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Form	JJ

Department of the Treasury Internal Revenue Service

EXTENDED TO NOVEMBER 15, 2022 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.



<u>A</u>	or th	and and a calendar year, or tax year beginning	ending							
Ba	Check if applicab	e: C Name of organization		D Employer identifie	cation number					
	Addre	ss shriners hospitals for children								
	Name		36-2193608							
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	r							
	Final return	POST OFFICE BOX 31356	(813)281-030	0						
	termir ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	4,456,934,342.						
	Amen return	ded TAMPA, FL 33631-3356	H(a) Is this a group re	eturn						
	Applic tion	F Name and address of principal officer: John Mechae		for subordinates	? Yes X No					
	pendi	¹⁹ 2900 N ROCKY POINT DRIVE, TAMPA, FL 33607		H(b) Are all subordinates ir	cluded? Yes No					
		empt status: 🕱 501(c)(3) 🚺 501(c) ()◀ (insert no.) 🗌 4947(a)(1) c	or 📃 527	If "No," attach a	list. See instructions					
		te: > WWW.SHRINERSCHILDRENS.ORG		H(c) Group exemptio	n number 🕨					
		organization: X Corporation Trust Association Other ►	L Year	of formation: 1925	State of legal domicile: CO					
Pa	art I	Summary								
đ	1	Briefly describe the organization's mission or most significant activities:	/IDE PEDI	ATRIC SPECIALTY						
UC		CARE, REGARDLESS OF THE PATIENT OR FAMILIES ABILITY TO PAY.								
Governance	2	Check this box 🕨 🛄 if the organization discontinued its operations or dispos	ed of more	than 25% of its net ass	ets.					
ove	3				21					
		Number of independent voting members of the governing body (Part VI, line 1b)			19					
es		Total number of individuals employed in calendar year 2021 (Part V, line 2a)								
iti		Total number of volunteers (estimate if necessary)								
Activities &	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		2,898,903.						
_	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	<u> </u>		2,608,113.					
			Prior Year	Current Year						
e	8	Contributions and grants (Part VIII, line 1h)	456,657,058.	498,871,618.						
Revenue	9	Program service revenue (Part VIII, line 2g)		142,822,170.						
Sev	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)		13,891,266.	19,374,474.					
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		896,169,390.	1,640,758,924.					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		32,268,276.	33,600,325.					
	14	Benefits paid to or for members (Part IX, column (A), line 4)		- •	0.					
ŝes	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		443,610,669. 22,060,751.	447,271,150. 28,175,726.					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		22,000,751.	20,175,720.					
Ä		Total fundraising expenses (Part IX, column (D), line 25) 96,176, 9		394,205,623.	434,870,755.					
_	1 "	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		892,145,319.	943,917,956.					
	18 19	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		4,024,071.	696,840,968.					
or		Revenue less expenses. Subtract line 18 from line 12			, ,					
sts o	20	Total assots (Part V, line 16)		ginning of Current Year 10,877,290,799.	End of Year 11,855,324,866.					
Assets Balanc	20	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		1,147,419,096.	1,188,251,916.					
Net A	-	Net assets or fund balances. Subtract line 21 from line 20		9,729,871,703.	10,667,072,950.					
	art II	Signature Block		-,,0,1,,00,	20,007,072,000,					

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

Sign		Signature of officer			Date
Here		JERRY GANTT, CHAIRMAN			
		Type or print name and title			
	Prin	t/Type preparer's name	Preparer's signature	Date	Check PTIN
Paid	PAUI	DUNHAM			self-employed P00100222
Preparer	Firm	's name 🕞 CBIZ MHM, LLC			Firm's EIN 🕨 27-3605969
Use Only	Firm	's address 🕨 140 FOUNTAIN PKWY N, STE	410		
		ST. PETERSBURG, FL 33716			Phone no.727-572-1400
May the II	RS di	scuss this return with the preparer shown abov	/e? See instructions		X Yes No
					222

	rt III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	Χ.
1	Briefly describe the organization's mission:	
	SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on the	
2		X No
	If "Yes," describe these new services on Schedule O.	
3		XNo
-	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, an	d
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$667,406,101. including grants of \$33,600,325.) (Revenue \$165,938	,196.
	STATE-OF-THE-ART MEDICAL CARE:	
	SHRINERS HOSPITALS FOR CHILDREN, COMPRISED OF A NETWORK OF HOSPITALS	
	(SEE SCHEDULE R), SERVES 179 COUNTRIES, TREATING MORE THAN 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 O	
	00.005.000	
4b	(Code:) (Expenses \$20,025,692. including grants of \$) (Revenue \$) (Revenue \$)	
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Form 990 (2021)

Part IV Checklist of Required Schedules

SHRINERS HOSPITALS FOR CHILDREN

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?		v	
	If "Yes," complete Schedule D, Part IV	9	X	
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
_	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		х	
	Part VI	<u>11a</u>	Δ	
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	446		x
~	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i>	11c		x
Ь	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			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
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	12b	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
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	14b	х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	Х	L
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X	
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	X	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	X 000	
132003	12-09-21	Form	220	(2021)

132003 12-09-21

Form 990 (2021)		HOSPITALS		
Part IV	Checklist o	of Required Se	chedules (contin	ued)

			Yes	No					
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on								
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		x					
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current								
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete								
	Schedule J	23	X	<u> </u>					
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the								
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x					
	Schedule K. If "No," go to line 25a								
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>					
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease								
	any tax-exempt bonds?	24c		<u> </u>					
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>					
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05.		x					
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a							
a	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If</i> "Yes," <i>complete</i>								
		25b		x					
26	Schedule L, Part I Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	250							
20	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%								
		26		x					
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20		<u> </u>					
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled								
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x					
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,								
	instructions for applicable filing thresholds, conditions, and exceptions):								
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If								
	"Yes," complete Schedule L, Part IV	28a		x					
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X					
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If								
	"Yes," complete Schedule L, Part IV	28c		x					
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	L					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation								
	contributions? If "Yes," complete Schedule M	30		X					
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x					
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete								
	Schedule N, Part II	32		x					
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations								
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	X	<u> </u>					
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		77						
05 -	Part V, line 1	34	X X	<u> </u>					
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Δ	<u> </u>					
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05h	х						
36	within the meaning of section 512(b)(13)? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	35b		<u> </u>					
30		36		x					
37	<i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i> Did the organization conduct more than 5% of its activities through an entity that is not a related organization	50		<u> </u>					
07	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x					
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	01		<u> </u>					
	Note: All Form 990 filers are required to complete Schedule O	38	х						
Par									
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	<u></u>	X					
			Yes	No					
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 942								
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0								
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming								
	(gambling) winnings to prize winners?	1c	Х						
132004	12-09-21	Form	990	(2021)					

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<u>rm 990</u>) (2021) SHRINERS HOSPITALS FOR CHILDREN		36-219360	8	P	age 🤇
art V	Statements Regarding Other IRS Filings and Tax Compliance (continued)					
					Yes	No
	ter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	d for the calendar year ending with or within the year covered by this return	2a	5649			
b If a	t least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	X	
No	te: If the sum of lines 1a and 2a is greater than 250, you may be required to e_{-file} . See instructions	s				
				3a	X	
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	Х	
la At	any time during the calendar year, did the organization have an interest in, or a signature or other a	uthorit	y over, a			
fina	ancial account in a foreign country (such as a bank account, securities account, or other financial a	ccoun	t)?	4a	Х	
b If "	Yes," enter the name of the foreign country <pre>SEE SCHEDULE 0</pre>					
Se	e instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	ccount	s (FBAR).			
ia Wa	is the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
b Dic	I any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac	ction?		5b		Х
c If "	Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
	es the organization have annual gross receipts that are normally greater than \$100,000, and did the					
any	contributions that were not tax deductible as charitable contributions?			6a		Х
b If"	Yes," did the organization include with every solicitation an express statement that such contribution					
	re not tax deductible?			6b		
7 Or	ganizations that may receive deductible contributions under section 170(c).					
	the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices pi	rovided to the pavor?	7a	х	
				7b	Х	
	I the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa					
	ile Form 8282?			7c	х	
	Yes," indicate the number of Forms 8282 filed during the year	7d	9	10		
	I the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co	<u> </u>	2	7e		х
	I the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra			7f		Х
	he organization received a contribution of qualified intellectual property, did the organization file Fo		0. as required?	7g	N/A	
	ne organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization mero			79 7h	N/A	
				- 11		
-	onsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	•	NT / 7			
	onsoring organization have excess business holdings at any time during the year?		M/A	8		
-	onsoring organizations maintaining donor advised funds.		N / 7	•		
	I the sponsoring organization make any taxable distributions under section 4966?		N/A	9a		
	I the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A	9b		
	ction 501(c)(7) organizations. Enter:					
	iation fees and capital contributions included on Part VIII, line 12N/A	10a				
	oss receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
	ction 501(c)(12) organizations. Enter:					
	oss income from members or shareholdersN/A	11a				
b Gro	oss income from other sources. (Do not net amounts due or paid to other sources against					
am	ounts due or received from them.)	11b				
	ction 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 yearN/A	12b				
S Se	ction 501(c)(29) qualified nonprofit health insurance issuers.					
a lst	he organization licensed to issue qualified health plans in more than one state?		N/A	13a		
No	te: See the instructions for additional information the organization must report on Schedule O.					
b Ent	er the amount of reserves the organization is required to maintain by the states in which the					
org	anization is licensed to issue qualified health plans	13b				
c Ent	er the amount of reserves on hand	13c				
				14a		Х
b If "	Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O		14b		
	he organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner					
exc	cess parachute payment(s) during the year?			15		х
	Yes," see the instructions and file Form 4720, Schedule N.					
	he organization an educational institution subject to the section 4968 excise tax on net investment	incom	ne?	16		х
	Yes," complete Form 4720, Schedule O.					
	ction 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in	anv				
		y				
7 Se			N/A	17		
Se act	ivities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		N/A	17		

16460629 143399 326610

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	stion A. Governing Body and Management	<u></u>		
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a	21		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b	19		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	. 3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			X
6	Did the organization have members or stockholders?	6	Х	
7a	•			
	more members of the governing body?	<u>7a</u>	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а			Х	
b	, , , , , , , , , , , , , , , , , , , ,	. <mark>8</mark> b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	. 9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No X
	Did the organization have local chapters, branches, or affiliates?	<u>10a</u>		
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	1.01		
	and branches to ensure their operations are consistent with the organization's exempt purposes?		v	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	10-	х	
	Did the organization have a written conflict of interest policy? <i>If</i> " <i>No</i> ," <i>go to line 13</i>		X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	. 12b	21	
C		12c	x	
13	on Schedule O how this was done Did the organization have a written whistleblower policy?		x	
13 14	Did the organization have a written document retention and destruction policy?		x	
1 4 15	Did the process for determining compensation of the following persons include a review and approval by independent			
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
	Other officers or key employees of the organization		х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
100	taxable entity during the year?	16a		x
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Tou		
~	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	100		
17	List the states with which a copy of this Form 990 is required to be filed AL, AK, AZ, AR, CA, CO, CT, DE, FL, GA, HI, ID			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c))	3)s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	and finan	cial	
19	statements available to the public during the tax year.			
19	State the name, address, and telephone number of the person who possesses the organization's books and records			
19 20				
	RACHEL L. MEHLENBACHER - 813-518-7845			
	RACHEL L. MEHLENBACHER - 813-518-7845 2900 N ROCKY POINT DRIVE, TAMPA, FL 33607			

Form 990 (20	21) SHRINERS HOSPITALS FOR CHILDREN	36-2193608	Page 7							
Part VII C	Compensation of Officers, Directors, Trustees, Key Employees, Highest Comp	ensated								
E	Employees, and Independent Contractors									
C	Check if Schedule O contains a response or note to any line in this Part VII									
Section A.	Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees									
1a Complete	this table for all persons required to be listed. Report compensation for the calendar year ending with	or within the organization's	tax year.							

List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do			ition		ane	Reportable	Reportable	Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer an	id a d	irecto	r/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related organizations	ustee	trust		ee	bens		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)	organization and related
	below	lual tr	tional		nploy	st con yee	_	1033-1120)		organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizationo
(1) SCOTT KOZIN	40.00									
CHIEF OF STAFF						x		3,720,413.	0.	45,974.
(2) PURNENDU GUPTA	40.00									
CHIEF OF STAFF						X		884,999.	٥.	58,338.
(3) FRANCES FARLEY	40.00									
CHIEF MEDICAL OFFICER					Х			904,676.	0.	17,968.
(4) AMER SAMDANI	40.00									
CHIEF OF SURGERY						X		844,165.	0.	46,488.
(5) JOHN MCCABE	40.00									
EXECUTIVE VICE PRESIDENT					Х			863,712.	0.	20,547.
(6) GLEN BAIRD	40.00									
CHIEF OF STAFF						X		785,483.	0.	49,238.
(7) ROBERT BERNSTEIN	40.00									
CHIEF OF STAFF						X		758,679.	0.	49,348.
(8) JAMES R. SMITH	9.00									
DIRECTOR	37.00	Х						0.	47,500.	0.
(9) JERRY G. GANTT	9.00									
PRESIDENT	2.00	Х		Х				18,000.	0.	0.
(10) WILLIAM S. BAILEY	5.00									
CHARIMAN OF THE BOARD	8.00	Х		х				0.	0.	0.
(11) KENNETH G. CRAVEN	5.00									
1ST VICE PRESIDENT	8.00	Х		х				0.	0.	0.
(12) JAMES E. STOLZE, JR.	5.00									
2ND VICE PRESIDENT	6.00	Х		х				0.	0.	0.
(13) BRAD T. KOEHN	12.00									
TREASURER	13.00	Х		х				0.	0.	0.
(14) RICHARD G. BURKE	5.00									
SECRETARY	5.00	Х		х				0.	0.	0.
(15) KEVIN R. COSTELLO	5.00									
ASSISTANT SECRETARY	5.00	Х						0.	0.	0.
(16) JIM CAIN	5.00									
DIRECTOR	7.00	х						0.	0.	0.
(17) LAWRENCE J. LEIB	5.00									
DIRECTOR	5.00	Х						٥.	0.	0.
										Earm 990 (2021)

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Form 990 (2021)

