Form	990
Departr	ment 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 black lung benefit trust or private foundation)

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



B         Construction         D Employer identification number is 12 ± 21000           B         Construction         D Employer identification number is 2 ± 21000           Construction         D Employer identification number (E3) 225 ± 000           Construction         D Employer identification number (E3) 225 ± 000           Construction         Construction         D Employer identification number (E3) 225 ± 000           Construction         Construction         D Employer identification number (E3) 225 ± 000         Construction           Construction         Construction         Construction         D Employer identification number (E3) 225 ± 000         Construction           Construction         Construction         Construction         Construction         D Employer identification number (E3) 225 ± 000         Construction         D Employer identification number (E3) 225 ± 000           Construction         Construction         D Employer identification number (E3) 225 ± 000         Construction         D Employer identification number (E3) 225 ± 000           Construction         D Employer identification number (E3) 225 ± 000         Construction number (E3) 225 ± 000         Construction number (E3) 225 ± 000           Construction number is not 2000(000 ± 000 ±	Α	For the 2	2007 calendar year, or tax year beginning		and er	nding	_	
Internet         Internet         Internet         Internet         Internet           Control         Section 50(16) (2010)         Section 50(16)		Check if applicable	use IRS	D Employe	r identification number			
Comparison         Sign [withow and street (of PL) box if mails in ord subject to street adurtes:)         Hornwalls [* 1669/06 adurts]           Big (* 1)         Sign [* 1000 adurts]         Sign [* 1000 adurts		Addres change	s label or print or SHRINERS HOSPITALS FOR CHILDREN	36-21	93608			
Image: Second Cost OPEICE BOX 131366         (E133281-0300           Image: Cost OPEICE BOX 131366         (E133281-0300           Image: Cost OPEICE BOX 131366         (Cost Cost OPEICE BOX 131366           Image: Cost OPEICE BOX 131366         (Cost OPEICE BOX 131366           Image: Cost OPEICE BOX 131366         (Cost OPEICE BOX 131366           Image: Cost OPEICE BOX 131366         (Cost OPEICE BOX 131366           Image: Cost OPEICE BOX 131366         (Cost OPEICE BOX 131366           Image: Cost OPEICE BOX 131366         (Cost OPEICE BOX 131366           Image: Cost OPEICE BOX 131366         (Cost OPEICE BOX 131366           Image: Cost OPEICE BOX 131366         (Cost OPEICE BOX 131366           Image: Cost OPEICE BOX 131366         (Cost OPEICE BOX 131366           Image: Cost OPEICE BOX 131366         (Cost OPEICE BOX 131366           Image: Cost OPEICE BOX 131366         (Cost OPEICE BOX 131366           Image: Cost OPEICE BOX 131366         (Cost OPEICE BOX 131366           Image: Cost OPEICE BOX 131366         (Cost OPEICE BOX 131366           Image: Cost OPEICE BOX 131366         (Cost OPEICE BOX 131366           Image: Cost OPEICE BOX 131366         (Cost OPEICE BOX 131366           Image: Cost OPEICE BOX 131366         (Cost OPEICE BOX 131366           Image: Cost OPEICE BOX 131366         (Cost OPEICE BOX 1313666		change		E Telephon	e number			
arrow       bits       Carl P 4 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)		Initial return	Specific POST OFFICE BOX 31356				(813)	281-0300
Operation         • Section 501(p(2) organizations and 4947(a)(1) nonexempt charatable trusts must attack a completed Schedule A (Form 990 090-62).         Hand tare not cappicable to section 527 organizations with a transmission of the section 527 organizations and table a completed Schedule A (Form 990 090-62).           8 Website:         ►HTTE:         //With StRELTERSEND_ORO/         N/A         Yes (Soc Not Not Not Not Not Not Not Not Not Not		lation	tions. City or town, state or country, and ZIP + 4					
Image: The set of the s		lreturn	IAMPA, FL 55051-5550				Other (specif	ý) 🕨
G         Website:         ►HTTP://WW,SERLINERSEQ.OR/         The Land         He Land         He Land         N/A           0		Applica pendin	• Section 501(c)(3) organizations and 4947(a)(1 g must attach a completed Schedule A (Form 99)	) nonexempt charitable trus	sts	Hand lare not app	licable to se	<u> </u>
3         0 organization type best owned by the state of the st				101 <del>330-</del> 22).		., .		
K       Check here > inthe organization is not 509(9)(3) supporting organization and is grass receipts are normer than \$25,000. A return is not required, but if the organization councy is a separate return line by an organization councy is a separate return line by an organization councy is a separate return line by an organization councy is a separate return line by an organization is a separate return line by an organization councy is a separate return line by an organization is a separate return.         L       Gross receipts: Add lines 60, 8b, 9b, and 10b to line 12 b       6, 863, 922, 527.       M       Check > if the organization is not required to attack set. If the organization is not required to attack set. If the organization is not required to attack set. If the organization is not required to attack set. If the organization is not required to attack set. If the organization is not required to attack set. If the organization is not required to attack set. If the organization is not required to attack set. If the organization is not required to attack set. If the organization is not required to attack set. If the organization is not required to a tack set. If the organization is not required to a tack set. If the organization is not required to a tack set. If the organization is not required to a tack set. If the organization is not required to a tack set. If the organization is not required to a tack set. If the organization is not required to a tack set. If the organization is not required to a tack set. If the organization is not required to a tack set. If the organization is not required to a tack set. If the organization is not required to a tack set. If the organization is not required to a tack set. If the organizatis is not required to a tack set. If the orga			•		1.			
A Check net P → 1         If the organization is not a 30(2)(2) supporting organization and its gives recipts are normally not more than 825000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.         H(d) [is this a separate return filed by an or Chooses to file a return, be sure to file a complete return.           L Gross receipts: Add lines 50, 8b, 9b, and 10b to line 12 → 6, 663, 922, 527.         M         Check → 1         If the organization is not required to a tack Sch. 8 (Form 990, 990-EZ, or 990-PF).           PartI         Revenue, Expenses, and Changes in Net Assets or Fund Balances         If the organization is not required to a tack Sch. 8 (Form 990, 990-EZ, or 990-PF).           I         Contributions, gins, and sinital amounts received: a contributions (or in cluded on line 1a)         Ia         Ia           0         To did lines a tan burg of the sessments         Ia         Ia         Ia           2         Program service reserve including government fees and contracts (from Part VII, line 93)         Ia         I, 764, 000.           3         Membership dues and assessments         Ia         Ia         Ia         Ia           5         Dividends and interest from securities         Ia         Ia         Ia         Ia           6         or otal (add lines a tan organization experiment         Ia         Ia         Ia         Ia           6         To the investhont incore (coss		-			_			N/A Yes No
Index on the sure to file a complete return.         I Group Examption Number N/A           L         Group Examption Number N/A         M Check P         M Check P           Part II         Revenue, Expenses, and Changes in Net Assets or Fund Balances         M Check P         M Check P           I         Contributions, diffs, and smith amounts received:         1         1         2006, 272, 079.           a         Contributions of anis, and smith amounts received:         1         1         2006, 272, 079.           a         Contributions of anis, and smith amounts received:         1         1         2008, 272, 079.           a         Contributions (grants, and smith amounts received:         1         1         2008, 272, 079.           a         Contributions (grants) (not included on line 1a)         1         1         2009, 912, 000.           a         Torgam service reveue including government fees and contracts (from Part VII, line 93)         3         60, 032.         2           a         Orogam service reveue including government fees and contracts (from Part VII, line 93)         3         1, 6, 776, 559.           b         Less: rental expenses         SEE: STATEMENT 1         6a         4, 280, 888.         4           b         Less: rental expenses other mine fai         3, 9, 242, 886.					S	H(d) is this a separat	e reťurn filed	by an or-
