2,218,199</td>
<td>2,218,199</td>
<td></td>
</tr>
<tr>
<td>e</td>
<td>All other expenses</td>
<td>6,009,900</td>
<td>3,528,804</td>
<td>1,826,019</td>
</tr>
<tr>
<td>25</td>
<td>Total functional expenses. Add lines 1 through 24e</td>
<td>1,010,808,207</td>
<td>719,981,216</td>
<td>161,542,692</td>
</tr>
<tr>
<td>26</td>
<td>Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Check here [ ] if following SOP 66-2 (ASC 958-720)
### Part X | Balance Sheet

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

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Cash - non-interest-bearing</td>
<td>4,041,387</td>
</tr>
<tr>
<td>2</td>
<td>Savings and temporary cash investments</td>
<td>37,308,190</td>
</tr>
<tr>
<td>3</td>
<td>Pledges and grants receivable, net</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Accounts receivable, net</td>
<td>35,331,481</td>
</tr>
<tr>
<td>5</td>
<td>Loans and other receivables from 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</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)</td>
<td>5</td>
</tr>
<tr>
<td>7</td>
<td>Notes and loans receivable, net</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td>Inventories for sale or use</td>
<td>10,607,527</td>
</tr>
<tr>
<td>9</td>
<td>Prepaid expenses and deferred charges</td>
<td>28,342,200</td>
</tr>
<tr>
<td>10a</td>
<td>Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D</td>
<td>1,281,215,037</td>
</tr>
<tr>
<td>10b</td>
<td>Less: accumulated depreciation</td>
<td>745,998,160</td>
</tr>
<tr>
<td>11</td>
<td>Investments - publicly traded securities</td>
<td>8,987,852,769</td>
</tr>
<tr>
<td>12</td>
<td>Investments - other securities. See Part IV, line 11</td>
<td>330,725,155</td>
</tr>
<tr>
<td>13</td>
<td>Investments - program-related. See Part IV, line 11</td>
<td>14</td>
</tr>
<tr>
<td>14</td>
<td>Intangible assets</td>
<td>14</td>
</tr>
<tr>
<td>15</td>
<td>Other assets. See Part IV, line 11</td>
<td>1,861,159,850</td>
</tr>
<tr>
<td>16</td>
<td>Total assets. Add lines 1 through 15 (must equal line 33)</td>
<td>11,855,324,886</td>
</tr>
</tbody>
</table>

**Assets**

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>17</td>
<td>Accounts payable and accrued expenses</td>
<td>174,724,854</td>
</tr>
<tr>
<td>18</td>
<td>Grants payable</td>
<td>18</td>
</tr>
<tr>
<td>19</td>
<td>Deferred revenue</td>
<td>1,526,492</td>
</tr>
<tr>
<td>20</td>
<td>Tax-exempt bond liabilities</td>
<td>20</td>
</tr>
<tr>
<td>21</td>
<td>Escrow or custodial account liability. Complete Part IV of Schedule D</td>
<td>44,605,005</td>
</tr>
<tr>
<td>22</td>
<td>Loans and other 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</td>
<td>22</td>
</tr>
<tr>
<td>23</td>
<td>Secured mortgages and notes payable to unrelated third parties</td>
<td>23</td>
</tr>
<tr>
<td>24</td>
<td>Unsecured notes and loans payable to unrelated third parties</td>
<td>24</td>
</tr>
<tr>
<td>25</td>
<td>Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D</td>
<td>967,395,565</td>
</tr>
<tr>
<td>26</td>
<td>Total liabilities. Add lines 17 through 25</td>
<td>1,188,251,916</td>
</tr>
</tbody>
</table>

**Liabilities**

<table>
<thead>
<tr>
<th></th>
<th>(A) Beginning of year</th>
<th>(B) End of year</th>
</tr>
</thead>
<tbody>
<tr>
<td>27</td>
<td>Net assets without donor restrictions</td>
<td>9,195,323,950</td>
</tr>
<tr>
<td>28</td>
<td>Net assets with donor restrictions</td>
<td>1,471,749,000</td>
</tr>
<tr>
<td>29</td>
<td>Capital stock or trust principal, or current funds</td>
<td>29</td>
</tr>
<tr>
<td>30</td>
<td>Paid-in or capital surplus, or land, building, or equipment fund</td>
<td>30</td>
</tr>
<tr>
<td>31</td>
<td>Retained earnings, endowment, accumulated income, or other funds</td>
<td>31</td>
</tr>
<tr>
<td>32</td>
<td>Total net assets or fund balances</td>
<td>10,667,072,950</td>
</tr>
<tr>
<td>33</td>
<td>Total liabilities and net assets/fund balances</td>
<td>11,855,324,886</td>
</tr>
</tbody>
</table>
### Part XI Reconciliation of Net Assets

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total revenue (must equal Part VIII, column (A), line 12)</td>
<td>1,034,087,247</td>
</tr>
<tr>
<td>2</td>
<td>Total expenses (must equal Part IX, column (A), line 25)</td>
<td>1,010,808,207</td>
</tr>
<tr>
<td>3</td>
<td>Revenue less expenses, Subtract line 2 from line 1</td>
<td>23,279,040</td>
</tr>
<tr>
<td>4</td>
<td>Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))</td>
<td>10,667,072,950</td>
</tr>
<tr>
<td>5</td>
<td>Net unrealized gains (losses) on investments</td>
<td>-1,551,770,217</td>
</tr>
<tr>
<td>6</td>
<td>Donated services and use of facilities</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Investment expenses</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Prior period adjustments</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other changes in net assets or fund balances (explain on Schedule O)</td>
<td>57,002,204</td>
</tr>
<tr>
<td>10</td>
<td>Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))</td>
<td>9,195,583,977</td>
</tr>
</tbody>
</table>

### Part XII Financial Statements and Reporting

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

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Accounting method used to prepare the Form 990: [X] Accrual, [ ] Cash, [ ] Other</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the organization changed its method of accounting from a prior year or checked &quot;Other,&quot; explain on Schedule O.</td>
<td></td>
</tr>
<tr>
<td>2a</td>
<td>Were the organization’s financial statements compiled or reviewed by an independent accountant? [X]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; 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:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>[ ] Separate basis</td>
<td>[ ] Consolidated basis</td>
</tr>
<tr>
<td>2b</td>
<td>Were the organization’s financial statements audited by an independent accountant? [X]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If &quot;Yes,&quot; check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>[ ] Separate basis</td>
<td>[X] Consolidated basis</td>
</tr>
<tr>
<td>2c</td>
<td>If &quot;Yes&quot; 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? [X]</td>
<td></td>
</tr>
<tr>
<td></td>
<td>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</td>
<td></td>
</tr>
<tr>
<td>3a</td>
<td>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? [ ] No, [X] Yes</td>
<td></td>
</tr>
<tr>
<td>3b</td>
<td>If &quot;Yes,&quot; did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits. [X]</td>
<td></td>
</tr>
</tbody>
</table>

Form 990 (2022)
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 Schedule E (Form 990) or Form 990-EZ.

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

Name of the organization: SHRINERS HOSPITALS FOR CHILDREN

Employer identification number: 36-2193608

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).

2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)

3  X  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).

4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital’s name, city, and state:

5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)

6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).

7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)

8  A community trust described in section 170(b)(1)(A)(vii). (Complete Part II.)

9  An agricultural research organization described in section 170(b)(1)(A)(viii) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2).

11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).

12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a  Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.

b  Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.

c  Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.

d  Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.

e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f  Enter the number of supported organizations

Total

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 232021 12-09-22

Schedule A (Form 990) 2022
### Section A. Public Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in) (a) 2018</th>
<th>(b) 2019</th>
<th>(c) 2020</th>
<th>(d) 2021</th>
<th>(e) 2022</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gifts, grants, contributions, and membership fees received. (Do not include any ‘unusual grants.’)</td>
<td>439,289,587</td>
<td>411,898,916</td>
<td>456,657,058</td>
<td>498,871,018</td>
<td>561,578,854</td>
</tr>
<tr>
<td>2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total. Add lines 1 through 3</strong></td>
<td>439,289,587</td>
<td>411,898,916</td>
<td>456,657,058</td>
<td>498,871,018</td>
<td>561,578,854</td>
</tr>
<tr>
<td>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)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Public support. Subtotal line 5 from line 4.</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Section B. Total Support

<table>
<thead>
<tr>
<th>Calendar year (or fiscal year beginning in) (a) 2018</th>
<th>(b) 2019</th>
<th>(c) 2020</th>
<th>(d) 2021</th>
<th>(e) 2022</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>7 Amounts from line 4</td>
<td>439,289,587</td>
<td>411,898,916</td>
<td>456,657,058</td>
<td>498,871,018</td>
<td>561,578,854</td>
</tr>
<tr>
<td>8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td>190,573,319</td>
<td>205,723,780</td>
<td>187,248,644</td>
<td>188,670,876</td>
<td>210,692,763</td>
</tr>
<tr>
<td>9 Net income from unrelated business activities, whether or not the business is regularly carried on</td>
<td>617,615</td>
<td>854,474</td>
<td>1,848,587</td>
<td>2,608,113</td>
<td>2,792,781</td>
</tr>
<tr>
<td>10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total support. Add lines 7 through 10</strong></td>
<td>335,992,695</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12 Gross receipts from related activities, etc. (see instructions)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**First 5 years. If the Form 990 is for the organization’s first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.**

### Section C. Computation of Public Support Percentage

| Public support percentage for 2022 (line 6, column (f), divided by line 11, column (f)) | 70.49 % |
| Public support percentage from 2021 Schedule A, Part II, line 14 | 69.50 % |

**16a 33 1/3% support test - 2022.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

**16b 33 1/3% support test - 2021.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

**17a 10% -facts-and-circumstances test - 2022.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

**17b 10% -facts-and-circumstances test - 2021.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization.

**18 Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

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232022 12-09-22

16390630 143399 326610

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15
### Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

#### Section A. Public Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th>Line</th>
<th>(a) 2018</th>
<th>(b) 2019</th>
<th>(c) 2020</th>
<th>(d) 2021</th>
<th>(e) 2022</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Gifts, grants, contributions, and membership fees received. (Do not include any &quot;unusual grants.&quot;)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization’s tax-exempt purpose</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Gross receipts from activities that are not an unrelated trade or business under section 513</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Tax revenues levied for the organization’s benefit and either paid to or expended on its behalf</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. The value of services or facilities furnished by a governmental unit to the organization without charge</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Total. Add lines 1 through 5</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a. Amounts included on lines 1, 2, and 3 received from disqualified persons</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b. Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1/4 of the amount on line 10 for the year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Public support. (Subtract line 7a from line 6)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section B. Total Support

**Calendar year (or fiscal year beginning in)**

<table>
<thead>
<tr>
<th>Line</th>
<th>(a) 2018</th>
<th>(b) 2019</th>
<th>(c) 2020</th>
<th>(d) 2021</th>
<th>(e) 2022</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>9. Amounts from line 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b. Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Total support. (Add lines 9, 10a, 11, and 12)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Section C. Computation of Public Support Percentage

<table>
<thead>
<tr>
<th>Line</th>
<th>Percentage</th>
<th>(a) 2018</th>
<th>(b) 2019</th>
<th>(c) 2020</th>
<th>(d) 2021</th>
<th>(e) 2022</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>15. Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>15%</td>
</tr>
<tr>
<td>16. Public support percentage from 2021 Schedule A, Part III, line 15</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>16%</td>
</tr>
</tbody>
</table>

#### Section D. Computation of Investment Income Percentage

<table>
<thead>
<tr>
<th>Line</th>
<th>Percentage</th>
<th>(a) 2018</th>
<th>(b) 2019</th>
<th>(c) 2020</th>
<th>(d) 2021</th>
<th>(e) 2022</th>
<th>(f) Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>17. Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>17%</td>
</tr>
<tr>
<td>18. Investment income percentage from 2021 Schedule A, Part III, line 17</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>18%</td>
</tr>
</tbody>
</table>

19a. 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

19b. 33 1/3% support tests - 2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

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

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I complete Sections A and B. If you checked box 12b, Part I complete Sections A and C. If you checked box 12c, Part I complete Sections A, D, and E. If you checked box 12d, 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 lines 3b and 3c below.

b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.

c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.

4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c 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).

8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).

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 on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.

c Did a disqualified person (as defined on 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 line 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.)
Part IV | Supporting Organizations (continued)

11 Has the organization accepted a gift or contribution from any of the following persons?
   a. A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c, the governing body of a supported organization?
   b. A family member of a person described on line 11a above?
   c. A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.

Section B. Type I Supporting Organizations

1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization’s officers, 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.

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.

Section C. Type II Supporting Organizations

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 supported organization was vested in the same persons that controlled or managed the supported organization(s).

Section D. All Type III Supporting Organizations

1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization’s tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization’s governing documents in effect on the date of notification, to the extent not previously provided?

