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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 \$) | |
| | | |
| | CHRINERS HOSPITALS FOR CHILDREN RRINES INSELE ON THE WRAD-AROUND CARE | |
| | SHRINERS HOSPITALS FOR CHILDREN PRIDES ITSELF ON THE WRAP-AROUND CARE | |
| | THAT IT PROVIDES TO PATIENTS AND FAMILIES. AS A HEALTH CARE SYSTEM WITH | |
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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) | | | | | |

4 2021.04000 SHRINERS HOSPITALS FOR CH 326610_1

| <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) |

132007 12-09-21

Form 990 (2021)

7

| 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) |

132008 12-09-21

| 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. | |
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| | 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)

10

Page 9

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 ⁻ |

Page **11**

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

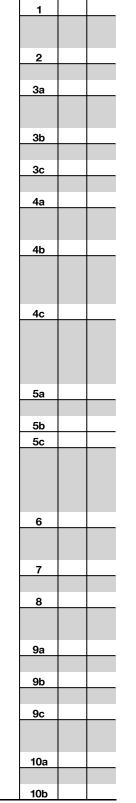
Part IV Supporting Organizations

(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

17

| Schedule A (Fo | rm 990) 2021 |
|----------------|--------------|
|----------------|--------------|

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

16460629 143399 326610

18 2021.04000 SHRINERS HOSPITALS FOR CH 326610_1

| 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 |
|------------|-------|-----|--------|
|------------|-------|-----|--------|

