

Form **990**
Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047
2019
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
JOE DIMAGGIO CHILDREN'S HOSPITAL
FOUNDATION INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
3329 JOHNSON STREET

City or town, state or province, country, and ZIP or foreign postal code
HOLLYWOOD, FL 33021

F Name and address of principal officer:
KEVIN R JANSE
3329 JOHNSON STREET
HOLLYWOOD, FL 33021

D Employer identification number
65-0492343

E Telephone number
(954) 265-3454

G Gross receipts \$ 24,237,368

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW.JDCHFOUNDATION.ORG

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 1994 **M** State of legal domicile: FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
JOE DIMAGGIO CHILDREN'S HOSPITAL FOUNDATION IS DEDICATED TO SUPPORTING JOE DIMAGGIO CHILDREN'S HOSPITAL (JDCH) AND ITS MISSION TO HEAL THE BODY, MIND AND SPIRIT OF THOSE THEY TOUCH. DURING THE FISCAL YEAR THE FOUNDATION FUNDED CAPITAL PROJECTS, VARIOUS PROGRAMS AND PROVIDED SUPPORT TO PATIENTS AND FAMILIES.

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

3 Number of voting members of the governing body (Part VI, line 1a)	3	36
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	36
5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	525
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 39	7b	0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	11,891,477	7,962,120
9 Program service revenue (Part VIII, line 2g)	0	0
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,411,492	712,662
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	984,742	915,845
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,287,711	9,590,627
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,711,583	1,413,951
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	0	0
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) ▶102,661		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	531,699	617,167
18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,243,282	2,031,118
19 Revenue less expenses. Subtract line 18 from line 12	11,044,429	7,559,509
	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	54,714,061	67,771,739
21 Total liabilities (Part X, line 26)	1,793,899	1,529,156
22 Net assets or fund balances. Subtract line 21 from line 20	52,920,162	66,242,583

Part II Signature Block

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

Sign Here Signature of officer: ***** Date: 2020-11-05
KEVIN R JANSE SR VP AND CDO Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: Preparer's signature: Date: 2020-10-30
Firm's name: ▶ RSM US LLP Firm's EIN: ▶ 42-0714325
Firm's address: ▶ 7351 OFFICE PARK PL MELBOURNE, FL 329408229 Phone no. (321) 751-6200

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:

TO UNDERWRITE THE COSTS OF EQUIPMENT, PROGRAMS, AND SERVICES PROVIDED BY JOE DIMAGGIO CHILDREN'S HOSPITAL AND PROVIDE FUNDING FOR EDUCATIONAL, RECREATIONAL, AND THERAPEUTIC PROGRAMS FOR PATIENTS AND FAMILIES OF JOE DIMAGGIO CHILDREN'S HOSPITAL.

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

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

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 596,745 including grants of \$ 596,745) (Revenue \$)
See Additional Data

4b (Code:) (Expenses \$ 369,795 including grants of \$ 369,795) (Revenue \$)
See Additional Data

4c (Code:) (Expenses \$ 337,191 including grants of \$ 337,191) (Revenue \$)
See Additional Data

(Code:) (Expenses \$ 110,220 including grants of \$ 110,220) (Revenue \$)

- PROVIDE FUNDING FOR HEALTHCARE TO ASSIST PATIENTS.- PROVIDE FINANCIAL AID TO FAMILIES WHOSE CRITICALLY ILL CHILDREN ARE BEING TREATED AT JOE DIMAGGIO CHILDREN'S HOSPITAL FOR NON-HOSPITAL EXPENSES.

4d Other program services (Describe in Schedule O.)
(Expenses \$ 110,220 including grants of \$ 110,220) (Revenue \$)

4e Total program service expenses ▶ 1,413,951

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, and Yes/No response. Rows include questions 1 through 21, with sub-questions a-f for items 11 and 14. Each row has a corresponding 'Yes' or 'No' in the rightmost column.