2 Were any of the organization’s officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).

3 By reason of the relationship described on line 2, above, did the organization’s supported organizations have a significant voice in the organization’s investment policies and in directing the use of the organization’s income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization’s supported organizations played in this regard.

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
   a. The organization satisfied the Activities Test. Complete line 2 below.
   b. The organization is the parent of each of its supported organizations. Complete line 3 below.
   c. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).

2 Activities Test. Answer lines 2a and 2b below.

   a. Did substantially all of the organization’s activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? 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.
   b. Did the activities described on line 2a, above, 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.

3 Parent of Supported Organizations. Answer lines 3a and 3b below.

   a. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.
   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.

Schedule A (Form 990) 2022
### Section A - Adjusted Net Income

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Net short-term capital gain</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Recoveries of prior-year distributions</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Other gross income (see instructions)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Add lines 1 through 3.</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Depreciation and depletion</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>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)</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Other expenses (see instructions)</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Adjusted Net Income</strong> (subtract lines 5, 6, and 7 from line 4)</td>
<td><strong>8</strong></td>
</tr>
</tbody>
</table>

### Section B - Minimum Asset Amount

<table>
<thead>
<tr>
<th></th>
<th>(A) Prior Year</th>
<th>(B) Current Year (optional)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>Average monthly value of securities</td>
<td>1a</td>
</tr>
<tr>
<td>b</td>
<td>Average monthly cash balances</td>
<td>1b</td>
</tr>
<tr>
<td>c</td>
<td>Fair market value of other non-exempt-use assets</td>
<td>1c</td>
</tr>
<tr>
<td>d</td>
<td><strong>Total</strong> (add lines 1a, 1b, and 1c)</td>
<td><strong>1d</strong></td>
</tr>
<tr>
<td>e</td>
<td><strong>Discount</strong> claimed for blockage or other factors (explain in detail in Part VI):</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Acquisition indebtedness applicable to non-exempt-use assets</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Subtract line 2 from line 1d.</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Net value of non-exempt-use assets (subtract line 4 from line 3)</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td>Multiply line 5 by 0.035.</td>
<td>6</td>
</tr>
<tr>
<td>7</td>
<td>Recoveries of prior-year distributions</td>
<td>7</td>
</tr>
<tr>
<td>8</td>
<td><strong>Minimum Asset Amount</strong> (add line 7 to line 6)</td>
<td><strong>8</strong></td>
</tr>
</tbody>
</table>

### Section C - Distributable Amount

<table>
<thead>
<tr>
<th></th>
<th>Current Year</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Adjusted net income for prior year (from Section A, line 8, column A)</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>Enter 0.85 of line 1.</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>Minimum asset amount for prior year (from Section B, line 8, column A)</td>
<td>3</td>
</tr>
<tr>
<td>4</td>
<td>Enter greater of line 2 or line 3.</td>
<td>4</td>
</tr>
<tr>
<td>5</td>
<td>Income tax imposed in prior year</td>
<td>5</td>
</tr>
<tr>
<td>6</td>
<td><strong>Distributable Amount</strong>. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).</td>
<td><strong>6</strong></td>
</tr>
</tbody>
</table>

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).
## Schedule A (Form 990) 2022

### SHRINERS HOSPITALS FOR CHILDREN

### Page 7

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

<table>
<thead>
<tr>
<th>Section D - Distributions</th>
<th>Current Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amounts paid to supported organizations to accomplish exempt purposes</td>
</tr>
<tr>
<td>2</td>
<td>Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity</td>
</tr>
<tr>
<td>3</td>
<td>Administrative expenses paid to accomplish exempt purposes of supported organizations</td>
</tr>
<tr>
<td>4</td>
<td>Amounts paid to acquire exempt-use assets</td>
</tr>
<tr>
<td>5</td>
<td>Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)</td>
</tr>
<tr>
<td>6</td>
<td>Other distributions (describe in Part VI). See instructions.</td>
</tr>
<tr>
<td>7</td>
<td>Total annual distributions, Add lines 1 through 6.</td>
</tr>
<tr>
<td>8</td>
<td>Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.</td>
</tr>
<tr>
<td>9</td>
<td>Distributable amount for 2022 from Section C, line 6</td>
</tr>
<tr>
<td>10</td>
<td>Line 8 amount divided by line 9 amount</td>
</tr>
</tbody>
</table>

### Section E - Distribution Allocations (see instructions)

<table>
<thead>
<tr>
<th>(i) Excess Distributions</th>
<th>(ii) Underdistributions Pre-2022</th>
<th>(iii) Distributable Amount for 2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Distributable amount for 2022 from Section C, line 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Underdistributions, if any, for years prior to 2022 (reasonable cause required - explain in Part VI). See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Excess distributions carryover, if any, to 2022</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a From 2017</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b From 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c From 2019</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d From 2020</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e From 2021</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f Total of lines 3a through 3e</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>g Applied to underdistributions of prior years</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Distributions for 2022 from Section D, line 7:</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Remaining underdistributions for years prior to 2022, if any, Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Excess distributions carryover to 2023. Add lines 3j and 4c.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Schedule A (Form 990) 2022

232027 12-09-22

16390630 143399 326610

2022.04000 SHRINERS HOSPITALS FOR CH 326610_1
**PART II:**

THE PUBLIC SUPPORT TEST HAS BEEN COMPLETED FOR THIS ORGANIZATION. THIS IS BASED ON CLARIFICATION FROM THE IRS REGARDING ORGANIZATIONS OTHER THAN THOSE THAT CLAIM A PUBLIC CHARITY STATUS UNDER 170(B)(1)(A)(VI).

IF THE ORGANIZATION MEETS THE PUBLIC SUPPORT TEST, ANY SUBSTANTIAL CONTRIBUTORS WILL BE INCLUDED ON SCHEDULE B SUBJECT TO THE LIMITATIONS IN THE FIRST SPECIAL RULE.
### Part I  Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

<table>
<thead>
<tr>
<th></th>
<th>(a) Donor advised funds</th>
<th>(b) Funds and other accounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Total number at end of year</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Aggregate value of contributions to (during year)</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Aggregate value of grants from (during year)</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Aggregate value at end of year</td>
<td></td>
</tr>
</tbody>
</table>

5. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization’s property, subject to the organization’s exclusive legal control?  
   ✔ Yes  ☐ No

6. Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  
   ✔ Yes  ☐ No

### Part II  Conservation Easements.

1. Purpose(s) of conservation easements held by the organization (check all that apply):  
   - Preservation of land for public use (for example, recreation or education)  
   - Protection of natural habitat  
   - Preservation of open space  
   - Preservation of a historically important land area  
   - Preservation of a certified historic structure

2. Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.  
   - Held at the End of the Tax Year
   - Total number of conservation easements
   - Total acreage restricted by conservation easements
   - Number of conservation easements on a certified historic structure included in (a)
   - Number of conservation easements included in (c) acquired after July 25, 2006, and not on a historic structure listed in the National Register

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

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

5. Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  
   ✔ Yes  ☐ No

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

8. Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(G)(i)?  
   ✔ Yes  ☐ No

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

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

Complete if the organization answered “Yes” on Form 990, Part IV, line 8.

1a. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

1b. 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 exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

   - Revenue included on Form 990, Part VIII, line 1
   - Assets included in Form 990, Part X

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

   - Revenue included on Form 990, Part VIII, line 1
   - Assets included in Form 990, Part X

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

Schedule D (Form 990) 2022
Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

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

4 Provide a description of the organization’s collections and explain how they further the organization’s exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization’s collection? Yes No

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

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

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

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1c</td>
<td></td>
</tr>
<tr>
<td>1d</td>
<td></td>
</tr>
<tr>
<td>1e</td>
<td></td>
</tr>
<tr>
<td>1f</td>
<td></td>
</tr>
</tbody>
</table>

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If “Yes,” explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

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

1a Beginning of year balance 10,377,704,400 9,453,971,934 8,692,027,438 7,766,597,471 8,555,655,788

b Contributions 676,246,306

c Net investment earnings, gains, and losses 1,302,487,721 1,193,283,135 1,014,092,512 1,301,739,707 -437,967,191

d Grants or scholarships

e Other expenditures for facilities and programs 305,558,738 269,550,669 252,148,016 1,052,556,046 351,001,126

f Administrative expenses

g End of year balance 8,769,657,941 10,377,704,400 9,453,971,934 8,692,027,438 7,766,597,471

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

   a Board designated or quasi-endowment 93.9513 %
   b Permanent endowment 5,1997 %
   c Term endowment 8490 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

   (i) Unrelated organizations
   (ii) Related organizations

b If “Yes” on line 3a(ii), are the related organizations listed as required on Schedule R?

3b

Part VI | Land, Buildings, and Equipment. Complete if the organization answered “Yes” on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

<table>
<thead>
<tr>
<th>Description of property</th>
<th>(a) Cost or other basis (investment)</th>
<th>(b) Cost or other basis (other)</th>
<th>(c) Accumulated depreciation</th>
<th>(d) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>1a Land</td>
<td>31,318,483</td>
<td>31,318,483</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Buildings</td>
<td>764,526,194</td>
<td>392,778,993</td>
<td>371,747,201</td>
<td></td>
</tr>
<tr>
<td>c Leasehold improvements</td>
<td>10,149,463</td>
<td>8,308,333</td>
<td>1,841,130</td>
<td></td>
</tr>
<tr>
<td>d Equipment</td>
<td>397,783,196</td>
<td>339,241,354</td>
<td>58,541,842</td>
<td></td>
</tr>
<tr>
<td>e Other</td>
<td>77,437,701</td>
<td>5,669,480</td>
<td>71,758,221</td>
<td></td>
</tr>
</tbody>
</table>

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (b), line 10c.) 535,216,877

Schedule D (Form 990) 2022
### 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.

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

### 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.

<table>
<thead>
<tr>
<th>(a) Description of investment</th>
<th>(b) Book value</th>
<th>(c) Method of valuation: Cost or end-of-year market value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(4)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(5)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(6)</td>
<td></td>
<td></td>
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<tr>
<td>(7)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong> (Col. (b) must equal Form 990, Part X, col. (b) line 13)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Part IX Other Assets

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

<table>
<thead>
<tr>
<th>(a) Description</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>BENEFICIAL INTERESTS IN TRUSTS</td>
<td>538,018,077.</td>
</tr>
<tr>
<td>ESTATES IN PROCESS</td>
<td>287,310,948.</td>
</tr>
<tr>
<td>PATIENT TRANSPORTATION FUNDS</td>
<td>60,482,669.</td>
</tr>
<tr>
<td>COLLATERAL CASH AND SECURITIES</td>
<td>591,505,480.</td>
</tr>
<tr>
<td>RECEIVABLES FROM INCOME TRUSTS</td>
<td>2,315,155.</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong> (Column (b) must equal Form 990, Part X, col. (b) line 15.)</td>
<td>1,499,631,433.</td>
</tr>
</tbody>
</table>

### Part X Other Liabilities

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

<table>
<thead>
<tr>
<th>(a) Description of liability</th>
<th>(b) Book value</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) Federal income taxes</td>
<td></td>
</tr>
<tr>
<td>(2) LIABILITY UNDER SECURITIES LENDING</td>
<td>591,505,662.</td>
</tr>
<tr>
<td>(3) INTERCOMPANY PAYABLE</td>
<td>95,405,034.</td>
</tr>
<tr>
<td>(4) CAPITAL LEASE LIABILITIES</td>
<td>10,552,308.</td>
</tr>
<tr>
<td>(5) PGA LIABILITIES</td>
<td>204,906.</td>
</tr>
<tr>
<td>(6)</td>
<td></td>
</tr>
<tr>
<td>(7)</td>
<td></td>
</tr>
<tr>
<td>(8)</td>
<td></td>
</tr>
<tr>
<td>(9)</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong> (Column (b) must equal Form 990, Part X, col. (b) line 25.)</td>
<td>697,667,910.</td>
</tr>
</tbody>
</table>

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. [ ]
### Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

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

1. Total revenue, gains, and other support per audited financial statements: 1 -474,231,387.

2. Amounts included on line 1 but not on Form 990, Part VIII, line 12:
   - b. Donated services and use of facilities: 2b
   - c. Recoveries of prior year grants: 2c
   - d. Other (Describe in Part XIII.): 2d 58,757,619.
   - e. Add lines 2a through 2d: 2e -1,493,012,598.

3. Subtract line 2e from line 1: 3 1,018,781,211.

4. Amounts included on Form 990, Part VIII, line 12, but not on line 1:
   - a. Investment expenses not included on Form 990, Part VIII, line 7b: 4a 17,728,982.
   - b. Other (Describe in Part XIII.): 4b -2,422,946.

5. Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12): 5 1,034,087,247.

### Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

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

1. Total expenses and losses per audited financial statements: 1 1,053,274,606.

2. Amounts included on line 1 but not on Form 990, Part IX, line 25:
   - a. Donated services and use of facilities: 2a
   - b. Prior year adjustments: 2b
   - c. Other losses: 2c
   - d. Other (Describe in Part XIII.): 2d 123,584,911.
   - e. Add lines 2a through 2d: 2e 123,584,911.

3. Subtract line 2e from line 1: 3 929,689,695.

4. Amounts included on Form 990, Part IX, line 25, but not on line 1:
   - a. Investment expenses not included on Form 990, Part VIII, line 7b: 4a 17,728,982.
   - b. Other (Describe in Part XIII.): 4b 63,389,530.
   - c. Add lines 4a and 4b: 4c 81,118,512.

5. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18): 5 1,010,808,207.

### Supplemental Information.

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

---

**PART IV, LINE 2B:**

THE AMOUNT INCLUDED ON FORM 990, PART X, LINE 21 CONSISTS OF ANNUITY

LIABILITIES ASSOCIATED WITH CHARITABLE REMAINDER TRUSTS HELD BY SHRINERS

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

ESTIMATED FUTURE PAYMENTS TO BE PAID TO THE DESIGNATED BENEFICIARIES.

DEFERRED INCOME IS RECOGNIZED ON GIFTS TO SHRINERS HOSPITALS FOR CHILDREN

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

THE ESTIMATED TIME PERIOD UNTIL THE DONOR'S DEATH.

---

**PART V, LINE 4:**

IN ACCORDANCE WITH THE FORM INSTRUCTIONS, PART V HAS BEEN UPDATED TO

REPORT AGGREGATE ENDOWMENT FUNDS. IN PRIOR YEARS THE ENDOWMENT WAS
ALLOCATED BETWEEN RELATED ORGANIZATIONS SHRINERS HOSPITALS FOR CHILDREN


THE ENDOWMENT FUNDS (INCLUDING UNRESTRICTED FUND BALANCES) ARE A SIGNIFICANT SOURCE OF SUPPORT FROM WHICH SHRINERS HOSPITALS FOR CHILDREN 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:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHANGE IN PATIENT TRANSPORTATION FUNDS HELD BY SHRI</td>
<td>-1,597,641</td>
</tr>
<tr>
<td>TEMPLES</td>
<td>63,715,392</td>
</tr>
<tr>
<td>CHANGE IN PENSION FUNDING Obligation</td>
<td>-6,879,132</td>
</tr>
<tr>
<td>CHANGE IN CHARITABLE GIFT ANNUITY</td>
<td>-402,569</td>
</tr>
<tr>
<td>MISCELLANEOUS EXPENSE RECLASSIFIED TO EXPENSE</td>
<td>-232,832</td>
</tr>
<tr>
<td>INTEREST EXPENSE</td>
<td>-3,682,383</td>
</tr>
<tr>
<td>TAXES &amp; FEES RELATED TO TANGIBLE PERSONAL PROPERTY</td>
<td>-539,920</td>
</tr>
<tr>
<td>RECLASSIFIED TO EXPENSE</td>
<td>21,331</td>
</tr>
<tr>
<td>FOREIGN CURRENCY EXCHANGE</td>
<td>81,884,248</td>
</tr>
<tr>
<td>MARKET VALUE ADJUSTMENT</td>
<td>-59,071,746</td>
</tr>
<tr>
<td>INTERCOMPANY GRANTS RECLASSIFIED TO EXPENSE</td>
<td>-17,742,142</td>
</tr>
<tr>
<td>MASSACHUSETTS HOSPITAL GROUP REVENUE</td>
<td>30,013</td>
</tr>
<tr>
<td>FOREIGN HOSPITAL GROUP REVENUE</td>
<td>32,660</td>
</tr>
<tr>
<td>PRIOR PERIOD ADJUSTMENT</td>
<td>-2,285,013</td>
</tr>
</tbody>
</table>

Schedule D (Form 990) 2022
Part XIII | Supplemental Information (continued)

TOTAL TO SCHEDULE D, PART XI, LINE 2D  58,757,619.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES RECLASSIFIED FROM EXPENSES  -3,904,495.

NET CAFETERIA REVENUE RECLASSIFIED FROM EXPENSES  -162,881.

OTHER REVENUE RECLASSIFIED FROM EXPENSES  1,644,430.

TOTAL TO SCHEDULE D, PART XI, LINE 4B  -2,422,946.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES NET WITH REVENUE  3,904,495.

NET CAFETERIA REVENUE RECLASSIFIED FROM EXPENSES  162,881.

OTHER REVENUE RECLASSIFIED FROM EXPENSES  -1,644,430.

MASSACHUSETTS HOSPITAL GROUP EXPENSES  60,533,047.

FOREIGN HOSPITAL EXPENSES  60,628,918.

TOTAL TO SCHEDULE D, PART XII, LINE 2D  123,584,911.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

INTEREST EXPENSE  232,832.

GRANTS TO OTHER SHRINERS HOSPITALS  59,071,746.

TAXES & FEES RELATED TO TANGIBLE PERSONAL PROPERTY

RECLASSIFIED FROM REVENUE  3,682,383.

MISCELLANEOUS EXPENSE RECLASSIFIED FROM REVENUE  402,569.

TOTAL TO SCHEDULE D, PART XII, LINE 4B  63,389,530.
### Statement of Activities Outside the United States

**Part I** General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

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

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

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

<table>
<thead>
<tr>
<th>(a) Region</th>
<th>(b) Number of offices in the region</th>
<th>(c) Number of employees, agents, and independent contractors in the region</th>
<th>(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)</th>
<th>(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region</th>
<th>(f) Total expenditures for and investments in the region</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEXICO</td>
<td>0</td>
<td>0</td>
<td>GRANTS TO HOSPITAL SHRINERS PARA NINOS, A RELATED NONPROFIT ORGANIZATION.</td>
<td></td>
<td>21,359,055.</td>
</tr>
<tr>
<td>TIJUANA</td>
<td>0</td>
<td>0</td>
<td>GRANTS TO SHRINERS HOSPITALS FOR CHILDREN AMBULATORY CLINIC AT HIC AC, A RELATED NONPROFIT</td>
<td></td>
<td>19,797,042.</td>
</tr>
<tr>
<td>CANADA</td>
<td>0</td>
<td>0</td>
<td>GRANTS TO SHRINERS HOSPITALS FOR CHILDREN, A RELATED NONPROFIT ORGANIZATION</td>
<td></td>
<td>3,858,915.</td>
</tr>
<tr>
<td>Subtotal</td>
<td>0</td>
<td>0</td>
<td></td>
<td></td>
<td>45,015,012.</td>
</tr>
</tbody>
</table>

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

Schedule F (Form 990) 2022
<table>
<thead>
<tr>
<th></th>
<th>(a) Name of organization</th>
<th>(b) IRS code section and EIN (if applicable)</th>
<th>(c) Region</th>
<th>(d) Purpose of grant</th>
<th>(e) Amount of cash grant</th>
<th>(f) Manner of cash disbursement</th>
<th>(g) Amount of noncash assistance</th>
<th>(h) Description of noncash assistance</th>
<th>(i) Method of valuation (book, FMV, appraisal, other)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>NORTH AMERICA - MEXICO, BUT NOT THE UNITED STATES OR CANADA</td>
<td>TO PROVIDE FUNDS FOR PATIENT'S NEEDS AT SHRINERS HOSPITALS IN MEXICO, WHICH INCLUDE</td>
<td>21,359,055</td>
<td>CASH</td>
<td>DISBURSEMENT</td>
<td>0</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NORTH AMERICA - MEXICO, BUT NOT THE UNITED STATES OR CANADA</td>
<td>TO PROVIDE FUNDS FOR PATIENT'S NEEDS AT SHRINERS HOSPITALS IN Tijuana, Which</td>
<td>19,797,042</td>
<td>CASH</td>
<td>DISBURSEMENT</td>
<td>0</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
<tr>
<td></td>
<td>NORTH AMERICA - CANADA, BUT NOT THE UNITED STATES</td>
<td>TO PROVIDE FUNDS FOR PATIENT'S NEEDS AT SHRINERS HOSPITALS IN CANADA, WHICH INCLUDE</td>
<td>3,585,915</td>
<td>CASH</td>
<td>DISBURSEMENT</td>
<td>0</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
</tr>
</tbody>
</table>

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

SEE PART V FOR COLUMN (D) DESCRIPTIONS
### 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.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Region</th>
<th>(c) Number of recipients</th>
<th>(d) Amount of cash grant</th>
<th>(e) Manner of cash disbursement</th>
<th>(f) Amount of noncash assistance</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Method of valuation (book, FMV, appraisal, other)</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>
## Part IV Foreign Forms

### 1. Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)

- Yes [X]  
- No [ ]

### 2. Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don’t file with Form 990)

- Yes [ ]  
- No [X]

### 3. Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)

- Yes [X]  
- No [ ]

### 4. Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)

- Yes [X]  
- No [ ]

### 5. Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)

- Yes [X]  
- No [ ]

### 6. Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don’t file with Form 990)

- Yes [ ]  
- No [X]
PART V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

PART I, LINE 2:

THE FOREIGN ORGANIZATIONS RECEIVING FUNDING ARE ENTIRELY CONTROLLED BY

THIS ORGANIZATION'S OFFICERS. THE SAME PROTOCOLS FOR THIS ORGANIZATION'S

PROGRAM SERVICE INITIATIVES APPLY TO THE FOREIGN ORGANIZATIONS.

PART II, COLUMN (D):

REGION: NORTH AMERICA - 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.

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

(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.
**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

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

**Part I  Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1. Indicate whether the organization raised funds through any of the following activities. Check all that apply.
   - ✔ Mail solicitations
   - ✔ Internet and email solicitations
   - ✔ Phone solicitations
   - ✔ In-person solicitations
   - ✔ Solicitation of non-government grants
   - ✔ Solicitation of government grants
   - ✔ Special fundraising events

2. Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VIII) or entity in connection with professional fundraising services?
   - ✔ Yes
   - No

   Did the fundraiser have custody or control of contributions?
   - ✔ Yes
   - No

   (i) Name and address of individual or entity (fundraiser)
   - EDGE DIRECT - 3030 WATerview AVE, BALTIMORE, MD 21230

   (ii) Activity
   - DIRECT MAIL SOLICITATION & TELEVISION ADS

   (iii) Did fundraiser have custody or control of contributions?
   - ✔ Yes
   - No

   (iv) Gross receipts from activity
   - $86,006,257

   (v) Amount paid to (or retained by) fundraiser listed in col. (i)
   - $25,247,225

   (vi) Amount paid to (or retained by) organization
   - $60,759,032

3. List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

   AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS
   MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI

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

Schedule G (Form 990) 2022
### 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.

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Event #1 (event type)</th>
<th>(b) Event #2 (event type)</th>
<th>(c) Other events (total number)</th>
<th>(d) Total events (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross receipts ........................................................................</td>
<td>4,615,585.</td>
<td></td>
<td>4,615,585.</td>
<td></td>
</tr>
<tr>
<td>2 Less: Contributions ..................................................................</td>
<td>3,532,536.</td>
<td></td>
<td>3,532,536.</td>
<td></td>
</tr>
<tr>
<td>3 Gross income (line 1 minus line 2) ........................................</td>
<td>1,083,049.</td>
<td></td>
<td>1,083,049.</td>
<td></td>
</tr>
</tbody>
</table>

#### Direct Expenses

| 4 Cash prizes |  |
| 5 Noncash prizes |  |
| 6 Rent/facility costs |  |
| 7 Food and beverages |  |
| 8 Entertainment | 3,904,495. |
| 9 Other direct expenses | 3,904,495. |

**Direct expense summary. Add lines 4 through 9 in column (d) 3,904,495.**

10 Net income summary. Subtract line 10 from line 3, column (d) 2,821,446.

### Part III  Gaming

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

<table>
<thead>
<tr>
<th>Revenue</th>
<th>(a) Bingo</th>
<th>(b) Pull tabs/instant bingo/progressive bingo</th>
<th>(c) Other gaming</th>
<th>(d) Total gaming (add col. (a) through col. (c))</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Gross revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Cash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Noncash prizes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 Rent/facility costs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Other direct expenses</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Volunteer labor**

| 6 Volunteer labor | Yes  | % | Yes  | % | Yes  | % | No | No | No |

**Direct expense summary. Add lines 2 through 5 in column (d) 2,821,446.**

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

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

b If "No," explain:

________________________________________

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

b If "Yes," explain:

________________________________________

________________________________________
11 Does the organization conduct gaming activities with nonmembers? □ Yes □ No

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? □ Yes □ No

13 Indicate the percentage of gaming activity conducted in:
   a The organization’s facility .................................................. 13a %
   b An outside facility ............................................................... 13b %

14 Enter the name and address of the person who prepares the organization’s gaming/special events books and records:
   Name  
   Address  

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

   b If "Yes," enter the amount of gaming revenue received by the organization $ ________ and the amount of gaming revenue retained by the third party $ ________
   c If "Yes," enter name and address of the third party:
   Name  
   Address  

16 Gaming manager information:
   Name  
   Gaming manager compensation $ ________
   Description of services provided
       
       □ Director/officer □ Employee □ Independent contractor

17 Mandatory distributions:
   a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ Yes □ No
   b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization’s own exempt activities during the tax year $ ________

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

PART I, COLUMN V

FUNDRAISING SERVICES ARE PAID AS A FIXED FEE ONLY, FOR DONOR.