| 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

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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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| 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. | | | |
| on Form 990, Part X? Yes X No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance Id d Additions during the year Id e Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. X a Beginning of year balance 9, 079, 436, 262, 8, 351, 439, 055, 6, 802, 426, 758, 7, 477, 660, 381, 6, 558, 255, 032. C c Not investment earnings, gains, and losses 1, 140, 799, 172, 970, 799, 441, 1, 122, 113, 321, -374, 792, 161, 922, 744, 387, 477, 660, 381. g Ford starts or scholarships 259, 549, 093, 242, 712, 238, 249, 347, 326, 300, 441, 462, 303, 339, 038, 41, 400 years baak 29, 960, 686, 341, 9, 079, 436, 262, 8, 351, 439, 059, 6, 802, 426, 758, 7, 477, 660, 381. g Ford year balance 9, 960, 686, 341, 9, 079, 436, 262, 8, 351, 439, 059, 6, 802, 426, 758, 7, 477, 660, 381. 259, 549, 093, 242, 712, 238, 249, 347, 326, 300, 441, 462, 303, 339, 038, 41, 400 year balance g | | | rt X, line 21. | | o organizatio | | | | , | | | |
| on Form 990, Part X? Yes X No b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance Id d Additions during the year Id e Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. X a Beginning of year balance 9, 079, 436, 262, 8, 351, 439, 055, 6, 802, 426, 758, 7, 477, 660, 381, 6, 558, 255, 032. C c Not investment earnings, gains, and losses 1, 140, 799, 172, 970, 799, 441, 1, 122, 113, 321, -374, 792, 161, 922, 744, 387, 477, 660, 381. g Ford starts or scholarships 259, 549, 093, 242, 712, 238, 249, 347, 326, 300, 441, 462, 303, 339, 038, 41, 400 years baak 29, 960, 686, 341, 9, 079, 436, 262, 8, 351, 439, 059, 6, 802, 426, 758, 7, 477, 660, 381. g Ford year balance 9, 960, 686, 341, 9, 079, 436, 262, 8, 351, 439, 059, 6, 802, 426, 758, 7, 477, 660, 381. 259, 549, 093, 242, 712, 238, 249, 347, 326, 300, 441, 462, 303, 339, 038, 41, 400 year balance g | 1a | • | | liary for | contribution | s or other ass | ets not in | cluded | | | | |
| b If 'Yes,' explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance d Additions during the year e Distributions during the year f Ending balance 14 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account table intervented on Part XIII X X Yes, '' esclow the arrangement in Part XIII. Check here if the explanation answered 'Yes' on Form 990, Part IV, line 10. X X X Yes No b If '''es', 'explain the arrangement in Part XIII. Check here if the explanation answered 'Yes' on Form 990, Part IV, line 10. X X Administrative explaints G) Order yars back G) For yars table Go faits or scholarships G) For yars table Go faits or scholarships Go faits or scholarships Go faits or scholarships Go faits or scholarships Scholarship | 14 | | | • | | | | | | | X | No |
| c Beginning balance Amount d Additions during the year Id e Distributions during the year Id 2 Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? IX Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation naws been provided on Part XIII. IX Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part XI, line 10. IX Yes No 1a Beginning of year balance 9, 079, 436, 262. 8, 351, 439, 959. 6, 802, 426, 758. 7, 477, 660, 381. 6, 558, 255, 032. C Onth investment ammings, gains, and losses 1, 140, 799, 172. 970, 709, 441. 1, 122, 113, 321. -374, 792, 161. 922, 744, 387. d Grants or scholarships 9, 960, 686, 341. 9, 079, 436, 262. 8, 351, 439, 059. 6, 802, 426, 758. 7, 477, 660, 381. 6, 750, 245. g End of year balance 9, 960, 686, 341. 9, 079, 436, 262. 8, 351, 439, 059. 6, 802, 426, 758. 7, 477, 660, 381. g Forwide the estimated percentage of the current yeare do balance (line 1g, co | h | | | | | | | | ∟ | | | NO |
| c Beginning balance Itc Itd d Additions during the year Itd Itd e Distributions during the year Itd Itd 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial accounti lability? X Yes No b If 'Yes': explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII X Yes No Part V Endowment Funds. Complete if the organization answered 'Yes' on Form 990, Part X, Une 10. X Yes No fa Beginning of year balance 9, 079, 436, 262. 0, 315, 439, 059. 6, 802, 426, 758. 1, 477, 660, 381. 6, 558, 255, 032. Contributions 1, 140, 799, 172. 970, 709, 441. 1, 122, 113, 321374, 792, 161. 922, 744, 387. Grants or scholarships 1, 140, 799, 172. 970, 709, 441. 1, 122, 113, 321374, 792, 161. 922, 744, 387. 92, 960, 686, 341. 9, 079, 436, 262. 8, 351, 439, 059. 6, 802, 426, 758. 7, 477, 660, 381. g Provide the estimated percentage of the current year end balance (ine 1g, column (a)) held as: a Board designated or quasi-endowment \$ | b | | and complete the lo | lowing | lable. | | | | | Amount | | |
| d Additions during the year 1d e Distributions during the year 1d f Ending balance 1t 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes No Dif "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII X Yes No b f"Yes," explain the arrangement in Part XIII. Check here if the explanation answered "Yes" on Form 990, Part IV, line 10. (e) Four years back (e) Four year years b | • | Paginning balance | | | | | | 10 | | , | | |