L         Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 6, 863, 922, 527.         M         Check ▶ 1         If the organization is not required to attach Sch. B (Form 990, 990, 520, cr 990-FF).           Part II         Revenue, Expenses, and Changes in Net Assets or Fund Balances         1         Contributions, gifts, grants, and similar amounts received: a Contributions to door advised funds         1a         20         92,72,079.         1c           c         Indirect public support (not included on line 1a)         1c         1,600,802.         1e         209,912,000.           2         Program service revenue including overment fees and contracts (from Part VII, line 93)         2         209,912,000.         2           3         Membership dues and sessments         3a         1,764,000.         4         4           5         Dividends and interest from securities         5         212,654,092.         5         212,654,092.           6         Gross rents         SEE STATEMENT 1         6a         4,280,088.         6         4         209,912,000.           7         Other investment income (describe ▶ TRUST INCOME         1         7         16,776,569.         8         60.         60.         6.         4,280,088.         6         6         4,280,286.         6         6.         4,280,286.         6				ed, but if the organization		-		
Bit Construction         Set B (Form 980, 990-ÉZ, or 980-PF).           Part I         Revenue, Expenses, and Changes in Net Assets or Fund Balances           I         Contributions, gits, grants, and similar amounts receive:         Image: Contributions, grants, and similar amounts receive:         Image: Contributions, grants, and similar amounts receive:           Contributions         Contributions (trans) (not included on line 1a)         Image: Contributions, grants, and similar amounts receive:         Image: Contributions, grants, and similar amounts receive:           Contributions         Contributions (trans) (not included on line 1a)         Image: Contributions, grants, and similar amounts receive:         Image: Contributions, grants, grants, and similar amounts receive:           Contributions         Contributions (trans) (not included on line 1a)         Image: Contributions, grants, grants, and similar amounts receive:         Image: Contributions, grants, g		0100365				· · · ·		
Part I         Revenue, Expenses, and Changes in Net Assets or Fund Balances           1         Contributions, glits, grants, and similar amounts received: a Contributions to donar advised funds b Direct public support (not included on line 1a) d Government contributions (grants) (not included on line 1a) d Interest on savings and temporary cash investments d Interest on savings and sales expenses d Interest inclused (grants). Subtract line 6b from line 6a d Gos rents d Intervention (closs), Subtract line 6b from line 6a d Intervention (closs), Subtract line 6b from line 6a d Intervention (closs), Combine line &, columns (A) and (B) d Intervention (closs), Combine line &, columns (A) and (B) d Intervention (closs), Combine line &, columns (A) and (B) d Intervention (closs), Combine line &, columns (A) and (B) d Intervention (closs), Intervention (Glion Intervention grantics, Ceck here X d Intervention (closs), Intervention (Glion Intervention (Glion Intervention) d Intervention (closs), Intervention (Glion Interon Interon Interon Intervention (Clos), Intervention (Glion Intero		Gross re	ceinte: Add lines 6h 8h 9h and 10h to line 12	6 863 922 5	27			
I         Contributions, gifts, grants, and similar amounts received:         Ia         Ia           B         Direct public support (not included on line 1a)         Ib         208, 272, 079.           Contributions to donor advised funds         Ib         Ic         1, 639, 921.           Contributions (grants) (not included on line 1a)         Ic         1, 639, 921.           Contracts (from Part VII, line 93)         Is         209, 912, 000.           2         Program service revenue included on line 1a)         It         1, 764, 000.           4         Interest on savings and temporary cash investments         3         1, 764, 000.           5         Dividends and interest from securities         SEE, STATEMENT 1         Ea         4         209, 912, 000.           6         Gross rents         SEE, STATEMENT 1         Ea         4, 280, 888.         6           7         Other investment income of (0ss), Subtract line 6b from line 6a         6c         4, 280, 888.         6           8         Gross rents         SEE, STATEMENT 1.         Ea         4         202, 886.         6           7         Other investment income of (0ss), Subtract line 6b from line 6a         6c         4, 280, 888.         7         16, 745, 559.           8         Gross and (lines), Contin	_						, 000 LZ, C	100011).
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         1,633,921.           c         Total (add lines 1a through 1d) (cash \$         196,311,298.         noncash \$         11,600,802.         1e         209,912,000.           2         Program service revenue including government fees and contracts (from Part VII, line 93)         3         1,764,000.         4           4         Interest on savings and temporary cash investments         4         4         4           5         Dividends and interest from savings and temporary cash investments         6         6         4,280,888.           6         Interest on savings and temporary cash investments         6         6         4,280,888.           7         Other investment income (describe ▶         TRUST INCOME         )         7         16,776,569.           8         A cross anout from sales diases tother time fa         6,045,532,726.         8d         351,082,637.           9         Special events and activities (attach schedule).         Tary and and temporary ash and sales expenses         9         4,323,761.           9         Special events and activities (atta	•				Duid			
b         Direct public support (not included on line 1a)         1b         208, 272, 079, 1c         1c         1, 639, 921, 1c           d         Government contributions (grants) (not included on line 1a)         1d         1d         1d         209, 912, 000, 22, 00, 22, 000, 24, 000, 24,		-			1a			
openation         It is is indicated in the fail is indicated on line fail is fail is indicated on line fail fail is indicated on line fail is indicated on line fail fail is indicated on line fail fail is indicated on line fail is indicated on line fail is indicated on line fail fail fail is indicated on line fail fail fail fail fail fail fail fail		· .				208,272	079.	
e         Government contributions (grants) (not included on line 1a)         1d         1a         1a <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>								
e         Total (add lines 1a through 1d) (cash \$         196, 311, 198.         noncash \$         13, 600, 802.         16         209, 912, 000.           2         Program service revenue including government fees and contracts (from Part VII, line 93)         3         3         1, 764, 000.         2           3         Membership dues and assessments         4         1, 764, 000.         4           4         Interest no savings and temporary cash investments         5         212, 654, 092.           6         Gross rents         SEE         STATEMENT 1.         6a         4, 280, 888.           b         Less: rental expenses         6b         6         4, 280, 888.           7         Other investment income (describe >         TRUST INCOME         7         16, 776, 569.           8         Gross amount from sales of assets other than inventory         6, 364, 532, 726.         8b         202, 886.           9         Special events and activities (attach schedule).         131, 245, 532.         8c         -200, 886.           4         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 P         X         9a         9,		d			1d			
2       Program service revenue including government fees and contracts (from Part VII, line 93)       2         3       Membership dues and assessments       3         4       Interest on savings and temporary cash investments       5         5       Dividends and interest from securities       6         6       a Gross rents       SEE_STATEMENT 1       6a         6       a Gross rents       SEE_STATEMENT 1       6a         6       a Gross rents       SEE_STATEMENT 1       6a         7       Other investment income of (loss). Subtract line 6b from line 6a       6c       4, 280, 888.         7       Other investment income of (describe )       TRUST INCOME       7       16, 776, 569.         8       a Gross anount from sales of assets other       (A) Securities       (B) Other       1         6       0.44 (5.327, 726.       8b       202, 886.       351, 082, 637.         9       Special events and activities (attach schedule).       STMT 3       8d       351, 082, 637.         9       Special events and activities (attach schedule). Subtract line 9b from line 8a       SEE_STATEMENT 5       9e       9, 329, 040.         10       a Gross renue (not locking \$       0.       other subtract line 9b from line 8a       SEE_STATEMENT 5       9e		e				13,600,802.	) 1e	209,912,000.