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Form 990 (2021) SHRINERS HOSE	ITALS FOR	CHI	LDR	EN					36-21	93608	8	Pa	age 8
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	d Hig	ghes	st C	ompensated Employee	s (continued)				
									(E)			(F)	
Name and title	Average Position							Reportable	Reportable		Fs	timate	ed.
	hours per			heck i ss per				compensation	compensatio	I		nount	
	week			nd a di				from	from related	I		other	
	(list any	tor						the	organizations		com	pensa	tion
	hours for	direc				5		organization	(W-2/1099-MIS	I		om the	
	related	ee or	trustee			nsate		(W-2/1099-MISC/	1099-NEC)		org	anizati	ion
	organizations	trust	al tru		yee	a me		1099-NEC)	,			d relate	
	below	ndividual trustee or director	ution	-	mplo	est co	er	,			orga	anizatio	ons
	line)	Indivi	In stitutio nal 1	Officer	Key employee	Highest compensated employee	Former				0		
(18) MARK E. HARTZ	5.00	_	_										
DIRECTOR	5.00	x						0.		٥.			0.
(19) MATTHEW STURLAUGSON	5.00				-								
DIRECTOR	5.00	x						0.		٥.			0
		Δ						0.		<u> </u>			0.
(20) MARTIN L. BARTLETT	5.00												
DIRECTOR	5.00	Х						0.		٥.			0.
(21) TIMOTHY D. FORBIS	5.00												
DIRECTOR	5.00	Х						0.		٥.			0.
(22) ANTHONY M. WEST	5.00												
TRUSTEE	2.00	х						0.		٥.			Ο.
(23) JAMES A. DOEL	5.00												
TRUSTEE	2.00	x						0.		0.			0.
		Δ						υ.		<u> </u>			<u> </u>
(24) CHUCK PITTMAN	5.00												
TRUSTEE	2.00	Х						0.		٥.			0.
(25) PAUL F. POULIN	5.00												
TRUSTEE	2.00	Х						0.		٥.			0.
(26) LESLIE D. STEWART	5.00												
TRUSTEE	5.00	х						0.		٥.			0.
1b Subtotal								8,780,127.	47,5	,500. 28			901.
c Total from continuation sheets to Part VI							5	0.	/	0.			0.
								8,780,127.	47 5	500. 287,901			-
d Total (add lines 1b and 1c)												207,	
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) wn	o re	eceived more than \$100,	UUU of reportable				011
compensation from the organization												V I	811
										ſ		Yes	No
3 Did the organization list any former officer,	director, trust	ee, k	key e	empl	oye	e, or	hig	hest compensated empl	oyee on				
line 1a? If "Yes," complete Schedule J for su	ıch individual										3		X
4 For any individual listed on line 1a, is the su	m of reportabl	е со	mpe	ensa	tion	and	oth	ner compensation from th	ne organization				
and related organizations greater than \$150	,000? If "Yes.	" со	mple	ete S	Sche	dule	e J f	for such individual			4	x	1
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	•							•			5		х
Section B. Independent Contractors		- 0 1	<u> </u>		0013	011 .							
1 Complete this table for your five highest cor	nnoncotod inc	lono	nda	ot or	ontro	oto	ro th	ant reactived more than ¢	100 000 of comp	onoot	ion fre		
	-	-								CIISal			
the organization. Report compensation for t	ne calendar ye	ear e	enair	ig w	ith C	or wi	<u>tnin</u>		ear.				
(A)	addraaa							(B)	omicco	0)		-
Name and business								Description of s	ervices		ompe	nsatio	
FORNEY CONSTRUCTION, 8945 LONG POINT	RD,												
STE 20, HOUSTON, TX 77055								GENERAL CONTRACTOR			12	,130,	931.
BURNS AND ASSOCIATES MANAGEMENT LLC													
1000 CLARK AVE, 4TH FL, ST LOUIS, MO	63102							MARKETING			10	,148,	895.
THE UNIVERSITY OF TEXAS MEDICAL BRANC	СН												
301 UNIVERSITY BLVD, GALVESTON, TX 77	555							MEDICAL SERVICES			7	,482,	895.
UC REGENTS UC DAVIS MEDICAL CENTER												, ,	
							ļ	אפטזכאו פפטעזכפס			6	980	034
ONE SHIELDS AVE, DAVIS, CA 95616							_	MEDICAL SERVICES			U	,980,	0.54.
KENTUCKY MEDICAL SERVICES FOUNDATION													
PO BOX 587, LEXINGTON, KY 40586								MEDICAL SERVICES			4	,106,	074.
2 Total number of independent contractors (ir	cluding but n	ot lin	nited	d to f	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz					75	5							
SEE PART VII, SECTION A CONTINU	JATION SHEE	TS									Form	990 (2	2021)

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Form 990 SHRINERS HOSPITALS FOR CHILDREN							36-2193608				
Part VII Section A. Officers, Directors, 1		nplo	yee			ligh	est (· · ·		
(A)	(B)				C)			(D)	(E)	(F)	
Name and title	Average	1-			ition		ьè	Reportable	Reportable	Estimated	
	hours	(C	hecł T	(all '	that	app	ly)	compensation	compensation	amount of	
	per week					e		from the	from related organizations	other compensation	
	(list any	tor				ploye		organization	(W-2/1099-MISC)	from the	
	hours for	direc				ed em		(W-2/1099-MISC)	(organization	
	related	tee oi	ustee			ensat				and related	
	organizations	ul trus	nal tr		loyee	dwo				organizations	
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest com pensated em ployee	Former				
	line)	Ind	l su	8	Ke	∃≣	For				
(27) KENNETH J. GUIDERA	5.00										
TRUSTEE	5.00	Х	<u> </u>					0.	0.	0.	
(28) RICAURTE A. ARROCHA TRUSTEE	5.00	x						0.	0.	0	
(29) JEFFREY L. SOWDER	9.00	~	-			-		U.	U.	0.	
DIRECTOR (1/1/21-6/30/21)	7.00	x						0.	0.	0.	
<u></u>	,		-					· · · ·	0.	0.	
		1									
					-						
		-									
					-	<u> </u>					
		1									
	1										
Total to Part VII, Section A, line 1c											
· ····, ···, ······················											

132201 04-01-21

		Check if Schedule O	00110				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -
ŝ	1 a	Federated campaigns		1a						
our	b	Membership dues		1b		902,727.				
Am	С	Fundraising events		1c		3,258,157.				
ar	d	Related organizations		<u>1</u> d						
and Other Similar Amounts	е	Government grants (cont	ributi	ions) 1e		18,666,754.				
л S	f	All other contributions, gifts	, gran	ts, and						
Ę		similar amounts not include	d abo			476,043,980.				
p	g	Noncash contributions included in				5,551,308.	100 051 610			
ar	h	Total. Add lines 1a-1f	<u></u>				498,871,618.			
						Business Code	165 207 266	165 207 266		
	2 a					621110	165,397,366.	165,397,366.		
ne	b									
/en	C									
Re	d				_					
Revenue	e f	All other program service	rovo		_					
		Total. Add lines 2a-2f					165,397,366.			
╈	3	Investment income (inclu					, ,			
	-	other similar amounts)					173,694,540.		2,898,903.	170,795,0
	4	Income from investment					· · · ·			
	5	Royalties				Г	273,943.			273,9
				(i) Real		(ii) Personal				
	6 a	Gross rents	6a	17,601,2	96.					
	b	Less: rental expenses	6b		Ο.					
	с	Rental income or (loss)	6c	17,601,2	96.					
	d	Net rental income or (los	s) <u></u>			►	17,601,296.			17,601,2
	7 a	Gross amount from sales of		(i) Securiti		(ii) Other				
		assets other than inventory	7a	35663424	40.	28,293,000.				
	b	Less: cost or other basis								
2		and sales expenses				24,837,619.				
		Gain or (loss)		779,965,5						
		Net gain or (loss)			·····	▶	783,420,926.			783,420,9
	8 a	Gross income from fundrais		•						
		including \$3,								
		contributions reported or		-		1,128,305.				
	h	Part IV, line 18			8a 8b	3,003,232.				
		Less: direct expenses Net income or (loss) from				▶	-1,874,927.			-1,874,9
		Gross income from gami		-	<u> </u>		_,,,,,			-,,-
	5 0	Part IV, line 19			9a					
	b	Less: direct expenses			9b					
		Net income or (loss) from				▶				
		Gross sales of inventory,								
		and allowances			10a	1,832,916.				
	b	Less: cost of goods sold			10b	1,957,672.				
		Net income or (loss) from			y	>	-124,756.			-124,7
ſ						Business Code				
Revenue	11 a									
nue	b	·								
eve	с					l				
Щ	d	All other revenue				900099	3,498,918.	540,830.		2,958,0
	е	Total. Add lines 11a-11d					3,498,918.			
	12	Total revenue. See instruct					1,640,758,924.	165,938,196.	2,898,903.	973,050,2

SHRINERS HOSPITALS FOR CHILDREN

Form 990 (2021)

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36-2193608

SHRINERS HOSPITALS FOR CHILDREN

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Х Check if Schedule O contains a response or note to any line in this Part IX (B) (C) (D) (A) Do not include amounts reported on lines 6b, Total expenses Management and general expenses Program service Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 14,442,832 14,442,832 and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 19,157,493. 19,157,493. Benefits paid to or for members 4 Compensation of current officers, directors, 5 trustees, and key employees 1,824,902. 1,671,687. 141,484 11,731. Compensation not included above to disqualified 6 persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 339,586,383. 287,535,653. 47,533,369. 4,517,361. 7 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 29,683,309 25,141,700 4,147,589 394,020. 53,390,386 45,226,249, 7,455,835 708,302. Other employee benefits 9 22,786,170, 19,301,846 3,182,032 302,292. 10 Payroll taxes Fees for services (nonemployees): 11 Management а b Legal С Accounting Lobbying d 28,175,726 28,175,726. Professional fundraising services. See Part IV, line 17 е Investment management fees 19,642,896. 2,631,890. 17,011,006. f Other. (If line 11g amount exceeds 10% of line 25, 123,403,648 76,771,045. 30,589,260. 16,043,343. column (A), amount, list line 11g expenses on Sch 0.) 56,206,914 14,572,678, 3,748 41,630,488. Advertising and promotion 12 23,129,617. 13,105,062. 6,131,057 3,893,498. 13 Office expenses 25,388,608, 537,874. 24,843,212 7,522. Information technology 14 Royalties 15 16,752,539 15,790,909. 961,630 16 Occupancy 1,031,732 2,223,123, 1,054,299 137,092. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 621,866. 611,450. 9,434. 982. Conferences, conventions, and meetings 19 290,793. 199,229, 91,564 20 Interest Payments to affiliates 21 71,737,677 56,227,961, 15,509,716 22 Depreciation, depletion, and amortization 6,851,626. 6,501,277 350,349 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) MEDICAL SUPPLIES 73,222,824. 73,129,065. 89,735 4,024. а PGA EVENT EXPENSES 5,252,314 5,252,314. b TAXES AND FEES -ͲΡΡ 3,634,075, 3,634,075. С 1,669,358. 779,853 PATIENT COSTS 889,505. d 4,842,877 4,045,700 446,641 350,536. All other expenses е 943,917,956 687,431,793 160,309,246 96,176,917. Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined

132010 12-09-21

Form 990 (2021)

16460629 143399 326610

Check here

educational campaign and fundraising solicitation.

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

132011 12-09-21

16460629 143399 326610

		Check if Schedule O contains a response or note	e to any	line in this Part X			L
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			476,441.	1	4,041,387.
	2	Savings and temporary cash investments			8,941,478.	2	37,308,190
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net			30,608,609.	4	35,331,481
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, substa	antial co	ontributor, or 35%			
		controlled entity or family member of any of thes	e perso	ns		5	
	6	Loans and other receivables from other disqualif	ied pers	sons (as defined			
		under section 4958(f)(1)), and persons described	in sect	ion 4958(c)(3)(B)		6	
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			11,148,333.	8	10,607,527
As	9	_			24,232,946.	9	28,342,200
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	1,304,904,422.			
	b	Less: accumulated depreciation	10b	744,948,115.	627,251,452.	10c	559,956,307
	11	Investments - publicly traded securities			8,169,699,514.	11	8,987,852,769
	12	Investments - other securities. See Part IV, line 1			272,808,447.	12	330,725,155
	13	Investments - program-related. See Part IV, line 1			35,952,190.	13	
	14	Intangible assets		F	, ,	14	
	15	Other assets. See Part IV, line 11			1,696,171,389.	15	1,861,159,850
	16	Total assets. Add lines 1 through 15 (must equa			10,877,290,799.	16	11,855,324,866
	17	Accounts payable and accrued expenses	254,800,847.	17	174,724,854		
	18	Grants payable	, , , .	18	. , ,		
	19	Deferred revenue	1,098,960.	19	1,526,492		
	20	Tax-exempt bond liabilities		20	_, _ , ,		
	21	Escrow or custodial account liability. Complete F			41,558,020.	21	44,605,005
	22	Loans and other payables to any current or form					
Liabilities	~~	trustee, key employee, creator or founder, subst					
		controlled entity or family member of any of thes				22	
Га	23	Secured mortgages and notes payable to unrela		F		22	
	23 24					23	
	24 25	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pay					
	25	parties, and other liabilities not included on lines					
		- (O - la - ala da D	,		849,961,269.	25	967,395,565
	26	Total liabilities. Add lines 17 through 25		·····	1,147,419,096.	25	1,188,251,916
	20	Organizations that follow FASB ASC 958, che	ok boro	N X	1,117,115,050.	20	1,100,201,910
ŝ			ck nere				
č	07	and complete lines 27, 28, 32, and 33.			8,306,531,703.	27	9,195,323,950
ala	27	Net assets without donor restrictions			1,423,340,000.		1,471,749,000
n D	28	Net assets with donor restrictions			1,425,540,000.	28	1,4/1,/49,000
S.		Organizations that do not follow FASB ASC 95					
2 T		and complete lines 29 through 33.			00		
ŝ	29	Capital stock or trust principal, or current funds				29	
SSE	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated inc		E E E E E E E E E E E E E E E E E E E	0 700 071 700	31	10 667 072 050
ž	32	Total net assets or fund balances			9,729,871,703.	32	10,667,072,950
	33	Total liabilities and net assets/fund balances			10,877,290,799.	33	11,855,324,866 Form 990 (202 ⁻

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Form 990 (2021)
Part X Balance Sheet

Form	1990 (2021) SHRINERS HOSPITALS FOR CHILDREN	36-219	3608	Pa	_{ge} 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,640	,758,	924.
2	Total expenses (must equal Part IX, column (A), line 25)	2	943	,917,	956.
3	Revenue less expenses. Subtract line 2 from line 1	3	696	,840,	968.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,729	,871,	703.
5	Net unrealized gains (losses) on investments	5	178	,442,	778.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	61	,917,	501.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
_	column (B))	10	10,667	,072,	950.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	0.			
2a			2 a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?		<u>2c</u>	X	
•	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit		x	
	Act and OMB Circular A-133?	1 19	. <u>3a</u>	~	<u> </u>
a	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?			x	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3 b		<u> </u>

Form **990** (2021)

Public C

OMB No.	1545-0047	
		_

I

Name of t	the organiz	ation

(Form 990)			Public Charity Status and Public Support		
		0)	Complete if the organization is a section 501(c)(3) organization or a section	2021	
			4947(a)(1) nonexempt charitable trust.		
Department of the Treasury			Attach to Form 990 or Form 990-EZ.		Open to Public
Interna	I Reven	ue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection
Nam	e of t	he organizati	on	Employer i	identification number
			SHRINERS HOSPITALS FOR CHILDREN		86-2193608
Par	τI	Reason	for Public Charity Status. (All organizations must complete this part.) See instruction	IS.	
The c	organi	ization is not a	private foundation because it is: (For lines 1 through 12, check only one box.)		
1		A church, co	nvention of churches, or association of churches described in section 170(b)(1)(A)(i).		
2		A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).)		
3	Х	A hospital or	a cooperative hospital service organization described in section 170(b)(1)(A)(iii).		
4		A medical res	earch organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter t	he hospital's name,
		city, and stat	9:		
5		An organizati	on operated for the benefit of a college or university owned or operated by a governmental u	nit described	d in
		section 170	b)(1)(A)(iv). (Complete Part II.)		
6		A federal, sta	te, or local government or governmental unit described in section 170(b)(1)(A)(v).		
7		An organizati	on that normally receives a substantial part of its support from a governmental unit or from th	ne general p	ublic described in
		section 170(b)(1)(A)(vi). (Complete Part II.)		
8		A community	trust described in section 170(b)(1)(A)(vi). (Complete Part II.)		
9		An agricultur	al research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a	land-grant c	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 organizati	on that normally receives (1) more than 33 1/3% of its support from contributions, membersh	ip fees, and	gross receipts from
		activities rela	ted to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of it	s support fro	om gross investment
		income and u	nrelated business taxable income (less section 511 tax) from businesses acquired by the org	janization af	ter June 30, 1975.
		See section	5 09(a)(2). (Complete Part III.)		
11		An organizati	on organized and operated exclusively to test for public safety. See section 509(a)(4).		
12		An organizati	on organized and operated exclusively for the benefit of, to perform the functions of, or to ca	rry out the p	ourposes of one or
		more publicly	supported organizations described in section 509(a)(1) or section 509(a)(2). See section	509(a)(3). Cl	heck the box on
		lines 12a thro	ugh 12d that describes the type of supporting organization and complete lines 12e, 12f, and	12g.	
а		J Type I. A s	ypically by g	iving	
		the suppor	ed organization(s) the power to regularly appoint or elect a majority of the directors or truste	es of the sup	oporting
		organizatio	n. 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.

; [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.

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d 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.

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

Enter the number of supported organizations f

g Provide the following information	n about the supporte	d organization(s).				
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed	(v) Amount of monetary	(vi) Amount of other
organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)
Total						

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

fails to qualify under the tests listed below, please complete Part III.)

