

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2007 calendar year, or tax year beginning

and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization SHRINERS HOSPITALS FOR CHILDREN		D Employer identification number 36-2193608
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite POST OFFICE BOX 31356		E Telephone number (813) 281-0300
		City or town, state or country, and ZIP + 4 TAMPA, FL 33631-3356		F Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
		• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).		

G Website: ▶ HTTP://WWW.SHRINERSHQ.ORG/

J Organization type (check only one) 501(c)(03) (insert no.) 4947(a)(1) or 527

K Check here if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

Hand I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates ▶ N/A
H(c) Are all affiliates included? (If "No," attach a list.) N/A Yes No
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number ▶ N/A

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 6,863,922,527.

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1 Contributions, gifts, grants, and similar amounts received:				
	a Contributions to donor advised funds	1a			
	b Direct public support (not included on line 1a)	1b	208,272,079.		
	c Indirect public support (not included on line 1a)	1c	1,639,921.		
	d Government contributions (grants) (not included on line 1a)	1d			
	e Total (add lines 1a through 1d) (cash \$ 196,311,198. noncash \$ 13,600,802.)	1e			209,912,000.
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2			
	3 Membership dues and assessments	3			1,764,000.
	4 Interest on savings and temporary cash investments	4			
	5 Dividends and interest from securities	5			212,654,092.
	6 a Gross rents SEE STATEMENT 1	6a	4,280,888.		
	b Less: rental expenses	6b			
c Net rental income or (loss). Subtract line 6b from line 6a	6c			4,280,888.	
7 Other investment income (describe ▶ TRUST INCOME)	7			16,776,569.	
8 a Gross amount from sales of assets other than inventory	(A) Securities	8a			
	6,397,818,249.				
	b Less: cost or other basis and sales expenses	8b	202,886.		
	6,046,532,726.				
c Gain or (loss) (attach schedule)	8c	-202,886.			
d Net gain or (loss). Combine line 8c, columns (A) and (B) STMT 2 STMT 3	8d			351,082,637.	
9 Special events and activities (attach schedule). If any amount is from gaming, check here <input checked="" type="checkbox"/>					
a Gross revenue (not including \$ 0. of contributions reported on line 1b)	9a	14,323,761.			
b Less: direct expenses other than fundraising expenses	9b	4,994,721.			
c Net income or (loss) from special events. Subtract line 9b from line 9a SEE STATEMENT 5	9c			9,329,040.	
10 a Gross sales of inventory, less returns and allowances	10a				
	b Less: cost of goods sold	10b			
	c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11 Other revenue (from Part VII, line 103)	11			6,392,968.	
12 Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			812,192,194.	
Expenses	13 Program services (from line 44, column (B))	13		509,289,983.	
	14 Management and general (from line 44, column (C))	14		42,203,556.	
	15 Fundraising (from line 44, column (D))	15		10,702,502.	
	16 Payments to affiliates (attach schedule)	16			
	17 Total expenses. Add lines 16 and 44, column (A)	17			562,196,041.
Net Assets	18 Excess or (deficit) for the year. Subtract line 17 from line 12	18		249,996,153.	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19		8,578,389,000.	
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4	20		-123,342,153.	
	21 Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21			8,705,043,000.

Part II Statement of Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others.

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include 22a-22c, 23-24, 25a-25c, 26-43g, and 44 Total functional expenses.

Joint Costs. Check [] if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? [] Yes [X] No
If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;
(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? SEE STATEMENT 8	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a TREATMENT OF PEDIATRIC BURN VICTIMS ADMISSIONS: 3,654 OUTPATIENT CLINIC VISITS: 18,271 AT 2 BURNS HOSPITALS (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	99,978,895.
b TREATMENT OF ORTHOPEDIC PATIENTS ADMISSIONS: 18,668 OUTPATIENT CLINIC VISITS: 211,092 AT 16 ORTHOPEDIC HOSPITALS (INCLUDING 1 DUAL USE HOSPITAL) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	409,311,088.
c (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
d (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)	509,289,983.