4       Interest on savings and temporary cash investments       4         5       Dividends and interest from securities       5         6       Gross rents       SEE_STATEMENT 1.       6a       4, 280, 886.         7       Other investment income (describe > TRUST INCOME       )       7       16, 776, 569.         7       Other investment income (describe > TRUST INCOME       )       7       16, 776, 569.         8       Gross amount from sales of assets other than inventory       6, 397, 818, 249.       8a       6         6       A error of (loss) (attach schedule)       351, 285, 523.       8c       -202, 886.         9       Special events and activities (attach schedule). If any amount is from gaming, check here > X       a       351, 082, 637.         9       Special events and activities (attach schedule). If any amount is from gaming, check here > X       a       9       9, 329, 040.         10       a Gross profit or (loss) from special events. Subtract line 9b from line 9a       SEE_STATEMENT 5       9c       9, 329, 040.         11       0 coss profit or (loss) from special events. Subtract line 9b from line 10a       10c       11       6, 392, 968.         10       a Gross profit or (loss) from special events. Subtract line 10b from line 10a       10c       11       6, 392, 968.       11		2			e 93)		2	
4       Interest on savings and temporary cash investments       4         5       Dividends and interest from securities       5         6       Gross rents       SEE_STATEMENT 1.       6a       4, 280, 886.         7       Other investment income (describe > TRUST INCOME       )       7       16, 776, 569.         7       Other investment income (describe > TRUST INCOME       )       7       16, 776, 569.         8       Gross amount from sales of assets other than inventory       6, 397, 818, 249.       8a       6         6       A error of (loss) (attach schedule)       351, 285, 523.       8c       -202, 886.         9       Special events and activities (attach schedule). If any amount is from gaming, check here > X       a       351, 082, 637.         9       Special events and activities (attach schedule). If any amount is from gaming, check here > X       a       9       9, 329, 040.         10       a Gross profit or (loss) from special events. Subtract line 9b from line 9a       SEE_STATEMENT 5       9c       9, 329, 040.         11       0 coss profit or (loss) from special events. Subtract line 9b from line 10a       10c       11       6, 392, 968.         10       a Gross profit or (loss) from special events. Subtract line 10b from line 10a       10c       11       6, 392, 968.       11		3	Membership dues and assessments				3	1,764,000.
5         Dividends and interest from securities         5         212,654,092.           6         a Gross rents         SEE <statement 1<="" td="">         6a         4,280,888.           b         Less: rental expenses         6b         6c         4,280,888.           7         Other investment income (loss). Subtract line 6b from line 6a         7         7         16,776,569.           8         a Gross amount from sales of assets other than inventory         (A) Securities         (B) Other         7           b         Less: cost or other basis and sales expenses         6,046,532,726.         8b         202,886.           6         Met 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         X         8d         351,082,637.           10         Gross sales of inventory, less returns and allowances         10a         10a         10c           10         Gross sales of inventory (latch schedule). Subtract line 9b from line 9a         SEE STATEMENT 5         9c         9,329,040.           10         Gross sales of inventory, less returns and allowances         10a         10a         10c           10         Gross sales of inventory, less re</statement>		4	Interest on savings and temporary cash investments	4				
6 a Gross rents         SEE         STATEMENT 1.         6a         4,280,888.           b Less: rental expenses         6b         6c         4,280,888.           c Net rental income or (loss). Subtract line 6b from line 6a         7         16,776,569.           7 Other investment income (describe ▶ TRUST INCOME         7         16,776,569.           8 a Gross amount from sales of assets other than inventory         6,397,818,249.         8a         6c           c Gain or (loss) (attach schedule)         351,285,523.         8c         -202,886.           d Net gain or (loss). Combine line 8c, columns (A) and (B)         STMT 2         STMT 3         8d           9 Special events and activities (attach schedule). If any amount is from gaming, check here ▶ X         a Gross renue (inclinading 5         0. of contable on ine 1b)         9a         14,323,761.           b Less: cost of goods sold         0. of contableose reported on ine 1b)         9b         4,994,721.         9c           10 a Gross sales of inventory, less returns and allowances         10a         10c         11         6,392,968.           11 Other revenue (from Part VII, line 103)         10         11         6,392,968.         102           2 Total revenue Add lines 1e, 2, 3, 4, 5, 6, 7, 8d, 9c, 10c, and 11         12         812,922,968.         102           1		5	Dividends and interest from securities	5	212,654,092.			
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         Gross amount from sales of assets other than inventory         (A) Securities         (B) Other           b         Less: cost or other basis and sales expenses         6,397,818,249,88         8a           c         Gain or (loss) (attach schedule)         351,285,523.8c         -202,886.           d         Net gain or (loss) (attach schedule). If any amount is from gaming, check here )         X         8d         351,082,637.           9         Special events and activities (attach schedule). If any amount is from gaming, check here )         X         9a         14,323,761.           b         Less: direct expenses other than fundraising expenses         10a         9a         14,994,721.           c         Net income or (loss) from special events. Subtract line 9b from line 9a         SEE         STATTEMENT 5         9c         9,329,040.           10         a Gross sales of inventory, less returns and allowances         10a         10b         11         6,332,2968.           12         Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11         12         812,192,194.         13		6 a	Gross rents SEE STA	,888.				
Provide       7       Other investment income (describe > TRUST INCOME       )       7       16,776,569.         8 a Gross amount from sales of assets other than inventory       6,397,818,249.8a       8a       (B) Other         b Less: cost or other basis and sales expenses       6,046,532,726.8b       202,886.         c Gain or (loss) (attach schedule)       0.       351,285,523.8c       -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 > X       a       a       351,082,637.         a Gross revence (not incluing §       0.       other interponted on line 10)       9a       14,323,761.       9c       9,329,040.         10 a Gross sales of inventory, less returns and allowances       10a       10a       10c       11       6,392,968.         12       Total revenue (from Part VII, line 103)       0.       other value (from line 44, column (B))       13       509,289,983.         13       Forgarm services (from line 44, column (C))       14       42,203,556.       16       17       562,2196,041.         14       Backess or (deficit) for the year. Subtract line 17 from line 12       18       249,996,153.       19       8,70		b	Less: rental expenses		•••			
than inventory       6,397,818,249.8a         b       Less: cost or other basis and sales expenses       6,046,532,726.8b       202,886.         c       Gain or (loss) (attach schedule)       351,285,523.8c       -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       X       a       a       351,082,637.         9       Special events and activities (attach schedule). If any amount is from gaming, check here       X       a       6ross revenue (not including \$       0.       of orothibutions reported on line 1b)       9a       14,323,761.       9c       9,329,040.         10       Less: direct expenses other than fundraising expenses       10a       10a       10c       10a       10c         10 a Gross sales of inventory, less returns and allowances       10a       10b       11       6,392,968.         12       Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11       12       812,292,194.       13       509,299,983.         13       Porgram services (from line 44, column (C))       14       42,203,556.       14       42,203,556.         14       Maagement and general (from line 44, column (C)) <td>ē</td> <td>C</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>	ē	C						
than inventory       6,397,818,249.8a         b       Less: cost or other basis and sales expenses       6,046,532,726.8b       202,886.         c       Gain or (loss) (attach schedule)       351,285,523.8c       -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       X       a       a       351,082,637.         9       Special events and activities (attach schedule). If any amount is from gaming, check here       X       a       6ross revenue (not including \$       0.       of orothibutions reported on line 1b)       9a       14,323,761.       9c       9,329,040.         10       Less: direct expenses other than fundraising expenses       10a       10a       10c       10a       10c         10 a Gross sales of inventory, less returns and allowances       10a       10b       11       6,392,968.         12       Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11       12       812,292,194.       13       509,299,983.         13       Porgram services (from line 44, column (C))       14       42,203,556.       14       42,203,556.         14       Maagement and general (from line 44, column (C)) <td>ent</td> <td>7</td> <td>· · ·</td> <td></td> <td></td> <td></td> <td>) 7</td> <td>16,776,569.</td>	ent	7	· · ·				) 7	16,776,569.