See	ction A. Public Support	-								
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
1	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	371,604,802.	439,289,587.	411,898,916.	456,657,058.	498,871,618.	2178321981.			
2	Tax revenues levied for the organ-									
	ization's benefit and either paid to									
	or expended on its behalf									
3	The value of services or facilities									
	furnished by a governmental unit to									
	the organization without charge									
4	Total. Add lines 1 through 3	371,604,802.	439,289,587.	411,898,916.	456,657,058.	498,871,618.	2178321981.			
5	The portion of total contributions									
	by each person (other than a									
	governmental unit or publicly									
	supported organization) included									
	on line 1 that exceeds 2% of the									
	amount shown on line 11,									
	column (f)									
6	Public support. Subtract line 5 from line 4.						2178321981.			
See	ction B. Total Support									
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total			
7	Amounts from line 4	371,604,802.	439,289,587.	411,898,916.	456,657,058.	498,871,618.	2178321981.			
8	Gross income from interest,									
	dividends, payments received on									
	securities loans, rents, royalties,									
	and income from similar sources	177,462,280.	190,573,319.	205,723,780.	187,248,644.	188,670,876.	949,678,899.			
9	Net income from unrelated business									
	activities, whether or not the									
	business is regularly carried on	163,327.	617,615.	854,474.	1,848,587.	2,608,113.	6,092,116.			
10	Other income. Do not include gain									
	or loss from the sale of capital									
	assets (Explain in Part VI.)									
11	Total support. Add lines 7 through 10						3134092996.			
12	Gross receipts from related activities,	etc. (see instructio	ons)			12	745,894,010.			
13	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3)				
	organization, check this box and stop									
See	ction C. Computation of Publi	c Support Per	centage							
	Public support percentage for 2021 (I		•	.,,		14	69.50 %			
	Public support percentage from 2020					15	67.63 %			
16a	33 1/3% support test - 2021. If the o	organization did no	ot check the box or	n line 13, and line ⁻	14 is 33 1/3% or m	ore, check this bo>				
	stop here. The organization qualifies		-							
b	33 1/3% support test - 2020. If the o	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box			
	and stop here. The organization qual		•••••							
17a	10% -facts-and-circumstances test									
	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 te	st. The organizatio	n qualifies as a pu	blicly supported o	rganization		▶∟			
b	10% -facts-and-circumstances test	- 2020. If the org	anization did not o	heck a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is 7	10% or			
	more, and if the organization meets the	ne facts-and-circum	nstances test, cheo	ck this box and st	op here. Explain i	n Part VI how the				
	organization meets the facts-and-circu		•				▶∐			
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a					
						Schedule A	(Form 990) 2021			

132022 01-04-22

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) orgar	nization,
Section C. Computation of Public	c Support Per	rcentage				
15 Public support percentage for 2021 (I	ine 8, column (f), c	livided by line 13,	column (f))		15	%
16 Public support percentage from 2020					16	%
Section D. Computation of Inves	stment Income	e Percentage				
17 Investment income percentage for 20)21 (line 10c, colur	mn (f), divided by I	ine 13, column (f))		17	%
18 Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
19a 33 1/3% support tests - 2021. If the	organization did r	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and I	ine 17 is not
more than 33 1/3%, check this box a	nd stop here. The	organization qual	ifies as a publicly s	supported organiz	ation	
b 33 1/3% support tests - 2020. If the	organization did r	not check a box or	n line 14 or line 19	a, and line 16 is m	ore than 33 1/3	3%, and
line 18 is not more than 33 1/3%, che	ck this box and s	t op here. The orga	anization qualifies	as a publicly supp	orted organiza	tion ►
20 Private foundation. If the organization	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in	structions	
132023 01-04-22					Sched	lule A (Form 990) 2021
		16	<u>,</u>			

2021.04000 SHRINERS HOSPITALS FOR CH 326610_1

Yes No

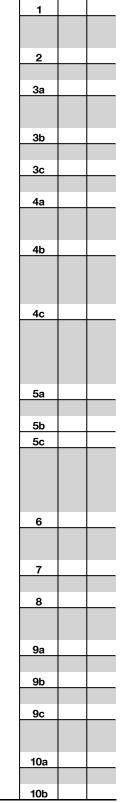
Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on 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.)

132024 01-04-21



Schedule A (Form 990) 2021

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Schedule A (Fo	rm 990) 2021
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SHRINERS HOSPITALS FOR CHILDREN

Yes

1

2

No

		Yes	No
1 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 below, the governing body of a supported organization?	11a		
b A family member of a person described on line 11a above?	11b		
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.	11c		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. 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

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported experience()	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
3	the organization maintained a close and continuous working relationship with the supported organization(s). 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	2		
		2		
	supported organizations played in this regard	3		

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).
-		the integral i are rest during the year	(

- 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 suppo	orted a governmental entity (see instruction <u>s).</u>
-----	--	---	--	---

- 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.*

3b | | Schedule A (Form 990) 2021

2a

2b

3a

Yes No

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Sche	dule A (Form 990) 2021 SHRINERS HOSPITALS FOR CHILDREN			36-2193608	Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportir	ng Orgai	nizations		6
1	Check here if the organization satisfied the Integral Part Test as a qualifyir	ng trust on	Nov. 20, 1970 (explain in	Part VI). See instr	uctions.
	All other Type III non-functionally integrated supporting organizations mus		•		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current (optiona	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current (optiona	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
a	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
C	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Y	ear
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
_4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functiona	Illy integrat	ted Type III supporting org	anization (see	

instructions).

Schedule A (Form 990) 2021

132026 01-04-22

Schedule A	(Form	990) 2021
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Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations (continu	ied)	
Secti	on D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which th	e organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	IS	Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
C	Excess from 2019				
	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

132027 01-04-22

Page 8 Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) 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 II, SECTION B: PART II, SECTION B, LINES 8 AND 9 FOR TAX YEARS 2017-2020 HAVE BEEN UPDATED TO REMOVE UNRELATED BUSINESS INCOME DERIVED FROM INVESTMENTS FROM LINE 8 AND TO ADD THE NET INCOME FROM THAT UNRELATED BUSINESS ACTIVITY TO LINE 9. THE UNRELATED BUSINESS ACTIVITY WAS DISCOVERED DURING TAX YEAR 2021 AT WHICH TIME ALL PRIOR FORMS 990-T WERE FILED.

Schedule A (Form 990) 2021

60	HEDULE D	Supplement	al Financial Statements		OMB No. 1545-0047
	n 990)		anization answered "Yes" on Form 990,		2021
(Part IV, line 6, 7, 8, 9, 10	, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.		Open to Public
	ment of the Treasury I Revenue Service		Attach to Form 990. 90 for instructions and the latest information.		Inspection
_	e of the organizat			Employe	r identification number
	-	SHRINERS HOSPITALS FOR CHIL			36-2193608
Pa	rt I Organiz	ations Maintaining Donor Advise	d Funds or Other Similar Funds or Ac	counts.	Complete if the
	organizatio	on answered "Yes" on Form 990, Part IV, lin	e 6.		
			(a) Donor advised funds	(b) Funds ar	nd other accounts
1	Total number at e	nd of year			
2	Aggregate value of	of contributions to (during year)			
3	Aggregate value of	of grants from (during year)			
4	Aggregate value a	t end of year			
5	-		writing that the assets held in donor advised fund		
	are the organization	on's property, subject to the organization's	exclusive legal control?		Yes No
6	•		dvisors in writing that grant funds can be used o		
			r donor advisor, or for any other purpose conferr	ing	
Da	impermissible priv				Yes No
			ganization answered "Yes" on Form 990, Part IV,	line 7.	
1		servation easements held by the organization			
		n of land for public use (for example, recrea		, i	
		of natural habitat	Preservation of a certi	fied historic	structure
~		n of open space	ind concernation contribution in the form of a co	noon ation a	accoment on the last
2	day of the tax yea	o o .	fied conservation contribution in the form of a co		asement on the last
-					
a L				2a	
b	-		usture included in (a)	2b	
C L			ucture included in (a)	2c	
d			after 7/25/06, and not on a historic structure	2d	
3			eased, extinguished, or terminated by the organi	·	a the tax
U	year	valion casements modified, transferred, fer	cased, extinguished, or terminated by the organi		g the tax
4		where property subject to conservation eas	sement is located		
5		ation have a written policy regarding the per			
-		forcement of the conservation easements it			Yes No
6	,		handling of violations, and enforcing conservatio		
	•	с, т. с,			0,
7	Amount of expense	ses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservation eas	sements du	ring the year
	►\$		- · · · · · · · · · · · · · · · · · · ·		
8	Does each conser	vation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h)(4)(B)	(i)	
					Yes No
9			on easements in its revenue and expense statem		
	balance sheet, an	d include, if applicable, the text of the footn	note to the organization's financial statements that	at describes	the
		counting for conservation easements.			
Pa	rt III Organiz	ations Maintaining Collections of	Art, Historical Treasures, or Other S	imilar As	sets.
	Complete i	f the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its revenue statement and bala	ance sheet v	works
	of art, historical tr	easures, or other similar assets held for pub	blic exhibition, education, or research in furtherar	nce of public	;
	service, provide ir	Part XIII the text of the footnote to its finar	ncial statements that describes these items.		
b	If the organization	elected, as permitted under FASB ASC 95	8, to report in its revenue statement and balance	e sheet work	is of
	art, historical treas	sures, or other similar assets held for public	exhibition, education, or research in furtherance	e of public se	ervice,
	provide the follow	ing amounts relating to these items:			
	(i) Revenue inclu	ided on Form 990, Part VIII, line 1		▶ \$	
	(ii) Assets include	ed in Form 990, Part X		▶ \$	
~	16.11				

	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, pr	ovid	e
	the following amounts required to be reported under FASB ASC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		\$

LHA	For Paperwork Reduction Act Notice, see the Instructions for Form 990.
132051	10-28-21

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▶ \$ \$

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d Grants or scholarships			OSPITALS FOR CH						36-219		Pa	<u>ge</u> 2
colection terms (check all that apply): □ Poble exhibition □ Can or exchange program □ Proceed acception of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 Uning the span, did the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 6 Uning the span, did the organization's collection? Yes No. 7 Provide acception of the organization's collection? Yes No. 9 Uning the span, did the organization's collection? Yes No. 9 Uning the span, did the organization's collection? Yes No. 9 If Yes, "explain the arrangement in Part XIII and complete the following table: Amount 1 14 Is the organization and gent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes No 16 If Yes, "explain the arrangement in Part XIII. Check here if the explanation has been provided an Data XIII. No Int Yes Yes No 9 Orthor year (a) Carrent Year (b) Prior year (c) Arrangement in Part XIII. Check here if the explanation has been provided an Data XIII. No Int the regenization include an amount on Form 990, Part X, line 10. 10 Conthore pointizion include an amount on Form 99	Par	t III Organizations Maintaining C	ollections of Ar	t, Hist	orical Tre	easures, or	[·] Other	Similar	Assets	contin	ued)	
a Public exhibition d Can or exchange program b Scholary research e Other	3	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the f	following that	make sig	nificant us	se of its			
b Scholarly research e Other c Preservation for future generations Provide a description of the organization scillections and explain how they further the organization secency purpose in Part XIII. 5 Dring the year, dd the organization scillections and explain how they further the organization sciencer at reserved an anount on form 900, Part X, line 21. Is the organization answered "Yes" on Form 900, Part X, line 2, or reported an amount on form 900, Part X, line 21. 1a Is the organization sciencer at reserved and the organization sciencer at reserved an amount on form 900, Part X, line 21. Amount c Beginning balance Amount 10 c Beginning balance 10 10 d Additions during the year 10 10 d Distributions during the year 10 10 d Distributions during the year 10 10 10 d Distributions during the year 10 10 10 10 d Distributions during the year 10 10 10 10 10 d Idditions during the year 10 10 10 10 10 10 10 10 10 10 <		collection items (check all that apply):										
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they three the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical trassures, or other similar assets to be sold to raise function to be maintained as part of the organization answered "Yes" on Form 990. Part K/. Ilee 9. or reported an amount on Form 990. Part X, line 21. 1a Is the organization and out, the twiste, custodial arrangements. Complete if the organization answered "Yes" on Form 990. Part K/. Ilee 9. or Tegorited an amount on Form 990. Part X is the organization and exclusion or other intermediary for contributions or other assets not included on if Yes, "explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance Image: Complete if the organization answered Yes' on Form 990. Part X, line 21, for escrow or custodial account liability? Image: Complete if the organization answered Yes' on Form 990. Part X, line 21, for escrow or custodial account liability? 2a Did the organization include an amount on Form 990. Part X, line 21, for escrow or custodial account liability? Image: Complete if the organization answered Yes' on Form 990. Part X, line 21. Part V Endowment Funds. Complete if the organization answered Yes' on Form 990. Part X, line 10. Image: Complete if the organization answered Yes' on Form 990. Part X, line 21. a Beginning of year balance 9, 0079, 443, 242, 831, 431, 045, 8, 802, 758, 7, 477, 66	а	Public exhibition	(1 L	Loan or exc	hange progra	ım					
c Preservation for future generations 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 is collections and explain how they further the organization's exempt purpose in Part XIII. 5 Dering the year, did the organization solicit or receive donations of art, historical treasures, or other similar asets 6 Dering the year, did the organization answered 'Yes' on Form 990, Part K, line 9, or reported an amount on Form 990, Part X, line 21. 7 1 Is the organization an agent, thustee, custodial arr order intermediary for contributions or other assets not included on form 900, Part X, line 21. 7 1 Ves. X 8 Beginning balance 1 1 9 10 the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes 20 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes No Part V Endowment FundS. Complete if the organization answered 'Yes' on Form 990, Part X, line 21, for escrow and custodial account liability? X yes No 9 0 0 0 0 0 1 252, 523, 223, 2	b											
 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 at, historical treasures, or other similar assets to be add to raise funds rather than to be maintained as part of the organization's collection? Part W Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part X, line 9. or responde 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 900, Part X? b If "Yes," explain the arrangement in Part XIII and complete the tollowing table: Amount 1d Idditions during the year 1d Idditions during the year 1e Inding balance Amount Intermediation in the context or custodial account liability? Ves Ves 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 900, Part X. If a Beginning of year balance 9, 073, 435, 262. 8, 251, 439, 053, 6, 802, 426, 758. 7, 477, 660, 381. 9, 600, 483, 941. 9, 979, 435, 262. 8, 251, 439, 053, 6, 802, 426, 758. 7, 477, 660, 381. 9, 600 escination files explained balance intermediating explanation answered "Yes" on Form 900, Part X. 9, 600, 663, 341. 9, 979, 436, 262. 8, 351, 439, 053, 6, 802, 426, 758. 7, 477, 660, 381. 9, End organization and the possession of the organization that are held and administered for the organization by: 10, Ortect endowment 1, 10, 259, 964. 9, 600, 663, 341. 9, 600, 663, 341. 9, 600, 663, 341. 9, 600, 663, 341. 9, 600, 6	с											
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets No. Part IV Escrow and Custodial Arrangements. Complete if the organization answered Yves* on Form 980, Part IV, line 9, or reported an amount on Form 980, Part X, line 21. Yes No. Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X? Ives X No b If 'Yes,* explain the arrangement in Part XIII and complete the following table: Amount Intermediary X Yes No b If 'Yes,* explain the arrangement in Part XIII and complete the following table: Amount Intermediary X Yes No b If 'Yes,* explain the arrangement in Part XIII and complete the following table: Amount Intermediary X Yes No b If 'Yes,* explain the arrangement in Part XIII and Complete arrange the provided on Part XIII X Yes No b If 'Yes,* explain the arrangement in Part XIII and Complete arrange the provide and Part XIII the organization answered 'Yes' on Form 980, Part XIII into 2000 Part XIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	4	-	ollections and explai	n how th	nev further th	ne organizatio	n's exem	pt purpose	e in Part	XIII.		
tops rolf to raise funds: rather than to be maintained as part of the organization a collection? Yes No. Part W 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. Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, fustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Amount c Beginning balance Id Id Amount d Additions during the year Ie It Id	5											
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, custodial on other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Yes X No b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Image: Complete the following table: Image: Complete the following table: Image: Complete the following table: Amount Image: Complete the following table: Image: Complete the organization answered 'Yes' on Form 900, Part X III: Image: Complete the organization answered 'Yes' on Form 900, Part X III: Image: Complete the organization answered 'Yes' on Form 900, Part X, fool 381: Image: Complete the organization answered 'Yes' on Form 900, Part X, fool 381: Image: Complete the organization answered 'Yes' on Form 900, Part X, fool 381: Image: Complete the organization answered 'Yes' on Form 900, Part X, fool 381: Image: Complete the organization answered 'Yes' on form 900, Part X, fool 381: Image: Complete the organization										Yes		No
reported an amount on Form 990, Part X, line 21. Yes X 1a is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 980, Part X Yes X No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Ic Amount c Beginning balance Ic Id Id Id Id 2a Did the organization during the year Ie If Id Id<	Par								Part IV.			
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(ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. 3b 3b 3b 3c Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (c) Accumulated depreciation (d) Book value Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation 31,318,483. 1a Land 31,318,483. 31,318,483. 31,318,483. b Buildings 807,583,371. 407,821,112. 399,762,259. c Leasehold improvements 211,674. 142,859. 68,815. d Equipment 405,887,244. 330,763,602. 75,123,642. e Other 59,903,650. 6,220,542. 53,683,108. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 559,956,307.		(i) Unrelated organizations								3a(i)		Х
4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 31,318,483. 31,318,483. b Buildings 807,583,371. 407,821,112. 399,762,259. c Leasehold improvements 211,674. 142,859. 68,815. d Equipment 405,887,244. 330,763,602. 75,123,642. e Other 59,903,650. 6,220,542. 53,683,108. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X. column (B), line 10c.) 559,956,307.		(ii) Related organizations										Х
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation 1a Land 31,318,483. 31,318,483. 31,318,483. b Buildings 807,583,371. 407,821,112. 399,762,259. c Leasehold improvements 211,674. 142,859. 68,815. d Equipment 405,887,244. 330,763,602. 75,123,642. e Other 59,903,650. 6,220,542. 53,683,108. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X. column (B), line 10c.) 559,956,307.	b	If "Yes" on line 3a(ii), are the related organization	ations listed as requi	red on S	Schedule R?					3b		
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.Description of property(a) Cost or other basis (investment)(b) Cost or other basis (other)(c) Accumulated depreciation(d) Book value1a Land31,318,483.31,318,483.31,318,483.b Buildings807,583,371.407,821,112.399,762,259.c Leasehold improvements211,674.142,859.68,815.d Equipment405,887,244.330,763,602.75,123,642.e Other59,903,650.6,220,542.53,683,108.Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X. column (B), line 10c.)559,956,307.	4			wment	funds.							
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land 31,318,483. 31,318,483. 31,318,483. 31,318,483. b Buildings 807,583,371. 407,821,112. 399,762,259. 399,762,259. c Leasehold improvements 211,674. 142,859. 68,815. d Equipment 405,887,244. 330,763,602. 75,123,642. e Other 59,903,650. 6,220,542. 53,683,108. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.) 559,956,307.	Par	t VI Land, Buildings, and Equipm	nent.									
basis (investment) basis (other) depreciation 1a Land 31,318,483. 31,318,483. b Buildings 807,583,371. 407,821,112. 399,762,259. c Leasehold improvements 211,674. 142,859. 68,815. d Equipment 405,887,244. 330,763,602. 75,123,642. e Other 59,903,650. 6,220,542. 53,683,108. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.) 559,956,307.		Complete if the organization answere	d "Yes" on Form 990	D, Part IV	V, line 11a. S	See Form 990,	, Part X, li	ine 10.				
1a Land 31,318,483. 31,318,483. b Buildings 807,583,371. 407,821,112. 399,762,259. c Leasehold improvements 211,674. 142,859. 68,815. d Equipment 405,887,244. 330,763,602. 75,123,642. e Other 59,903,650. 6,220,542. 53,683,108. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.) 559,956,307.		Description of property	(a) Cost or c	other	(b) Cost	t or other	(c) Ac	cumulated	ł	(d) Bool	c value	,
b Buildings 807,583,371. 407,821,112. 399,762,259. c Leasehold improvements 211,674. 142,859. 68,815. d Equipment 405,887,244. 330,763,602. 75,123,642. e Other 59,903,650. 6,220,542. 53,683,108. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 559,956,307.			basis (investr	ment)	basis	(other)	dep	reciation				
b Buildings 807,583,371. 407,821,112. 399,762,259. c Leasehold improvements 211,674. 142,859. 68,815. d Equipment 405,887,244. 330,763,602. 75,123,642. e Other 59,903,650. 6,220,542. 53,683,108. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 559,956,307.	1a	Land			31	,318,483.				31,	318,4	83.
c Leasehold improvements 211,674. 142,859. 68,815. d Equipment 405,887,244. 330,763,602. 75,123,642. e Other 59,903,650. 6,220,542. 53,683,108. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B), line 10c.) 559,956,307.							40	7,821,1	12.	399,	762,2	:59.
d Equipment 405,887,244. 330,763,602. 75,123,642. e Other 59,903,650. 6,220,542. 53,683,108. Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X, column (B), line 10c.) 559,956,307.								142,8	59.		68,8	15.
e Other 59,903,650. 6,220,542. 53,683,108. Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 559,956,307.					405	,887,244.	33	30,763,6	02.	75,	123,6	<i>4</i> 2.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 559, 956, 307.					59	,903,650.		6,220,5	42.	53,	683,1	.08.
				X colur		, ,		, ,		,		
			iggari onn oou, i dit			<u></u>			chedule			