| e Distributions during the year 1e f Ending balance 1f 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? X Yes No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. X Yes No Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Prior year (c) Two yars back. (d) Three years back. (e) Four years back. 1a Beginning of year balance 9,079,436,262. 8,351,439,059. 6,802,426,758. 7,477,660,381. 9,252,744,387. c Other expenditures for facilities 1,140,799,172. 970,709,441. 1,122,113,321. -374,792,161. 922,744,387. d Grants or scholarships 259,549,093. 242,712,238. 249,347,326. 300,441,462. 303,339,038. f Administrative expenses 9,950,686,341. 9,079,436,262. 8,351,439,055. 6,802,426,758. 7,477,660,381. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a a Board designated or qu | | | | | | | | | | | | |
| Image: form the second sec | | | | | | | | | | | | |
| 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 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part X, line 10. Image: Complete if the organization answered "Yes" on Form 990, Part X, line 10. 1a Beginning of year balance 9,079,436,262.8,351,439,059.6,802,426,758.7,477,660,381.6,858,255,032. b Contributions 676,246,306. c Not investment earnings, gains, and losses 1,140,799,172.970,709,441.1,122,113,321374,792,161.922,744,387. d Grants or scholarships 1,140,799,172.970,709,441.1,122,113,321374,792,161.922,744,387. e Other expenditures for facilities 259,549,093.242,712,238.249,347,326.300,441,462.303,339,038. f Administrative expenses 9,907,946.686,341.9,079,4436,262.8,351,439,059.6,802,426,758.7,477,660,381. g End of year balance 9,90,686,341.9,079,436,262.8,351,439,059.6,802,426,758.7,477,660,381. g Forwide the estimated percentage of the current year dhe balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 93.4741 g Term endowment ▶ 1.0365 g The percentages on lines 2a, 2b, and 2c should equal 100%. 3 | | | | | | | | | | | | |
| b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Image: Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (e) Four years back (e) Four years back (e) Four years back (e) Three yea | | | | | | | | | x | | | Ne |
| Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Image: Second Sec | | - | | | | | | • | | | | INO |
| (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back 1a Beginning of year balance 9,079,436,262. 8,351,439,059. 6,802,426,758. 7,477,660,381. 6,858,255,032. b Contributions 1,140,799,172. 970,709,441. 1,122,113,321. -374,792,161. 922,744,387. c Other expenditures for facilities and programs 259,549,093. 242,712,238. 249,347,326. 300,441,462. 303,339,038. f Administrative expenses 9,960,686,341. 9,079,436,262. 8,351,439,059. 6,802,426,758. 7,477,660,381. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: 80ard designated or quasiendowment ▶ 93,4741 % b Permanent endowment ▶ 1.0365 % 93,4741 % g In endowment ▶ 1.0365 % 340 340 340 b Permanent endowment ▶ 1.0365 % 340 340 340 340 y: (i) Unrelated organizations 1 0.036 340 340 340 340 | | | | | | | | | | | A | |
| 1a Beginning of year balance 9,079,436,262. 8,351,439,059. 6,802,426,758. 7,477,660,381. 6,858,255,032. b Contributions 676,246,306. 1.140,799,172. 970,709,441. 1,122,113,321. -374,792,161. 922,744,387. i Administrative expensions 1.140,799,172. 970,709,441. 1,122,113,321. -374,792,161. 922,744,387. i Administrative expenses 1.140,799,172. 970,709,441. 1,22,113,321. -374,792,161. 922,744,387. g End of year balance 9,960,686,341. 9,079,436,262. 8,351,439,059. 6,802,426,758. 7,477,660,381. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 93.471. % b Permanet nedowment 5.4894 % . . . 3a(j) X (i) Unrelated organizations | I UI | | | | | | | | are back | | voare h | |
| b Contributions 676,246,306. 1 c Net investment earnings, gains, and losses 1,140,799,172. 970,709,441. 1,122,113,321. -374,792,161. 922,744,387. d Grants or scholarships 259,549,093. 242,712,238. 249,347,326. 300,441,462. 303,339,038. f Administrative expenditures for facilities 259,549,093. 242,712,238. 249,347,326. 300,441,462. 303,339,038. g End of year balance 9,960,686,341. 9,079,436,262. 8,351,439,059. 6,802,426,758. 7,477,660,381. g Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a a Board designated or quasi-endowment ▶ 93.4741 % b Permanent endowment ▶ 1.0.0356 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations 3a(ii) X b If Yes" on line 3a(ii), are the related organization's endowment funds. Yes No 3a(ii) X d Description of property (a) Cost or other <td>4.</td> <td>De sinsis e oferen holes of</td> <td>()</td> <td>. ,</td> <td>,</td> <td></td> <td>-</td> <td></td> <td></td> <td></td> <td>-</td> <td></td> | 4. | De sinsis e oferen holes of | () | . , | , | | - | | | | - | |
| c Net investment earnings, gains, and losses 1,140,799,172. 970,709,441. 1,122,113,321. -374,792,161. 922,744,387. d Grants or scholarships 0 </td <td></td> <td></td> <td>9,079,430,202.</td> <td>0,551</td> <td>,439,039.</td> <td></td> <td></td> <td>,4//,00</td> <td>0,301.</td> <td>0,050,</td> <td>255,0</td> <td>52.</td> | | | 9,079,430,202. | 0,551 | ,439,039. | | | ,4//,00 | 0,301. | 0,050, | 255,0 | 52. |
| d Grants or scholarships | | | 1 140 700 170 | 070 | 700 441 | · · · | <i>'</i> | 274 70 | 2 1 6 1 | 0.2.2 | 744 3 | 07 |