Part IV Checklist of Required Schedules (continued)

Table with 3 main columns: Question/Description, Yes, No. Rows 22-38 covering various organizational requirements and schedules.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 main columns: Question/Description, Yes, No. Rows 1a, 1b, 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

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



Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 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?; 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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 in Schedule O.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 List the states with which a copy of this Form 990 is required to be filed AR, CO, DC, FL, HI, IL, KS, KY, MA, MD, ME, MN, MS, NC, NH, NJ, NV, NY, OK, OR, SC, TN, UT, WA, WI, CA, AL, CT, GA, MI, MO, NM, OH, PA, RI, VA, WV 18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records: KEVIN R JANSER 3329 JOHNSON STREET HOLLYWOOD, FL 33021 (954) 265-3454

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	824,790			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	7,137,330			
	g Noncash contributions included in lines 1a - 1f:\$	1g	467,497			
	h Total. Add lines 1a-1f		7,962,120			
Program Service Revenue	2a	Business Code				
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,644,624		1,644,624	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	6a	(i) Real			
			(ii) Personal			
		b Less: rental expenses	6b			
		c Rental income or (loss)	6c			
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	12,795,654		
			(ii) Other			
		b Less: cost or other basis and sales expenses	7b	13,727,616		
		c Gain or (loss)	7c	-931,962		
	d Net gain or (loss)			-931,962	-931,962	
	8a Gross income from fundraising events (not including \$ 824,790 of contributions reported on line 1c). See Part IV, line 18	8a		1,682,031		
			8b	861,296		
c Net income or (loss) from fundraising events				820,735	820,735	
9a Gross income from gaming activities. See Part IV, line 19	9a		152,939			
		9b	57,829			
	c Net income or (loss) from gaming activities			95,110	95,110	
10a Gross sales of inventory, less returns and allowances	10a					
		10b				
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11a	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions		9,590,627	0	0	1,628,507	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,303,731	1,303,731		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	110,220	110,220		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	3,895		3,895	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	151,862		151,862	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	148,336		111,081	37,255
12 Advertising and promotion				
13 Office expenses	138,154		90,804	47,350
14 Information technology				
15 Royalties				
16 Occupancy	942		942	
17 Travel	4,523		4,523	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	17,569			17,569
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a UNCOLLECTIBLE PLEDGES	146,457		146,457	
b EDUCATIONAL SUPPLIES	4,942		4,942	
c DONOR RECOGNITION	487			487
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	2,031,118	1,413,951	514,506	102,661
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	2,899,943	1	3,180,442
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	3,457,401	3	4,089,526
	4 Accounts receivable, net		4	
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	20,505	9	15,211
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	66,706		
	b Less: accumulated depreciation	66,706	0	0
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11	45,781,706	12	57,855,164
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,554,506	15	2,631,396
16 Total assets. Add lines 1 through 15 (must equal line 34)	54,714,061	16	67,771,739	
Liabilities	17 Accounts payable and accrued expenses	15,272	17	1,906
	18 Grants payable		18	
	19 Deferred revenue	615,355	19	515,907
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	1,163,272	25	1,011,343
	26 Total liabilities. Add lines 17 through 25	1,793,899	26	1,529,156
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	22,534,831	27	29,754,683
	28 Net assets with donor restrictions	30,385,331	28	36,487,900
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	52,920,162	32	66,242,583	
33 Total liabilities and net assets/fund balances	54,714,061	33	67,771,739	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	9,590,627
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,031,118
3	Revenue less expenses. Subtract line 2 from line 1	3	7,559,509
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	52,920,162
5	Net unrealized gains (losses) on investments	5	5,762,912
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 in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	66,242,583

Part XII Financial Statements and Reporting

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

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

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

Additional Data

Software ID:

Software Version:

EIN: 65-0492343

Name: JOE DIMAGGIO CHILDREN'S HOSPITAL
FOUNDATION INC

Form 990 (2019)

Form 990, Part III, Line 4a:

- PROVIDE FUNDING FOR EDUCATIONAL, THERAPEUTIC, AND RECREATIONAL ACTIVITIES TO CHILDREN AND FAMILIES OF THE JOE DIMAGGIO CHILDREN'S HOSPITAL.

Form 990, Part III, Line 4b:

- PROVIDE FUNDING TO JOE DIMAGGIO'S CHILDREN'S HOSPITAL FOR RENOVATIONS, PURCHASE MEDICAL EQUIPMENT AND ASSIST WITH FUNDING THE CHILDREN'S HOSPITAL PROJECT.