Form 990 (2007)

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	471,656.	45	1,023,126.
	46 Savings and temporary cash investments	23,335,343.	46	9,352,874.
	47 a Accounts receivable	47a 11,278,000.		
	b Less: allowance for doubtful accounts	47b	9,465,000.	47c 11,278,000.
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b		48c
	49 Grants receivable			49
	50 a Receivables from current and former officers, directors, trustees, and key employees			50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b		51c
	52 Inventories for sale or use	3,745,138.	52	3,627,398.
	53 Prepaid expenses and deferred charges	7,957,862.	53	14,535,602.
	54 a Investments - publicly-traded securities STMT 10 <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	7,294,233,001.	54a	7,477,502,000.
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
	55 a Investments - land, buildings, and equipment: basis STMT 9	55a		
	b Less: accumulated depreciation	55b		55c
	56 Investments - other SEE STATEMENT 11	98,151,000.	56	99,203,000.
	57 a Land, buildings, and equipment: basis	57a 951,421,654.		
b Less: accumulated depreciation STMT 12	57b 435,085,654.	525,983,000.	57c 516,336,000.	
58 Other assets, including program-related investments (describe SEE STATEMENT 13)	2,260,819,000.	58	2,140,931,000.	
59 Total assets (must equal line 74). Add lines 45 through 58	10,224,161,000.	59	10,273,789,000.	
Liabilities	60 Accounts payable and accrued expenses	68,417,000.	60	77,810,000.
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe SEE STATEMENT 14)	1,577,355,000.	65	1,490,936,000.
66 Total liabilities. Add lines 60 through 65	1,645,772,000.	66	1,568,746,000.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted	7,248,372,000.	67	7,413,360,000.
	68 Temporarily restricted	355,557,000.	68	295,542,000.
	69 Permanently restricted	974,460,000.	69	996,141,000.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	8,578,389,000.	73	8,705,043,000.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	10,224,161,000.	74	10,273,789,000.	

Part V-A Current Officers, Directors, Trustees, and Key Employees <i>(continued)</i>		Yes	No
75 a	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 22		
b	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions.	75c	X
d	Does the organization have a written conflict of interest policy?	75d	X

Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address NONE	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information <i>(See the instructions.)</i>		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year? N/A	78b	
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b	If "Yes," enter the name of the organization SEE STATEMENT 17 and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81 a	Enter direct and indirect political expenditures. (See line 81 instructions.) 81a 0.		
b	Did the organization file Form 1120-POL for this year?	81b	X

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.) 82b		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? N/A		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? N/A		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A		
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.			
c	Dues, assessments, and similar amounts from members 85c N/A		
d	Section 162(e) lobbying and political expenditures 85d N/A		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e) 85f N/A		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A		
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year? N/A		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12 86a N/A		
b	Gross receipts, included on line 12, for public use of club facilities 86b N/A		
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders 87a N/A		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 87b N/A		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <input type="text" value="0."/> ; section 4912 <input type="text" value="0."/> ; section 4955 <input type="text" value="0."/>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="text" value="0."/>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <input type="text" value="0."/>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed <input type="text" value="NONE"/>		
b	Number of employees employed in the pay period that includes March 12, 2007 90b 4902		
91 a	The books are in care of <input type="text" value="SHARON RUSSELL"/> Telephone no. <input type="text" value="813-281-0300"/> Located at <input type="text" value="2900 ROCKY POINT DR., TAMPA, FL"/> ZIP + 4 <input type="text" value="33607"/>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
If "Yes," enter the name of the foreign country <input type="text" value="N/A"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1 , Report of Foreign Bank and Financial Accounts.			