CULTIVATION, AND DO NOT INCLUDE ANY PAYMENT BASED ON AMOUNT RAISED, IN ADDITION, ALL AMOUNTS COME DIRECTLY TO THE ORGANIZATION AND ARE NOT RECEIVED BY THE FUNDRAISING COUNSEL TO OFFSET EXPENSES. WHILE THERE IS AN UPFRONT INVESTMENT, THE LIFETIME VALUE OF GIVING FROM THESE DONORS GENERATE SIGNIFICANT REVENUE TO SUPPORT THE CARE PROVIDED FOR THE PATIENTS OF THE ORGANIZATION.
## Part I. Financial Assistance and Certain Other Community Benefits at Cost

1a. Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a.
   - Yes [x]

1b. If "Yes," was it a written policy?
   - Yes [x]

2. If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year:
   - [x] Applied uniformly to all hospital facilities
   - [ ] Applied uniformly to most hospital facilities
   - [ ] Generally tailored to individual hospital facilities

3. Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization’s patients during the tax year:
   a. Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care?
      - [x] 100%
      - [ ] 150%
      - [ ] 200%
      - [x] Other
      - [x] 400%

   b. Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care:
      - [x] 100%
      - [ ] 150%
      - [ ] 200%
      - [ ] 250%
      - [ ] 300%
      - [ ] 350%
      - [ ] 400%
      - [x] Other
      - [x] 400%

   c. If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.

4. Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?
   - Yes [x]

5a. Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?
   - Yes [x]

5b. If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?
   - Yes [x]

5c. If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?
   - Yes [x]

6a. Did the organization prepare a community benefit report during the tax year?
   - Yes [x]

6b. If "Yes," did the organization make it available to the public?
   - Yes [x]

## Part II. Financial Assistance and Certain Other Community Benefits at Cost

<table>
<thead>
<tr>
<th>Financial Assistance and Means-Tested Government Programs</th>
<th>(a) Number of activities or programs (optional)</th>
<th>(b) Persons served (optional)</th>
<th>(c) Total community benefit expense</th>
<th>(d) Direct offsetting revenue</th>
<th>(e) Net community benefit expense</th>
<th>(f) Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Financial Assistance at cost (from Worksheet 1)</td>
<td>352,158,756.</td>
<td>82,339,137.</td>
<td>269,819,619.</td>
<td>26.69%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Medicaid (from Worksheet 3, column a)</td>
<td>349,142,848.</td>
<td>81,633,980.</td>
<td>267,508,868.</td>
<td>26.46%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Costs of other means-tested government programs (from Worksheet 3, column b)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Total, Financial Assistance and Means-Tested Government Programs</td>
<td>701,301,604.</td>
<td>163,973,117.</td>
<td>537,328,487.</td>
<td>53.15%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Other Benefits

- Community health improvement services and community benefit operations (from Worksheet 4)
- Health professions education (from Worksheet 5)
- Subsidized health services (from Worksheet 6)
- Research (from Worksheet 7)
- Cash and in-kind contributions for community benefit (from Worksheet 8)
- Total, Other Benefits
- Total, Add lines 7d and 7e

<table>
<thead>
<tr>
<th>Total, Other Benefits</th>
<th>18,679,612.</th>
<th>18,679,612.</th>
<th>1.85%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total, Add lines 7d and 7e</td>
<td>719,941,216.</td>
<td>163,973,117.</td>
<td>556,968,099.</td>
</tr>
</tbody>
</table>
**Part II** Community Building Activities. Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

<table>
<thead>
<tr>
<th></th>
<th>Number of activities or programs (optional)</th>
<th>Persons served (optional)</th>
<th>Total community building expense</th>
<th>Direct offsetting revenue</th>
<th>Net community building expense</th>
<th>Percent of total expense</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Physical improvements and housing</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Economic development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Community support</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Environmental improvements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Leadership development and training for community members</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Coalition building</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>7</td>
<td>Community health improvement advocacy</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>8</td>
<td>Workforce development</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Total</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Part III** Bad Debt, Medicare, & Collection Practices

**Section A. Bad Debt Expense**

1. Did the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? [ ] Yes [ ] No 1

2. Enter the amount of the organization's bad debt expense. Explain in Part VI the methodology used by the organization to estimate this amount 2

3. Enter the estimated amount of the organization's bad debt expense attributable to patients eligible under the organization’s financial assistance policy. Explain in Part VI the methodology used by the organization to estimate this amount and the rationale, if any, for including this portion of bad debt as community benefit 3

4. Provide in Part VI the text of the footnote to the organization’s financial statements that describes bad debt expense or the page number on which this footnote is contained in the attached financial statements.

**Section B. Medicare**

5. Enter total revenue received from Medicare (including DSH and IME) 5

6. Enter Medicare allowable costs of care relating to payments on line 5 6

7. Subtract line 6 from line 5. This is the surplus (or shortfall) 7

8. Describe in Part VI the extent to which any shortfall reported on line 7 should be treated as community benefit. Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6. Check the box that describes the method used:

   [ ] Cost accounting system  
   [ ] Cost to charge ratio  
   [ ] Other 9a

**Section C. Collection Practices**

9a. Did the organization have a written debt collection policy during the tax year? [ ] Yes [ ] No 9a

9b. If "Yes," did the organization's collection policy that applied to the largest number of its patients during the tax year contain provisions on the collection practices to be followed for patients who are known to qualify for financial assistance? Describe in Part VI 9b

**Part IV** Management Companies and Joint Ventures (owned 10% or more by officers, directors, trustees, key employees, and physicians - see instructions)

<table>
<thead>
<tr>
<th></th>
<th>Name of entity</th>
<th>Description of primary activity of entity</th>
<th>Organization's profit % or stock ownership %</th>
<th>Officers, directors, trustees, or key employees' profit % or stock ownership %</th>
<th>Physicians' profit % or stock ownership %</th>
</tr>
</thead>
</table>

232260 11-18-22
### Part V Facility Information

#### Section A. Hospital Facilities

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

How many hospital facilities did the organization operate during the tax year?  
11

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

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Address</th>
<th>EIN</th>
<th>Licensed hospital</th>
<th>Gen. medical &amp; surgical</th>
<th>Children's hospital</th>
<th>Teaching hospital</th>
<th>Critical access hospital</th>
<th>Research facility</th>
<th>ER-24 hours</th>
<th>Other (describe)</th>
<th>Reporting Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 SHRINERS HOSPITAL FOR CHILDREN-N. CAL</td>
<td>2425 STOCKTON BLVD</td>
<td>030000620</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
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<td>A</td>
</tr>
<tr>
<td></td>
<td>SACRAMENTO, CA 95817</td>
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<td><a href="http://WWW.SHRINERSCHILDRENS.ORG">WWW.SHRINERSCHILDRENS.ORG</a></td>
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<tr>
<td>2 SHRINERS HOSPITAL FOR CHILDREN-TX</td>
<td>815 MARKET ST</td>
<td>000247</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
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<td></td>
<td>A</td>
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<tr>
<td></td>
<td>GALVESTON, TX 77550</td>
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<tr>
<td>3 SHRINERS HOSPITAL FOR CHILDREN-PHILO</td>
<td>3551 NORTH BROAD ST</td>
<td>07470100</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<tr>
<td></td>
<td>PHILADELPHIA, PA 19140-1131</td>
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<tr>
<td>4 SHRINERS HOSPITAL FOR CHILDREN-CHIC</td>
<td>2211 NORTH OAK PARK AVE</td>
<td>0003152</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td></td>
<td>CHICAGO, IL 60707-3392</td>
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<tr>
<td>5 SHRINERS HOSPITAL FOR CHILDREN-PORTLA</td>
<td>3101 SW SAM JACKSON PARK RD</td>
<td>14-0073</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>A</td>
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<tr>
<td></td>
<td>PORTLAND, OR 97239-3095</td>
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<tr>
<td>6 SHRINERS HOSPITAL FOR CHILDREN-GREENV</td>
<td>950 WEST FARIS RD</td>
<td>HTL-0069</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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<td></td>
<td>GREENVILLE, SC 29605</td>
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<tr>
<td>7 SHRINERS HOSPITAL FOR CHILDREN-SPOKAN</td>
<td>911 WEST 5TH AVE</td>
<td>179</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
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<td></td>
<td>A</td>
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<tr>
<td></td>
<td>SPOKANE, WA 99204</td>
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</tr>
<tr>
<td>8 SHRINERS HOSPITAL FOR CHILDREN-SHREVE</td>
<td>3100 SAMFORD AVE</td>
<td>142-60</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td></td>
<td></td>
<td></td>
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<td>A</td>
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<tr>
<td></td>
<td>SHREVEPORT, LA 71103</td>
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</tr>
</tbody>
</table>

Schedule H (Form 990) 2022

232693 11-10-22

16390630 143399 326610

2022.04000 SHRINERS HOSPITALS FOR CH 326610_1
**Section A. Hospital Facilities**

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

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

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

<table>
<thead>
<tr>
<th>Hospital Name</th>
<th>Address</th>
<th>City, State, ZIP</th>
<th>Website</th>
<th>Facilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHRINERS HOSPITAL FOR CHILDREN-OHIO</td>
<td>3229 BURNET AVE</td>
<td>CINCINNATI, OH 45229-3095</td>
<td><a href="http://WWW.SHRINERSCHILDRENS.ORG">WWW.SHRINERSCHILDRENS.ORG</a></td>
<td>X X X X</td>
</tr>
</tbody>
</table>
### 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:** GROUP A

**Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A):** 1, 2, 3, 4, 5, 7, 8, 10, 11

---

#### Community Health Needs Assessment

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

**If "Yes," indicate what the CHNA report describes (check all that apply):**

- [X] A definition of the community served by the hospital facility
- [X] Demographics of the community
- [ ] Existing health care facilities and resources within the community that are available to respond to the health needs of the community
- [X] How data was obtained
- [X] The significant health needs of the community
- [X] Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups
- [X] The process for identifying and prioritizing community health needs and services to meet the community health needs
- [X] The process for consulting with persons representing the community's interests
- [X] The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s)
- [ ] Other (describe in Section C)

4 **Indicate the tax year the hospital facility last conducted a CHNA:** 2022

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 community, and identify the persons the hospital facility consulted
   - If "No," skip to line 11

6a **Was the hospital facility's CHNA conducted with one or more other hospital facilities?**
   - If "Yes," list the other hospital facilities in Section C

6b **Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities?**
   - If "Yes," list the other organizations in Section C

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):
     - [X] Hospital facility's website (list url): www.shrinerschildrens.org
     - [ ] Other website (list url):
     - [ ] Made a paper copy available for public inspection without charge at the hospital facility
     - [ ] Other (describe in Section C)

8 **Did the hospital facility adopt an implementation strategy to meet the significant community health needs 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:** 2022

10 **Is the hospital facility's most recently adopted implementation strategy posted on a website?**
   - If "Yes," list the website:
     - [X] www.shrinerschildrens.org
   - 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 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(c)(3)?**
   - If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?

12b **If "Yes" to line 12a, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities?** $
Name of hospital facility or letter of facility reporting group: GROUP A

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? ..............

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 0%  

c b Income level other than FPG (describe in Section C)  
d X Medical indigency  
e X Insurance status  
f X Underinsurance status  
g X Residency  
h X Other (describe in Section C)

14 Explained the basis for calculating amounts charged to patients? ........................................................................................................

15 Explained the method for applying for financial assistance? ........................................................................................................

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 X Described the information the hospital facility may require an individual to provide as part of his or her application  
b X Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application  
c X Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process  
d X 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? ............................................................

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 b Notified members of the community who are most likely to require financial assistance about availability of the FAP  
i X 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 X Other (describe in Section C)
Part V Facility Information (continued)

Name of hospital facility or letter of facility reporting group: GROUP A

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?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

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:

- Reporting to credit agency(ies)  
- Selling an individual’s debt to another party  
- 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  
- Actions that require a legal or judicial process  
- Other similar actions (describe in Section C)  
- None of these actions or other similar actions were permitted

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

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?