Form 990, Part III, Line 4c:

- SUPPORT DAILY OPERATIONS OF THE CONINE CLUBHOUSE FOR FAMILIES OF HOSPITAL PATIENTS. MORE THAN 700 FAMILIES CALL THE CONINE CLUBHOUSE THEIR HOME EACH YEAR WHILE THEIR CHILDREN ARE PATIENTS AT JOE DIMAGGIO CHILDREN'S HOSPITAL. FAMILIES ARE PROVIDED A PLACE TO STAY WHICH ALLOWS THEM TO REMAIN CLOSE BY THEIR CHILDREN, FREE OF CHARGE, HELPING TO EASE THEIR MIND DURING A STRESSFUL TIME.

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
THOMAS OLIVERI CHAIRMAN	3.00	X		X				0	0	0
STUART SIEGEL IMMEDIATE PAST CHAIRMAN	2.00	X		X				0	0	0
ANDREW J GREENFIELD MD 1ST VICE CHAIRMAN	2.00	X		X				0	0	0
R DOUG GAWRYCH CPA 2ND VICE CHAIRMAN	2.00	X		X				0	0	0
DOUGLAS COLLIER TREASURER	2.00	X		X				0	0	0
SUSANNE HUROWITZ SECRETARY	2.00	X		X				0	0	0
NINA BEAUCHESNE AT LARGE MEMBER	2.00	X		X				0	0	0
BRETT ROSE AT LARGE MEMBER	2.00	X		X				0	0	0
CARL SCHUSTER ESQ AT LARGE MEMBER	2.00	X		X				0	0	0
MAUREEN ADAMS DIRECTOR	1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MANDEE HELLER ADLER DIRECTOR	1.00	X						0	0	0
RICHARD AUERBACH MD DIRECTOR	1.00	X						0	0	0
STEVEN BECKER DIRECTOR	1.00	X						0	0	0
JOE BERKOVITS DIRECTOR	1.00	X						0	0	0
HOWARD BERLIN MD DIRECTOR	1.00	X						0	0	0
KEN BIERMAN DIRECTOR	1.00	X						0	0	0
GARY BIRKEN MD DIRECTOR	1.00	X						0	0	0
ANTHONY BLAND DIRECTOR	1.00	X						0	0	0
LINDA COOKE DIRECTOR	1.00	X						0	0	0
MITCHELL EISENBERG MD DIRECTOR	2.00 1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JOEY EPSTEIN DIRECTOR	1.00	X						0	0	0
ALBERTO FERNANDEZ DIRECTOR	1.00	X						0	0	0
ALEJANDRA FERNANDEZ DIRECTOR	1.00	X						0	0	0
AURELIO FERNANDEZ III FACHE DIRECTOR	1.00	X						0	0	0
FREDERICK KEROFF MD DIRECTOR	4.00 1.00	X						0	0	0
ELDEN LEGAUX DIRECTOR	1.00	X						0	0	0
DARA K LEVAN DIRECTOR	1.00	X						0	0	0
LUIS RAEZ MD DIRECTOR	1.00	X						0	0	0
ZEFF ROSS FACHE DIRECTOR	1.00	X						0	0	0
FRANK SCHOLL MD DIRECTOR	1.00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
LAWRENCE SHARE DIRECTOR	1.00 1.00	X						0	0	0
CAITLIN STELLA DIRECTOR	1.00 1.00	X						0	0	0
MARCIA TABATCHNICK DIRECTOR	1.00 1.00	X						0	0	0
RICHARD TOREN DIRECTOR	1.00 1.00	X						0	0	0
NORMA KIPNIS WILSON DIRECTOR	1.00 1.00	X						0	0	0
DENISE WITTICH DIRECTOR	1.00 1.00	X						0	0	0
KEVIN JANSER SR. VP & CDO	20.00 20.00			X				0	0	0

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2019
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
JOE DIMAGGIO CHILDREN'S HOSPITAL
FOUNDATION INC

Employer identification number
65-0492343

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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 failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	1,794,002	4,958,046	4,629,880	11,891,477	7,962,120	31,235,525
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..	801,448	1,219,712	1,226,724	1,344,604	1,445,978	6,038,466
4 Total. Add lines 1 through 3	2,595,450	6,177,758	5,856,604	13,236,081	9,408,098	37,273,991
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) . . .						3,581,757
6 Public support. Subtract line 5 from line 4.						33,692,234

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4. . .	2,595,450	6,177,758	5,856,604	13,236,081	9,408,098	37,273,991
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .	599,984	719,256	791,547	1,319,789	1,644,624	5,075,200
9 Net income from unrelated business activities, whether or not the business is regularly carried on. . .						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . . .						
11 Total support. Add lines 7 through 10						42,349,191
12 Gross receipts from related activities, etc. (see instructions)					12	6,683,601
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	79.560 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	15	79.910 %
16a 33 1/3% support test—2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test—2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10%-facts-and-circumstances test—2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c	Add lines 7a and 7b.						
8	Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6.						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c	Add lines 10a and 10b.						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)		
2	Activities Test. Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations. Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 65-0492343

Name: JOE DIMAGGIO CHILDREN'S HOSPITAL
FOUNDATION INC

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).