b       Less: cost or other basis and sales expenses       6,046,532,726.8b       202,886.         c       Gain or (loss) (attach schedule)       351,285,523.8c       -202,886.         d       Net gain or (loss). Combine line &c, 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       X       a       351,082,637.         9       Special events and activities (attach schedule). If any amount is from gaming, check here       X       a       351,082,637.         9       Special events and activities (attach schedule). If any amount is from gaming, check here       X       a       351,082,637.         0       derostrevenue (notinduding \$       0.0.0 contributions reported on line 1b)       9a       14,323,761.       9b       4,994,721.         9       b       Less: circet expenses other than fundraising expenses       10a       10a       10c       10c         10 a       Gross sales of inventory, less returns and allowances       10a       10b       10c       11       6,392,968.         11       Other revenue (from Part VII, line 103)       11       6,392,968.       13       509,289,983.         12       Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11       1	Rev	8 a				( <b>B</b> ) Other		
c       Gain or (loss) (attach schedule)       351,285,523,8c       -202,886.         d       Net gain or (loss). Combine line 8c, columns (A) and (B)       STMT 2       STMT 3         9       Special events and activities (attach schedule). If any amount is from gaming, check here        X       8d         a       Gross reveue (not including \$       0.       of contributions reported on line 1b)       9a       14,323,761.         9       Less: direct expenses other than fundraising expenses       0.       of contributions reported on line 1b)       9a       14,323,761.         10       a       Gross sales of inventory, less returns and allowances       10a       10c         11       Gross sales of inventory, less returns and allowances       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.         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 (A)       17       562,196,041.         18       Excess or (deficit) for the year. Subtract line 17 from line 12       1						202	0.0.0	
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        X           a       Gross reveue (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.       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       812,192,192,194.           13       Program services (from line 44, column (B))       13       509,289,983.								
9       Special events and activities (attach schedule). If any amount is from gaming, check here ► X         a       Gross revenue (not including \$						ст <b>М</b> т 3		351 082 637
a Gross revenue (not including \$		l a "	Special events and activities (attach schedule) If any am	ount is from <b>naminn</b> check			Ou	331,002,037.
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       10b       10c         b       Less: cost of goods sold       10b       10c       10c         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.         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.         18       Excess or (deficit) for the year. Subtract line 17 from line 12       18       249,996,153.         19       Net assets or fund bala		<b>1</b> a	0				761.	
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       10b       10c         b       Less: cost of goods sold       10b       10c       10c         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.         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.         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		I .						
10 a Gross sales of inventory, less returns and allowances       10a       10b         b Less: cost of goods sold       10b       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.         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       16         17 Total expenses. Add lines 16 and 44, column (A)       17       562, 196, 041.         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.       21       8, 705, 043, 000.					E ST			9,329,040.
bLess: cost of goods sold10bcGross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a10c11Other revenue (from Part VII, line 103)116,392,968.12Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 1112812,192,194.13Program services (from line 44, column (B))13509,289,983.14Management and general (from line 44, column (C))1442,203,556.15Fundraising (from line 44, column (D))1510,702,502.16Payments to affiliates (attach schedule)1617Total expenses. Add lines 16 and 44, column (A)17562,196,041.18Excess or (deficit) for the year. Subtract line 17 from line 1218249,996,153.19Net assets or fund balances at beginning of year (from line 73, column (A))198,578,389,000.20Other changes in net assets or fund balances (attach explanation)SEE STATEMENT 420-123,342,153.21Net assets or fund balances at end of year. Combine lines 18, 19, and 20218,705,043,000.								· · ·
c Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a10c11Other revenue (from Part VII, line 103)116,392,968.12Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 1112812,192,194.13Program services (from line 44, column (B))13509,289,983.14Management and general (from line 44, column (C))1442,203,556.15Fundraising (from line 44, column (D))1510,702,502.16Payments to affiliates (attach schedule)1617Total expenses. Add lines 16 and 44, column (A)1718Excess or (deficit) for the year. Subtract line 17 from line 121819Net assets or fund balances at beginning of year (from line 73, column (A))1920Other changes in net assets or fund balances (attach explanation)SEE STATEMENT 420-123,342,153.21218,705,043,000.		b	Less: cost of goods sold		10b			
12         Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11         12         812, 192, 194.           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.           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.		c	Gross profit or (loss) from sales of inventory (attach sch	edule). Subtract line 10b fro	m line	10a	100	
12       Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11       12       812, 192, 194.         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.         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.       21       8, 705, 043, 000.		11	Other revenue (from Part VII, line 103)				11	6,392,968.
in Management and general (from line 44, column (C))       14       42,203,556.         is Fundraising (from line 44, column (D))       15       10,702,502.         is Payments to affiliates (attach schedule)       16         is Excess or (deficit) for the year. Subtract line 17 from line 12       18       249,996,153.         ig Net assets or fund balances at beginning of year (from line 73, column (A))       19       8,578,389,000.         ig Other changes in net assets or fund balances (attach explanation)       SEE STATEMENT 4       20       -123,342,153.         ig Net assets or fund balances at end of year. Combine lines 18, 19, and 20       21       8,705,043,000.       21		12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c	12	812,192,194.			
17Total expenses. Add lines 16 and 44, column (A)17562,196,041.18Excess or (deficit) for the year. Subtract line 17 from line 1218249,996,153.19Net assets or fund balances at beginning of year (from line 73, column (A))198,578,389,000.20Other changes in net assets or fund balances (attach explanation)SEE STATEMENT 420-123,342,153.21Net assets or fund balances at end of year. Combine lines 18, 19, and 20218,705,043,000.	s	13	Program services (from line 44, column (B))				13	
17Total expenses. Add lines 16 and 44, column (A)17562,196,041.18Excess or (deficit) for the year. Subtract line 17 from line 1218249,996,153.19Net assets or fund balances at beginning of year (from line 73, column (A))198,578,389,000.20Other changes in net assets or fund balances (attach explanation)SEE STATEMENT 420-123,342,153.21Net assets or fund balances at end of year. Combine lines 18, 19, and 20218,705,043,000.	Jse	14						
17Total expenses. Add lines 16 and 44, column (A)17562,196,041.18Excess or (deficit) for the year. Subtract line 17 from line 1218249,996,153.19Net assets or fund balances at beginning of year (from line 73, column (A))198,578,389,000.20Other changes in net assets or fund balances (attach explanation)SEE STATEMENT 420-123,342,153.21Net assets or fund balances at end of year. Combine lines 18, 19, and 20218,705,043,000.	per	15						, ,
18Excess or (deficit) for the year. Subtract line 17 from line 1218249,996,153.19Net assets or fund balances at beginning of year (from line 73, column (A))198,578,389,000.20Other changes in net assets or fund balances (attach explanation)SEE STATEMENT 420-123,342,153.21Net assets or fund balances at end of year. Combine lines 18, 19, and 20218,705,043,000.	ũ							
19Net assets or fund balances at beginning of year (from line 73, column (A))198,578,389,000.20Other changes in net assets or fund balances (attach explanation)SEE STATEMENT 420-123,342,153.21Net assets or fund balances at end of year. Combine lines 18, 19, and 20218,705,043,000.				10			40	
21       Net assets or fund balances at end of year. Combine lines 18, 19, and 20	<u>, v</u>	10						
21       Net assets or fund balances at end of year. Combine lines 18, 19, and 20	Net	19						
21     Not assets of fully balances at end of year. Officing fines 10, 19, and 20       7/23001     21     6, 705, 045, 000.       7/23001     6     6       10.0 or 1     100 or 1     100 or 1       10.0 or 1     100 or 1     100 or 1	Š	•						
	723			21				