	omplete if the organization answered "Yes"			
(a) Description	of Security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
1) Financial de	erivatives			
	d equity interests			
3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H) [otal. (Col. (b) m	ust equal Form 990, Part X, col. (B) line 12.) 🕨			
Part VIII In	vestments - Program Related.	· · · · · · · · · · · · · · · · · · ·		
	omplete if the organization answered "Yes"			of yook menters to -
	a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	oi-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
<u>(8)</u> (9)				
	uust equal Form 990, Part X, col. (B) line 13.)			
	ther Assets.			
	omplete if the organization answered "Yes"	on Form 990. Part IV. line 1	1d. See Form 990. Part X. line 15.	
		Description		(b) Book value
(1) BENEFI	ICIAL INTERESTS IN TRUSTS	· · ·		662,537,715
	ES IN PROCESS			232,041,180
	NT TRANSPORTATION FUNDS			82,080,310
	FERAL CASH AND SECURITIES			859,005,984
(5) RECEIV	VABLES FROM INCOME TRUSTS			2,853,332
(6) INTERO	COMPANY RECEIVABLES			22,641,329
(7)				
(8)				
(9)				
Total. (Column Part X 0	(b) must equal Form 990, Part X, col. (B) line ther Liabilities.	9 15.)	▶	1,861,159,850
	omplete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f. See Form 990, Part X, line 25.	
1.	(a) Description of liability			(b) Book value
	income taxes			
	LITY UNDER SECURITIES LENDING			859,005,984
(3) INTERO	COMPANY PAYABLE			108,389,581
(4)				
(5)				
(6)				
(7)				
(8)				
(8) (9)				

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

Schedule D (Form 990) 2021

132053 10-28-21

	edule D (Form 990) 2021 SHRINERS HOSPITALS FOR CHILDREN				2193608 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stateme		Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	а.			
1	Total revenue, gains, and other support per audited financial statements			1	1,961,276,703.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	33 - 33 - 3		178,442,778.		
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	. 2d	159,130,740.		
е	Add lines 2a through 2d			2e	337,573,518.
3	Subtract line 2e from line 1			3	1,623,703,185.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	19,642,897.		
b	Other (Describe in Part XIII.)	4b	-2,587,158.		
с	Add lines 4a and 4b			4c	17,055,739.
					1 (40 750 004
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)			5	1,640,758,924.
5 Pa	rt XII Reconciliation of Expenses per Audited Financial Statem	ents With	Expenses per F		
5 Pa	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a. N ents With	Expenses per F		1.
5 Ра 1	rt XII Reconciliation of Expenses per Audited Financial Statem	a. N ents With	Expenses per F		
_	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a. N ents With	Expenses per F	Return	1.
1	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	a.	Expenses per F	Return	1.
1	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	ents With a. 2a	Expenses per F	Return	1.
1	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a2b	i Expenses per F	Return	1.
1 2 a b	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c	Expenses per F	Return	1.
1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	1 Expenses per F	Return	1.
1 2 b c d	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2b 2c 2d	1 Expenses per F	1	1 ,010,348,518.
1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2b 2c 2d	1 Expenses per F	1 2e	1,010,348,518. 1,010,348,518. 122,762,873.
1 2 b c d 3	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a2b2c2d2d	1 Expenses per F	1 2e	1,010,348,518. 1,010,348,518. 122,762,873.
1 2 6 6 6 3 4	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d	1 Expenses per F	1 2e	1,010,348,518. 1,010,348,518. 122,762,873.
1 2 3 4 3	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2b 2c 2d	122,762,873. 19,642,897. 36,689,414.	1 2e	1,010,348,518. 1,010,348,518. 122,762,873.
1 2 a b c d e 3 4 a b c 5	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2a 2b 2b 2c 2d 2d 4a 4b 4b	122,762,873. 122,762,873. 19,642,897. 36,689,414.	eturr	1,010,348,518. 1,010,348,518. 122,762,873. 887,585,645.

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.

25

PART IV, LINE 2B:

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

LIABILITIES ASSOCIATED WITH CHARITABLE REMAINDER TRUSTS HELD BY SHRINERS

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

ESTIMATED FUTURE PAYMENTS TO BE PAID TO THE DESIGNATED BENEFICIARIES.

DEFERRED INCOME IS RECOGNIZED ON GIFTS TO SHRINERS HOSPITALS FOR CHILDREN

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

THE ESTIMATED TIME PERIOD UNTIL THE DONOR'S DEATH.

PART V, LINE 4:

THE ENDOWMENT FUNDS (INCLUDING UNRESTRICTED FUND BALANCES) ARE A

SIGNIFICANT SOURCE OF SUPPORT FROM WHICH SHRINERS HOSPITALS FOR CHILDREN

132054 10-28-21

Part XIII Supplemental Information (continued)							
PERFORMS ITS PROGRAM SERVICES TO ACHIEVE ITS PRIMARY	EXEMPT PURPOSE. IN						
ADDITION, AS PATIENTS OFTEN COME TO SHRINERS HOSPITALS FOR CHILDREN AS AN							
INFANT AND REMAIN PATIENTS THROUGHOUT THEIR CHILDHOO	D, A STRONG ENDOWMENT						
IS REQUIRED TO ENSURE FUNDS ARE AVAILABLE TO SUPPORT	THE MISSION AND						
HEALTH NEEDS OF THE PATIENTS.							
PART XI, LINE 2D - OTHER ADJUSTMENTS:							
CHANGE IN PATIENT TRANSPORTATION FUNDS HELD BY SHRIN	E						
TEMPLES	5,684,417.						
CHANGE IN PENSION FUNDING OBLIGATION	68,253,618.						
CHANGE IN CHARITABLE GIFT ANNUITY	-8,229,040.						
MISCELLANEOUS EXPENSE RECLASSIFIED TO EXPENSE	-484,450.						
INTEREST EXPENSE	-91,564.						
TAXES & FEES RELATED TO TANGIBLE PERSONAL PROPERTY							
RECLASSIFIED TO EXPENSE	-3,634,075.						
FOREIGN CURRENCY EXCHANGE	-1,211.						
MARKET VALUE ADJUSTMENT	-181,422.						
INTERCOMPANY GRANTS RECLASSIFIED TO EXPENSE	-32,479,325.						
MASSACHUSETTS HOSPITAL GROUP REVENUE	87,861,061.						
FOREIGN HOSPITAL GROUP REVENUE	45,695,602.						
INTERCOMPANY TRANSFERS	-3,262,871.						
TOTAL TO SCHEDULE D, PART XI, LINE 2D	159,130,740.						
PART XI, LINE 4B - OTHER ADJUSTMENTS:							
SPECIAL EVENT EXPENSES RECLASSIFIED FROM EXPENSES	-3,003,232.						
NET CAFETERIA REVENUE RECLASSIFIED FROM EXPENSES							
OTHER REVENUE RECLASSIFIED FROM EXPENSES							
TOTAL TO SCHEDULE D, PART XI, LINE 4B	-2,587,158.						
122055 10 29 21		Schedule D (Form 990) 2021					

132055 10-28-21

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3,003,232.	
124,756.	
-540,830.	
62,857,462.	
57,318,253.	
122,762,873.	
91,564.	
32,479,325.	
3,634,075.	
484,450.	
36,689,414.	
	124,756. -540,830. 62,857,462. 57,318,253. 122,762,873. 91,564. 32,479,325. 3,634,075. 484,450.

Schedule D (Form 990) 2021

132055 10-28-21

Form 990, Part IV					
			ds to substantiate the amount of its grant		
the grantees' eligibility for	or the grants or a	assistance, and t	he selection criteria used to award the g	rants or assistance?	Yes No
0 Fer mentmekere Dece	with a im Dout \/ tha	organization's	neonduron for monitoring the use of its	wanta and other appiatance out	aida tha
 For grantmakers. Desc United States. 	ribe in Part v the	e organization s	procedures for monitoring the use of its g	grants and other assistance out	side the
	ha fallowing Dart	I line 2 table of	n he duplicated if additional apace is no	adad)	
3 Activities per Region. (TI (a) Region	(b) Number of	(c) Number of	an be duplicated if additional space is nee (d) Activities conducted in the region	(e) If activity listed in (d)	(f) Total
	offices	èmplovees.	(by type) (such as, fundraising, pro-	is a program service,	expenditures
	in the region	agents, and independent	gram services, investments, grants to	describe specific type	for and
		contractors in the region	recipients located in the region)	of service(s) in the region	investments in the region
			GRANTS TO HOSPITAL SHRINERS		
			PARA NINOS, A RELATED		
MEXICO	0	0	NONPROFIT ORGANIZATION.		19,109,547.
			GRANTS TO SHRINERS		
			HOSPITALS FOR CHILDREN		
			AMBULATORY CLINIC AT HIC		
TIJUANA	0	0	AC, A RELATED NONPROFIT		47,946.
3 a Subtotal	0	0			19,157,493.
b Total from continuation					. ,
sheets to Part I	0	o			0.
c Totals (add lines 3a					
and 3b)	0	o			19,157,493.
	1		tions for Form 990.	<u> </u>	Form 990) 202

Department of the Treasury Internal Revenue Service Name of the organization

SCHEDULE F (Form 990)

SHRINERS HOSPITALS FOR CHILDREN Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on

Attach to Form 990.

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

36-2193608

Open to Public

Inspection

16460629 143399 326610

132071 12-20-21

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

Employer identification number

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

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		NORTH AMERICA -	TO PROVIDE FUNDS FOR					
		MEXICO, BUT NOT	PATIENT'S NEEDS AT					
		THE UNITED STATES	SHRINERS HOSPITALS IN		CASH			
		OR CANADA	MEXICO, WHICH INCLUDE	٥.	DISBURSEMENT	19,109,547.	N/A	N/A
		NORTH AMERICA -	TO PROVIDE FUNDS FOR					
		MEXICO, BUT NOT	PATIENT'S NEEDS AT					
		THE UNITED STATES	SHRINERS HOSPITALS IN		CASH			
		OR CANADA	TIJUANA, WHICH	٥.	DISBURSEMENT	47,946.	N/A	N/A
2 Enter total number of	recipient organizatio	ns listed above that are i	recognized as charities by the f	oreian country	recognized as a tax			1
			or counsel has provided a sect					
	other organizations of					·····		

SEE PART V FOR COLUMN (D) DESCRIPTIONS

36-2193608

Page 3

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

Part III can be duplicated if additional space is needed.

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

Schedule F (Form 990) 2021

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

Schedule F (Form 990) 2021

132074 12-20-21

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.