If “Yes,” check all actions in which the hospital facility or a third party engaged:

- Reporting to credit agency(ies)  
- Selling an individual’s debt to another party  
- 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  
- Actions that require a legal or judicial process  
- Other similar actions (describe in Section C)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

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):

- 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)  
- Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)  
- Processed incomplete and complete FAP applications (if not, describe in Section C)  
- Made presumptive eligibility determinations (if not, describe in Section C)  
- Other (describe in Section C)  
- None of these efforts were made

Policy Relating to Emergency Medical Care

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

If "No," indicate why:

- The hospital facility did not provide care for any emergency medical conditions  
- The hospital facility’s policy was not in writing  
- The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)  
- Other (describe in Section C)

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>
### 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:** GROUP A

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>22</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>b</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>c</td>
<td>☐</td>
<td></td>
</tr>
<tr>
<td>d</td>
<td>☐</td>
<td></td>
</tr>
</tbody>
</table>

**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

<p>| | | |</p>
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<tbody>
<tr>
<td>23</td>
<td>☒</td>
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</tbody>
</table>

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

If “Yes,” explain in Section C.

<p>| | | |</p>
<table>
<thead>
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<tbody>
<tr>
<td>24</td>
<td>☒</td>
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</tbody>
</table>

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

If “Yes,” explain in Section C.
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: GROUP B

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 6, 9

<table>
<thead>
<tr>
<th>Community Health Needs Assessment</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>3. During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)?</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>a. A definition of the community served by the hospital facility</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>b. Demographics of the community</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>c. Existing health care facilities and resources within the community that are available to respond to the health needs of the community</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>d. How data was obtained</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>e. The significant health needs of the community</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>f. Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups</td>
<td></td>
<td>x</td>
</tr>
<tr>
<td>g. The process for identifying and prioritizing community health needs and services to meet the community health needs</td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. The process for consulting with persons representing the community’s interests</td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. The impact of any actions taken to address the significant health needs identified in the hospital facility’s prior CHNA(s)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>j. Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. Indicate the tax year the hospital facility last conducted a CHNA: 22

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 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 hospital facilities in Section C.

6b. Was the hospital facility’s CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C.

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. Hospital facility’s website (list url): www.shrinerschildrens.org
   b. Other website (list url):
   c. Made a paper copy available for public inspection without charge at the hospital facility
   d. Other (describe in Section C)

8. Did the hospital facility adopt an implementation strategy to meet the significant community health needs 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

10. Is the hospital facility’s most recently adopted implementation strategy posted on a website?

   a. If "Yes," (list url): www.shrinerschildrens.org
   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 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(c)(9)?

   a. If "Yes," to line 12a, did the organization file Form 4720 to report the section 4959 excise tax? [ ]
   b. If "Yes" to line 12a, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? $
Name of hospital facility or letter of facility reporting group: **GROUP B**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>13</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?**

If "Yes," indicate the eligibility criteria explained in the FAP:

- **a** 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 **0** %

- **b** Income level other than FPG (describe in Section C)

- **c** 

- **d** Medical indigency

- **e** Insurance status

- **f** Underinsurance status

- **g** Residency

- **h** Other (describe in Section C)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>14</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**Explained the basis for calculating amounts charged to patients?**

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>15</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**Explained the method for applying for financial assistance?**

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** Other (describe in Section C)

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>16</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

**Was widely publicized within the community served by the hospital facility?**

If "Yes," indicate how the hospital facility publicized the policy (check all that apply):

- **a** The FAP was widely available on a website (list url): SEE PART V, PAGE 8

- **b** The FAP application form was widely available on a website (list url): SEE PART V, PAGE 8

- **c** A plain language summary of the FAP was widely available on a website (list url): SEE PART V, PAGE 8

- **d** The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)

- **e** The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)

- **f** 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** 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)
### Part V Facility Information (continued)

#### Billing and Collections

**Name of hospital facility or letter of facility reporting group:** GROUP B

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>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:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Reporting to credit agency(ies)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Selling an individual’s debt to another party</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Actions that require a legal or judicial process</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Other similar actions (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f None of these actions or other similar actions were permitted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If &quot;Yes,&quot; check all actions in which the hospital facility or a third party engaged:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a Reporting to credit agency(ies)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Selling an individual’s debt to another party</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Actions that require a legal or judicial process</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Other similar actions (describe in Section C)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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):**

<table>
<thead>
<tr>
<th>Effort Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b Made a reasonable effort to orally notify individuals about the FAP and FAP application process (if not, describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c Processed incomplete and complete FAP applications (if not, describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Made presumptive eligibility determinations (if not, describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e Other (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f None of these efforts were made</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Policy Relating to Emergency Medical Care**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>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?</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>If &quot;No,&quot; indicate why:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a The hospital facility did not provide care for any emergency medical conditions</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>b The hospital facility's policy was not in writing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d Other (describe in Section C)</td>
<td></td>
<td></td>
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</tbody>
</table>
**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: **GROUP B**

<table>
<thead>
<tr>
<th>22</th>
<th>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:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a</td>
<td>☐ The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a prior 12-month period</td>
</tr>
<tr>
<td>b</td>
<td>☐ 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</td>
</tr>
<tr>
<td>c</td>
<td>☐ 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</td>
</tr>
<tr>
<td>d</td>
<td>☐ The hospital facility used a prospective Medicare or Medicaid method</td>
</tr>
</tbody>
</table>

| 23 | During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care? | Yes | No |

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? | Yes | No |

If "Yes," explain in Section C.
SCHEDULE H, PART V, SECTION B. FACILITY REPORTING GROUP A

- FACILITY 1: SHRINERS HOSPITAL FOR CHILDREN-N, CALI

- FACILITY 2: SHRINERS HOSPITAL FOR CHILDREN-Texas

- FACILITY 3: SHRINERS HOSPITAL FOR CHILDREN-PHILADELPHIA

- FACILITY 4: SHRINERS HOSPITAL FOR CHILDREN-CHICAGO

- FACILITY 5: SHRINERS HOSPITAL FOR CHILDREN-PORTLAND

- FACILITY 7: SHRINERS HOSPITAL FOR CHILDREN-SPOKANE

- FACILITY 8: SHRINERS HOSPITAL FOR CHILDREN-SHREVEPORT

- FACILITY 10: SHRINERS HOSPITAL FOR CHILDREN-ST. LOUIS

- FACILITY 11: SHRINERS HOSPITAL FOR CHILDREN-OHIO

GROUP A-FACILITY 1 -- SHRINERS HOSPITAL FOR CHILDREN-N, CALI

PART V, SECTION B, LINE 5: THE SHRINERS HOSPITALS FOR CHILDREN TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY FOR ITS MOST RECENT CHNA THROUGH SURVEYS AND FOCUS GROUPS.

GROUP A-FACILITY 1 -- SHRINERS HOSPITAL FOR CHILDREN-N, CALI

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2022 CHNA, SHRINERS HOSPITALS FOR CHILDREN CONTINUED 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 AND ALCOHOL ABUSE, THEREFORE, PATIENTS/FAMILIES PRESENTING WITH HEALTH

232098 11-18-22

16390630 143399 326610

2022.04000 SHRINERS HOSPITALS FOR CH 326610_1
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-TX

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-TX

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2022 CHNA, SHRINERS

HOSPITALS FOR CHILDREN CONTINUED 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

AND 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-PHILADELPHIA

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

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

CHNA THROUGH SURVEYS AND FOCUS GROUPS.
GROUP A-FACILITY 3 -- SHRINERS HOSPITAL FOR CHILDREN-PHILADELPHIA

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2022 CHNA, SHRINERS

HOSPITALS FOR CHILDREN CONTINUED A MULTIPACETED 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

AND 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 - 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 4 -- SHRINERS HOSPITAL FOR CHILDREN - CHICAGO

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2022 CHNA, SHRINERS

HOSPITALS FOR CHILDREN CONTINUED A MULTIPACETED 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

And alcohol abuse, therefore, patients/families presenting with health

Care needs which are outside of the hospital service offerings will

Receive care coordination and be referred to the appropriate professionals

Within the community for provision of services.

Group A-Facility 5 — Shriners Hospital for Children-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 5 — Shriners Hospital for Children-Portland

Part V, Section B, Line 11: After conducting the 2022 CHNA, Shriners

Hospitals for Children continued a multipled 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

And alcohol abuse, therefore, patients/families presenting with health

Care needs which are outside of the hospital service offerings will

Receive care coordination and be referred to the appropriate professionals

Within the community for provision of services.

Group A-Facility 7 — Shriners Hospital for Children-Spokane
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3, 5, 6a, 6b, 7d, 11, 13b, 13h, 15a, 16, 18a, 19a, 20a, 20b, 20c, 20d, 20e, 21c, 21d, 21e, 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 5: THE SHRINERS HOSPITALS FOR CHILDREN TOOK INTO

ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY FOR ITS MOST RECENT CHINA THROUGH SURVEYS AND FOCUS GROUPS.

GROUP A—FACILITY 7 -- SHRINERS HOSPITAL FOR CHILDREN—SPOKANE

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2022 CHNA, SHRINERS HOSPITALS FOR CHILDREN CONTINUED 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 AND ALCOHOL ABUSE. THEREFORE, PATIENTS/FAMILIES PRESENTING WITH HEALTH CARE NEEDS WHICH ARE OUTSIDE OF THE HOSPITAL SERVICE OFFERINGS WILL RECEIVE CARE COORDINATION AND BE REFERRED TO THE APPROPRIATE PROFESSIONALS WITHIN THE COMMUNITY FOR PROVISION OF SERVICES.

GROUP A—FACILITY 8 -- SHRINERS HOSPITAL FOR CHILDREN—SHREVEPORT

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 CHINA THROUGH SURVEYS AND FOCUS GROUPS.

GROUP A—FACILITY 8 -- SHRINERS HOSPITAL FOR CHILDREN—SHREVEPORT

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2022 CHNA, SHRINERS HOSPITALS FOR CHILDREN CONTINUED A MULTIFACETED APPROACH THAT INCLUDES

AFFILIATE AND COMMUNITY PROVIDERS IN COMMUNITY OUTREACH, COMMUNITY
IN Volvement, 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 and 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-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 10 -- SHRINERS HOSPITAL FOR CHILDREN-ST. LOUIS

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2022 CHNA, SHRINERS HOSPITALS FOR CHILDREN CONTINUED A MULTIPACETED 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 AND 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.
Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3, 5, 5a, 6b, 7d, 11, 13b, 13h, 15a, 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.

WITHIN THE COMMUNITY FOR PROVISION OF SERVICES.

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

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-OHIO

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2022 CHNA, SHRINERS HOSPITALS FOR CHILDREN CONTINUED A MULTIPACETED 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 AND 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.

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

FACILITY REPORTING GROUP B CONSISTS OF:

- FACILITY 6: SHRINERS HOSPITAL FOR CHILDREN-GREENVILLE

- FACILITY 9: SHRINERS HOSPITAL FOR CHILDREN-HONOLULU

GROUP B--FACILITY 6 -- SHRINERS HOSPITAL FOR CHILDREN-GREENVILLE
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 China through surveys and focus groups.

Group B—Facility 6 -- Shriners Hospital for Children-Greenvill

Part V, Section B, Line 6b: Participated and utilized data from China conducted by Prisma Health

Group B—Facility 6 -- Shriners Hospital for Children-Greenvill

Part V, Section B, Line 11: After conducting the 2022 CHNA, Shriners Hospitals for Children continued a multipaceted 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 and 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 B—Facility 9 -- 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 China through surveys and focus groups.
GROUP B--FACILITY 9 -- SHRINERS HOSPITAL FOR CHILDREN-HONOLULU

PART V, SECTION B, LINE 6B: UTILIZED SECONDARY MARKET DATA FROM CHNA

CONDUCTED BY THE HEALTHCARE ASSOCIATION OF HAWAII

GROUP B--FACILITY 9 -- SHRINERS HOSPITAL FOR CHILDREN-HONOLULU

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2022 CHNA, SHRINERS HOSPITALS FOR CHILDREN CONTINUED 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 AND ALCOHOL ABUSE. THEREFORE, PATIENTS/FAMILIES PRESENTING WITH HEALTH CARE NEEDS WHICH ARE OUTSIDE OF THE HOSPITAL SERVICE OFFERINGS WILL RECEIVE CARE COORDINATION AND BE REFERRED TO THE APPROPRIATE PROFESSIONALS WITHIN THE COMMUNITY FOR PROVISION OF SERVICES.