Facts And Circumstances Test

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2019

Open to Public Inspection

Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

Department of the Treasury Internal Revenue Service

Name of the organization: JOE DIMAGGIO CHILDREN'S HOSPITAL FOUNDATION INC

Employer identification number: 65-0492343

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate value of contributions to (during year), Aggregate value of grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements.

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

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

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

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X.
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1, b Assets included in Form 990, Part X.

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . . **Yes** **No**

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---|--------|
| 1c Beginning balance | |
| 1d Additions during the year | |
| 1e Distributions during the year | |
| 1f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? . . . **Yes** **No**
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	6,600,434	6,512,427	6,057,736	5,645,334	5,645,334
b Contributions	630,193	88,007	454,691	412,402	
c Net investment earnings, gains, and losses	559,398	-72,369	677,681	361,604	136,747
d Grants or scholarships					
e Other expenditures for facilities and programs	559,398	-72,369	677,681	361,604	136,747
f Administrative expenses					
g End of year balance	7,230,627	6,600,434	6,512,427	6,057,736	5,645,334

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a** Board designated or quasi-endowment ▶ 66.290 %
 - b** Permanent endowment ▶ 33.710 %
 - c** Temporarily restricted endowment ▶ 0 %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 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 Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		14,706	14,706	0
d Equipment		52,000	52,000	0
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				0

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) MUTUAL FUNDS	57,851,789	F
(B) LIMITED PARTNERSHIP INVESTMENT	3,375	F
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)	57,855,164	

Part VIII Investments—Program Related.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 13.)		

Part IX Other Assets.

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

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.)	

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.)	1,011,343

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

1	Total revenue, gains, and other support per audited financial statements	1	17,874,297
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	5,762,912
b	Donated services and use of facilities	2b	1,753,495
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	919,125
e	Add lines 2a through 2d	2e	8,435,532
3	Subtract line 2e from line 1	3	9,438,765
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	151,862
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	151,862
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	9,590,627

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

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

1	Total expenses and losses per audited financial statements	1	4,551,876
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,753,495
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	919,125
e	Add lines 2a through 2d	2e	2,672,620
3	Subtract line 2e from line 1	3	1,879,256
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	151,862
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	151,862
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	2,031,118