2007.06000 SHRINERS HOSPITALS FOR CHIL 67151\_\_1

1

36-2193608

Page **2** 

	Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	a Grants paid from donor advised funds					
	(attach schedule)					
	(cash \$ 0. noncash \$ 0.	)				
	If this amount includes foreign grants, check here	22a				
22b	Other grants and allocations (attach schedule				SEE STATEMENT 7	
	(cash \$ 275,000.noncash \$ 0.	)				
	If this amount includes foreign grants, check here	22b	275,000.	275,000.		
23	Specific assistance to individuals (attach					
	schedule)	23				
24	Benefits paid to or for members (attach					
	schedule)	24				
25a	Compensation of current officers, directors, key					
	employees, etc. listed in Part V-A	25a	310,750.	0.	310,750.	
h	Compensation of former officers, directors, key					
-	employees, etc. listed in Part V-B	25b	0.	0.	0.	
<u>،</u>	Compensation and other distributions, not included	200				
Ū	above, to disqualified persons (as defined under					
	section 4958(f)(1)) and persons described in					
		25c				
9¢	section 4958(c)(3)(B)	200				
20	Salaries and wages of employees not	0.0	251 676 201	228 561 616	1/ 170 175	1 0/1 50
07	included on lines 25a, b, and c	26	254,676,291.	238,564,616.	14,170,175.	1,941,50
21	Pension plan contributions not included on	0-	10 640 610	11 700 700		
<b>.</b>	lines 25a, b, and c	27	12,643,617.	11,790,733.	852,884.	
28	Employee benefits not included on lines			~~ ~~ ~~		
• -	25a - 27	28	40,753,604.	38,738,389.	2,015,215.	
	Payroll taxes	29	17,019,667.	15,958,385.	1,061,282.	
	Professional fundraising fees	30	7,078,206.			7,078,20
	Accounting fees	31	297,698.		297,698.	
	Legal fees	32	903,159.		903,159.	
	Supplies	33	69,454,469.	68,593,302.	761,198.	99,96
34	Telephone	34	2,858,023.	2,403,007.	453,546.	1,47
35	Postage and shipping	35	2,342,218.	775,648.	1,109,988.	456,58
	Occupancy	36				
	Equipment rental and maintenance	37	11,556,214.	8,934,284.	2,621,289.	64
	Printing and publications	38	498,297.		384,797.	113,50
	Travel	39	7,176,917.	4,550,097.	2,415,790.	211,03
40	Conferences, conventions, and meetings	40	973,067.	142,284.	719,821.	110,96
	Interest	41				
	Depreciation, depletion, etc. (attach schedule)	42	37,156,845.	31,994,647.	5,162,198.	
	Other expenses not covered above (itemize):					
a		43a				
b		43b				
c	·	43c				
d		43d				
e		43e			<u> </u>	
f		43f			<u> </u>	
י ה	SEE STATEMENT 6	43g	96,221,999.	86,569,591.	8,963,766.	688,64
у ДЛ	Total functional expenses. Add lines 22a through				0,500,700.	
74	43g. (Organizations completing columns (B)-(D),					
	carry these totals to lines 13-15)	44	562 196 0/1	509 280 002	12 203 556	10 700 50
10			562,196,041.	509,289,983.	42,203,556.	10,702,50
	int Costs. Check			orted in (D) Dramor -	iooo0	
	any joint costs from a combined educational campai					Yes X No
	(es," enter (i) the aggregate amount of these joint cos	sts \$		ii) the amount allocated to		<u>N/A</u> ;
	) the amount allocated to Management and general \$ 011 27-07		N/A ; and (	iv) the amount allocated to	) Fundraising \$	N/A
1230						Form <b>990</b> (20

723021 12-27-07

13280710 784732 67151

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a p How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore 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?	Program Service Expenses
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.)	(Required for 501(c) and (4) orgs., and 4947(a)(1) trusts; b optional for others

Form 990 (2007)

а	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	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)	_
с	(Grants and allocations \$) If this amount includes foreign grants, check here	409,311,088
U		
d	(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ∟	<u></u>
-	(Grants and allocations \$ ) If this amount includes foreign grants, check here	
е	Other program services (attach schedule)	-
-	(Grants and allocations \$) If this amount includes foreign grants, check here	
Т	Total of Program Service Expenses (should equal line 44, column (B), Program services)	509,289,98

Form 990 (2007)

13280710 784732 67151

	key employees			50a		
b	Receivables from other disqualified persons (as define					
	4958(f)(1)) and persons described in section 4958(c)(3			50b		
51 a	Other notes and loans receivable					
b	Less: allowance for doubtful accounts 51b				51c	
52	Inventories for sale or use	🗋	3,745,138.	52		
53	Prepaid expenses and deferred charges		7,957,862.	53		
	Investments - publicly-traded securities STMT 10	1V	7,294,233,001.	54a		
b	Investments - other securities					
55 a	Investments - land, buildings, and STMT 9					
	equipment: basis 55a					
b	Less: accumulated depreciation 55b				55c	
56	Investments - otherSEE_STA	FEMENT 11	🗋	98,151,000.	56	
	Land, buildings, and equipment: basis 57a					
b	Less: accumulated depreciation STMT 12 57b	435,085,6	54.	525,983,000.	57c	
58	Other assets, including program-related investments					
		TEMENT 13	_)	2,260,819,000.	58	
59	Total assets (must equal line 74). Add lines 45 throug			10,224,161,000.	59	
60	Accounts payable and accrued expenses		68,417,000.	60		
61	Grants payable				61	<u> </u>
62	Deferred revenue				62	<u> </u>
63	Loans from officers, directors, trustees, and key employed				63	
	a Tax-exempt bond liabilities				64a	
	Mortgages and other notes payable				64b	<u> </u>
65	Other liabilities (describe <b>SEE STA</b>	TEMENT 14	_)	1,577,355,000.	65	
66	Total liabilities. Add lines 60 through 65			1,645,772,000.	66	ļ
Org	anizations that follow SFAS 117, check here ► X	and complete lines				
	67 through 69 and lines 73 and 74.			F 040 0F0 0F0	0-	
67				7,248,372,000.	67	
68	Temporarily restricted			355,557,000.	68	
69	Permanently restricted			974,460,000.	69	
Orga	anizations that do not follow SFAS 117, check here					
70	complete lines 70 through 74.				70	
70	Capital stock, trust principal, or current funds				70	
71	Paid-in or capital surplus, or land, building, and equipr				71	
72	Retained earnings, endowment, accumulated income,		···		72	
73	Total net assets or fund balances. Add lines 67 through 69 (	Ū		0 570 200 000	70	
74	(Column (A) <b>must</b> equal line 19 and column (B) <b>must</b> equal line		···	8,578,389,000.		
1/4	Fotal liabilities and net assets/fund balances. Add lines 66 and 73			10,224,161,000.	74	i i

SHRINERS HOSPITALS FOR CHILDREN Part IV Balance Sheets (See the instructions.)

47a

47b

48a

48b

Note: Where required, attached schedules and amounts within the description column

50 a Receivables from current and former officers, directors, trustees, and

Cash - non-interest-bearing

Savings and temporary cash investments

b Less: allowance for doubtful accounts

48 a Pledges receivable

Grants receivable

**b** Less: allowance for doubtful accounts

should be for end-of-year amounts only.

47 a Accounts receivable

36-2193608

(B)

End of year

**(A)** Beginning of year

11,278,000

471,656

23,335,343

9,465,000.

45

46

47c

48c 49

Page 4

1,023,126.

9,352,874.

11,278,000.

3,627,398. 14,535,602, 7,477,502,000

99,203,000.

516,336,000.

2,140,931,000 10,273,789,000 77,810,000.

1,490,936,000.

1,568,746,000.

7,413,360,000. 295,542,000. 996,141,000.

8,705,043,000.

10,273,789,000.