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** Yes No
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here
 and enter the amount of tax-exempt interest received or accrued during the tax year **92** N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies ...					
94 Membership dues and assessments					1,764,000.
95 Interest on savings and temporary cash investments ...					
96 Dividends and interest from securities			14	212,654,092.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property			16	4,280,888.	
98 Net rental income or (loss) from personal property					
99 Other investment income			14	16,776,569.	
100 Gain or (loss) from sales of assets other than inventory			18	351,082,637.	
101 Net income or (loss) from special events			01	9,329,040.	
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS			01	2,522,712.	
b ROYALTIES-INTELLECTUAL PROPERTY			21	-9,070.	
c ROYALTIES-MINERAL			15	3,879,326.	
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		600,516,194.	1,764,000.
105 Total (add line 104, columns (B), (D), and (E))					602,280,194.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
94	ASSESS FRATERNAL MEMBERS IN ORDER TO OFFSET HOSPITAL COSTS

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). N/A

106 Did the reporting organization **make** any transfers **to** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization **receive** any transfers **from** a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

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.

Please Sign Here	<div style="display: flex; justify-content: space-between;"> ▶ Signature of officer</div>	Date
	<div style="display: flex; justify-content: space-between;"> ▶ RALPH W. SEMB, PRESIDENT</div> Type or print name and title	
Paid Preparer's Use Only	Preparer's signature ▶	Date
	Firm's name (or yours if self-employed), address, and ZIP + 4 ▶	Check if self-employed <input type="checkbox"/>
	KIRKLAND, RUSS, MURPHY & TAPP, P.A. 13577 FEATHER SOUND DRIVE, SUITE 400 CLEARWATER, FLORIDA 33762	Preparer's SSN or PTIN (See Gen. Inst. X) EIN ▶
	Phone no. ▶ (727) 572-1400	

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization SHRINERS HOSPITALS FOR CHILDREN	Employer identification number 36 2193608
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
RICHARD MCCALL, M.D. AVAILABLE UPON REQ., BOSSIER CITY, LA	CHIEF OF STAFF 40.00	425,205.	33,344.	
COLIN MOSELEY, M.D. AVAILABLE UPON REQ., LOS ANGELES, CA	CHIEF OF STAFF 40.00	411,574.	38,344.	
JAMES SANDERS, M.D. AVAILABLE UPON REQ., ERIE, PA 16505	CHIEF OF STAFF 40.00	431,223.	37,646.	
PETER ARMSTRONG, M.D. AVAILABLE UPON REQ., ODESSA, FL 33556	CHIEF MEDICAL OFFICE 40.00	424,965.	38,818.	
RICHARD HAYNES, M.D. AVAILABLE UPON REQUEST, HOUSTON, TX 7	CHIEF OF STAFF 40.00	392,600.	34,903.	
Total number of other employees paid over \$50,000	1799			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
UNIVERSITY OF CALIFORNIA, DAVIS ONE SHIELDS AVE, DAVIS, CA 95616	MEDICAL SERVICES	3,839,573.
CHICAGOLAND PEDIATRIC ANESTH. 2641 NORTH TROY STREET, CHICAGO, IL 60647	ANESTHESIA SERVICES	1,980,000.
KENTUCKY MEDICAL SERVICES P.O. BOX 587, LEXINGTON, KY 40588-0587	MEDICAL SERVICES	1,772,621.
UNIVERSITY ANESTHESIA ASSOCIATION 2368 VICTORY PARKWAY, STE-501, CINCINNATI, OH 45	ANESTHESIA SERVICES	1,053,792.
CHILDRENS HOSPITAL OF LOS ANGELES FILE #82450, LOS ANGELES, CA 90074-2450	MEDICAL SERVICES	857,160.
Total number of others receiving over \$50,000 for professional services	98	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
STILSON LLC 11475 SOUTH 2875 EAST, SANDY, UT 84092	MARKETING / MEDIA	1,421,245.
OHSU 3181 SW SAM JACKSON PARKWAY, PORTLAND, OR 97239	OUTSIDE PATIENT CARE	926,291.
HEWITT ASSOCIATES, LLC P.O. BOX 95135, CHICAGO, IL 60694-5135	HR/PAYROLL SERVICES	560,337.
AEROMEDEVAC, INC. 3550 AFTON ROAD, SUITE 200, SAN DIEGO, CA 92123	PATIENT TRANSPORTATION	529,100.
IHC HEALTH SERVICES, INC 100 NORTH MEDICAL DRIVE, SALT LAKE CITY, UT 84113	OUTSIDE DIAGNOSTIC	516,296.
Total number of other contractors receiving over \$50,000 for other services	3	