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 65-0492343

Name: JOE DIMAGGIO CHILDREN'S HOSPITAL
FOUNDATION INC

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	DONOR RESTRICTED ENDOWMENT: GIFTS MADE TO THE LOVE JEN ENDOWMENT ARE INVESTED, PRESERVED AND USED FOR THE BENEFIT OF PATIENTS AT THE HOSPITAL AND THEIR FAMILIES. THE ENDOWMENT PROVIDES FINANCIAL ASSISTANCE WHEN CIRCUMSTANCES ARISE SUCH AS PAYING FOR MEDICATIONS NOT COVERED BY INSURANCE, HOSPITAL MEALS FOR FAMILIES AND BEREAVEMENT EXPENSES AND IS INCLUDED IN NET ASSETS WITH DONOR RESTRICTIONS IN THE ACCOMPANYING STATEMENTS OF FINANCIAL POSITION. INCOME EARNED ON THE ENDOWMENT IS REPORTED IN NET ASSETS WITHOUT DONOR RESTRICTIONS IN THE ACCOMPANYING STATEMENT OF ACTIVITIES AS THEY ARE USED ANNUALLY TO MEET THE INTENTIONS ESTABLISHED BY THE DONOR. BOARD-DESIGNATED ENDOWMENT: THE SAYFIE ENDOWMENT WAS NAMED IN HONOR OF DR. ERNEST SAYFIE, THE FOUNDER OF THE ORGANIZATION. THE ENDOWMENT IS FUNDED WITH 50% OF ANY UNRESTRICTED ESTATE GIFTS RECEIVED BY THE ORGANIZATION. THE SAYFIE ENDOWMENT HAS DESIGNATED THE ENDOWMENT EARNINGS TO BE USED FOR THE CURRENT AND FUTURE OPERATING NEEDS OF THE ORGANIZATION AND IS INCLUDED IN NET ASSETS WITHOUT DONOR RESTRICTIONS.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2:	THE ORGANIZATION APPLIES THE PROVISIONS OF FASB ASC TOPIC 740, INCOME TAXES, IN ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. ASC 740 PROVIDES GUIDANCE ON WHEN TAX POSITIONS ARE RECOGNIZED IN AN ENTITY'S FINANCIAL STATEMENTS AND HOW THE VALUES OF THESE POSITIONS ARE DETERMINED. THERE IS CURRENTLY NO IMPACT ON THE ORGANIZATION'S FINANCIAL STATEMENTS AS A RESULT OF THE APPLICATION OF ASC 740. THE FEDERAL INCOME TAX RETURNS OF THE ORGANIZATION ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE GENERALLY FOR THREE YEARS AFTER THEY ARE FILED.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	FUNDRAISING EVENT EXPENSE NETTED AGAINST REVENUE 861,296. GAMING EXPENSE NETTED AGAINST REVENUE 57,829.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	FUNDRAISING EVENT EXPENSE NETTED AGAINST REVENUE 861,296. GAMING EXPENSE NETTED AGAINST REVENUE 57,829.

Supplemental Information

Return Reference	Explanation
PART XI-LINE 2B AND PART XII-LINE 2A	EMPLOYEES OF SOUTH BROWARD HOSPITAL DISTRICT D/B/A MEMORIAL HEALTHCARE SYSTEM (MHS) PERFORM MANAGEMENT AND OPERATING FUNCTIONS FOR JOE DIMAGGIO CHILDREN'S HOSPITAL FOUNDATION (JDCHF) AND JDCHF OCCUPIES SPACE PROVIDED BY MHS. PURSUANT TO AN ADMINISTRATIVE SERVICE AGREEMENT, MHS DONATED THESE SERVICES AND SPACE BACK TO JDCHF. FOR THE YEAR ENDED DECEMBER 31, 2019, THE AMOUNT DONATED BY MHS WAS \$1,445,978. SPECIAL EVENT REVENUE INCLUDED GIFT-IN-KIND OF VARIOUS SERVICES TOTALING \$307,207. ADMINISTRATIVE SERVICE AGREEMENT \$1,445,978 SPECIAL EVENT SERVICES 307,207 NON-SPECIAL EVENTS 310 ----- TOTAL DONATED SERVICES & FACILITIES \$1,753,495 =====

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

Revenue	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
	<u>TOUR DE BROWARD</u> (event type)	<u>DIAMOND ANGELS</u> (event type)	<u>2</u> (total number)	(add col. (a) through col. (c))	
1 Gross receipts	924,604	772,034	810,183	2,506,821	
2 Less: Contributions	266,748	366,204	191,838	824,790	
3 Gross income (line 1 minus line 2)	657,856	405,830	618,345	1,682,031	
Direct Expenses	4 Cash prizes	900	166,759	22,758	190,417
	5 Noncash prizes		43,512	26,202	69,714
	6 Rent/facility costs		263,460	175,059	438,519
	7 Food and beverages	23,479	1,499	7,430	32,408
	8 Entertainment		15,888		15,888
	9 Other direct expenses	14,169	29,647	70,534	114,350
10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				861,296	
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				820,735	

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

Revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))	
	1 Gross revenue			152,939	152,939
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs			6,013	6,013
	5 Other direct expenses			51,816	51,816
Revenue	<input type="checkbox"/> Yes _____%	<input type="checkbox"/> Yes _____%	<input type="checkbox"/> Yes _____%		
	<input type="checkbox"/> No	<input type="checkbox"/> No	<input checked="" type="checkbox"/> No		
6 Volunteer labor					
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				57,829	
8 Net gaming income summary. Subtract line 7 from line 1, column (d). ▶				95,110	

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

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

b If "No," explain: THESE WERE OUTSIDE EVENTS. THE ORGANIZATION DID NOT NEED A LICENSE BECAUSE IT WAS PUT ON FOR THE ORGANIZATION BY HARD ROCK CASINO.