Form 990 (2007)

Form 990 (2007)

45

46

49

Assets

Liabilities

Net Assets or Fund Balances

Forr	n 990 (2007) SHRINERS HOSPITALS FOR CHILDREN					193608	Page <b>5</b>
Pa	ITT IV-A Reconciliation of Revenue per Audited Final	ncial Statements W	ith F	Revenue p	er Re	eturn (	See the
	instructions.)						C1E 400 000
a ⊾	Total revenue, gains, and other support per audited financial stateme	nts				a	615,408,000.
U 1	Amounts included on line <b>a</b> but not on Part I, line 12:	1.	b1	-72,883	005		
2	Net unrealized gains on investments Donated services and use of facilities		b2	72,005	,005.	-	
3	Recoveries of prior year grants		b3			-	
4	Other (specify):	1	b4			-	
-	Add lines <b>b1</b> through <b>b4</b>					b	-72,883,005.
c	Subtract line <b>b</b> from line <b>a</b>					c	688,291,005.
d	Amounts included on Part I, line 12, but not on line a:						, , .
1	Investment expenses not included on Part I, line 6b	0	d 1				
	Other (specify): SEE STATEMENT 15			123,901	,189.		
	Add lines d1 and d2	L				d	123,901,189.
е	Total revenue (Part I, line 12). Add lines c and d				. 🕨	e	812,192,194.
Pa	rt IV-B Reconciliation of Expenses per Audited Fina	ancial Statements W	Vith	Expenses	per	Returr	
a	Total expenses and losses per audited financial statements					а	563,487,000.
b	Amounts included on line <b>a</b> but not on Part I, line 17:						
1	Donated services and use of facilities	<u>t</u>	b1				
2	Prior year adjustments reported on Part I, line 20	<u>t</u>	b2				
3	Losses reported on Part I, line 20	<u>t</u>	b3				
4	Other (specify): SPECIAL EVENTS EXPENSES NETTED AGAINST		b4	1,290			
	Add lines <b>b1</b> through <b>b4</b>					b	1,290,959.
	Subtract line <b>b</b> from line <b>a</b>					с	562,196,041.
	Amounts included on Part I, line 17, but not on line a:		Т				
	Investment expenses not included on Part I, line 6b		d1				
2	Other (specify):		d2			-	
	Add lines <b>d1</b> and <b>d2</b>					d	0.
	Total expenses (Part I, line 17). Add lines c and d					e fficor di	562,196,041.
FC	or key employee at any time during the year even if they we	re not compensated ) (Se	e the	instructions)			
	(A) Name and address	(B) Title and average hours per week devoted to position	(C) (	Compensation	(D)Co emple	ntributions	to <b>(E)</b> Expense account and
	(ii) hano and addrood	position	(" "	-0)	plans compe	& deferred nsation pla	ns other allowances
SEE	STATEMENT 16			265,110.		20,50	). 25,140.
_							

723041 12-27-07

Form **990** (2007)

Form 990 (20				36-2193608			age <b>6</b>
Part V-A	Current Officers, Directors, Trustees, and Ke	ey Employees (continu	ied)			Yes	No
75 a Enter th	ne total number of officers, directors, and trustees permitted	to vote on organization bu	siness at board				
meeting	gs		►	22			
h Are any	officers, directors, trustees, or key employees listed in Form	990 Part V-A or highest of	compensated emr				
	Schedule A, Part I, or highest compensated professional an						
	A or II-B, related to each other through family or business rela						
the indi	viduals and explains the relationship(s)				75b		х
c Do anv	officers, directors, trustees, or key employees listed in Form	990 Part V/A or highest c	omnensated emp	00000			
	Schedule A, Part I, or highest compensated professional an						
	A or II-B, receive compensation from any other organizations,						
	ation? See the instructions for the definition of "related organ	instice II			75c		х
If "Yes,	" attach a statement that includes the information described	in the instructions.					
d Does th	ne organization have a written conflict of interest policy?				75d	Х	[]
Part V-B	Former Officers, Directors, Trustees, and Ke	y Employees That P	leceived Com	pensation of			
	Benefits (If any former officer, director, trustee, or key er						
	the year, list that person below and enter the amount of co	mpensation or other benef					
	(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid,	(D) Contributions employee benefit	to (	E) Expe ccount	
	(A) Name and address NONE	( <b>b</b> ) Loans and Advances	enter -0-)	plans & deferred compensation plan	- +1-	er allow	
			,	een penealien pla			
Part VI	Other Information (See the instructions.)					Yes	No
76 Did the	organization make a change in its activities or methods of co	onducting activities? If "Ye	s," attach a detaile	ed			
stateme	ent of each change				76		х
77 Were a	ny changes made in the organizing or governing documents	but not reported to the IRS	S?		77		х
If "Yes,	" attach a conformed copy of the changes.						
78 a Did the	organization have unrelated business gross income of \$1,00	0 or more during the year	covered by this re	turn?	78a		х
				37 / 3	78b		
79 Was the	ere a liquidation, dissolution, termination, or substantial contr				79		х
80 a Is the o	rganization related (other than by association with a statewic	le or nationwide organizati	on) through comm	ion			
	rship, governing bodies, trustees, officers, etc., to any other				80a	х	
	" enter the name of the organization SEE STATEMENT						
	-	and check whether it is	exempt or	nonexempt			
81 a Enter d	irect and indirect political expenditures. (See line 81 instruction	-	81a	0.			
<b>b</b> Did the	organization file Form 1120-POL for this year?				81b		х

81b		х
Form	990	(2007)

723161/12-27-07

		2193608			Page 7
Pa	rt 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 subst	antially			
	less than fair rental value?		32a	Х	
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?	8	33a	х	
	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?		33b	Х	
	Did the organization solicit any contributions or gifts that were not tax deductible?		34a		х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts wer				
	tax deductible?		34b		
85 a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members? N/A		35a		
	Did the organization make only in-house lobbying expenditures of \$2,000 or less? N/A		35b		
-	If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received				
	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				
	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices 85e N/A				
e f	Taxable amount of lobbying and political expenditures (line 85d less 85e)     85f				
1			5.0		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? N/A	······	85g		<u> </u>
п	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				
00	following tax year? N/A		35h		
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on				
	line 12				
	Gross receipts, included on line 12, for public use of club facilities				
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders				
D	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	э,			
	or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?				
	If "Yes," complete Part IX		38a		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	▶_8	38b		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under:				
	section 4911▶ 0.; section 4912▶ 0.; section 4955 ▶	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		39b		X
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under				
	sections 4912, 4955, and 4958	0.			
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	0.			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	, 8	39e		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		89f		Х
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organ				
-	or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		89g		X
90 a	List the states with which a copy of this return is filed <b>NONE</b>	····· <b>_</b>	-		•
	Number of employees employed in the pay period that includes March 12, 2007 90b				4902
	The books are in care of <b>SHARON RUSSELL</b> Telephone no. <b>8</b> 1	13-281-030	0		
-		• <b>+</b> 4 ► 336			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over			Yes	No
5	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	5	)1b		X
	If "Yes," enter the name of the foreign country  N/A	······ F			
	See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1</b> , Report of Foreign Bank	[			
	and Financial Accounts.				
		F	orm	990	(2007)
			· · · · ·		()