| e Other expenditures for facilities and programs 259,549,093. 242,712,238. 249,347,326. 300,441,462. 303,339,038. f Administrative expenses 9,960,686,341. 9,079,436,262. 8,351,439,059. 6,802,426,758. 7,477,660,381. g End of year balance 9,960,686,341. 9,079,436,262. 8,351,439,059. 6,802,426,758. 7,477,660,381. g Poroide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a a a b 9.960,686,341. 9,079,436,262. 8,351,439,059. 6,802,426,758. 7,477,660,381. g Poroide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a <td></td> <td colspan="8"></td> <td>.87.</td> | | | | | | | | | | .87. | | |
| and programs 259,549,093. 242,712,238. 249,347,326. 300,441,462. 303,339,038. f Administrative expenses 9,960,686,341. 9,079,436,262. 8,351,439,059. 6,802,426,758. 7,477,660,381. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a a a a a Board designated or quasi-endowment ▶ 93.4741 % % b emanent endowment ▶ 1.0365 % b Permanent endowment ▶ 1.0365 % % % % % % (i) Unrelated organizations | | | | | | | | | | | | |
| f Administrative expenses 9,960,686,341. 9,079,436,262. 8,351,439,059. 6,802,426,758. 7,477,660,381. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 93.4741 % b Permanent endowment ▶ | е | Other expenditures for facilities | | | =1.0.000 | | | | | | | |
| g End of year balance 9,960,686,341. 9,079,436,262. 8,351,439,059. 6,802,426,758. 7,477,660,381. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ 93.4741 % b Permanent endowment ▶ 5.4894 % % % c Term endowment ▶ 1.0365 % % c Term endowment ▶ 1.0365 % % (i) Unrelated organizations (ii) Related organizations Yes No (ii) Related organizations (iii) Related organizations (iii) X 3a(ii) X d Describe in Part XIII the intended uses of the organization's endowment funds. 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 (b) Cost or other (c) Accumulated (d) Book value 1a Land 31,318,483. 31,318,483. 31,318,483. 31,318,483. 31,318,483. b Buildings 807,583,371. 407,821,112. 399,762,259. 6,88,815. 68,815. c Leasehold improvements 9211,674. 142,859. 66,815. 68,815. c L | | | 259,549,093. | 242 | ,712,238. | 249,347 | ,326. | 300,44 | 1,462. | 303, | 339,0 | 38. |
| 2 Provide the estimated percentage of the current year end balance (line 1g, column (ai) held as: a Board designated or quasi-endowment ▶ | f | Administrative expenses | | | | | | | | | | |
| a Board designated or quasi-endowment ▶ 93.4741 % b Permanent endowment ▶ 5.4894 % c Term endowment ▶ 1.0365 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) depreciation 31, 318, 483. b Buildings 31, 318, 483. c Leasehold improvements 211, 674. d Equipment 405, 887, 244. 330, 763, 602. 75, 123, 642. e Other 59, 903, 650. 6, 220, 542. 53, 683, 108. | g | | | | | | ,059.6 | ,802,42 | 6,758. | 7,477, | 660,3 | 81. |
| b Permanent endowment ▶ <u>5.4894</u> % c Term endowment ▶ <u>1.0365</u> % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 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 (other) (c) Accumulated depreciation b asis (investment) basis (other) (c) Accumulated depreciation 1a Land | | | | e (line 1 | g, column (a |)) held as: | | | | | | |
| c Term endowment ▶ | | | 93.4741 | _% | | | | | | | | |
| The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations (ii) Related organizations (iii) Related organizations isted as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 807, 583, 371. 407, 821, 112. 399, 762, 259. (a) Leasehold improvements (a) Cost or other depreciation (b) (a) (a) (b) (a) (a) (a) (a) (a) (a) (a) (a) (a) (a | | | | | | | | | | | | |
| Sa Are there endowment funds not in the possession of the organization that are held and administered for the organization by: Yes No (i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3b Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value Description of property (a) Cost or other basis (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.) | С | Term endowment 1.0365 | <u>%</u> | | | | | | | | | |
| by: (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings c Leasehold improvements d Equipment e Other Cotle. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Ye | | | • | | | | | | | | | |
| (i) Unrelated organizations 3a(i) X (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3clii) X 4 Describe in Part XIII the intended uses of the organization's endowment funds. 3b 3clii) X 9 Describe in Part XIII the intended uses of the organization's endowment funds. 3clii) X 3clii) X 9 Describe in Part XIII the intended uses of the organization's endowment funds. 0cliii 0cliiii 0cliiiiiii 0cliiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii | 3a | Are there endowment funds not in the posse | ession of the organization | ation tha | at are held ar | nd administer | ed for the | e organizat | ion | - | | |
| (ii) Related organizations 3a(ii) x b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI 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. | | by: | | | | | | | | | Yes | No |
| (ii) Related organizations 3a(ii) X b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 3b 3b 3b 3b 4 Describe in Part XIII the intended uses of the organization's endowment funds. 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