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

b If "Yes," explain:

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

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

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	100.000 %

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

Name ▶ CRAIG COHEN

Address ▶ 3329 JOHNSON STREET HOLLYWOOD, FL 33021

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

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

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ MEMORIAL HEALTHCARE SYSTEM STAFF

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ MEMORIAL HEALTHCARE SYSTEM PROVIDES STAFF TO PLAN AND CARRY OUT THE POKER TOURNAMENT EVENT AT THE HARD ROCK CASINO IN HOLLYWOOD, FL. FUNDS ARE RAISED BY SECURING SPONSORSHIPS AND PARTICIPANT REGISTRATIONS. STAFF IS ALSO RESPONSIBLE FOR ADVERTISING AND MONITORING ONLINE REGISTRATIONS.

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

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

Return Reference	Explanation
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Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

**Schedule I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

OMB No. 1545-0047

2019

**Open to Public
Inspection**

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

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

Department of the
Treasury
Internal Revenue Service

Name of the organization
JOE DIMAGGIO CHILDREN'S HOSPITAL
FOUNDATION INC

Employer identification number
65-0492343

Part I General Information on Grants and Assistance

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) JOE DIMAGGIO CHILDREN'S HOSPITAL (SOUTH BROWARD HOSPITAL DISTRICT DBA MHS) 1005 JOE DIMAGGIO DRIVE HOLLYWOOD, FL 33021	59-6014973	501(C)(3)	1,303,731				GENERAL SUPPORT

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

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) EMERGENCY ASSISTANCE - RENT, UTILITIES, CAR INSURANCE, AND OTHER BILLS PAID ON BEHALF OF PATIENTS OF MEMORIAL HOSPITAL	150	110,220			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
PART I, LINE 2:	<p>1. OVERVIEW: JOE DIMAGGIO CHILDREN'S HOSPITAL FOUNDATION, INC. IS A LEGALLY SEPARATE TAX EXEMPT COMPONENT UNIT OF JOE DIMAGGIO CHILDREN'S HOSPITAL THAT IS A PART OF SOUTH BROWARD HOSPITAL DISTRICT DBA MEMORIAL HEALTHCARE SYSTEM (THE SYSTEM). THE FOUNDATION WAS ESTABLISHED TO SUPPORT THE CHARITABLE MISSION OF MEMORIAL HEALTHCARE SYSTEM AND TO SUPPLEMENT THE RESOURCES THAT ARE AVAILABLE TO THE SYSTEM IN SUPPORT OF ITS PROGRAMS. 2. FOUNDATION AWARD APPLICATION AND APPROVAL PROCESS: FUNDING OPPORTUNITIES ARE IDENTIFIED BY THE HEALTHCARE SYSTEM AND PRESENTED TO THE FOUNDATION. IF A REQUEST IS LESS THAN \$5,000, THEN A SIMPLE MEMORANDUM TO THE SENIOR VICE PRESIDENT AND CHIEF DEVELOPMENT OFFICER DETAILING THE USE OF THE FUNDS IS REQUIRED. AT THAT TIME, A DECISION IS MADE AS TO WHAT IS APPROVED AND FROM WHICH FUNDS THE APPROVED DOLLARS WILL COME FROM. IF THE REQUEST IS GREATER THAN \$5,000, THEN A FORMAL ALLOCATION REQUEST FORM THAT GOES BEFORE THE FOUNDATION'S ALLOCATION COMMITTEE FOR APPROVAL MUST BE COMPLETED. EACH REQUEST MUST INCLUDE PROJECT DESCRIPTION, ESTIMATED COSTS AND FUNDING TIMELINE, ALONG WITH REQUIRED SUPERVISORY SIGNATURES. THE SUBMITTED GRANT APPLICATION REQUESTS ARE THEN PRESENTED TO THE FOUNDATION'S ALLOCATIONS COMMITTEE AT THEIR QUARTERLY MEETING. AT THAT TIME, SUGGESTIONS ARE MADE AS TO WHAT SHOULD BE APPROVED AND FROM WHICH FUNDS WILL THE APPROVED DOLLARS COME FROM. APPROVED RECOMMENDATIONS FROM THE ALLOCATIONS COMMITTEE ARE PRESENTED TO THE FOUNDATION'S BOARD OF DIRECTORS AT THEIR QUARTERLY MEETING FOR APPROVAL. 3. POST AWARD PROCESS: THE FOUNDATION NOTIFIES THE REQUESTOR, SENIOR AND/OR EXECUTIVE LEADERSHIP AND FINANCE MANAGER VIA A MEMO THAT THE PROJECT HAS BEEN APPROVED. THE PROJECT ADMINISTRATOR IS RESPONSIBLE FOR EXECUTING THE PROJECT ACCORDING TO THE GUIDELINES. HE OR SHE EMPLOYS REQUIRED PERSONNEL, PROCURES GOODS AND SERVICES, IDENTIFIES PATIENTS AS APPLICABLE TO THE PROGRAM AS WELL AS REPORTS ANY OUTCOMES REQUIRED BY THE AGREEMENT. PROJECT ADMINISTRATORS ARE GIVEN ONE YEAR FROM APPROVAL DATE TO EXECUTE THE PROJECT. IF NO ACTION HAS BEEN TAKEN, THE FUNDS ARE RELEASED FOR ALLOCATION TO ANOTHER PROJECT.</p>