723162 / 12-27-07

7 2007.06000 SHRINERS HOSPITALS FOR CHIL 67151\_\_1

13280710 784732 67151

	TALS FOR CHILD	REN		36-219	3608	Page
Part VI         Other Information (continued)						Yes N
c At any time during the calendar year, did the	-		the Unite	ed States?	91c	X
If "Yes," enter the name of the foreign count	·	/A				. —
92 Section 4947(a)(1) nonexempt charitable trus	-					. 🕨 📖
and enter the amount of tax-exempt interest				▶ 92	N/A	<u> </u>
Part VII Analysis of Income-Product		d business income	Excluded	by section 512, 513, or 514		
Note: Enter gross amounts unless otherwise	(A)	(B)	(C)	(D)	(E	
indicated.	Business	Amount	Exclu- sion	Amount	Related or function	•
93 Program service revenue:	code		code		TUTICUOT	Income
a						
b						
C						
d						
f Medicare/Medicaid payments						
g Fees and contracts from government agencie					1	764 00
94 Membership dues and assessments						L,764,00
<b>95</b> Interest on savings and temporary cash investment			14	212 654 002		
96 Dividends and interest from securities			14	212,654,092.		
97 Net rental income or (loss) from real estate:						
a debt-financed property			16	1 200 000		
<b>b</b> not debt-financed property			10	4,280,888.		
98 Net rental income or (loss) from personal prop			14	16,776,569.		
<ul><li>99 Other investment income</li><li>100 Gain or (loss) from sales of assets</li></ul>			11	10,770,305.		
			18	351,082,637.		
other than inventory			01	9,329,040.		
102 Gross profit or (loss) from sales of inventory				5,325,040.		
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	L,764,00
<b>105 Total</b> (add line 104, columns (B), (D), and (E))				,,,		2,280,19
Note: Line 105 plus line 1e, Part I, should equal the		, Part I.				, ,
Part VIII Relationship of Activities to			t Purp	<b>DSES</b> (See the instruction	is.)	
Line No. Explain how each activity for which income	is reported in column	(E) of Part VII contributed	l importan	tly to the accomplishment of	the organizat	ion's
exempt purposes (other than by providing f	unds for such purpos	es).				
ASSESS FRATERNAL MEMBERS IN OR	DER TO OFFSET H	HOSPITAL COSTS				
				-		
Part IX Information Regarding Taxa			ed Enti			
(A) (B) Name, address, and EIN of corporation, Percenta partnership, or disregarded entity ownership	ige of	(C) Nature of activities		(D) Total income	(E End-of	
partnership, or disregarded entity ownership	interest				ass	
	%					
N/A	%					
	%					
Dout V Information Description Trees	%	ad with Daraanal	Banaf	t Contracto (2 11 1		<u></u>
Part X Information Regarding Tran						
(a) Did the organization, during the year, receive any fu				I benefit contract?	Yes	
(b) Did the organization, during the year, pay premium			ontract?		Yes	X N
Note: If "Yes" to (b), file Form 8870 and Form 47	20 (see instructions	).			_	000
					Form	n <b>990</b> (200

723163 12-27-07

Form 990	) (2007) SHRINERS HOSPITALS FOR CHILDREN		36-2193608	8 Page	9
Part X	I Information Regarding Transfers To and From C	ontrolled Entit	ies. Complete only if the organiz	ation is a	
	controlling organization as defined in section 512(b)(13).	N/A			
				Yes No	ο
106 Did	I the reporting organization <b>make</b> any transfers <b>to</b> a controlled entity a	s defined in sectior	1 512(b)(13) of the Code? If "Yes,"	"	
cor	mplete the schedule below for each controlled entity.				
	(A)	(B) Employer	(C)	(D)	
	Name, address, of each	Employer Identification	Description of	Amount of	
	controlled entity	Number	transfer	transfer	
a					
b					
c					
	Totals				_
107 0:1		Alter and the first state of the second		Yes No	<u>o</u>
	I the reporting organization <b>receive</b> any transfers <b>from</b> a controlled en nplete the schedule below for each controlled entity.	tity as defined in se	ction 512(b)(13) of the Code? If "	Yes,"	
	(A)	(B)	(C)	(D)	
	(م) Name, address, of each	(B) Employer	Description of	Amount of	
	controlled entity	Identification Number	transfer	transfer	
		Number			
a					
~					
b					
				·	
c					
	Totals				
				Yes No	ο
108 Did	I the organization have a binding written contract in effect on August	17, 2006, covering t	he interest, rents, royalties, and		
anr	nuities described in question 107 above?				
	Under penalties of perjury, I declare that I have examined this return, including accompany and complete. Declaration of preparer (other than officer) is based on all information of while	ing schedules and statem ch preparer has any knowl	ents, and to the best of my knowledge and b edge.	elief, it is true, correct,	
Please			1		
Sign	Signature of officer		Date		
Here			Buto		
	RALPH W. SEMB, PRESIDENT Type or print name and title				
	, , , , , , , , , , , , , , , , , , , ,	Date	Check if Preparer's SSN	I or PTIN (See Gen. Inst.	. X)
Paid	Preparer's signature		self- employed	,	,
Preparer's	Firm's name (or KTRKLAND RUSS MURDHY & TAPP PA				
Use Only	yours if self-employed), 13577 FEATHER SOUND DRIVE, SUITE 400				
	address, and ZIP + 4 CLEARWATER, FLORIDA 33762		Phone no. ► (727)5'	72-1400	
	Land Communities, Flosting 55/02			Form <b>990</b> (2007	71
				1 01111 <b>330</b> (2007	<i>י</i> )

723164/12-27-07

9 2007.06000 SHRINERS HOSPITALS FOR CHIL 67151\_\_1

### **SCHEDULE A**

(Form 990 or 990-EZ)

### Organization Exempt Under Section 501(c)(3)

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

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

Department of the Treasury

OMB No. 1545-0047

2007

Internal Revenue Service	MUST be completed by the above organ	izations and attached to thei	r Form 990 or 990-E	Z	
Name of the organization				Employer ident	tification number
	SHRINERS HOSPITALS FOR CHILDREN			36 219360	8
	ensation of the Five Highest Paid Emp e 1 of the instructions. List each one. If there are none, er	-	Officers, Dire	ctors, and	Trustees
(a) Name an	d address of each employee paid more than \$50,000	(b) Litle and average hours per week devoted to position	(c) Compensation	(d) Contributions employee benef plans & deferred compensation	to (e) Expense account and other allowances
RICHARD MCCALL, M.	D	CHIEF OF STAFF			
	., BOSSIER CITY, LA	40.00	425,205	. 33,34	4.
COLIN MOSELEY, M.D	·	CHIEF OF STAFF			
	., LOS ANGELES, CA	40.00	411,574	. 38,34	4.
JAMES SANDERS, M.D.		CHIEF OF STAFF		· · ·	
AVAILABLE UPON REQ		40.00	431,223	. 37,64	6.
PETER ARMSTRONG, M		CHIEF MEDICAL OFFIC	,	,	
	 ., ODESSA, FL 33556	40.00	424,965	. 38,81	8.
RICHARD HAYNES, M.	· · ·	CHIEF OF STAFF	,	,	
	UEST, HOUSTON, TX 7	40.00	392,600	. 34,90	3.
Total number of other empl	1 1		,,	•	- •
	<b>&gt;</b>	1799			
Part II-A Comp	ensation of the Five Highest Paid Inde e 2 of the instructions. List each one (whether individuals	•		ional Servio	ces
(a) Name and address of each independent contractor paid more than \$50,000			(b) Type of	(c) Compensation	
UNIVERSITY OF CALI	FORNIA, DAVIS				
ONE SHIELDS AVE, D		EDICAL SERVIC	ES	3,839,573.	
CHICAGOLAND PEDIAT					
2641 NORTH TROY ST		NESTHESIA SERV	VICES	1,980,000.	
KENTUCKY MEDICAL S					
P.O. BOX 587, LEXI	P.O. BOX 587, LEXINGTON, KY 40588-0587 MEDICA				1,772,621.
UNIVERSITY ANESTHE	SIA ASSOCIATION				
2368 VICTORY PARKW	AY, STE-501, CINCINNATI, OH 45		NESTHESIA SERV	VICES	1,053,792.
CHILDRENS HOSPITAL	OF LOS ANGELES				
FILE #82450, LOS A	NGELES, CA 90074-2450	м	EDICAL SERVIC	ES	857,160.
Total number of others rece \$50,000 for professional se	iving over rvices	98			
	ensation of the Five Highest Paid Inde	pendent Contracto	rs for Other S	ervices	
(List each	n contractor who performed services other than profession here are none, enter "None." See page 2 of the instruction	onal services, whether individ			
<b>(a)</b> Name a	nd address of each independent contractor paid more th	an \$50,000	(b) Type of	(c) Compensation	
STILSON LLC					
11475 SOUTH 2875 EAST, SANDY, UT 84092			ARKETING / MEI	DIA	1,421,245.
OHSU			UTSIDE PATIEN	926,291.	
HEWITT ASSOCIATES, P.O. BOX 95135, CH	LLC ICAGO, IL 60694-5135		R/PAYROLL SERV	560,337.	
AEROMEDEVAC, INC.					520 100
· · · · · ·	UITE 200, SAN DIEGO, CA 92123	P	ATIENT TRANSPO	ORTATION	529,100.
IHC HEALTH SERVICE	<u>S, INC</u> DRIVE, SALT LAKE CITY, UT 84113	o	UTSIDE DIAGNOS	STIC	516,296.
Total number of other contr	•				
ຈວບ,ບບບ for other services		3			