PART V, SECTION B, LINE 16A:

WWW.SHRINERSCHILDRENS.ORG/EN/PATIENT-INFORMATION/BILLING-INSURANCE-AND-FINANCIAL-ASSISTANCE

PART V, SECTION B, LINE 16B:

WWW.SHRINERSCHILDRENS.ORG/EN/PATIENT-INFORMATION/BILLING-INSURANCE-AND-FINANCIAL-ASSISTANCE
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 16C:

WWW.SHRINERSCHILDRENS.ORG/EN/PATIENT-INFORMATION/BILLING-INSURANCE-AND-FINANCIAL-ASSISTANCE/
### 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)

How many non-hospital health care facilities did the organization operate during the tax year? 6

<table>
<thead>
<tr>
<th>Name and address</th>
<th>Type of facility (describe)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 SHRINERS HOSPITAL FOR CHILDREN-PASADEN</td>
<td>OUTPATIENT AMBULATORY SURGICAL CENTER &amp; CLINIC</td>
</tr>
<tr>
<td>909 SOUTH FAIR OAKS AVE</td>
<td></td>
</tr>
<tr>
<td>PASADENA, CA 91105</td>
<td></td>
</tr>
<tr>
<td>2 SHRINERS HOSPITAL FOR CHILDREN-LEXINGT</td>
<td>OUTPATIENT AMBULATORY SURGICAL CENTER &amp; CLINIC</td>
</tr>
<tr>
<td>1900 RICHMOND RD</td>
<td></td>
</tr>
<tr>
<td>LEXINGTON, KY 40502</td>
<td></td>
</tr>
<tr>
<td>3 SHRINERS HOSPITAL FOR CHILDREN-TAMPA</td>
<td>CLINIC (TRANSFERRED TO USP 10/7/22)</td>
</tr>
<tr>
<td>12502 USF PINE DR</td>
<td></td>
</tr>
<tr>
<td>TAMPA, FL 33612-9499</td>
<td></td>
</tr>
<tr>
<td>4 SHRINERS HOSPITAL FOR CHILDREN-SALT LA</td>
<td>CLINIC</td>
</tr>
<tr>
<td>FAIRFAX ROAD AT VIRGINIA ST</td>
<td></td>
</tr>
<tr>
<td>SALT LAKE CITY, UT 84103</td>
<td></td>
</tr>
<tr>
<td>5 SHRINERS HOSPITAL FOR CHILDREN-ERIE</td>
<td>CLINIC</td>
</tr>
<tr>
<td>1645 WEST 8TH ST</td>
<td></td>
</tr>
<tr>
<td>ERIE, PA 16505</td>
<td></td>
</tr>
<tr>
<td>6 SHRINERS HOSPITAL FOR CHILDREN-TWIN CI</td>
<td>CLINIC</td>
</tr>
<tr>
<td>2025 EAST RIVER PKWY</td>
<td></td>
</tr>
<tr>
<td>MINNEAPOLIS, MN 55414</td>
<td></td>
</tr>
</tbody>
</table>
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 (for example, open medical staff, community board, use of surplus funds, etc.).

6. **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.

7. **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

---

**PART I, LINE 3C:**

**SHRINERS HOSPITALS FOR CHILDREN OFFERS SPECIALIZED MEDICAL SERVICES**

**PERTAINING TO ORTHOPEDIC 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 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 2022.**

---

**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 TO 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 3B:

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 WORKS CLOSELY WITH A NUMBER OF NATIONAL,

STATE, AND LOCAL ORGANIZATIONS IN EFFORT TO SUPPORT THE HEALTH OF THE

CHILDREN AND FAMILIES BOTH IN THEIR CARE AND THOSE IN THE COMMUNITIES THEY

SERVE. SOME EXAMPLES INCLUDE: WORKING WITH THE CHILDREN HOSPITAL

ASSOCIATION NATIONALLY VIA DATA SHARING TO ENSURE THAT COMPLEX CARE FOR

CHILDREN IN NEED CONTINUES TO BE AT THE FOREFRONT OF HEALTHCARE

CONVERSATIONS NOW AND INTO THE FUTURE. ADDITIONALLY, MANY SHRINERS

HOSPITALS FOR CHILDREN PHYSICIANS AND CARE PROVIDERS SERVE AS BOTH MEMBERS

AND LEADERS OF NATIONAL, STATE, AND LOCAL ORGANIZATIONS AIMED AT THE

IMPROVEMENT OF PATIENT OUTCOMES VIA STANDARDIZED PRACTICES AND INFORMATION

SHARING.

PART VI, LINE 3:

SHRINERS HOSPITALS FOR CHILDREN POSTS ITS CHARITY CARE POLICY IN ADMISSION

AREAS 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 ORTHOPEDIC AND BURN CARE
ACROSS THE UNITED STATES AND WORLD-WIDE. SERVICES ARE PROVIDED TO ALL
CHILDREN IN NEED. SHRiners HOSPITALS FOR CHILDREN DOES NOT EXCLUDE, DENY
BENEFITS TO, OR OTHERWISE DISCRIMINATE AGAINST ANY PERSON ON THE BASIS OF
RACE, COLOR, NATIONAL ORIGIN, AGE, SEX OR DISABILITY IN ADMISSION TO,
PARTICIPATION IN, OR RECEIPT OF THE SERVICES AND BENEFITS UNDER ANY OF ITS
PROGRAMS AND ACTIVITIES, WHETHER CARRIED OUT BY SHRiners HOSPITALS
DIRECTLY OR THROUGH A CONTRACTOR OR ANY OTHER ENTITY WITH WHICH SHRiners
HOSPITALS ARRANGES TO CARRY OUT ITS PROGRAMS AND ACTIVITIES.

PART VI, LINE 7:

COMMUNITY BENEFIT REPORTS ARE FILED IN STATES WHERE SHRiners HOSPITALS
FOR CHILDREN HAS FACILITIES BASED ON THE INDIVIDUAL STATE REQUIREMENTS.
<table>
<thead>
<tr>
<th>Name of the organization</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHRINERS HOSPITALS FOR CHILDREN</td>
<td>36-2193608</td>
</tr>
</tbody>
</table>

**Part I - General Information on Grants and Assistance**

1. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees’ eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes**

2. Describe in Part IV the organization’s procedures for monitoring the use of grant funds in the United States.

**Part II - Grants and Other Assistance to Domestic Organizations and Domestic Governments.**

<table>
<thead>
<tr>
<th>(a) Name and address of organization or government</th>
<th>(b) EIN</th>
<th>(c) IRC section (if applicable)</th>
<th>(d) Amount of cash grant</th>
<th>(e) Amount of noncash assistance</th>
<th>(f) Method of valuation (book, FMV, appraisal, other)</th>
<th>(g) Description of noncash assistance</th>
<th>(h) Purpose of grant or assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>THE SHRINERS HOSPITAL FOR CHILDREN</td>
<td>04-2121377</td>
<td>501(C)(3)</td>
<td>14,056,734</td>
<td>0, N/A</td>
<td>N/A</td>
<td>TO PROVIDE FUNDS FOR PATIENTS NEEDS AT THE TWO SHRINERS HOSPITALS FOR CHILDREN</td>
<td></td>
</tr>
<tr>
<td>PO BOX 31356</td>
<td></td>
<td></td>
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<tr>
<td>TAMPA, FL 33611-3356</td>
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</tr>
<tr>
<td>UNIVERSITY OF MIAMI</td>
<td>59-0624458</td>
<td>501(C)(3)</td>
<td>6,400,000</td>
<td>0, N/A</td>
<td>N/A</td>
<td>ENDOWMENT IN PEDIATRIC ORTHOPEDICS AND PEDIATRIC PHYSICAL MEDICINE AND REHABILITATION</td>
<td></td>
</tr>
<tr>
<td>1501 NW 9TH AVE, 2ND FL</td>
<td></td>
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<td>MIAMI, FL 33136</td>
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</tr>
<tr>
<td>MEDICAL UNIVERSITY OF SOUTH CAROLINA FOUNDATION - 22 WEST EDG ST, STE 300 - CHARLESTON, SC 29403</td>
<td>57-6028985</td>
<td>501(C)(3)</td>
<td>3,000,000</td>
<td>0, N/A</td>
<td>N/A</td>
<td>ENDOURED PROFESSORSHIP IN PEDIATRIC BURN CARE</td>
<td></td>
</tr>
<tr>
<td>JACKSON HEALTH FOUNDATION</td>
<td>65-0077727</td>
<td>501(C)(3)</td>
<td>1,000,000</td>
<td>0, N/A</td>
<td>N/A</td>
<td>ESTABLISHMENT OF SHRINERS ORTHOPEDIC CENTER</td>
<td></td>
</tr>
<tr>
<td>1500 NW 12TH AVE, STE 1117 E</td>
<td></td>
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<td>MIAMI, FL 33136</td>
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<tr>
<td>UNIVERSITY OF FLORIDA FOUNDATION</td>
<td>59-0974739</td>
<td>501(C)(3)</td>
<td>500,000</td>
<td>0, N/A</td>
<td>N/A</td>
<td>ENDOWMENT FOR FELLOWSHIP OF PEDIATRIC ORTHOPEDICS</td>
<td></td>
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<tr>
<td>3300 SW WILLISTON RD</td>
<td></td>
<td></td>
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<tr>
<td>GAINESVILLE, FL 32608</td>
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<tr>
<td>PEDIATRIC ORTHOPAEDIC SOCIETY OF NORTH AMERICA - 1 TOWER LANE, STE 2410 - OAKBROOK TERRACE, IL 60181</td>
<td>54-1323281</td>
<td>501(C)(3)</td>
<td>72,000</td>
<td>0, N/A</td>
<td>N/A</td>
<td>IPOS SPONSORSHIP (PEDIATRIC &amp; ADOLESCENT ORTHOPAEDIC CONDITIONS)</td>
<td></td>
</tr>
</tbody>
</table>

2. Enter total number of section 501(c)(3) and government organizations listed in the line 1 table: 6.

3. Enter total number of other organizations listed in the line 1 table: 0.

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS
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.

<table>
<thead>
<tr>
<th>(a) Type of grant or assistance</th>
<th>(b) Number of recipients</th>
<th>(c) Amount of cash grant</th>
<th>(d) Amount of non-cash assistance</th>
<th>(e) Method of valuation (book, FMV, appraisal, other)</th>
<th>(f) Description of noncash assistance</th>
</tr>
</thead>
<tbody>
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</table>

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
INCLUDE EMPLOYEES' SALARIES, MEDICAL SUPPLIES, AND OTHER NECESSARY EXPENSES.
### Compensation Information

**SCHEDULE J**

(Form 990)

**Department of the Treasury**

**Internal Revenue Service**

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

**Name of the organization:** SHRINERS HOSPITALS FOR CHILDREN

**Employer identification number:** 36-2193608

---

### Part I Questions Regarding Compensation

<table>
<thead>
<tr>
<th><strong>1a</strong> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</th>
</tr>
</thead>
<tbody>
<tr>
<td>[X] First-class or charter travel</td>
</tr>
<tr>
<td>[X] Travel for companions</td>
</tr>
<tr>
<td>[ ] Tax indemnification and gross-up payments</td>
</tr>
<tr>
<td>[ ] Discretionary spending account</td>
</tr>
</tbody>
</table>

*If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain.*

**1b** X

| **2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? |

**2** X

<table>
<thead>
<tr>
<th><strong>3</strong> Indicate which, if any, of the following the organization used to establish the compensation of the organization’s CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</th>
</tr>
</thead>
<tbody>
<tr>
<td>[X] Compensation committee</td>
</tr>
<tr>
<td>[X] Independent compensation consultant</td>
</tr>
<tr>
<td>[ ] Form 990 of other organizations</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>4</strong> During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</th>
</tr>
</thead>
<tbody>
<tr>
<td>[X] Receive a severance payment or change-of-control payment?</td>
</tr>
<tr>
<td>[X] Participate in or receive payment from a supplemental nonqualified retirement plan?</td>
</tr>
<tr>
<td>[X] Participate in or receive payment from an equity-based compensation arrangement?</td>
</tr>
</tbody>
</table>

*If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.*

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

<table>
<thead>
<tr>
<th><strong>5</strong> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>[X] The organization?</td>
</tr>
<tr>
<td>[X] Any related organization?</td>
</tr>
</tbody>
</table>

*If "Yes" on line 5a or 5b, describe in Part III.*

<table>
<thead>
<tr>
<th><strong>6</strong> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</th>
</tr>
</thead>
<tbody>
<tr>
<td>[X] The organization?</td>
</tr>
<tr>
<td>[X] Any related organization?</td>
</tr>
</tbody>
</table>

*If "Yes" on line 6a or 6b, describe in Part III.*

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

**7** X

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

**8** X

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

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

Schedule J (Form 990) 2022
### Part II  Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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)(ii)-(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.