132075 12-20-21

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	Iraisi	ing or Gaming A	ctiv	ities	OMB No. 1545-0047		
(Form 990)		e organization answered "Yes" on organization entered more than \$1				or 19,	or if the	2021		
Department of the Treasury										
Internal Revenue Service		Inspection								
Name of the organization		entification number								
Part I Fundrais		OSPITALS FOR CHILDREN			E 000 D 1 11/1		36-21936			
	complete this part	Complete if the organization answe	ered "Y	es" or	1 Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not		
 Indicate whether the a X Mail solicitation Mail solicitation Internet and C X Phone solicitation A Did the organization Key employees list 	e organization rais tions email solicitations itations blicitations on have a written c ted in Form 990, P) highest paid indiv	ed funds through any of the followin e X Solicita f X Solicita g X Special or oral agreement with any individual art VII) or entity in connection with p viduals or entities (fundraisers) pursu	ition of ition of I fundra (incluc professi	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		X Ye			
(i) Name and addres	s of individual	(ii) Activity	fundr have c or cor	fùndraiser have custody or control of from activity			Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization		
EDGE DIRECT - 3030	WATERVIEW	DIRECT MAIL SOLICITATION &	Yes	No	-					
AVE, BALTIMORE, MD	21230	TELEVISION ADS		x	80,232,388.		28,175,726	. 52,056,662.		
Total					80,232,388.		28,175,726	. 52,056,662.		
Total 3 List all states in wh	ich the organizatio	n is registered or licensed to solicit	contrib	utions						
or licensing.	-									
		A,HI,ID,IL,IN,IA,KS,KY,LA,M H OK OR PA RI SC SD TN TX I								

WY

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

Schedule G (Form 990) 2021

132081 10-21-21

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-FZ lines 1 and 6b. List events with gross receipts greater than \$5,000

			(a) Event #1 PGA TOUR	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
D			(event type)	(event type)	(total number)	col. (c))
	1	Gross receipts	4,386,462.			4,386,462
	2	Less: Contributions	3,258,157.			3,258,157
	3	Gross income (line 1 minus line 2)	1,128,305.			1,128,305
	4	Cash prizes				
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
DILECT EXPENSES						
	'	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				3,003,232
		Direct expense summary. Add lines 4 through		· · · · · · · · · · · · · · · · · · ·		2 002 22
1	10	Direct expense summary. Add lines 4 through			🕨	3,003,232
1	11	Net income summary. Subtract line 10 from I	()			
1	11	Net income summary. Subtract line 10 from I	ine 3, column (d)			
1	11	Net income summary. Subtract line 10 from I	ine 3, column (d)			
₁ 'ar	11	Net income summary. Subtract line 10 from I II Gaming. Complete if the organization	ine 3, column (d)			3,003,232 -1,874,927 (d) Total gaming (add col. (a) through col. (c
1 'ar	11	Net income summary. Subtract line 10 from I II Gaming. Complete if the organization	ine 3, column (d)answered "Yes" on Form	990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	-1 , 874 , 927 (d) Total gaming (add
	11	Net income summary. Subtract line 10 from I II Gaming. Complete if the organization	ine 3, column (d)answered "Yes" on Form	990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	-1 , 874 , 927 (d) Total gaming (add
	<u>11</u>	Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	ine 3, column (d)answered "Yes" on Form	990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	-1 , 874 , 927 (d) Total gaming (add
	<u>1</u>	Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes	ine 3, column (d)answered "Yes" on Form	990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	-1 , 874 , 927 (d) Total gaming (add
aniavan	<u>1</u> 2 3	Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	ine 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	-1,874,927 (d) Total gaming (add
	1 1 2 3 4	Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	ine 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	-1 , 874 , 927 (d) Total gaming (add
	<u>1</u> 2 3	Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes	ine 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming	-1,874,927 (d) Total gaming (add
	1 1 2 3 4 5	Net income summary. Subtract line 10 from I Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs	ine 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant	eported more than	-1,874,927 (d) Total gaming (add
	1 1 2 3 4 5 6	Net income summary. Subtract line 10 from 1 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses	ine 3, column (d) answered "Yes" on Form (a) Bingo	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	c) Other gaming (c) Other gaming	-1,874,927 (d) Total gaming (add
	1 1 2 3 4 5 7	Net income summary. Subtract line 10 from 1 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	ine 3, column (d) answered "Yes" on Form (a) Bingo (a) Bingo (b) Bingo (c) Bin	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming Yes% No	-1,874,927 (d) Total gaming (add
	1 1 2 3 4 5 7	Net income summary. Subtract line 10 from 1 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	ine 3, column (d) answered "Yes" on Form (a) Bingo (a) Bingo (b) Bingo (c) Bin	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming Yes% No	-1,874,92
	1 1 2 3 4 5 6 7 8 ≡nt	Net income summary. Subtract line 10 from 1 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. Gross revenue Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summary. Add lines 2 through	ine 3, column (d) answered "Yes" on Form (a) Bingo (a) Bingo (b) Bingo (c) Bin	990, Part IV, line 19, or r (b) Pull tabs/instant bingo/progressive bingo	eported more than (c) Other gaming Yes% No	-1,874,92

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
 Image: Second Se

132082 10-21-21

Schedule G (Form 990) 2021

No

Sch	edule G (Form 990) 2021	SHRINERS HOSPITALS FOR CHILDREN	36-2	193608	Page 3
11	Does the organization conduct ga	ming activities with nonmembers?		Yes	No
		ficiary or trustee of a trust, or a member of a partnership			
	to administer charitable gaming?			Yes	No No
	Indicate the percentage of gaming	-		1 1	
				13a	%
				13b	%
14	Enter the name and address of th	e person who prepares the organization's gaming/specia	al events books and records:		
	Name ►				
	Address 🕨				
15a	Does the organization have a con	ract with a third party from whom the organization receiv	ves gaming revenue?	🗌 Yes	🗌 No
b	If "Yes," enter the amount of gam	ng revenue received by the organization 🕨 💲	and the amount		
		third party ▶\$			
С	If "Yes," enter name and address	of the third party:			
	Name				
	Address				
16	Gaming manager information:				
16	Gaming manager mormation.				
	Name				
	Gaming manager compensation	▶ \$			
	Description of services provided				
	Director/officer	Employee Independent contracto	or		
17	Mandatory distributions:				
	•	state law to make charitable distributions from the gami	ing proceeds to		
				Yes	No No
b	Enter the amount of distributions	equired under state law to be distributed to other exemption	pt organizations or spent in the		
	organization's own exempt activit	• · ·			
Pa	rt IV Supplemental Infor	nation. Provide the explanations required by Part I, lir	ne 2b, columns (iii) and (v); and Pa	rt III, lines 9, '	9b, 10b,
	15b, 15c, 16, and 17b, as	applicable. Also provide any additional information. See	instructions.		
PAR	T I, COLUMN V				
FUN	DRAISING SERVICES ARE PAIL	AS A FIXED FEE ONLY, FOR DONOR			
CIII	ΤΤΥΑΤΤΟΝ ΑΝΌ ΤΟ ΝΟΤ ΤΝΟΙ.	DE ANY PAYMENT BASED ON AMOUNT RAISED. IN	1		
			·		
ADD	ITION, ALL AMOUNTS COME D	RECTLY TO THE ORGANIZATION AND ARE NOT			
REC	EIVED BY THE FUNDRAISING (OUNSEL TO OFFSET EXPENSES. WHILE THERE IS	\$		
AN	UPFRONT INVESTMENT, THE L	FETIME VALUE OF GIVING FROM THESE DONORS			
0 -1-1-					
GEN	ERATE SIGNIFICANT REVENUE	TO SUPPORT THE CARE PROVIDED FOR THE			
חגס	IENTS OF THE ORGANIZATION				
- 11	TEATS OF THE ORGANIZATION				
13200	3 10-21-21		Sched	ule G (Form	990) 2021
13208	0 10 2 I 2 I	35	Sched		550, 2021

Part IV	Supplemental Information (cor	tinued)
132084 11-18-2	21	Schedule G (Form 990)

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SC	HEDULE H			Hoop	itala			OMB No.	1545-0	047	
(Fo	rm 990)			Hospi	itais		2021				
		Completion	ete if the organiza	tion answered "	'Yes" on Form 990	Part IV, question	20.	ZU			
	ment of the Treasury Revenue Service	► Go	o to www.irs.gov/F	Attach to Form990 for inst	Form 990. tructions and the la	test information.		Open to Public Inspection			
Nam	e of the organizati	on					Employer ide	entificati	on nu	mber	
		SHRINER	S HOSPITALS FO	R CHILDREN			36-21936	08			
Par	t I Financia	I Assistance a	nd Certain Ot	ner Commun	ity Benefits at	Cost					
									Yes	No	
1a	Did the organizatio	on have a financial	assistance policy of	during the tax ye	ar? If "No," skip to o	uestion 6a		. 1a	Х		
b			indicate which of the follo	wing best describes a	pplication of the financial a	ssistance policy to its var	ious hospital	1b	X		
2	facilities during the tax ye	ear. ormly to all hospita	al facilities		lied uniformly to mo	et hospital facilities					
		lored to individual				st nospital lacinties					
3			•	at applied to the larges	at number of the organization	on's patients during the ta	x vear				
	-				determining eligibil		-				
	•			,	for eligibility for fre	, , , ,		3a	х		
	100%	150%			100 %						
b	Did the organizatio	on use FPG as a fa	ctor in determining	eligibility for pro	widing discounted	care? If "Yes," indic	cate which				
	of the following wa	as the family incon	ne limit for eligibility	for discounted of	care:			3b		X	
	200%	250%	300%	350%] 400% 🗌 O	ther %	ó				
с	0			0 0 ,	describe in Part VI		0				
	• •			•	the organization us		other				
-					free or discounted of during the tax year provid		are to the				
4					s during the tax year provid			4	X		
	•	•		•	its financial assistance			. <u>5</u> a	Х	<u> </u>	
					e budgeted amount			. <u>5b</u>		X	
с			-	-	ation unable to prov						
-					-					<u> </u>	
					year?				X X	<u> </u>	
b					ot submit these worksheets			6b	^		
7	Financial Assistant				ot submit these worksheet	s with the Schedule H.					
-	Financial Assistant		(a) Number of	(b) Persons	(C) Total community	(d) Direct offsetting	(e) Net communit	v (f) Perce	nt	
Mea	ins-Tested Govern		activities or programs (optional)	served (optional)	benefit expense	revenue	benefit expense	í `	of total expense		
	Financial Assistan	-									
	Worksheet 1)	•			337,790,385.	83,711,611.	254,078,77	4.	26.92	28	
b	Medicaid (from Wo										
					329,615,716.	81,685,755.	247,929,96	1.	26.27	78	
с	Costs of other me										
	government progra	ams (from									
	Worksheet 3, colu	mn b)									
d	Total. Financial Assist	ance and									
	Means-Tested Governme	ent Programs			667,406,101.	165,397,366.	502,008,73	5.	53.19) १	
	Other Ben										
е	Community health										
	improvement servi										
	community benefit	•									
	(from Worksheet 4							_			
f	Health professions										
	(from Worksheet 5							_			
g	Subsidized health										
L	(from Worksheet 6				20,025,692.		20,025,69	2	2.12	28	
	Research (from We Cash and in-kind c				20,023,052.		20,025,09		2.12		
I	for community ber										
i	Total. Other Bene				20,025,692.		20,025,69	2.	2.12	28	
	Total. Add lines 70				687,431,793.	165,397,366.	522,034,42		55.31		

132091 11-22-21 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

37 2021.04000 SHRINERS HOSPITALS FOR CH 326610_1 Part II Community Building Activities Complete this table if the organization conducted any community building activities during the tax year, and describe in Part VI how its community building activities promoted the health of the communities it serves.

	tax year, and describe in Fair			liles promoted						
		(a) Number of activities or programs (optional)	(b) Persons served (optional)	(C) Total community building expense	offset	d) Direct ting revenue	(e) Net community building expense		Percent al expen	
1	Physical improvements and housing									
2	Economic development									
3	Community support									
4	Environmental improvements									
5	Leadership development and									
	training for community members									
6	Coalition building									
7	Community health improvement									
	advocacy									
8	Workforce development									
9	Other									
10	Total									
Pa	rt III Bad Debt, Medicare, 8	Collection Pr	actices				•	•		
Sect	ion A. Bad Debt Expense								Yes	No
1	Did the organization report bad debt	expense in accord	dance with Healtho	care Financial I	Manageme	nt Associat	ion			
	Statement No. 15?							1		х
2	Enter the amount of the organization									
_	methodology used by the organization					2				
3	Enter the estimated amount of the o					_		-		
-	patients eligible under the organizati	-	-		he					
	methodology used by the organization									
	for including this portion of bad deb		<i></i>			3				
4	Provide in Part VI the text of the foot	-			-					
	expense or the page number on whi	-								
Sect	ion B. Medicare									
5	Enter total revenue received from Me	edicare (including [SH and IME)			5				
6	Enter Medicare allowable costs of ca					6		-		
7	Subtract line 6 from line 5. This is th				ſ	7		-		
8				ould be treated	-		+	-		
0	Describe in Part VI the extent to whi					•	ι.			
	Also describe in Part VI the costing r Check the box that describes the me	•••								
			raa ratio	Other						
6 t	Cost accounting system	Cost to char								
	ion C. Collection Practices	laht collection noli	ou during the toy u	(0.0×2)				0.0		х
98	Did the organization have a written of				ring the toy i	voor oontoin i	arovioiono on tho	<u>9a</u>		
D	If "Yes," did the organization's collection collection practices to be followed for pat		-					0		
Pa	rt IV Management Compan	ies and Joint		d 10% or more by of	fficers director	all VI	employees and physic	9b	instrucți	2006)
	(a) Name of entity		scription of primar		(c) Organiza		Officers, direct- rs, trustees, or	• •	nysicia	
		a	ctivity of entity		profit % or ownershi	n% k	ey employees'	•	ofit % c stock)r
					e which child	' pi	ofit % or stock ownership %		ership	%

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132092 11-22-21

Bachedule H (Form 990) 2021 SHRINERS HOSPITALS FOR CHILDREN Part V Facility Information									36-2193608	Page :
Section A. Hospital Facilities					a					
list in order of size, from largest to smallest)		lical	_		Critical access hospital					
How many hospital facilities did the organization operate	ital	Gen. medical & surgi	Children's hospital	eaching hospital	온	₹				
Juring the tax year? 12	dsc	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	lso	s	SSS	Icili	<i>"</i>			
Name, address, primary website address, and state license number	l icensed hospital	ical	s L	Ĕ	ŭ	Research facility	ER-24 hours			E 114
and if a group return, the name and EIN of the subordinate hospital	sec	ned	Ē	ļĘ	<u>a</u>	arcl	프	ER-other		Facility reporti
organization that operates the hospital facility)	en		ļġ	l 2	Ęi	sea	-24	ot		group
	Ľ	Be	15	L ⊟	ō	Re	<u> </u>	Ш	Other (describe)	
SHRINERS HOSPITAL FOR CHILDREN-CHICAG										
2211 NORTH OAK PARK AVENUE										
CHICAGO, IL 60707-3392										
WWW.SHRINERSCHILDRENS.ORG										
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2 SHRINERS HOSPITAL FOR CHILDREN-GREENV										
950 WEST FARIS ROAD										
GREENVILLE, SC 29605										
WWW.SHRINERSCHILDRENS.ORG										
HTL-0069	X		X	X	<u> </u>	X				В
B SHRINERS HOSPITAL FOR CHILDREN-HONOLU										1
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HONOLULU, HI 96826-1099										1
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8-H	x		x	x		х				в
SHRINERS HOSPITAL FOR CHILDREN-OHIO										
3229 BURNET AVENUE										
CINCINNATI, OH 45229-3095										
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SHRINERS HOSPITAL FOR CHILDREN-PHILAD										
3551 NORTH BROAD STREET										
PHILADELPHIA, PA 19140-4131										
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PORTLAND, OR 97239-3095										
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SALT LAKE CITY, UT 84103										
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3100 SAMFORD AVENUE										
SHREVEPORT, LA 71103										
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SPOKANE, WA 99204										
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Schedule H (Form 990) 2021