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization
JOE DIMAGGIO CHILDREN'S HOSPITAL
FOUNDATION INC

Employer identification number
65-0492343

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
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				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (AUCTION ITEMS/PRIZES)	X	303	322,820	FMV
26 Other ▶ (SEE PT. II)	X	172	107,304	FMV
27 Other ▶ (SEE PT. II)	X	25	37,373	FMV
28 Other ▶ ()				

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

29	
-----------	--

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

	Yes	No
30a		No
31		No
32a		No

b If "Yes," describe the arrangement in Part II.

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

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

b If "Yes," describe in Part II.

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

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

Return Reference	Explanation
PART I, COLUMN (B):	THE NUMBER OF CONTRIBUTIONS REPRESENTS THE NUMBER OF UNIQUE CONTRIBUTIONS, NOT THE NUMBER OF ITEMS DONATED. SCHEDULE M, PART I, LINES 26 AND 27, TYPES OF PROPERTY CONTRIBUTED, CONTINUED: LINE 26) CHILDREN'S TOYS AND CLOTHING ITEMS - 172 ITEMS, \$107,304 LINE 27) EVENT FOOD & BEVERAGES - 25 ITEMS, \$33,373

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public Inspection**

Department of the Treasury

Name of the organization

JOE DIMAGGIO CHILDREN'S HOSPITAL
FOUNDATION INC

Employer identification number

65-0492343

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 3	THE MANAGEMENT DUTIES OF THE FOUNDATION ARE DELEGATED TO SOUTH BROWARD HOSPITAL DISTRICT DBA MEMORIAL HEALTHCARE SYSTEM.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	MANAGEMENT AND THE SR. VP & CDO REVIEW AND COMMENT ON FORM 990 BEFORE IT IS FILED WITH THE IRS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE BOARD IS INFORMED OF POTENTIAL CONFLICTS OF INTEREST AT REGULAR BOARD MEETINGS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST FOR THE SAME PERIOD OF DISCLOSURE AS SET FORTH BY IRC SECTION 6104(D).

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PT. VIII, LINE 9A	DURING THE TAX YEAR, THE ORGANIZATION HELD A POKER TOURNAMENT. CONTRIBUTIONS RAISED AT THE EVENT OF \$187,002 ARE REPORTED ON FORM 990, PT. VIII, LINE 1F IN ACCORDANCE WITH IRS INSTRUCTIONS. CONTRIBUTIONS FROM THE GAMING EVENT ARE NOT REPORTED ON 990 PT. VIII, LINES 1C OR 9A.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C:	THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2019

Open to Public Inspection

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**
 ▶ **Attach to Form 990.**
 ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Department of the Treasury
Internal Revenue Service