Part III Statements About Activities (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
e	Transfer of any part of its income or assets?		X
3 a	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b	Did the organization have a section 403(b) annuity plan for its employees?	X	
c	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4 a	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b	Did the organization make any taxable distributions under section 4966?	N/A	
c	Did the organization make a distribution to a donor, donor advisor, or related person?	N/A	
d	Enter the total number of donor advised funds owned at the end of the tax year	N/A	
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year	N/A	
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts	0.	
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	0.	

Schedule A (Form 990 or 990-EZ) 2007

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) **Use cash method of accounting.** N/A
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	0.	0.	0.	0.	0.
24 Line 23 minus line 17					
25 Enter 1% of line 23					

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	▶	26a	N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	▶	26b	N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)	▶	26c	N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	▶	26d	N/A
e Public support (line 26c minus line 26d total)	▶	26e	N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	▶	26f	N/A %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____			
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) _____ (2005) _____ (2004) _____ (2003) _____			
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____	▶	27c	N/A
d Add: Line 27a total _____ and line 27b total _____	▶	27d	N/A
e Public support (line 27c total minus line 27d total)	▶	27e	N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	▶	27f	N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	▶	27g	N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	▶	27h	N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

Part V

Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			

32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d	
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			

33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities?	33h	
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			

34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended?	34b	
If you answered "Yes" to either 34a or b, please explain using an attached statement.			
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.)

N/A

(To be completed **ONLY** by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table -			
If the amount on line 40 is -	The lobbying nontaxable amount is -		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	41	
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
b Paid staff or management (Include compensation in expenses reported on lines c through h .)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c Media advertisements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
d Mailings to members, legislators, or the public	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
e Publications, or published or broadcast statements	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
f Grants to other organizations for lobbying purposes	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
g Direct contact with legislators, their staffs, government officials, or a legislative body	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
i Total lobbying expenditures (Add lines c through h .)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Supplementary Information for
line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No. 1545-0047

2007

Name of organization

Employer identification number

SHRINERS HOSPITALS FOR CHILDREN

36-2193608

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule-see instructions.)

General Rule-

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

Special Rules-

For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)

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

For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the Parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.) ► \$ _____

Caution: Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

Name of organization SHRINERS HOSPITALS FOR CHILDREN	Employer identification number 36-2193608
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Part I Contributors (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	AVAILABLE UPON REQUEST <hr/> AVAILABLE UPON REQUEST <hr/> CINCINNATI, OH 45219 <hr/>	\$ 10,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	MISCELLANEOUS CONTRIBS < 2% - DIRECT <hr/> AVAILABLE UPON REQUEST <hr/> AVAILABLE UPON REQUEST, CO 00000 <hr/>	\$ 13,600,802.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	MISCELLANEOUS CONTRIBS < 2% - DIRECT <hr/> AVAILABLE UPON REQUEST <hr/> AVAILABLE UPON REQUEST, CO 00000 <hr/>	\$ 186,311,198.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990 RENTAL INCOME STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
PRINCIPALLY FARM PROPERTIES	1	4,280,888.
TOTAL TO FORM 990, PART I, LINE 6A		4,280,888.

FORM 990 GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES STATEMENT 2

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
VARIOUS PUBLICLY TRADED SECURITIES	6,397,818,249.	6,046,532,726.	0.	351,285,523.
TO FORM 990, PART I, LINE 8	6,397,818,249.	6,046,532,726.	0.	351,285,523.

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 3

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED	
VARIOUS FIXED ASSETS	01/01/97	12/31/07	PURCHASED	
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
	0.	202,886.	0.	-202,886.
TO FM 990, PART I, LN 8		202,886.	0.	-202,886.