16460629 143399 326610

| 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. | |
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| | 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. |
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| | | | | | |
| 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 |
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| 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) |
|---------------------------------|------------|--------------------------|--------------------------|---------------------------------|--|---------------------------------------|---|
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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. | | |
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| | | | | | | | | | | |
| 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) |
|----------------|-------------------------------|-----------------------|
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| 132084 11-18-2 | 21 | Schedule G (Form 990) |

16460629 143399 326610

| 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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38

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 | | | | | | | | | | |
| 0003152 | x | | x | x | | х | | | | A |
| 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 |
| 1310 PUNAHOU STREET | | | | | | | | | | 1 |
| HONOLULU, HI 96826-1099 | | | | | | | | | | 1 |
| WWW,SHRINERSCHILDRENS.ORG | | | | | | | | | | |
| 8-H | x | | x | x | | х | | | | в |
| SHRINERS HOSPITAL FOR CHILDREN-OHIO | | | | | | | | | | |
| | | | | | | | | | | |
| 3229 BURNET AVENUE | | | | | | | | | | |
| CINCINNATI, OH 45229-3095 | | | | | | | | | | |
| WWW.SHRINERSCHILDRENS.ORG | | | | | | | | | | |
| 1808 | Х | | Х | Х | | Х | | | | A |
| SHRINERS HOSPITAL FOR CHILDREN-PHILAD | | | | | | | | | | |
| 3551 NORTH BROAD STREET | | | | | | | | | | |
| PHILADELPHIA, PA 19140-4131 | | | | | | | | | | |
| WWW.SHRINERSCHILDRENS.ORG | | | | | | | | | | |
| 07470100 | x | | x | x | | х | | | | A |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 3101 SW SAM JACKSON PARK RD. | | | | | | | | | | |
| PORTLAND, OR 97239-3095 | | | | | | | | | | |
| WWW.SHRINERSCHILDRENS.ORG | | | | | | | | | | |
| 14-0073 | Х | | Х | Х | | Х | | | | A |
| SHRINERS HOSPITAL FOR CHILDREN-SALT L | | | | | | | | | | |
| FAIRFAX ROAD AT VIRGINIA STREET | | | | | | | | | | |
| SALT LAKE CITY, UT 84103 | | | | | | | | | | |
| WWW.SHRINERSCHILDRENS.ORG | | | | | | | | | CONVERTED TO CLINIC | . |
| | | | | | | | | | 9/1/21 | |
| 2015-HOSP-206 | X | | X | X | | | | | 9/1/21 | A |
| SHRINERS HOSPITAL FOR CHILDREN-SHREVE | | | | | | | | | | |
| 3100 SAMFORD AVENUE | | | | | | | | | | |
| SHREVEPORT, LA 71103 | | | | | | | | | | |
| WWW.SHRINERSCHILDRENS.ORG | | | | | | | | | | |
| 179 | х | | х | x | | | | | | A |
| SHRINERS HOSPITAL FOR CHILDREN-SPOKAN | | | | | | | | | | |
| 911 WEST 5TH AVENUE | | | | | | | | | | |
| SPOKANE, WA 99204 | | | | | | | | | | |
| | | | | | | | | | | |
| WWW.SHRINERSCHILDRENS.ORG | _ | | | . | | | | | | |
| HAC.FS.0000042 | Х | | X | х | | Х | | | | В |
| 0 SHRINERS HOSPITAL FOR CHILDREN-ST. LO | | | | | | | | | | |
| 2001 S. LINDBERGH BOULEVARD | | | | | | | | | | |
| ST. LOUIS, MO 63131-3597 | | | | | | | | | | |
| WWW.SHRINERSCHILDRENS.ORG | | | | | | | | | | |
| 142-60 | x | | x | x | | x | | | | A |
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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 | | | | | | | | | | |
| 000247 | Х | | x | Х | | Х | | | | A |
| 2 SHRINERS HOSPITAL FOR CHILDREN-N. CAL | | | | | | | | | | |
| 2425 STOCKTON BOULEVARD | | | | | | | | | | |
| SACRAMENTO, CA 95817 | | | | | | | | | | |
| WWW.SHRINERSCHILDRENS.ORG | | | | | | | | | | |
| 03000620 | x | | x | x | | х | | | | A |
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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 |
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Section B. Facility Policies and Practices