Name of the organization
JOE DIMAGGIO CHILDREN'S HOSPITAL
FOUNDATION INC

Employer identification number

65-0492343

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) FLORIDA COMMUNITY HEALTH NETWORK CORP 3109 STIRLING ROAD STE 201 FORT LAUDERDALE, FL 33312 46-1405669	SUPPORT CHARITABLE ACTIVITIES OF MEMORIAL FOUNDATION, INC.	FL	501(C)3	LINE 12A, I	MEMORIAL FOUNDATION INC	Yes	
(2) ATLANTIC COAST ASC HOLDING COMPANY INC 3109 STIRLING ROAD STE 201 FORT LAUDERDALE, FL 33312 46-1875883	SUPPORT CHARITABLE ACTIVITIES OF FLORIDA COMMUNITY HEALTH NETWORK CORP	FL	501(C)3	LINE 12A, I	FLORIDA COMMUNITY HEALTH NETWORK CORP	Yes	
(3) ATLANTIC COAST ASC GP1 INC 3109 STIRLING ROAD STE 201 FORT LAUDERDALE, FL 33312 46-1876304	MAJORITY GENERAL PARTNER IN AMBULATORY SURGICAL CENTER	FL	501(C)3	LINE 12A, I	ATLANTIC COAST ASC HOLDING COMPANY INC	Yes	
(4) MEMORIAL FOUNDATION INC 3109 STIRLING ROAD STE 201 FORT LAUDERDALE, FL 33312 59-2082218	PROVIDES SUPPORT TO MEMORIAL HEALTHCARE SYSTEM.	FL	501(C)3	LINE 7	N/A		No

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

See Additional Data Table

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of- year assets	(h) Percentage ownership	(i) Section 512(b) (13) controlled entity?	
								Yes	No
(1) ATLANTIC COAST HOLDINGS INC 3109 STIRLING ROAD STE 201 FORT LAUDERDALE, FL 33312 46-3231265	INVESTMENT IN HEALTH CARE VENTURES	FL	FLORIDA COMMUNITY HEALTH NETWORK CORP	C					No

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	No
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	No
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	No
o Sharing of paid employees with related organization(s)	1o	No
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	No

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 65-0492343
Name: JOE DIMAGGIO CHILDREN'S HOSPITAL
 FOUNDATION INC

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Domicile (State or Foreign Country)	(d) Direct Controlling Entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end- of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in Box 20 of Schedule K-1 (Form 1065)	(j) General or Managing Partner?		(k) Percentage ownership
							Yes	No		Yes	No	
AMBULATORY SURGICAL FACILITY OF SOUTH FLORIDA LLLP 501 N FLAMINGO ROAD PEMBROKE PINES, FL 33028 59-2753716	OPERATING AND/OR MANAGING AMBULATORY SURGICAL	FL	ATLANTIC COAST ASC GP1 INC	RELATED				No		Yes		
SBE HOLDINGS LLC 11011 SHERIDAN ST STE 106 COOPER CITY, FL 33026 46-5454822	MEMBER OF SOUTH BROWARD ENDOSCOPY, LLC	FL	ATLANTIC COAST HOLDINGS INC	EXCLUDED				No		Yes		
COHEN MEDICAL ASSOCIATES LLC 1300 JOG RD STE 205 DELRAY BEACH, FL 33446 04-3782956	PRIMARY CARE MEDICAL PRACTICE	FL	ATLANTIC COAST HOLDINGS INC	RELATED				No		Yes		
HALLANDALE OUTPATIENT SURGICAL CENTER LTD C/O LANCE J LEHMANN 306 E HALLANDAL HALLANDALE BEACH, FL 33009 20-0244303	OPERATE AMBULATORY SURGERY CENTER	FL	HOSC GP LLC	RELATED				No		Yes		
CYPRESS CREEK OUTPATIENT SURGICAL CENTER HOLDING COMPANY LLC 3109 STIRLING ROAD STE 201 FORT LAUDERDALE, FL 33312 35-2596854	HOLDING COMPANY	FL	ATLANTIC COAST HOLDINGS INC	RELATED				No		Yes		
AMSURG FCHN ASC VENTURES LLC 14 BURTON HILLS BLVD NASHVILLE, TN 37215 81-5071853	HOLDING COMPANY	FL	ATLANTIC COAST HOLDINGS INC	RELATED				No		Yes		
COHEN MEDICAL RESEARCH ASSOCIATES LLC 15340 JOG ROAD STE 200 DELRAY BEACH, FL 33446 81-3824113	CLINICAL TRIALS RESEARCH	FL	COHEN MEDICAL ASSOCIATES LLC	RELATED				No		Yes		
MHS STAFFING RESOURCES LLC 1000 SAWGRASS CORP PKWY 100 SUNRISE, FL 33323 83-4468496	TEMPORARY STAFFING SERVICES	FL	ATLANTIC COAST HOLDINGS INC	RELATED				No		Yes		