FORM 990 OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 4

DESCRIPTION	AMOUNT
CHANGE IN PENSION FUNDING OBLIGATION	22,058,000.
CHANGE IN VALUE - BENEFICIAL INTEREST IN TRUSTS/ESTATES	1,278,583.
CHANGE IN VALUE - PATIENT TRANSPORTATION FUNDS	627.
UNREALIZED GAINS/(LOSSES)	-72,883,005.
CHANGE IN WORKERS' COMPENSATION LIABILITY	615,922.
OTHER	-7,406,280.
TRANSFERS TO RELATED ENTITIES	-67,006,000.
TOTAL TO FORM 990, PART I, LINE 20	-123,342,153.

FORM 990 SPECIAL EVENTS AND ACTIVITIES STATEMENT 5

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME OR (LOSS)
PAPER CRUSADE-SOLICITATIONS FOR SHRINERS NEWSPAPER SALE	9,222,235.		9,222,235.	3,215,809.	6,006,426.
SPORTING EVENT OTHER	914,334.		914,334.	318,830.	595,504.
GOLF TOURNAMENT	1,130,530.		1,130,530.	394,218.	736,312.
FISH FRY-BANQUET DINNER FOR BENEFIT OF SHRINERS	393,114.		393,114.	137,080.	256,034.
MISCELLANEOUS DINNERS, BINGO, CONCERTS, ETC.	2,663,548.		2,663,548.	928,784.	1,734,764.
	14,323,761.		14,323,761.	4,994,721.	9,329,040.

TO FM 990, PART I, LINE 9

FORM 990 OTHER EXPENSES STATEMENT 6

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING	691,991.	641,969.	36,159.	13,863.
CONSULTING	11,467,495.	7,792,149.	3,665,231.	10,115.
DUES & SUBSCRIPTIONS	1,356,004.	1,297,372.	36,252.	22,380.
INSURANCE	5,877,687.	5,757,857.	119,830.	
MISCELLANEOUS	3,352,680.	2,357,521.	352,875.	642,284.
UTILITIES	13,647,628.	13,234,830.	412,798.	
OUTSIDE SERVICES	48,708,846.	45,102,778.	3,606,068.	
FAS 158 EXPENSE	11,119,668.	10,385,115.	734,553.	
TOTAL TO FM 990, LN 43	96,221,999.	86,569,591.	8,963,766.	688,642.

FORM 990 CASH GRANTS AND ALLOCATIONS TO OTHERS STATEMENT 7

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS	AMOUNT
FUNDING FOR MEDICAL HOME PROGRAM AMERICAN ACADEMY OF PEDIATRICS ADDRESS AVAILABLE UPON REQUEST ELK GROVE VILLAGE, IL 60007	190,000.
FUNDING FOR EDUCATIONAL GRANT AMERICAN ACADEMY OF ORTHOPAEDIC SURGEONS ADDRESS AVAILABLE UPON REQUEST ELK GROVE VILLAGE, IL 60007	20,000.
ANNUAL SUPPORT TOGETHER FOR KIDS ADDRESS AVAILABLE UPON REQUEST ADVANCE, NC 27006	60,000.
SUPPORT FOR STELLING PEDIATRIC CONFERENCE MEDICAL COLLEGE OF GEORGIA ADDRESS AVAILABLE UPON REQUEST AUGUSTA, GA 30912	5,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22B	275,000.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 8
PART III

EXPLANATION

SHRINERS HOSPITALS FOR CHILDREN IS AN INTERNATIONAL NETWORK OF PEDIATRIC HOSPITALS DEDICATED TO PROVIDING EXCELLENT PATIENT CARE, RESEARCH, AND EDUCATION FOR ORTHOPAEDIC CONDITIONS, BURNS, SPINAL CORD INJURIES AND CLEFT LIP AND PALATE. OUR SPECIALIZED MEDICAL CARE, BACKED BY THE SKILLS AND KNOWLEDGE OF THE STAFF IN 22 HOSPITALS, DELIVERS EXPERT, FAMILY-FOCUSED CARE AT NO CHARGE.

...