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| Schedule H (Form 990) 2021 | SHRINERS | HOSPITALS | FOR | CHILDREN |
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| 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)

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| Part V | Facility Inform | ation (continue | ed) |
|------------|-------------------|-----------------|-----|
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| 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)

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| Schedule H | l (Form 990) 2021 | SHRIN | ERS | HOSPITALS | FOR | CHILDREN |
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| 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. | | | | | | | |

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| 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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| Part V Facility Information (continued) | | | |
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| 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) | | | |

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

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|----|----------|-----------|-----|----------|
| 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

132098 11-22-21

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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

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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

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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

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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

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

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

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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

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

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

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53

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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

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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

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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,

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

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

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

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

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

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

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

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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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SERVICE OFFERINGS WILL RECEIVE CARE COORDINATION AND BE REFERRED TO THE

APPROPRIATE PROFESSIONALS WITHIN THE COMMUNITY FOR PROVISION OF SERVICES.

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

FACILITY REPORTING GROUP B CONSISTS OF:

- FACILITY 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

INCLUDES AFFILIATE AND COMMUNITY PROVIDERS IN COMMUNITY OUTREACH,

COMMUNITY INVOLVEMENT, AND COMMUNITY EDUCATION TO ADDRESS IDENTIFIED

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

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

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

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

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

PRESENTING WITH HEALTH CARE NEEDS WHICH ARE OUTSIDE OF THE HOSPITAL

SERVICE OFFERINGS WILL RECEIVE CARE COORDINATION AND BE REFERRED TO THE

APPROPRIATE PROFESSIONALS WITHIN THE COMMUNITY FOR PROVISION OF SERVICES.

GROUP B-FACILITY 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

CHNA THROUGH SURVEYS AND FOCUS GROUPS.

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,

132098 11-22-21

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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

INCLUDES AFFILIATE AND COMMUNITY PROVIDERS IN COMMUNITY OUTREACH,

COMMUNITY INVOLVEMENT, AND COMMUNITY EDUCATION TO ADDRESS IDENTIFIED

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

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

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

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

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

PRESENTING WITH HEALTH CARE NEEDS WHICH ARE OUTSIDE OF THE HOSPITAL

SERVICE OFFERINGS WILL RECEIVE CARE COORDINATION AND BE REFERRED TO THE

APPROPRIATE PROFESSIONALS WITHIN THE COMMUNITY FOR PROVISION OF SERVICES.

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

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

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SERVICE OFFERINGS WILL RECEIVE CARE COORDINATION AND BE REFERRED TO THE

APPROPRIATE PROFESSIONALS WITHIN THE COMMUNITY FOR PROVISION OF SERVICES.

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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 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) |
|--------|------------|------------|-------------|
|--------|------------|------------|-------------|

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 |
| | |
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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 |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------------|---|---------------------------------------|
| | | | | | |
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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) | | | | | | | |
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| | (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. | |
| 132212 11-11-21 76 | Schedule O (Form 990) 2021 |

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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| 132212 11-11-21 79 | Schedule O (Form 990) 202 |

| SCHEDULE | R |
|----------|---|
| (= 000) | |

(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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Page 2

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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 |
| | _ | | | | | | | | | | |
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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) | | | |
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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 | |
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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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