<table>
<thead>
<tr>
<th>(A) Name and Title</th>
<th>(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation</th>
<th>(C) Retirement and other deferred compensation</th>
<th>(D) Nontaxable benefits</th>
<th>(E) Total of columns (B)(ii)-(D)</th>
<th>(F) Compensation in column (B) reported as deferred on prior Form 990</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1) ELLEN RANEY, ORTHOPEDIC SURGEON, PROFESSOR</td>
<td>(i) 642,440.</td>
<td>(ii) 2,690,731.</td>
<td>(iii) 9,150.</td>
<td>24,231.</td>
<td>3,366,552.</td>
</tr>
<tr>
<td>(2) EMILY NAUS, ANESTHESIOLOGIST (THRU 11/1/22)</td>
<td>(i) 429,725.</td>
<td>(ii) 1,084,544.</td>
<td>(iii) 9,150.</td>
<td>24,111.</td>
<td>1,547,530.</td>
</tr>
<tr>
<td>(3) MAUREEN MACIEL, CHIEF OF STAFF (THRU 4/2/22)</td>
<td>(i) 290,253.</td>
<td>(ii) 1,033,185.</td>
<td>(iii) 0.</td>
<td>10,820.</td>
<td>1,334,258.</td>
</tr>
<tr>
<td>(4) SCOTT KOZIN, CHIEF OF STAFF</td>
<td>(i) 829,191.</td>
<td>(ii) 138,249.</td>
<td>(iii) 9,150.</td>
<td>38,676.</td>
<td>1,015,266.</td>
</tr>
<tr>
<td>(5) JOHN MCCABE, EXECUTIVE VICE PRESIDENT</td>
<td>(i) 961,280.</td>
<td>(ii) 25,044.</td>
<td>(iii) 9,150.</td>
<td>12,043.</td>
<td>1,007,517.</td>
</tr>
<tr>
<td>(6) PURNENDU GUPTA, CHIEF OF STAFF</td>
<td>(i) 907,097.</td>
<td>(ii) 3,612.</td>
<td>(iii) 18,300.</td>
<td>42,490.</td>
<td>971,499.</td>
</tr>
<tr>
<td>(7) FRANCES FARLEY, CHIEF MEDICAL OFFICER</td>
<td>(i) 909,035.</td>
<td>(ii) 19,320.</td>
<td>(iii) 18,300.</td>
<td>1,227.</td>
<td>947,882.</td>
</tr>
</tbody>
</table>
PART I, LINE 1A:

FIRST CLASS TRAVEL IS AVAILABLE ONLY TO BOARD MEMBERS AND EXECUTIVE STAFF AND ONLY IF THE FLIGHT IS LONGER THAN ONE AND A HALF HOURS. A COMPANION ONLY QUALIFIES FOR TRAVEL IF HE OR SHE IS A COMPANION OF A BOARD MEMBER AND IS ACTIVELY PARTICIPATING IN SHRINE BUSINESS DURING THE TRIP, FOR SOME KEY EMPLOYEES, IF RELOCATION IS REQUIRED, A TEMPORARY HOUSING ALLOWANCE MAY BE PROVIDED AS A MEANS TO RECRUIT TOP INDIVIDUALS.

PART I, LINES 4A-B:

AT TIMES, WHEN NECESSARY TO STREAMLINE RESOURCES OR DUE TO CHANGES IN CARE DELIVERY MODELS, SHRINERS MAY NEED TO ELIMINATE POSITIONS AND, WITH THOSE ELIMINATIONS, PAY SEVERANCE. SEVERANCE IS BASED ON YEARS OF SERVICE, POSITION HELD AND COMPENSATION. DURING 2022, MAUREEN MACIEL AND EMILY NAUG RECEIVED SEVERANCE PAYMENTS OF $325,785 AND $75,000, RESPECTIVELY.

PAYABLE AS A LUMP SUM, PARTICIPANTS OF THE SERP DURING 2022 INCLUDE ELLEN

RANBY, EMILY NAUS, MAUREEN MACIEL, AND SCOTT KOZIN, WHO RECEIVED

DISTRIBUTIONS OF $2,664,737, $1,005,253, $702,596, AND $112,664,

RESPECTIVELY.
### Part I - Types of Property

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>(a) Check if applicable</th>
<th>(b) Number of contributions or items contributed</th>
<th>(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g</th>
<th>(d) Method of determining noncash contribution amounts</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Art - Works of art</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Art - Historical treasures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>Art - Fractional interests</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Books and publications</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Clothing and household goods</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>Cars and other vehicles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Boats and planes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Intellectual property</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Securities - Publicly traded</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>Securities - Closely held stock</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td>Securities - Partnership, LLC, or trust interests</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12</td>
<td>Securities - Miscellaneous</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13</td>
<td>Qualified conservation contribution - Historic structures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>14</td>
<td>Qualified conservation contribution - Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>15</td>
<td>Real estate - Residential</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>Real estate - Commercial</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>17</td>
<td>Real estate - Other</td>
<td>X</td>
<td>9</td>
<td>$1,937,635</td>
<td>FAIR MARKET VALUE</td>
</tr>
<tr>
<td>18</td>
<td>Collectibles</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19</td>
<td>Food inventory</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20</td>
<td>Drugs and medical supplies</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21</td>
<td>Taxidermy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Historical artifacts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>23</td>
<td>Scientific specimens</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24</td>
<td>Archaeological artifacts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>25</td>
<td>Other ( )</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>26</td>
<td>Other ( )</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>27</td>
<td>Other ( )</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28</td>
<td>Other ( )</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

29

#### 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn’t required to be used for exempt purposes for the entire holding period?

No

#### 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

Yes

#### 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

Yes

#### 33 If the organization didn’t report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
**Part II Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

**Schedule M, Line 32b:**

THE ORGANIZATION USES THIRD PARTY BROKERS AND REAL ESTATE AGENTS TO SELL THE NON-CASH CONTRIBUTIONS OF REAL ESTATE.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SHRINERS HOSPITALS FOR CHILDREN OFFERS "CHARITY CARE" THROUGH AN INTERNATIONAL NETWORK OF PEDIATRIC HOSPITALS DEDICATED TO PROVIDING EXCELLENT PATIENT CARE, RESEARCH, AND EDUCATION FOR ORTHOPEDIC CONDITIONS, BURNS, SPINAL CORD INJURIES AND CLEFT LIP AND PALATE. OUR SPECIALIZED MEDICAL CARE, BACKED BY THE SKILLS AND KNOWLEDGE OF THE STAFF IN 11 HOSPITALS, 2 AMBULATORY SURGERY CENTERS AND 4 CLINICS, DELIVERS EXPERT, FAMILY-FOCUSED CARE REGARDLESS OF THE FAMILY'S ABILITY TO PAY.

AS A 501(C)(3) NON-PROFIT ORGANIZATION, SHRINERS HOSPITALS RELIES ON THE GENEROUS DONATIONS OF SHRINERS AND THE GENERAL PUBLIC TO CARRY OUT OUR MISSION AND CHANGE THE LIVES OF CHILDREN EVERY DAY. FOR MORE INFORMATION ABOUT SUPPORTING SHRINERS HOSPITALS, PLEASE VISIT WWW.SHRINERSHOSPITALSFORCHILDREN.ORG OR CALL 1-800-241-GIFT.

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

OUR SPECIALIZED CARE EXTENDS BEYOND THE CONVENTIONAL WALLS OF THE HOSPITAL. SHRINERS HOSPITALS FOR CHILDREN ALSO SEeks TO DELIVER CARE TO THOSE INTERNATIONALLY THROUGH OUR TELEHEALTH PROGRAM, WHICH ALLOWS PATIENTS TO RECEIVE OUR WRAP-AROUND CARE VIA VIDEO CONFERENCING. WE ALSO STRIVE TO HELP THOSE IN NEED - ESPECIALLY WHEN DISASTER STRIKES.

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

OUR RESEARCH TEAM IS AMONG THE MOST HIGHLY RECOMMENDED, GAINING NATIONAL
RECOGNITION FOR CLINICAL RESEARCH. SIX SHC LOCATIONS ARE MAJOR RESEARCH
HOSPITALS (FIVE OPERATED BY THIS ORGANIZATION), WORKING TO DEVELOP NEW
TREATMENTS AND TECHNOLOGICAL ADVANCES WITHIN THE MEDICAL COMMUNITY.

FORM 990, PART V, LINE 3B:

FORM 990-T WILL BE FILED AFTER FORM 990; THEREFORE, IN ACCORDANCE WITH THE
FORM INSTRUCTIONS, LINE 3B HAS BEEN ANSWERED "NO." SHRINERS HOSPITALS FOR
CHILDREN HOLDS VARIOUS PARTNERSHIP INVESTMENTS THAT GENERATE UNRELATED
BUSINESS INCOME REPORTABLE ON SCHEDULE K-1, SCHEDULE K-1 FOR MANY OF THE
INVESTMENTS WILL NOT BE ISSUED UNTIL AFTER FORM 990 IS FILED. FORM 990-T
HAS BEEN EXTENDED AND WILL BE FILED BY THE NOVEMBER 15TH DUE DATE. THE
UNRELATED BUSINESS INCOME REPORTED ON PART I, LINES 7A AND 7B AND PART
VIII, COLUMN (C) HAS BEEN ESTIMATED BASED ON THE ACTUAL AND ESTIMATED
SCHEDULE K-1S RECEIVED AS OF THE DATE OF THIS FILING.

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

AUSTRALIA, AUSTRIA, BELGIUM, BRAZIL,

CANADA, CHINA, DENMARK, FINLAND,

FRANCE, GERMANY, HONG KONG, INDONESIA,

IRELAND, ISRAEL, ITALY, JAPAN,

SOUTH KOREA, MEXICO, NETHERLANDS, NORWAY,

PORTUGAL, RUSSIA, SINGAPORE, SPAIN,

SWEDEN, SWITZERLAND, THAILAND, UNITED KINGDOM

FORM 990, PART VI, SECTION A, LINE 6:

SHRINERS HOSPITALS IS ORGANIZED AS A NONPROFIT CORPORATION WITH MEMBERS,
MEMBERS HAVE THE RIGHT TO ELECT PERSONS BELONGING TO THE GOVERNING BODY,
AND TO APPROVE SIGNIFICANT DECISIONS OF THE GOVERNING BODY. COMPENSATION IS
NOT PROVIDED FOR BEING A MEMBER.

FORM 990, PART VI, SECTION A, LINE 7A:

THE ORGANIZATION HAS APPROXIMATELY 1,400 MEMBERS WHOM ARE APPOINTED FROM

THE TOTAL MEMBERSHIP OF SHRINERS INTERNATIONAL (A RELATED ORGANIZATION),

MEMBERS MAY ELECT PERSONS ON THE ORGANIZATION’S GOVERNING BODY, AND MAY

APPROVE SIGNIFICANT DECISIONS OF THE ORGANIZATION.

FORM 990, PART VI, SECTION A, LINE 7B:

UNDER THE BYLAWS OF THE ORGANIZATION, SIGNIFICANT DECISIONS OF THE

GOVERNING BODY REQUIRE APPROVAL BY THE ORGANIZATION’S 1,400 MEMBERS (SUCH

AS CHANGES TO THE BYLAWS, OR SIGNIFICANT RESTRUCTURING OR EXTRAORDINARY

EVENTS). THE ORGANIZATION’S MEMBERS ALSO MAY ELECT PERSONS TO SERVE ON THE

ORGANIZATION’S GOVERNING BODY, THE ORGANIZATION’S MEMBERS DO NOT HAVE

CONTROL OVER THE GENERAL OPERATIONS OR FINANCIAL MATTERS OF THE

ORGANIZATION. ELECTIONS ARE HELD ANNUALLY BY THE MEMBERS AT VARYING

LOCATIONS IN THE U.S. VOTING IS DECIDED WITH SIMPLE MAJORITY, WHERE EACH

MEMBER’S VOTE IS EQUAL WEIGHTED. ELECTED PERSONS SERVE A THREE-YEAR TERM ON

THE BOARD OF TRUSTEES, A ONE-YEAR TERM ON THE BOARD OF DIRECTORS, A

ONE-YEAR TERM FOR THE ORGANIZATION’S PRESIDENT, AND A ONE-YEAR TERM FOR THE

ORGANIZATION’S TREASURER, THE ORGANIZATION’S OFFICERS ARE NOT ELECTED, AND

INSTEAD ARE HIRED BY COMMITTEE.

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:

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

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

WY

FORM 990, PART VI, SECTION C, LINE 18:

THE ORGANIZATION’S FORM 990 CAN BE FOUND ONLINE AT

LOVETOHERESCUE.ORG/FINANCIALS-2/#FIN-DOCS, THIS SITE CAN BE ACCESSED FROM

THE MAIN WEBSITE WWW.SHRINERSCHILDRENS.ORG.