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

FORM 990 NON-GOVERNMENT SECURITIES STATEMENT 9

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
SHORT TERM INVESTMENTS	FMV			201,799,825.	201,799,825.
CORPORATE BONDS	FMV		767,268,081.		767,268,081.
COMMON & PREFERRED STOCKS	FMV	5,189,660,370.			5,189,660,370.
TOTAL TO FORM 990, LINE 54A, COL B		5,189,660,370.	767,268,081.	201,799,825.	6,158,728,276.

FORM 990 GOVERNMENT SECURITIES STATEMENT 10

DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
U.S. GOVERNMENT SECURITIES	FMV	1,318,773,724.		1,318,773,724.
TOTAL TO FORM 990, LINE 54A, COL B		1,318,773,724.		1,318,773,724.

FORM 990 OTHER INVESTMENTS STATEMENT 11

DESCRIPTION	VALUATION METHOD	AMOUNT
MORTGAGES & REAL ESTATE & MISC	COST	72,364,000.
ACCRUED INTEREST & DIVIDENDS	COST	26,839,000.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		99,203,000.

FORM 990 **DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT** **STATEMENT 12**

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND, BUILDINGS, FURNITURE & EQUIPMENT	951,421,654.	435,085,654.	516,336,000.
TOTAL TO FORM 990, PART IV, LN 57	951,421,654.	435,085,654.	516,336,000.

FORM 990 **OTHER ASSETS** **STATEMENT 13**

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
INTEREST IN TRUSTS & ESTATES	792,981,000.	748,118,000.
COLLATERAL CASH & SECURITIES	1,427,170,000.	1,348,842,000.
PATIENT TRANSPORTATION FUNDS	40,668,000.	43,971,000.
TOTAL TO FORM 990, PART IV, LINE 58	2,260,819,000.	2,140,931,000.

FORM 990 **OTHER LIABILITIES** **STATEMENT 14**

DESCRIPTION	BEGINNING OF YEAR	END OF YEAR
OTHER LIABILITIES	38,232,000.	41,494,000.
LIABILITY UNDER SEC. LENDING	1,427,170,000.	1,348,842,000.
DUE TO BENEFICIARIES	111,953,000.	100,600,000.
TOTAL TO FORM 990, PART IV, LINE 65	1,577,355,000.	1,490,936,000.

FORM 990 **OTHER REVENUE INCLUDED ON FORM 990** **STATEMENT 15**

DESCRIPTION	AMOUNT
SPECIAL EVENTS EXPENSES NETTED AGAINST REVENUES	-1,290,959.
NET REALIZED AND UNREALIZED GAINS DESIGNATED BY BOARD (*)	-40,435,000.
GIFTS AND BEQUESTS (*)	163,761,000.
GAIN/LOSS ON FIXED ASSET DISPOSALS (*)	-202,886.
INTEREST/DIVIDENDS IN IMA FUND (*)	202,105.
TRUST INCOME IN IMA FUND (*)	336,022.
TRUST INCOME IN CRUTS (*)	4,848.

OTHER INCOME IN IMA FUND (*)	-699.
REALIZED AND UNREALIZED GAINS FROM PATIENT FUNDS (*)	3,302,373.
REALIZED AND UNREALIZED GAINS FROM TRUST ACTIVITY (*)	-1,884,615.
LIFE MEMBERSHIPS (*)	109,000.

(*) THESE ITEMS WERE INCLUDED WITH "OTHER CHANGES IN NET ASSETS" ON THE FINANCIAL STATEMENTS, BUT ARE INCLUDED WITH REVENUES ON FORM 990.