Schedule H (Form 990) 2021 SHRINERS HOSPITALS FOR CHILDREN Part V Facility Information									36-2193608	Page
Section A. Hospital Facilities		_			al l					
list in order of size, from largest to smallest)		ical	_		spit					
How many hospital facilities did the organization operate	tal	urg	oita	tal	ğ	ج.				
during the tax year?	iospi	medical & surgical	hosp	iospi	cess	facilit	s			
Name, address, primary website address, and state license number	pé T	dic	n's	þ	aŭ	с. С	<u>ک</u>	٣		Facilit
and if a group return, the name and EIN of the subordinate hospital organization that operates the hospital facility)	I icensed hospital	3en. me	Children's hospital	eaching hospital	Critical access hospital	Research facility	ER-24 hours	ER-other		report group
1 SHRINERS HOSPITAL FOR CHILDREN-TEXAS	<u> </u>	B	ō	Ē	Õ	Å	<u> </u>	<u> </u>	Other (describe)	_
815 MARKET STREET										
GALVESTON, TX 77550	-									
· · · · · · · · · · · · · · · · · · ·	-									
WWW.SHRINERSCHILDRENS.ORG										
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2 SHRINERS HOSPITAL FOR CHILDREN-N. CAL										
2425 STOCKTON BOULEVARD										
SACRAMENTO, CA 95817										
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Schedule H (Form 990) 2021

omplete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)			
me of hospital facility or letter of facility reporting group SHRINERS HOSPITAL FOR CHILDREN-GROUP A			
ne number of hospital facility, or line numbers of hospital			
cilities in a facility reporting group (from Part V, Section A): $1, 4, 5, 6, 7, 8, 10, 11, 12$			
		Yes	No
ommunity Health Needs Assessment	_		
Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the			
current tax year or the immediately preceding tax year?	1		X
Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or			
the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		X
During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a		x	
community health needs assessment (CHNA)? If "No," skip to line 12	3	^	
If "Yes," indicate what the CHNA report describes (check all that apply): a X A definition of the community served by the hospital facility			
 a X definition of the community served by the hospital facility b X Demographics of the community 			
c X Existing health care facilities and resources within the community that are available to respond to the health needs			
of the community			
d \mathbf{X} How data was obtained			
e X The significant health needs of the community			
f X Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority			
groups			
g X The process for identifying and prioritizing community health needs and services to meet the community health needs			
n X The process for consulting with persons representing the community's interests			
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)			
Indicate the tax year the hospital facility last conducted a CHNA: 20_{21}			
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	5	х	
a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other			
hospital facilities in Section C	6a	х	
b 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	6b		Х
Did the hospital facility make its CHNA report widely available to the public?	7	х	
If "Yes," indicate how the CHNA report was made widely available (check all that apply):			
a 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			
d Other (describe in Section C)			
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	8	Х	
Indicate the tax year the hospital facility last adopted an implementation strategy: 20 21			
Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X	
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?	10b		
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			
recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.			
such needs are not being addressed.	12a		Х
such needs are not being addressed. a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)2			X
such needs are not being addressed. a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?			X

Schedule H (Form 990) 2021	SHRINERS	HOSPITALS	FOR	CHILDREN

Section B. Facility Policies and Practices

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Schedule H (Form 990) 2021	SHRINERS	HOSPITALS	FOR	CHILDREN

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

j Other (describe in Section C)

Schedule H (Form 990) 2021

Part V	Facility Inform	ation (continue	ed)
Schedule H	I (Form 990) 2021	SHRINERS	HC

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

d Other (describe in Section C)

Schedule H (Form 990) 2021

Schedule H	l (Form 990) 2021	SHRIN	ERS	HOSPITALS	FOR	CHILDREN
Dart V	Eacility Information	tion				

ГС	Facility mornation (continued)							
Cha	harges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)							
Nar	ame of hospital facility or letter of facility reporting group							
			Yes	No				
22	2 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAI individuals for emergency or other medically necessary care.	^{>} -eligible						
a	a The hospital facility used a look-back method based on claims allowed by Medicare fee-for-service during a 12-month period	prior						
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	c The hospital facility used a look-back method based on claims allowed by Medicaid, either alone or in comb	ination						
	with Medicare fee-for-service and all private health insurers that pay claims to the hospital facility during a pl	rior						
	12-month period							
c	d The hospital facility used a prospective Medicare or Medicaid method							
23	3 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?	23		Х				
	If "Yes," explain in Section C.							
24	4 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge f	or any						
	service provided to that individual?	24		х				
	If "Yes," explain in Section C.							

	l (Form 990) 2021		HOSPITALS	FOR	CHILDREN
Part V	Facility Informat	t ion _{(continue}	ed)		

Section B. Facility Policies and Practices (complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)							
Name of hospital facility or letter of facility reporting group SHRINERS HOSPITAL FOR CHILDREN-GROUP B							
Line number of hospital facility, or line numbers of hospital							
facilities in a facility reporting group (from Part V, Section A): $\frac{2}{3}, \frac{3}{9}$							
		Yes	No				
Community Health Needs Assessment							
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the							
current tax year or the immediately preceding tax year?	1		х				
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or							
the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2		Х				
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a							
community health needs assessment (CHNA)? If "No," skip to line 12	3	X					
If "Yes," indicate what the CHNA report describes (check all that apply):							
a X A definition of the community served by the hospital facility							
b X Demographics of the community							
c X Existing health care facilities and resources within the community that are available to respond to the health needs							
of the community							
d X How data was obtained							
e X The significant health needs of the community							
f X Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority							
groups a X The process for identifying and prioritizing community health needs and services to meet the community health needs							
 i X The impact of any actions taken to address the significant health needs identified in the hospital facility's prior CHNA(s) j Other (describe in Section C) 							
 Indicate the tax year the hospital facility last conducted a CHNA: 20 21 							
 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	5	х					
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	6a	х					
b 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	6b	х					
7 Did the hospital facility make its CHNA report widely available to the public?	7	х					
If "Yes," indicate how the CHNA report was made widely available (check all that apply):							
a X 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	8	Х					
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 21							
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	х					
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?	10b						
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.							
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(r)(3)?	12a		x				
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b						
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720							

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for all of its hospital facilities? \$

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Schedule H (Form 990) 2021	SHRINERS	HOSPITALS	FOR	CHILDREN

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

Schedule H (Form 990) 2021

Part V	Facility Informa	ation _{(continue}	ed)
Schedule H	I (Form 990) 2021	SHRINERS	HOSPITAI

-	CUDINEDC	HOSPITALS		CUTIDDEN
21	SULTNERS	HOSFITHDS	FOR	CHIDDER

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

d Other (describe in Section C)

Schedule H (Form 990) 2021

Schedule H	l (Form 990) 2021	SHRIN	ERS	HOSPITALS	FOR	CHILDREN
Dart V	Eacility Information	tion				

ГС					
Cha	arges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)				
Nan	me of hospital facility or letter of facility reporting group				
			Yes	No	
22	Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligib individuals for emergency or other medically necessary care.	le			
a	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	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	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				
c	d The hospital facility used a prospective Medicare or Medicaid method				
23	During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided				
	emergency or other medically necessary services more than the amounts generally billed to individuals who had				
	insurance covering such care?				
	If "Yes," explain in Section C.				
24	During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any				
	service provided to that individual?	24		х	
	If "Yes," explain in Section C.				

SHRINERS HOSPITALS FOR CHILDREN 36-2193608 Schedule H (Form 990) 2021 Page 8 Facility Information (continued) Part V 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. SCHEDULE H, PART V, SECTION B. FACILITY REPORTING GROUP A FACILITY REPORTING GROUP A CONSISTS OF: FACILITY 1: SHRINERS HOSPITAL FOR CHILDREN-CHICAGO FACILITY 4: SHRINERS HOSPITAL FOR CHILDREN-OHIO FACILITY 5: SHRINERS HOSPITAL FOR CHILDREN-PHILADELPHIA FACILITY 6: SHRINERS HOSPITAL FOR CHILDREN-PORTLAND FACILITY 7: SHRINERS HOSPITAL FOR CHILDREN-SALT LAKE CITY FACILITY 8: SHRINERS HOSPITAL FOR CHILDREN-SHREVEPORT FACILITY 10: SHRINERS HOSPITAL FOR CHILDREN-ST. LOUIS FACILITY 11: SHRINERS HOSPITAL FOR CHILDREN-TEXAS FACILITY 12: SHRINERS HOSPITAL FOR CHILDREN-N. CALI GROUP A-FACILITY 1 -- SHRINERS HOSPITAL FOR CHILDREN - CHICAGO PART V, SECTION B, LINE 5: THE SHRINERS HOSPITALS FOR CHILDREN TOOK INTO ACCOUNT INPUT FROM PERSONS WHO REPRESENT THE COMMUNITY FOR ITS MOST RECENT CHNA THROUGH SURVEYS AND FOCUS GROUPS. GROUP A-FACILITY 1 -- SHRINERS HOSPITAL FOR CHILDREN - CHICAGO PART V. SECTION B. LINE 6A: SHRINERS HOSPITAL FOR CHILDREN CHICAGO GREENVILLE, HONOLULU, NORTHERN CALIFORNIA, OHIO, PHILADELPHIA, PORTLAND SALT LAKE CITY, SHREVEPORT, SPOKANE, ST. LOUIS, TEXAS GROUP A-FACILITY 1 -- SHRINERS HOSPITAL FOR CHILDREN - CHICAGO PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2021 CHNA, SHRINERS HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

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INCLUDES AFFILIATE AND COMMUNITY PROVIDERS IN COMMUNITY OUTREACH,

COMMUNITY INVOLVEMENT, AND COMMUNITY EDUCATION TO ADDRESS IDENTIFIED

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

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-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 4 -- SHRINERS HOSPITAL FOR CHILDREN-OHIO

PART V, SECTION B, LINE 6A: SHRINERS HOSPITAL FOR CHILDREN CHICAGO,

GREENVILLE, HONOLULU, NORTHERN CALIFORNIA, OHIO, PHILADELPHIA, PORTLAND,

SALT LAKE CITY, SHREVEPORT, SPOKANE, ST. LOUIS, TEXAS

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

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2021 CHNA, SHRINERS

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

INCLUDES AFFILIATE AND COMMUNITY PROVIDERS IN COMMUNITY OUTREACH,

COMMUNITY INVOLVEMENT, AND COMMUNITY EDUCATION TO ADDRESS IDENTIFIED

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

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

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

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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.

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-PHILADELP

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

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

CHNA THROUGH SURVEYS AND FOCUS GROUPS.

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

PART V, SECTION B, LINE 6A: SHRINERS HOSPITAL FOR CHILDREN CHICAGO,

GREENVILLE, HONOLULU, NORTHERN CALIFORNIA, OHIO, PHILADELPHIA, PORTLAND,

SALT LAKE CITY, SHREVEPORT, SPOKANE, ST. LOUIS, TEXAS

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

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2021 CHNA, SHRINERS

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

INCLUDES AFFILIATE AND COMMUNITY PROVIDERS IN COMMUNITY OUTREACH,

COMMUNITY INVOLVEMENT, AND COMMUNITY EDUCATION TO ADDRESS IDENTIFIED

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

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

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

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

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

PRESENTING WITH HEALTH CARE NEEDS WHICH ARE OUTSIDE OF THE HOSPITAL

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16460629 143399 326610

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.

SERVICE OFFERINGS WILL RECEIVE CARE COORDINATION AND BE REFERRED TO THE

APPROPRIATE PROFESSIONALS WITHIN THE COMMUNITY FOR PROVISION OF SERVICES.

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

PART V, SECTION B, LINE 6A: SHRINERS HOSPITAL FOR CHILDREN CHICAGO,

GREENVILLE, HONOLULU, NORTHERN CALIFORNIA, OHIO, PHILADELPHIA, PORTLAND,

SALT LAKE CITY, SHREVEPORT, SPOKANE, ST. LOUIS, TEXAS

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

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2021 CHNA, SHRINERS

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

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

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SERVICE OFFERINGS WILL RECEIVE CARE COORDINATION AND BE REFERRED TO THE

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

GROUP A-FACILITY 7 -- SHRINERS HOSPITAL FOR CHILDREN-SALT LAKE

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

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

CHNA THROUGH SURVEYS AND FOCUS GROUPS.

GROUP A-FACILITY 7 -- SHRINERS HOSPITAL FOR CHILDREN-SALT LAKE

PART V, SECTION B, LINE 6A: SHRINERS HOSPITAL FOR CHILDREN CHICAGO,

GREENVILLE, HONOLULU, NORTHERN CALIFORNIA, OHIO, PHILADELPHIA, PORTLAND,

SALT LAKE CITY, SHREVEPORT, SPOKANE, ST. LOUIS, TEXAS

GROUP A-FACILITY 7 -- SHRINERS HOSPITAL FOR CHILDREN-SALT LAKE

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2021 CHNA, SHRINERS

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

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

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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-SHREVEPOR

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

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

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

CHNA THROUGH SURVEYS AND FOCUS GROUPS.

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

PART V, SECTION B, LINE 6A: SHRINERS HOSPITAL FOR CHILDREN CHICAGO,

GREENVILLE, HONOLULU, NORTHERN CALIFORNIA, OHIO, PHILADELPHIA, PORTLAND,

SALT LAKE CITY, SHREVEPORT, SPOKANE, ST. LOUIS, TEXAS

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

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2021 CHNA, SHRINERS

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

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

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PRESENTING WITH HEALTH CARE NEEDS WHICH ARE OUTSIDE OF THE HOSPITAL

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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

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

PART V, SECTION B, LINE 6A: SHRINERS HOSPITAL FOR CHILDREN CHICAGO,

GREENVILLE, HONOLULU, NORTHERN CALIFORNIA, OHIO, PHILADELPHIA, PORTLAND,

SALT LAKE CITY, SHREVEPORT, SPOKANE, ST. LOUIS, TEXAS

GROUP A-FACILITY 10 -- SHRINERS HOSPITAL FOR CHILDREN-ST. LOUIS

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2021 CHNA, SHRINERS

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

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

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

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SERVICE OFFERINGS WILL RECEIVE CARE COORDINATION AND BE REFERRED TO THE

APPROPRIATE PROFESSIONALS WITHIN THE COMMUNITY FOR PROVISION OF SERVICES.

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

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-TEXAS

PART V, SECTION B, LINE 6A: SHRINERS HOSPITAL FOR CHILDREN CHICAGO,

GREENVILLE, HONOLULU, NORTHERN CALIFORNIA, OHIO, PHILADELPHIA, PORTLAND,

SALT LAKE CITY, SHREVEPORT, SPOKANE, ST. LOUIS, TEXAS

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

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

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2021 CHNA, SHRINERS

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

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COMMUNITY INVOLVEMENT, AND COMMUNITY EDUCATION TO ADDRESS IDENTIFIED

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

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SERVICE OFFERINGS WILL RECEIVE CARE COORDINATION AND BE REFERRED TO THE

APPROPRIATE PROFESSIONALS WITHIN THE COMMUNITY FOR PROVISION OF SERVICES.

GROUP A-FACILITY 12 -- SHRINERS HOSPITAL FOR CHILDREN-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 12 -- SHRINERS HOSPITAL FOR CHILDREN-N. CALI

PART V, SECTION B, LINE 6A: SHRINERS HOSPITAL FOR CHILDREN CHICAGO,

GREENVILLE, HONOLULU, NORTHERN CALIFORNIA, OHIO, PHILADELPHIA, PORTLAND,

SALT LAKE CITY, SHREVEPORT, SPOKANE, ST. LOUIS, TEXAS

GROUP A-FACILITY 12 -- SHRINERS HOSPITAL FOR CHILDREN-N. CALI

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2021 CHNA, SHRINERS

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

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

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COMMUNITY INVOLVEMENT, AND COMMUNITY EDUCATION TO ADDRESS IDENTIFIED

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

FACILITY REPORTING GROUP B CONSISTS OF:

- FACILITY 2: SHRINERS HOSPITAL FOR CHILDREN-GREENVILLE

- FACILITY 3: SHRINERS HOSPITAL FOR CHILDREN-HONOLULU

- FACILITY 9: SHRINERS HOSPITAL FOR CHILDREN-SPOKANE

GROUP B-FACILITY 2 -- SHRINERS HOSPITAL FOR CHILDREN-GREENVILL

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

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

CHNA THROUGH SURVEYS AND FOCUS GROUPS.