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

THE ORGANIZATION’S GOVERNING DOCUMENTS (INCLUDING ITS CONFLICT OF INTEREST

POLICY AND FINANCIAL STATEMENTS) ARE AVAILABLE ON THE ORGANIZATION’S

WEBSITE AND TO THE PUBLIC UPON WRITTEN REQUEST.
### FORM 990, PART IX, LINE 11G, OTHER FEES:

#### PUBLIC RELATIONS & OTHER:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Service Expenses</td>
<td>35,957,516</td>
</tr>
<tr>
<td>Management and General Expenses</td>
<td>24,620,035</td>
</tr>
<tr>
<td>Fundraising Expenses</td>
<td>38,257,922</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>98,835,473</strong></td>
</tr>
</tbody>
</table>

#### MEDICAL SERVICES:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Service Expenses</td>
<td>65,120,326</td>
</tr>
<tr>
<td>Management and General Expenses</td>
<td>0</td>
</tr>
<tr>
<td>Fundraising Expenses</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>65,120,326</strong></td>
</tr>
</tbody>
</table>

#### AGENCY PERSONNEL SERVICES:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Service Expenses</td>
<td>16,508,640</td>
</tr>
<tr>
<td>Management and General Expenses</td>
<td>0</td>
</tr>
<tr>
<td>Fundraising Expenses</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>16,508,640</strong></td>
</tr>
</tbody>
</table>

#### ADMINISTRATIVE SERVICES:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Service Expenses</td>
<td>0</td>
</tr>
<tr>
<td>Management and General Expenses</td>
<td>3,408,432</td>
</tr>
<tr>
<td>Fundraising Expenses</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>3,408,432</strong></td>
</tr>
</tbody>
</table>

**Total Other Fees on Form 990, Part IX, Line 11G, Col A:** 183,872,871

### FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in Pension Funding Obligation</td>
<td>63,715,392</td>
</tr>
</tbody>
</table>
CHANGE IN PATIENT TRANSPORTATION FUNDS HELD BY SHRINE

TEMPLES -1,597,641.

CHANGE IN CHARITABLE GIFT ANNUITY -6,879,132.

FOREIGN CURRENCY EXCHANGE GAIN (LOSS) 21,331.

MARKET VALUE ADJUSTMENT -539,920.


TOTAL TO FORM 990, PART XI, LINE 9 57,002,204.

FORM 990, PART XII, LINE 2C:

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.
### Part I: Identification of Disregarded Entities

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN (if applicable) of disregarded entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Total income</th>
<th>(e) End-of-year assets</th>
<th>(f) Direct controlling entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>PEDIATRIC ORTHOTIC AND PROSTHETIC SERVICES - NORTHEAST, LLC - 45-3940402, 3101 SW SAM JACKSON PARK RD, PORTLAND, OR 97239-3009</td>
<td>ORTHOPEDICS &amp; PROSTHETICS</td>
<td>DELAWARE</td>
<td>5,245,207</td>
<td>3,043,799</td>
<td>SHRINERS HOSPITALS FOR CHILDREN</td>
</tr>
<tr>
<td>PEDIATRIC ORTHOTIC AND PROSTHETIC SERVICES - WEST, LLC - 27-2210763, 2425 STOCKTON BLVD, SACRAMENTO, CA 95817-2215</td>
<td>ORTHOPEDICS &amp; PROSTHETICS</td>
<td>DELAWARE</td>
<td>4,904,858</td>
<td>2,208,349</td>
<td>SHRINERS HOSPITALS FOR CHILDREN</td>
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<td>PEDIATRIC ORTHOTIC AND PROSTHETIC SERVICES - MIDWEST, LLC - 36-4790476, 2025 E RIVER PKWY, MINNEAPOLIS, MN 55414-3604</td>
<td>ORTHOPEDICS &amp; PROSTHETICS</td>
<td>DELAWARE</td>
<td>3,648,879</td>
<td>2,522,748</td>
<td>SHRINERS HOSPITALS FOR CHILDREN</td>
</tr>
<tr>
<td>PEDIATRIC ORTHOTIC AND PROSTHETIC SERVICES - NORTHEAST, LLC - 61-1700888, 3551 N BROAD ST, PHILADELPHIA, PA 19140-4160</td>
<td>ORTHOPEDICS &amp; PROSTHETICS</td>
<td>DELAWARE</td>
<td>3,775,463</td>
<td>2,437,379</td>
<td>SHRINERS HOSPITALS FOR CHILDREN</td>
</tr>
</tbody>
</table>

### Part II: Identification of Related Tax-Exempt Organizations

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Exempt Code section</th>
<th>(e) Public charity status (if section 501(c)(3))</th>
<th>(f) Direct controlling entity</th>
<th>(g) Section 512(b)(13) controlled entity?</th>
</tr>
</thead>
<tbody>
<tr>
<td>THE SHRINERS’ HOSPITAL FOR CHILDREN - 04-2121377, POST OFFICE BOX 31356, TAMPA, FL 33631-3356</td>
<td>HOSPITAL SYSTEM</td>
<td>MASSACHUSETTS</td>
<td>501(c)(3)</td>
<td>LINE 3</td>
<td>SHRINERS HOSPITALS FOR CHILDREN</td>
<td>Yes</td>
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<tr>
<td>SHRINERS INTERNATIONAL - 36-2158164 33631-3356</td>
<td>HOSPITAL SYSTEM</td>
<td>MINNESOTA</td>
<td>501(c)(3)</td>
<td>LINE 3</td>
<td>SHRINERS HOSPITALS FOR CHILDREN</td>
<td>No</td>
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<tr>
<td>POST OFFICE BOX 31356 TAMPA, FL 33631-3356</td>
<td>HOSPITAL SYSTEM</td>
<td>IOWA</td>
<td>501(c)(10)</td>
<td>N/A</td>
<td>SHRINERS HOSPITALS FOR CHILDREN</td>
<td>X</td>
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<tr>
<td>SHRINERS HOSPITALS FOR CHILDREN EMPLOYEE DISASTER RELIEF FUND - 26-3733381, 2900 ROCKY POINT DRIVE, TAMPA, FL 33607</td>
<td>DISASTER RELIEF</td>
<td>DISTRICT OF COLUMBIA</td>
<td>501(c)(3)</td>
<td>LINE 7</td>
<td>SHRINERS HOSPITALS FOR CHILDREN</td>
<td>X</td>
</tr>
<tr>
<td>SHRINERS HOSPITALS FOR CHILDREN (QUEBEC) INC., 1003 DECARIE BLVD, MONTREAL, QUEBEC, H4A 0A9</td>
<td>HOSPITAL SYSTEM</td>
<td>CANADA</td>
<td>501(c)(3)</td>
<td>LINE 3</td>
<td>SHRINERS HOSPITALS FOR CHILDREN</td>
<td>X</td>
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</table>

For Paperwork Reduction Act Notice, see the instructions for Form 990.
<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of disregarded entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Total income</th>
<th>(e) End-of-year assets</th>
<th>(f) Direct controlling entity</th>
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<tr>
<td>PEDIATRIC ORTHOTIC AND PROSTHETIC SERVICES -</td>
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<td>SOUTHEAST, LLC - 45-2723185, 12502 USF PINE</td>
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<tr>
<td>DR STE 100, TAMPA, FL 33612-9411</td>
<td>ORTHOPEDICS &amp; PROSTHETICS</td>
<td>DELAWARE</td>
<td>3,188,389.</td>
<td>1,788,282.</td>
<td>SHRINERS HOSPITALS FOR CHILDREN</td>
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<td>PEDIATRIC ORTHOTIC AND PROSTHETIC SERVICES -</td>
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<tr>
<td>HONOLULU, LLC - 38-4018709, 1310 PUNAKOU ST,</td>
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<tr>
<td>HONOLULU, HI 96826-1099</td>
<td>ORTHOPEDICS &amp; PROSTHETICS</td>
<td>DELAWARE</td>
<td>1,014,441.</td>
<td>455,693.</td>
<td>SHRINERS HOSPITALS FOR CHILDREN</td>
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<td>(a) Name, address, and EIN of related organization</td>
<td>(b) Primary activity</td>
<td>(c) Legal domicile (state or foreign country)</td>
<td>(d) Exempt Code section</td>
<td>(e) Public charity status (if section 501(c)(3))</td>
<td>(f) Direct controlling entity</td>
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<td>SHRINERS HOSPITALS FOR CHILDREN, A CANADIAN CORPORATION, 1003 DECARIE BLVD., MONTREAL, QUEBEC, CANADA H4A 0A9</td>
<td>HOSPITAL SYSTEM</td>
<td>CANADA</td>
<td>501(C)(3)</td>
<td>EQUIVALENT LINE 3</td>
<td>SHRINERS HOSPITALS FOR CHILDREN</td>
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<tr>
<td>SHRINERS HOSPITALS FOR CHILDREN, A MEXICAN ASSOCIATION, MX AV. DEL IMAN NO. 257, MEXICO CITY, MEXICO 04600</td>
<td>HOSPITAL SYSTEM</td>
<td>MEXICO</td>
<td>501(C)(3)</td>
<td>EQUIVALENT LINE 3</td>
<td>SHRINERS HOSPITALS FOR CHILDREN</td>
</tr>
<tr>
<td>SHRINERS INTERNATIONAL EDUCATION FOUNDATION - 81-3788196, POST OFFICE BOX 25251, TAMPA, FL 33622</td>
<td>EDUCATION AND LEADERSHIP TRAINING</td>
<td>TEXAS</td>
<td>501(C)(3)</td>
<td>LINE 7</td>
<td>INTERNATIONAL</td>
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<tr>
<td>SHRINERS HOSPITALS FOR CHILDREN AMBULATORY CLINIC AT HC AC, BOSQUE DE DURAZNOS NO. 61 PISO 4, BOSQUE DE LAS LOMAS, MEXICO CITY, MEXICO</td>
<td>HOSPITAL SYSTEM</td>
<td>MEXICO</td>
<td>501(C)(3)</td>
<td>EQUIVALENT LINE 3</td>
<td>SHRINERS HOSPITALS FOR CHILDREN</td>
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</table>
### Part III: Identification of Related Organizations Taxable as a Partnership

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations?</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner?</th>
<th>(k) Percentage ownership</th>
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### Part IV: Identification of Related Organizations Taxable as a Corporation or Trust

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of related organization</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Direct controlling entity</th>
<th>(e) Type of entity (C corp, S corp, or trust)</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Percentage ownership</th>
<th>(i) Section 512(b)(13) controlled entity?</th>
<th>(j) Yes</th>
<th>(k) No</th>
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</table>
Part V  Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

<table>
<thead>
<tr>
<th>(a) Name of related organization</th>
<th>(b) Transaction type (A-Q)</th>
<th>(c) Amount involved</th>
<th>(d) Method of determining amount involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>1  THE SHRINERS' HOSPITAL FOR CHILDREN</td>
<td>B</td>
<td>14,056,734</td>
<td>CASH TRANSFERS</td>
</tr>
<tr>
<td>2  SHRINERS HOSPITALS FOR CHILDREN, CAN</td>
<td>B</td>
<td>3,858,915</td>
<td>CASH TRANSFERS</td>
</tr>
<tr>
<td>3  SHRINERS HOSPITALS FOR CHILDREN, MEX</td>
<td>B</td>
<td>21,359,055</td>
<td>CASH TRANSFERS</td>
</tr>
<tr>
<td>4  SHRINERS HOSPITALS FOR CHILDREN, TIJ</td>
<td>B</td>
<td>19,797,042</td>
<td>CASH TRANSFERS</td>
</tr>
<tr>
<td>5  SHRINERS HOSPITALS FOR CHILDREN, CAN</td>
<td>D</td>
<td>-2,817,186</td>
<td>DECREASE IN LOAN BALANCE</td>
</tr>
<tr>
<td>6  SHRINERS HOSPITALS FOR CHILDREN, MEX</td>
<td>D</td>
<td>-1,728,675</td>
<td>DECREASE IN LOAN BALANCE</td>
</tr>
</tbody>
</table>
### Part V Continuation of Transactions With Related Organizations

<table>
<thead>
<tr>
<th>(a) Name of other organization</th>
<th>(b) Transaction type (a-s)</th>
<th>(c) Amount involved</th>
<th>(d) Method of determining amount involved</th>
</tr>
</thead>
<tbody>
<tr>
<td>(7) SHRINERS HOSPITALS FOR CHILDREN AMBULATORY CLINIC AT HIC AC</td>
<td>D</td>
<td>-17,562,139</td>
<td>DECREASE IN LOAN BALANCE</td>
</tr>
<tr>
<td>(8) THE SHRINERS' HOSPITAL FOR CHILDREN</td>
<td>E</td>
<td>-12,984,547</td>
<td>DECREASE IN LOAN BALANCE</td>
</tr>
<tr>
<td>(9) THE SHRINERS' HOSPITAL FOR CHILDREN</td>
<td>O</td>
<td>0</td>
<td>AMOUNT UNDETERMINABLE</td>
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</table>
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.

<table>
<thead>
<tr>
<th>(a) Name, address, and EIN of entity</th>
<th>(b) Primary activity</th>
<th>(c) Legal domicile (state or foreign country)</th>
<th>(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)</th>
<th>(e) Are all partners as described in section 513(c)(2)(A) yes/no</th>
<th>(f) Share of total income</th>
<th>(g) Share of end-of-year assets</th>
<th>(h) Disproportionate allocations? yes/no</th>
<th>(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)</th>
<th>(j) General or managing partner? yes/no</th>
<th>(k) Percentage ownership</th>
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Schedule R (Form 990) 2022
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