TOTAL TO FORM 990, PART IV-A	123,901,189.
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FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 16

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JAMES M. FULL AVAILABLE UPON REQUEST TAMPA, FL 33624	EXECUTIVE VP, COO 40.00	265,110.	20,500.	0.
BERNARD J. LEMIEUX, M.D. AVAILABLE UPON REQUEST PERRYSBURG, OH 43551	CHAIRMAN, DIRECTOR, TRUSTEE 0.00	0.	0.	0.
RALPH W. SEMB AVAILABLE UPON REQUEST ERVING, MA 01344	PRESIDENT, DIRECTOR 40.00	0.	0.	18,000.
DOUGLAS E. MAXWELL AVAILABLE UPON REQUEST CHESTERFIELD, MO 63017	1ST VP, DIRECTOR, VICE CHAIRMAN, TR 0.00	0.	0.	0.
TERRY MCGUIRE AVAILABLE UPON REQUEST SAN ANTONIO, TX 78230	2ND VP, DIRECTOR 0.00	0.	0.	0.
GENE BRACEWELL AVAILABLE UPON REQUEST ALPHARETTA, GA 30022	TREASURER, DIRECTOR 25.00	0.	0.	7,140.
GEORGE A. MITCHELL AVAILABLE UPON REQUEST JORDAN STATION, ONT, CANADA, LORISO	SECRETARY, DIRECTOR 0.00	0.	0.	0.

MICHAEL G. SEVERE AVAILABLE UPON REQUEST ERIE, CO 80516	ASST. SECRETARY, DIRECTOR 0.00	0.	0.	0.
NICHOLAS THOMAS AVAILABLE UPON REQUEST FONTANA, CA 92335	DIRECTOR, TRUSTEE 0.00	0.	0.	0.
JACK H. JONES AVAILABLE UPON REQUEST NEW PORT RICHEY, FL 34655	DIRECTOR 0.00	0.	0.	0.
ALAN W. MADSEN AVAILABLE UPON REQUEST CORNELIUS, NC 28031	DIRECTOR 0.00	0.	0.	0.
JOHN A. CINOTTO AVAILABLE UPON REQUEST WESTFIELD, IN 46074	DIRECTOR 0.00	0.	0.	0.
DALE W. STAUSS AVAILABLE UPON REQUEST EAST GRAND FORKS, MN 56721	DIRECTOR 0.00	0.	0.	0.
JERRY G. GANTT AVAILABLE UPON REQUEST HOUSTON, TX 77098	DIRECTOR 0.00	0.	0.	0.
CHRIS L. SMITH AVAILABLE UPON REQUEST OLIVE BRANCH, MS 38654	DIRECTOR 0.00	0.	0.	0.
GARY BERGENSKE AVAILABLE UPON REQUEST MAITLAND, FL 32751	DIRECTOR 0.00	0.	0.	0.
RAOUL L. FREVEL, SR. AVAILABLE UPON REQUEST ABINGDON, MD 21009	TRUSTEE 0.00	0.	0.	0.
CHARLES A. CLAYPOOL AVAILABLE UPON REQUEST SPRINGBORO, OH 55066	TRUSTEE 0.00	0.	0.	0.
FRANK J. ROTH AVAILABLE UPON REQUEST ELMWOOD PARK, IL 60707	TRUSTEE 0.00	0.	0.	0.
W. BRANDT BEDE AVAILABLE UPON REQUEST TACOMA, WA 98407	TRUSTEE 0.00	0.	0.	0.

BOB SMITH	TRUSTEE			
AVAILABLE UPON REQUEST	0.00	0.	0.	0.
POST FALLS, ID 83854				
TIMOTHY E. MORRIS	TRUSTEE			
AVAILABLE UPON REQUEST	0.00	0.	0.	0.
LEXINGTON, KY 40502				
TOTALS INCLUDED ON FORM 990, PART V-A		265,110.	20,500.	25,140.

FORM 990 IDENTIFICATION OF RELATED ORGANIZATIONS STATEMENT 17
PART VI, LINE 80B

NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
IMP. COUNCIL OF THE ANCIENT ARABIC ORDER OF THE NOBLES OF THE MYSTIC SHRINE	x	
THE SHRINERS' HOSPITAL FOR CHILDREN	x	