GROUP B-FACILITY 2 -- SHRINERS HOSPITAL FOR CHILDREN-GREENVILL

PART V, SECTION B, LINE 6A: SHRINERS HOSPITAL FOR CHILDREN CHICAGO,

GREENVILLE, HONOLULU, NORTHERN CALIFORNIA, OHIO, PHILADELPHIA, PORTLAND,

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SALT LAKE CITY, SHREVEPORT, SPOKANE, ST. LOUIS, TEXAS

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

GROUP B-FACILITY 2 -- SHRINERS HOSPITAL FOR CHILDREN-GREENVILL

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

ST. FRANCIS HEALTH SYSTEM, THE JOHNSON GROUP

GROUP B-FACILITY 2 -- SHRINERS HOSPITAL FOR CHILDREN-GREENVILL

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2021 CHNA, SHRINERS

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

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GROUP B-FACILITY 3 -- 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

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GROUP B-FACILITY 3 -- SHRINERS HOSPITAL FOR CHILDREN-HONOLULU

PART V, SECTION B, LINE 6A: SHRINERS HOSPITAL FOR CHILDREN CHICAGO,

GREENVILLE, HONOLULU, NORTHERN CALIFORNIA, OHIO, PHILADELPHIA, PORTLAND,

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

SALT LAKE CITY, SHREVEPORT, SPOKANE, ST. LOUIS, TEXAS

GROUP B-FACILITY 3 -- SHRINERS HOSPITAL FOR CHILDREN-HONOLULU

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

HEALTH, KAISER PERMANENTE MEDICAL CENTER, KAPIOLANI MEDICAL CENTER FOR

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

REHABILITATION HOSPITAL OF THE PACIFIC, SHRINERS HOSPITALS FOR CHILDREN -

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

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

GROUP B-FACILITY 3 -- SHRINERS HOSPITAL FOR CHILDREN-HONOLULU

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2021 CHNA, SHRINERS

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

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COMMUNITY INVOLVEMENT, AND COMMUNITY EDUCATION TO ADDRESS IDENTIFIED

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

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

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

132098 11-22-21

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CHNA THROUGH SURVEYS AND FOCUS GROUPS.

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

PART V, SECTION B, LINE 6A: SHRINERS HOSPITAL FOR CHILDREN CHICAGO,

GREENVILLE, HONOLULU, NORTHERN CALIFORNIA, OHIO, PHILADELPHIA, PORTLAND,

SALT LAKE CITY, SHREVEPORT, SPOKANE, ST. LOUIS, TEXAS

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

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

HEALTH TOGETHER, SCHOOL HEALTH CARE ASSOCIATION OF SPOKANE COUNTY,

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

DEVELOPMENT GROUP, WASHINGTON RURAL HEALTH ASSOCIATION

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

PART V, SECTION B, LINE 11: AFTER CONDUCTING THE 2021 CHNA, SHRINERS

HOSPITALS FOR CHILDREN WILL CONTINUE ON A MULTIFACETED APPROACH THAT

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COMMUNITY INVOLVEMENT, AND COMMUNITY EDUCATION TO ADDRESS IDENTIFIED

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

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PART V, SECTION B, LINE 16A:

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

INANCIAL-ASSISTANCE/FINANCIAL-ASSISTANCE

PART V, SECTION B, LINE 16B:

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

INANCIAL-ASSISTANCE/FINANCIAL-ASSISTANCE

PART V, SECTION B, LINE 16C:

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

INANCIAL-ASSISTANCE/FINANCIAL-ASSISTANCE

5

Part V	Facility I	nformation	(continued)
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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?

Name and address	Type of Facility (describe)
1 SHRINERS HOSPITAL FOR CHILDREN-ERIE	
1645 WEST 8TH STREET	1
ERIE, PA 16505	CLINIC
2 SHRINERS HOSPITAL FOR CHILDREN-LEXINGT	
1900 RICHMOND ROAD	OUTPATIENT AMBULATORY SURGICAL
LEXINGTON, KY 40502	CENTER & CLINIC
3 SHRINERS HOSPITAL FOR CHILDREN-PASADEN	
909 S. FAIR OAKS AVE	OUTPATIENT AMBULATORY SURGICAL
PASADENA, CA 91105	CENTER & CLINIC
4 SHRINERS HOSPITAL FOR CHILDREN-TAMPA	
12502 USF PINE DRIVE	
TAMPA, FL 33612-9499	CLINIC
5 SHRINERS HOSPITAL FOR CHILDREN-TWIN CI	
2025 EAST RIVER PARKWAY	
MINNEAPOLIS, MN 55414	CLINIC
	1

Schedule H (Form 990) 2021

Provide the following information.

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

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- 6 Affiliated health care system. If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 State filing of community benefit report. If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 3C:

SHRINERS HOSPITALS FOR CHILDREN OFFERS SPECIALIZED MEDICAL SERVICES

PERTAINING TO 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 2021.

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 9B:

SHRINERS HOSPITALS FOR CHILDREN PROVIDES PATIENT CARE REGARDLESS OF THEIR

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

PART VI, LINE 2:

SHRINERS HOSPITALS FOR CHILDREN 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 INCLUDING: 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

132271 04-01-21

Part VI Supplemental Information (Continuation)

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:

THIS ORGANIZATION AND ITS RELATED ORGANIZATION FILE A COMMUNITY BENEFIT

REPORT IN ALL 50 STATES.

Schedule H (Form 990)

132271 04-01-21

SCHEDULE I (Form 990)			arants and Oth vernments, an					OMB No. 1545-0047
(, , , , , , , , , , , , , , , , , , ,			ete if the organization					2021
Department of the Treasury		•	J	Attach to For				Open to Public
Internal Revenue Service			Go to www.ir	rs.gov/Form990 fo	r the latest inforr	nation.		Inspection
Name of the organization	SHRINERS HOSPI	TALS FOR CHIL	DREN					Employer identification number 36-2193608
	rmation on Grants ar							
criteria used to awa	rd the grants or assis	tance?					stance, and the selecti	on 🔀 Yes 🗌 No
	<u> </u>		oring the use of grant			·	/	N/ F 04 /
		-	be duplicated if addition			anization answered "	res" on Form 990, Parl	IV, line 21, for any
1 (a) Name and address or govern	ess of organization	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE SHRINERS HOSPIT PO BOX 31356 TAMPA, FL 33631-335		04-2121377	501(C)(3)	13,321,832.	0.	N/A	N/A	TO PROVIDE FUNDS FOR PATIENTS NEEDS AT THE TWO SHRINERS HOSPITALS FOR CHILDREN IN
PEDIATRIC ORTHOPAED NORTH AMERICA - 1 T 2410 - OAKBROOK TER	OWER LANE, STE	54-1323281	501(C)(3)	10,000.	0.	N/A	N/A	IPOS SPONSHORSHIP (PEDIATRIC & ADOLESCENT ORTHOPAEDIC CONDITIONS)
UNIVERSITY OF FLORI 1938 W UNIVERSITY A GAINESVILLE, FL 326	VE	59-0974739	501(C)(3)	500,000.	0.	N/A	N/A	ENDOWMENT FOR FELLOWSHIP OF PEDIATRIC ORTHOPEDICS
TAMPA GENERAL HOSPI PO BOX 1289 TAMPA, FL 33601-128		23-7354477	501(C)(3)	600,000.	0.	N/A	N/A	PEDIATRIC ORTHOPEDIC PATIENT HEALTH ASSISTANCE GRANT
2 Enter total number of	of section 501(c)(3) ar	nd government org	ganizations listed in the	e line 1 table				4.
	of other organizations		•					0.
LHA For Paperwork Re	eduction Act Notice,	see the Instruction	ons for Form 990.					Schedule I (Form 990) 2021

Рар -, -SEE PART IV FOR COLUMN (H) DESCRIPTIONS Schedule I (Form 990) 2021

SHRINERS HOSPITALS FOR CHILDREN

Page 2

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

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

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

PART I, LINE 2:

SHRINERS HOSPITALS FOR CHILDREN IS ACTIVELY INVOLVED WITH ALL GRANT

RECIPIENTS. THROUGH THIS ACTIVE INVOLVEMENT, THE ORGANIZATIONS ARE

MONITORED TO ENSURE THEIR GRANT PROCEEDS ARE BEING USED APPROPRIATELY.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: THE SHRINERS HOSPITAL FOR CHILDREN

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

AT THE TWO SHRINERS HOSPITALS FOR CHILDREN IN MASSACHUSETTS, WHICH

Part IV	Supplemental	Information
Schedule I	(Form 990)	SHRINER

INCLUDE EMPLOYEES' SALARIES, MEDICAL SUPPLIES, AND OTHER NECESSARY

EXPENSES.

Schedule I (Form 990)

132291 04-01-21

sc	HEDULE J	Compens	sation Information	1	OMB No.	1545-004	47			
	(Form 990) For certain Officers, Directors, Trustees, Key Employees, and Highest			2021						
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.				2021					
Depa	epartment of the Treasury					Open to Public Inspection				
	Go to www.irs.gov/Form990 for instructions and the latest information.									
Nan	ne of the organization				ployer identification number					
		SHRINERS HOSPITALS FOR CHI	LDREN	36-21	93608					
Ра	rt I Question	s Regarding Compensation								
						Yes	No			
1a			of the following to or for a person listed on Form	990,						
		line 1a. Complete Part III to provide any rele								
	X First-class or c		X Housing allowance or residence for perso							
	X Travel for com		Payments for business use of personal res							
		ation and gross-up payments	Health or social club dues or initiation fee							
		spending account	Personal services (such as maid, chauffe	ir, chet)						
ь.	If any of the base	on line to are observed did the every institution	follow a written policy recording a second							
D	•		follow a written policy regarding payment or		416	х				
•	•	rovision of all of the expenses described ab			. <u>1b</u>	А				
2			or allowing expenses incurred by all directors,		2	х				
	trustees, and onice	s, including the CEO/Executive Director, re	garding the items checked on line 1a?							
3	Indianta which if a	w, of the following the organization used to	antablish the componention of the organization's							
3			establish the compensation of the organization's / boxes for methods used by a related organization (
		ation of the CEO/Executive Director, but exp		51110						
	X Compensation	· · ·	Written employment contract							
		ompensation consultant	X Compensation survey or study							
		ther organizations	X Approval by the board or compensation c	ommittoo						
				Ommittee						
4	During the year, did	any person listed on Form 990, Part VII, Se	ection A, line 1a, with respect to the filing							
	organization or a re	•••	, , , , , , , , , , , , , , , , , , , ,							
а	-	e payment or change-of-control payment?			4a		x			
b	Participate in or rec	eive payment from a supplemental nonqual	ified retirement plan?		4b	Х				
с	Participate in or rec	eive payment from an equity-based comper					X			
	If "Yes" to any of lir	es 4a-c, list the persons and provide the ap	plicable amounts for each item in Part III.							
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organization	s must complete lines 5-9.							
5	For persons listed of	n Form 990, Part VII, Section A, line 1a, did	the organization pay or accrue any compensatio	'n						
	contingent on the r	evenues of:								
а	The organization?				5a		x			
b	Any related organiz	ation?			5b		X			
		r 5b, describe in Part III.								
6	For persons listed of	n Form 990, Part VII, Section A, line 1a, did	the organization pay or accrue any compensatio	'n						
	contingent on the r	et earnings of:								
а	The organization?				6a		x			
b	Any related organiz	ation?			6b		X			
	If "Yes" on line 6a o	r 6b, describe in Part III.								
7			the organization provide any nonfixed payments							
					7		X			
8	Were any amounts	reported on Form 990, Part VII, paid or accr	ued pursuant to a contract that was subject to th	ie						
		ption described in Regulations section 53.4			. 8		X			
9	, 5									
					9					
LHA	For Paperwork R	eduction Act Notice, see the Instructions	for Form 990.	Schedul	e J (Forr	n 990)	2021 (

132111 11-02-21

Schedule J (Form 990) 2021

36-2193608

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

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

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

	(B) Breakdown of W	-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) SCOTT KOZIN	(i)	823,247.	0.	2,897,166.	8,550.	37,424.	3,766,387.	٥.
CHIEF OF STAFF	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PURNENDU GUPTA	(i)	883,067.	0.	1,932.	17,100.	41,238.	943,337.	0.
CHIEF OF STAFF	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) FRANCES FARLEY	(i)	879,632.	0.	25,044.	17,100.	868.	922,644.	0.
CHIEF MEDICAL OFFICER	(ii)	0.	0.	٥.	0.	0.	0.	0.
(4) AMER SAMDANI	(i)	822,887.	0.	21,278.	8,550.	37,938.	890,653.	0.
CHIEF OF SURGERY	(ii)	0.	0.	0.	0.	0.	0.	٥.
(5) JOHN MCCABE	(i)	840,600.	0.	23,112.	8,550.	11,997.	884,259.	0.
EXECUTIVE VICE PRESIDENT	(ii)	0.	0.	٥.	0.	0.	0.	0.
(6) GLEN BAIRD	(i)	762,713.	0.	22,770.	8,550.	40,688.	834,721.	0.
CHIEF OF STAFF	(ii)	0.	0.	٥.	0.	0.	0.	0.
(7) ROBERT BERNSTEIN	(i)	755,113.	0.	3,566.	8,550.	40,798.	808,027.	0.
CHIEF OF STAFF	(ii)	0.	0.	٥.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

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

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

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

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

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

PROVIDED AS A MEANS TO RECRUIT TOP INDIVIDUALS.

PART I, LINE 4B:

THE ORGANIZATION OFFERS A DEFINED BENEFIT SUPPLEMENTAL EXECUTIVE RETIREMENT

PLAN (DB SERP). EMPLOYEES WHO ARE VESTED IN THE ORGANIZATION'S RETIREMENT

PLAN AND EARN OVER THE SALARY CAP QUALIFY FOR A DB SERP BENEFIT.

PARTICIPANTS VEST AT AGE 62. UPON RETIREMENT, THE DB SERP BENEFIT IS

PAYABLE AS A LUMP SUM. PARTICIPANTS OF THE SERP DURING 2021 INCLUDE SCOTT

KOZIN WHO RECEIVED A DISTRIBUTION OF \$2,872,122.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

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

2021 Open to Public Inspection

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

	Attach to Form 550.
	Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number
36-2193608

SHRINERS HOSPITALS FOR CHILDREN

Par	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribu amounts reported Form 990, Part VIII,	on	(c Method of c noncash contrib	, letermin	•	 s
1	Art - Works of art			, , ,					
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
••	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other	X	9	5,305	.277.FA	IR MARKET VAL	UE		
18	Collectibles			,	,				
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other (ANNUITY CONTR)	X	2	135	,981.FA	IR MARKET VAL	UE		
26	Other (SERIES EE SAV)	X	303	110	,050.FA	IR MARKET VAL	UE		
27	Other ► ()								
28	Other ()								
29	Number of Forms 8283 received by the organi	zation during	the tax vear for c	ontributions					
	for which the organization completed Form 82	-			9			9	
	5	, , ,	5					Yes	No
30a	During the year, did the organization receive b	v contributio	n anv propertv rep	orted in Part I. lines 1	through 2	28. that it			
	must hold for at least three years from the date								
	exempt purposes for the entire holding period		,				30a		х
b	If "Yes," describe the arrangement in Part II.	• • • • • • • • • • • • • • • • • • • •							
31	Does the organization have a gift acceptance	oolicv that re	auires the review o	of any nonstandard co	ontributior	ıs?	31	х	
	Does the organization hire or use third parties								
<u>u</u>								х	
h	If "Yes," describe in Part II.						JZu		
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of property	for which column (a)	is checke	d			
00	describe in Part II.				.5 0100106	,			
LHA	For Paperwork Reduction Act Notice, see	the Instruct	tions for Form 99)		Schedule	M (Forr	n 990)	2021
	aportion nouted and not noute, see					Concoule		555)	

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

SCHEDULE M, LINE 32B:

Part II

THE ORGANIZATION USES THIRD PARTY BROKERS AND REAL ESTATE AGENTS TO

SELL THE NON-CASH CONTRIBUTIONS OF REAL ESTATE.

Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE O (Form 990) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990 Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.	O-EZ OMB No. 1545-0047 2021 Open to Public Inspection
Name of the organization	SHRINERS HOSPITALS FOR CHILDREN	Employer identification number 36-2193608
FORM 990, PART III	, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
SHRINERS HOSPITALS	FOR CHILDREN OFFERS "CHARITY CARE" THROUGH AN	
INTERNATIONAL NETW	ORK OF PEDIATRIC HOSPITALS DEDICATED TO PROVIDING	
EXCELLENT PATIENT	CARE, RESEARCH, AND EDUCATION FOR ORTHOPEDIC	
CONDITIONS, BURNS,	SPINAL CORD INJURIES AND CLEFT LIP AND PALATE. OUR	
SPECIALIZED MEDICA	L CARE, BACKED BY THE SKILLS AND KNOWLEDGE OF THE	
STAFF IN 11 HOSPIT	ALS, 2 AMBULATORY SURGERY CENTERS AND 4 CLINICS,	
DELIVERS EXPERT, F.	AMILY-FOCUSED CARE REGARDLESS OF THE FAMILY'S ABILITY	
TO PAY.		
AS A 501(C)(3) NON	-PROFIT ORGANIZATION, SHRINERS HOSPITALS RELIES ON	
THE GENEROUS DONAT	IONS OF SHRINERS AND THE GENERAL PUBLIC TO CARRY OUT	
OUR MISSION AND CH	ANGE THE LIVES OF CHILDREN EVERY DAY. FOR MORE	
INFORMATION ABOUT	SUPPORTING SHRINERS HOSPITALS, PLEASE VISIT	
WWW.SHRINERSHOSPIT	ALSFORCHILDREN.ORG OR CALL 1-800-241-GIFT.	
FORM 990, PART III	, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	
OUR SPECIALIZED CA	RE EXTENDS BEYOND THE CONVENTIONAL WALLS OF THE	
HOSPITAL. SHRINERS	HOSPITALS FOR CHILDREN ALSO SEEKS TO DELIVER CARE TO	
THOSE INTERNATIONA	LLY THROUGH OUR TELEHEALTH PROGRAM, WHICH ALLOWS	
PATIENTS TO RECEIV	E OUR WRAP-AROUND CARE VIA VIDEO CONFERENCING. WE	
ALSO STRIVE TO HEL	P THOSE IN NEED - ESPECIALLY WHEN DISASTER STRIKES.	
FORM 990, PART III	, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:	
OUR RESEARCH TEAM	IS AMONG THE MOST HIGHLY RENOWNED, GAINING NATIONAL	
RECOGNITION FOR CL	INICAL RESEARCH. SIX SHC LOCATIONS ARE MAJOR RESEARCH	
LHA For Paperwork Re	eduction Act Notice, see the Instructions for Form 990 or 990-EZ.	Schedule O (Form 990) 2021
	74	

Schedule O (Form 990) 2021 Name of the organization		Page 2 Employer identification number
SHRINERS HOSPITALS FOR C	CHILDREN	36-2193608
HOSPITALS (FIVE OPERATED BY THIS ORGANIZATION	N), WORKING TO DEVELOP NEW	
TREATMENTS AND TECHNOLOGICAL ADVANCES WITHIN	THE MEDICAL COMMUNITY.	
FORM 990, PART V, LINE 4B, LIST OF FOREIGN CO	DINTRIES.	
i		
AUSTRALIA, AUSTRIA, BELGIUM, BRAZIL,		
CANADA, CHINA, DENMARK, FINLAND,		
FRANCE, GERMANY, HONG KONG, IRELAND,		
ISRAEL, ITALY, JAPAN, SOUTH KOREA,		
MEXICO, NETHERLANDS, NORWAY, PORTUGAL,		
RUSSIA, SINGAPORE, SOUTH AFRICA, SPAIN,		
SWEDEN, SWITZERLAND, UNITED KINGDOM		
FORM 990, PART VI, SECTION A, LINE 6:		
	TH CODDODATION WITHU MEMDEDC	
SHRINERS HOSPITALS IS ORGANIZED AS A NONPROFI		
MEMBERS HAVE THE RIGHT TO ELECT PERSONS BELON	NGING TO THE GOVERNING BODY,	
AND TO APPROVE SIGNIFICANT DECISIONS OF THE C	GOVERNING BODY. COMPENSATION IS	
NOT PROVIDED FOR BEING A MEMBER.		
FORM 990, PART VI, SECTION A, LINE 7A:		
THE ORGANIZATION HAS APPROXIMATELY 1,400 MEM	BERS WHOM ARE APPOINTED FROM	
THE TOTAL MEMBERSHIP OF SHRINERS INTERNATIONA	AL (A RELATED ORGANIZATION).	
MEMBERS MAY ELECT PERSONS ON THE ORGANIZATION	N'S GOVERNING BODY, AND MAY	
APPROVE SIGNIFICANT DECISIONS OF THE ORGANIZ	ATION.	
FORM 990, PART VI, SECTION A, LINE 7B:		
UNDER THE BYLAWS OF THE ORGANIZATION, SIGNIF	ICANT DECISIONS OF THE	
GOVERNING BODY REQUIRE APPROVAL BY THE ORGAN	IZATION'S 1,400 MEMBERS (SUCH	
AS CHANGES TO THE BYLAWS, OR SIGNIFICANT REST	TRUCTURING OR EXTRAORDINARY	0.1 11 0 /7
132212 11-11-21	75	Schedule O (Form 990) 202

Schedule O (Form 990) 2021	Page 2
Name of the organization SHRINERS HOSPITALS FOR CHILDREN	Employer identification number 36-2193608
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.	
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Employer identification number 36-2193608

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

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

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

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

THE ORGANIZATION'S FORM 990 CAN BE FOUND ONLINE AT

LOVETOTHERESCUE.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:

PROGRAM SERVICE EXPENSES	11,003,512.	
MANAGEMENT AND GENERAL EXPENSES	27,552,045.	
FUNDRAISING EXPENSES	16,043,343.	
TOTAL EXPENSES	54,598,900.	

MEDICAL SERVICES:

 PROGRAM SERVICE EXPENSES
 62,372,861.

 MANAGEMENT AND GENERAL EXPENSES
 0.

 FUNDRAISING EXPENSES
 0.

 TOTAL EXPENSES
 62,372,861.

77

132212 11-11-21

Schedule O (Form 990) 2021 Name of the organization SHRINERS HOSPITALS FOR CHILDREN		Employer identification number 36-2193608
AGENCY PERSONNEL SERVICES:		
PROGRAM SERVICE EXPENSES	3,394,672.	
MANAGEMENT AND GENERAL EXPENSES	0.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	3,394,672.	
ADMINISTRATIVE SERVICES:		
PROGRAM SERVICE EXPENSES	0.	
MANAGEMENT AND GENERAL EXPENSES	3,037,215.	
FUNDRAISING EXPENSES	0.	
TOTAL EXPENSES	3,037,215.	
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	123,403,648.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:		
CHANGE IN PENSION FUNDING OBLIGATION	68,253,618.	
CHANGE IN PATIENT TRANSPORTATION FUNDS HELD BY SHRINE		
TEMPLES	5,684,417.	
CHANGE IN CHARITABLE GIFT ANNUITY	-8,229,040.	
FOREIGN CURRENCY EXCHANGE GAIN (LOSS)	-1,211.	
MARKET VALUE ADJUSTMENT	-181,422.	
OTHER CHANGES IN NET ASSETS	-3,608,861.	
TOTAL TO FORM 990, PART XI, LINE 9	61,917,501.	
FORM 990, PART XII, LINE 2C:		
THE ORGANIZATION HAS AN AUDIT AND FINANCE COMMITTEE RESPON	SIBLE FOR	
OVERSIGHT OF THE FINANCIAL STATEMENT AUDIT AND SELECTION O	F THE	
INDEPENDENT ACCOUNTANT. THE COMMITTEE MEETS THREE TIMES A	YEAR AND	
COORDINATES THE AUDIT WITH THE INDEPENDENT AUDITORS. ANY F	INANCIAL	
132212 11-11-21 78		Schedule O (Form 990) 202

78 2021.04000 SHRINERS HOSPITALS FOR CH 326610_1

SHRINERS HOSPITALS FOR CHILDREN CONCERN ENCOUNTERED IN THE SYSTEM IS ROUTED TO THIS COMMITTEE FOR REVIEW. THIS PROCESS HAS NOT CHANGED FROM PRIOR YEARS.	Employer identification number 36-2193608
REVIEW. THIS PROCESS HAS NOT CHANGED FROM PRIOR YEARS.	
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SCHEDULE	R
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(Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

OMB No. 1545-0047

2021 Open to Public Inspection

Employer identification number

36-2193608

Department of the Treasury Internal Revenue Service

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

Name of the organization

SHRINERS HOSPITALS FOR CHILDREN

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

(a)	(b)	(c)	(d) Total income	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
PEDIATRIC ORTHOTIC AND PROSTHETIC SERVICES -					
NORTHWEST, LLC - 45-3940402, 3101 SW SAM					SHRINERS HOSPITALS FOR
JACKSON PARK RD, PORTLAND, OR 97239-3009	ORTHOPEDICS & PROSTHETICS	DELAWARE	3,186,595.	785,326.	CHILDREN
PEDIATRIC ORTHOTIC AND PROSTHETIC SERVICES -					
WEST, LLC - 27-2210763, 2425 STOCKTON BLVD,					SHRINERS HOSPITALS FOR
SACRAMENTO, CA 95817-2215	ORTHOPEDICS & PROSTHETICS	DELAWARE	3,641,281.	963,872.	CHILDREN
PEDIATRIC ORTHOTIC AND PROSTHETIC SERVICES -					
MIDWEST, LLC - 36-4790476, 2025 E RIVER					SHRINERS HOSPITALS FOR
PKWY, MINNEAPOLIS, MN 55414-3604	ORTHOPEDICS & PROSTHETICS	DELAWARE	2,081,702.	1,016,050.	CHILDREN
PEDIATRIC ORTHOTIC AND PROSTHETIC SERVICES -					
NORTHEAST, LLC - 61-1700888, 3551 N BROAD					SHRINERS HOSPITALS FOR
ST, PHILADELPHIA, PA 19140-4160	ORTHOPEDICS & PROSTHETICS	DELAWARE	2,195,832.	525,646.	CHILDREN

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
THE SHRINERS' HOSPITAL FOR CHILDREN -					SHRINERS		
04-2121377, POST OFFICE BOX 31356, TAMPA, FL					HOSPITALS FOR		
33631-3356	HOSPITAL SYSTEM	MASSACHUSETTS	501(C)(3)	LINE 3	CHILDREN	х	
SHRINERS INTERNATIONAL - 36-2158164							
POST OFFICE BOX 31356	FOUNDED SHRINERS HOSPITALS						
TAMPA, FL 33631-3356	FOR CHILDREN	IOWA	501(C)(10)	N/A			х
SHRINERS HOSPITALS FOR CHILDREN EMPLOYEE					SHRINERS		
DISASTER RELIEF FUND - 26-3733381, 2900]				HOSPITALS FOR		
ROCKY POINT DRIVE, TAMPA, FL 33607	DISASTER RELIEF	DISTRICT OF COLUMBIA	501(C)(3)	LINE 7	CHILDREN	x	
SHRINERS HOSPITALS FOR CHILDREN (QUEBEC)					SHRINERS		
INC., 1003 DECARIE BLVD, MONTREAL, QUEBEC,	1		501(C)(3)		HOSPITALS FOR		
CANADA H4A 0A9	HOSPITAL SYSTEM	CANADA	EQUIVALENT	LINE 3	CHILDREN	х	

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2021

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
PEDIATRIC ORTHOTIC AND PROSTHETIC SERVICES - SOUTHEAST, LLC - 45-2723185, 12502 USF PINE DR STE 100, TAMPA, FL 33612-9411	ORTHOPEDICS & PROSTHETICS	DELAWARE	3,445,886.	1,044,750.	SHRINERS HOSPITALS FOR CHILDREN
PEDIATRIC ORTHOTIC AND PROSTHETIC SERVICES - HONOLULU, LLC - 38-4018709, 1310 PUNAHOU ST, HONOLULU, HI 96826-1099	ORTHOPEDICS & PROSTHETICS	DELAWARE	329,390.		SHRINERS HOSPITALS FOR CHILDREN
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Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	contr	g) 512(b)(13) rolled zation?
				501(c)(3))		Yes	No
SHRINERS HOSPITALS FOR CHILDREN, A CANADIAN					SHRINERS		
CORPORATION, 1003 DECARIE BLVD, MONTREAL,	1		501(C)(3)		HOSPITALS FOR		
QUEBEC, CANADA H4A 0A9	HOSPITAL SYSTEM	CANADA	EQUIVALENT	LINE 3	CHILDREN	х	
SHRINERS HOSPITALS FOR CHILDREN, A MEXICAN					SHRINERS		
ASSOCIATION, MX AV. DEL IMAN NO. 257, MEXICO	-		501(C)(3)		HOSPITALS FOR		
CITY, MEXICO 04600	HOSPITAL SYSTEM	MEXICO	EQUIVALENT	LINE 3	CHILDREN	х	
SHRINERS INTERNATIONAL EDUCATION FOUNDATION							
- 81-3788196, POST OFFICE BOX 25251, TAMPA,	EDUCATION AND LEADERSHIP				SHRINERS		
FL 33622	TRAINING	TEXAS	501(C)(3)	LINE 7	INTERNATIONAL		х
SHRINERS HOSPITALS FOR CHILDREN AMBULATORY					SHRINERS		
CLINIC AT HIC AC, BOSQUE DE DURAZNOS NO. 61	1		501(C)(3)		HOSPITALS FOR		
PISO 4, BOSQUE DE LAS LOMAS, MEXICO CITY,	HOSPITAL SYSTEM	MEXICO	EQUIVALENT	LINE 3	CHILDREN	x	
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(a)	(b)	(c)	(d)	(e)	(f)	(g)	()	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year	Disproportionate allocations?		amount in box 20 of Schedule	managir partner	or Percentag ^g ownership
		foreign country)				assets	Yes	No		Yes N	o
	_										
	_										
	-										
	-										
	-										
	_										
	_										

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(C) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(cont ent	(i) ction (b)(13) rolled tity?
								Yes	No
SURETY INVESTMENT CO - 84-0332330 2900 N ROCKY POINT DR	REAL ESTATE RENTAL &		SHRINERS HOSPITALS FOR						
TAMPA, FL 33607	INVESTMENTS	FL	CHILDREN	C CORP	3,659,613.	0.	100%	x	
	-								

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Schedule R (Form 990) 2021 SHRINERS HOSPITALS FOR CHILDREN

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

te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	es
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?			
Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		
Gift, grant, or capital contribution to related organization(s)		X	۲ ۲
Gift, grant, or capital contribution from related organization(s)			
Loans or loan guarantees to or for related organization(s)		X	۲ ۲
Loans or loan guarantees by related organization(s)		X	:
Dividends from related organization(s)	1f	x	2
Sale of assets to related organization(s)	1g		
Purchase of assets from related organization(s)	<u>1h</u>		
Exchange of assets with related organization(s)			
Lease of facilities, equipment, or other assets to related organization(s)	<u>1j</u>	x	:
Lease of facilities, equipment, or other assets from related organization(s)	<u>1k</u>		
Performance of services or membership or fundraising solicitations for related organization(s)			
n Performance of services or membership or fundraising solicitations by related organization(s)			
Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	:
Sharing of paid employees with related organization(s)		X	:
Reimbursement paid to related organization(s) for expenses		x	2
Reimbursement paid by related organization(s) for expenses		X	:
Other transfer of cash or property to related organization(s)	1r		
Other transfer of cash or property from related organization(s)			

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE SHRINERS' HOSPITAL FOR CHILDREN	В	13,321,832.	CASH TRANSFERS
(2) SHRINERS HOSPITALS FOR CHILDREN, MEX	в	19,109,547.	CASH TRANSFERS
(3) SHRINERS HOSPITALS FOR CHILDREN, MEX	D	-342,941.	DECREASE IN LOAN BALANCE
(4) SHRINERS HOSPITALS FOR CHILDREN AMBULATORY CLINIC AT HIC AC	D	1,714,850.	INCREASE IN LOAN BALANCE
(5) THE SHRINERS' HOSPITAL FOR CHILDREN	Е	-13,848,283.	DECREASE IN LOAN BALANCE
(6) SURETY INVESTMENT CO	F	5,008,603.	LIQUIDATING DIVIDEND

Schedule R (Form 990) SHRINERS HOSPITALS FOR CHILDREN

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

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

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Schedule R (Form 990) 2021 SHRINERS HOSPITALS FOR CHILDREN

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

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

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

Schedule R (Form 990) 2021

Part VII Supplemental Information

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

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME AND ADDRESS OF RELATED ORGANIZATION:

SHRINERS HOSPITALS FOR CHILDREN AMBULATORY CLINIC AT HIC AC

BOSQUE DE DURAZNOS NO. 61 PISO 4

BOSQUE DE LAS LOMAS, MEXICO CITY, MEXICO 11700

Schedule R (Form 990) 2021

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