GENERAL EXPLANATION STATEMENT 18
FORM AND LINE REFERENCES

FORM/LINE IDENTIFIER	DESCRIPTION/RETURN REFERENCE
PART VI, LINE 77	ADDITIONAL EXPLANATION

GENERAL EXPLANATION

STATEMENT 19

PART VI, LINE 77, ADDITIONAL EXPLANATION
INFORMATION REGARDING ORGANIZING DOCUMENTS

CERTAIN MINOR CHANGES ARE MADE TO THE BY-LAWS ON AN ANNUAL BASIS RELATING PRINCIPALLY TO ADMINISTRATIVE MATTERS. A COPY OF THE COMPLETE CORPORATE BY-LAWS IS AVAILALBLE FOR INSPECTION AT THE PRINCIPAL OFFICE IN TAMPA, FLORIDA. NONE OF THE CHANGES ARE SUBSTANTIVE IN NATURE AND DO NOT CHANGE THE CHARITABLE ACTIVITIES OF THE ORGANIZATION.

SCHEDULE A	GENERAL EXPLANATION	STATEMENT 23
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SCHEDULE A; PART III, LINE 3(B) DETAIL, ADDITIONAL EXPLANATION

IN ADDITION TO THE CONTRIBUTIONS TO A 403(B) PLAN MADE BY SHRINERS FOR THE BENEFIT OF THE EMPLOYEES IN SCHEDULE A, PART 1; THE ORGANIZATION MAINTAINS A DEFINED BENEFIT PLAN, IN WHICH EMPLOYEES PARTICIPATE. DUE TO THE NATURE OF THE DEFINED BENEFIT PLAN, IT IS NOT POSSIBLE TO DETERMINE EACH INDIVIDUAL'S CONTRIBUTION AMOUNT.

SCHEDULE A	GENERAL EXPLANATION FORM AND LINE REFERENCES	STATEMENT 24
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FORM/LINE IDENTIFIER	DESCRIPTION/RETURN REFERENCE
SCHEDULE A; PART III, LINE 3(A) DETAIL	ADDITIONAL EXPLANATION

SCHEDULE A

GENERAL EXPLANATION

STATEMENT 25

SCHEDULE A; PART III, LINE 3(A) DETAIL, ADDITIONAL EXPLANATION

SHRINERS HOSPITALS FOR CHILDREN, THROUGH ITS VARIOUS ORTHOPEDIC HOSPITALS AND BURN INSTITUTES, PROVIDES SPECIALIZED MEDICAL CARE AND TREATMENT FOR PEDIATRIC ORTHOPEDIC PATIENTS AND BURN VICTIMS. THIS CARE IS PROVIDED, WHOLLY FREE OF CHARGE, TO CHILDREN UP UNTIL THE AGE OF EIGHTEEN (AND IN SOME INSTANCES TWENTY-ONE) WITHOUT REGARD TO RACE, COLOR, CREED, SEX, SECT OR NATIONAL ORIGIN.

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return: SHRINERS HOSPITALS FOR CHILDREN
Business or activity to which this form relates: FORM 990 PAGE 2
Identifying number: 36-2193608

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 columns: Line number, Description, Amount, and other details. Includes lines 1-13 for Section 179 election.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

Table with 3 columns: Line number, Description, and Amount. Includes lines 14-16 for special depreciation.

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

Table with 3 columns: Line number, Description, and Amount. Includes lines 17-18 for MACRS deductions.

Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes rows 19a-i.

Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Includes rows 20a-c.

Part IV Summary (see instructions)

Table with 3 columns: Line number, Description, and Amount. Includes lines 21-23 for summary.

Part V

Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with columns (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost

25 Special allowance for qualified Gulf Opportunity Zone property placed in service during the tax year and used more than 50% in a qualified business use 25

26 Property used more than 50% in a qualified business use: Table with columns for percentage and other details

27 Property used 50% or less in a qualified business use: Table with columns for percentage and other details

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table for Section B with columns (a) through (f) Vehicle and rows 30-36 regarding miles driven and personal use availability

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

Table for Section C with rows 37-41 regarding policy statements and requirements for vehicle use by employees

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table for Part VI with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year

42 Amortization of costs that begins during your 2007 tax year: Table with columns for percentage and other details

43 Amortization of costs that began before your 2007 tax year 43

44 Total. Add amounts in column (f). See the instructions for where to report 44