Schedule A (Form 990 or 990-EZ) 2007

<sup>10</sup> 2007.06000 SHRINERS HOSPITALS FOR CHIL 67151\_\_1

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? ( <i>If the answer to any question is</i> "Yes," attach a detailed statement explaining the transactions.)       2a       X         a Sale, exchange, or leasing of property?       2b       X         b Lending of money or other extension of credit?       2b       X         c Furnishing of goods, services, or facilities?       2c       X         d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990       2d       X         e Transfer of any part of its income or assets?       2e       X         3 a Did the organization have grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization have a section 403(b) annuity plan for its employees?       3b       X         c Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?       3d       X         d Did the organization make any taxable distributions under section 4966?       N/A       4a       4a       X         b Did the organization make a distribution to a donor, donor advised funds owned at the end of the tax year       N/A       N/A       4b       N/A         f Enter the total number of separate funds owned at the end of the year (excluding donor advised funds included on <th>F</th> <th>Part III Statements About Activities (See page 2 of the instructions.)</th> <th></th> <th>Yes</th> <th>No</th>	F	Part III Statements About Activities (See page 2 of the instructions.)		Yes	No
iobbying activities       \$	1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence			
line i of Part VI-B.)       1       X         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.       1       X         2       During the vear, 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.)       2a       X         a Sale, exchange, or leasing of property?       2a       X         b Lending of money or other extension of credit?       2b       X         c Furnishing of goods, services, or facilities?       2c       X         d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART. V-A, FORM 990       2d       X         3 a Did the organization make grants for scholarships, tellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization neewer that 0 conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement       3b       X         b Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the env		public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the			
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.         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.)       2a       X         b Lending of money or other extension of credit?       2b       X         c Furnishing of goods, services, or facilities?       2c       X         d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, PORM 990       2d       X         e Transfer of any part of its income or assets?       2b       X         3 Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization neave exploring upposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement       3d       X         d Did the organization maitain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f       4a       X         d Did the organization make any taxable distributions under section 49		lobbying activities 🕨 💲 \$ (Must equal amounts on line 38, Part V	'I-A, or		
checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.         2       During the year, has the organization, either directly, or indirectly, engaged in any of the following acts with any substantial contributors, trustees, 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?       2a       X         b       Lending of money or other extension of credit?       2b       X         c       Furnishing of goods, services, or facilities?       2b       X         d       Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990       2d       X         2       Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization nervines that recipients qualify to receive payments.)       3a       3a       X         b       Did the organization nervines that recipients qualify to receive payments.)       3a       X       2c       X         b       Did the organization natements are solitors structures? If "Yes," attach a detailed statement       3a       X         c       Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the environment, historic land areas or historic structures? If "Yes," attach a detailed s		line i of Part VI-B.)	1		х
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? ( <i>If the answer to any question is</i> "Yes," at a detailed statement explaining the transactions.)       2a       X         a Sale, exchange, or leasing of property?       2a       X         b Lending of money or other extension of credit?       2b       X         c Furnishing of goods, services, or facilities?       2c       X         d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990       2d       X         e Transfer of any part of its income or assets?       3a       X       2e       X         b Did the organization nake grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization nake against qualify to receive payments.)       3a       X       2e       X         b Did the organization neceive 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.       3c       X         d Did the organization make any taxable distributions under section 4966?       N/A       4a       X         b Did the organization make any		Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations			
trustees, directors, officers, oreators, key employees, or membérs of their families, or with any faxable 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.)       2a       X         a Sale, exchange, or leasing of property?       2a       X         b Lending of money or other extension of credit?       2b       X         c Furnishing of goods, services, or facilities?       2c       X         d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE_PART. V-A, FORM 990.       2d       X         e Transfer of any part of its income or assets?       2e       X         3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization have a section 403(b) annuity plan for its employees?       3b       X         b Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic tand areas or historic structures? If "Yes," attach a detailed statement       3c       X         4 Did the organization make any taxable distributions under section 4966?       N/A       4a       X         b Did the organization make any taxable distributions under section 4966?       N/A       4b       4a       X         b Did the organization make any taxable distributions under sect		checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
b Lending of money or other extension of credit?       2b       X         c Furnishing of goods, services, or facilities?       2c       X         d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990       2d       X         e Transfer of any part of its income or assets?       3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization have a section 403(b) annuity plan for its employees?       3a       X         b 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       3d       X         d Did the organization make any taxable distributions under section 4966?       N/A       3d       X         4 a Did the organization make any taxable distributions under section 4966?       N/A       4b       4c       4b         c Did the organization make any taxable distributions under section 4966?       N/A       Ab       Ac       N/A         f Enter the total number of separate funds or accounts owned at the end of the tax year       N/A       N/A       N/A       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 accountt	2	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,"			
c Furnishing of goods, services, or facilities?       2c       X         d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990       2d       X         e Transfer of any part of its income or assets?       2e       X         3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization have a section 403(b) annuity plan for its employees?       3a       X         b Did the organization nave a section 403(b) annuity plan for its employees?       3b       X       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       3c       X         d Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f       3d       X         a d 4g       b       4a       X         b Did the organization make any taxable distributions under section 4966?       N/A       4b       4c         c Did the organization make any taxable distributions under section 4966?       N/A       4c       N/A         e Enter the total number of donor advised funds owned at the end of the tax year       N/A       N/A       N/A         f Enter the total number of separate funds or accounts owned at the end of the year (excludin		, , , , , , , , , , , , , , , , , , , ,			х
c Furnishing of goods, services, or facilities?       2c       X         d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990       2d       X         e Transfer of any part of its income or assets?       2e       X         3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization have a section 403(b) annuity plan for its employees?       3a       X         b Did the organization nave a section 403(b) annuity plan for its employees?       3b       X       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       3c       X         d Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f       3d       X         a d 4g       b       4a       X         b Did the organization make any taxable distributions under section 4966?       N/A       4b       4c         c Did the organization make any taxable distributions under section 4966?       N/A       4c       N/A         e Enter the total number of donor advised funds owned at the end of the tax year       N/A       N/A       N/A         f Enter the total number of separate funds or accounts owned at the end of the year (excludin		b Lending of money or other extension of credit?	2b		Х
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990       2d       X         e Transfer of any part of its income or assets?       2e       X         3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization have a section 403(b) annuity plan for its employees?       3a       X         b 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       3c       X         d Did the organization make any taxable distributions under section 4966?       N/A       4a       X         b Did the organization make a distribution to a donor, donor advised funds owned at the end of the tax year       N/A       4c       N/A         e 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.		c Furnishing of goods, services, or facilities?	2c		Х
3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how       3a       X         b Did the organization determines that recipients qualify to receive payments.)       3a       X         c Did the organization neceive or hold an easement for conservation purposes, including easements to preserve open space,       3b       X         c Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?       3d       X         d Did the organization make any taxable distributions under section 4966?       M/A       4a       X         b Did the organization make a distribution to a donor, donor advised funds owned at the end of the tax year       M/A       4c       N/A         f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds or accounts       M/A       N/A       0.         f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds or accounts       0.       0.       0.		d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	2d	Х	
3 a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how       3a       X         b Did the organization determines that recipients qualify to receive payments.)       3a       X         c Did the organization neceive or hold an easement for conservation purposes, including easements to preserve open space,       3b       X         c Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?       3d       X         d Did the organization make any taxable distributions under section 4966?       M/A       4a       X         b Did the organization make a distribution to a donor, donor advised funds owned at the end of the tax year       M/A       4c       N/A         f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds or accounts       M/A       N/A       0.         f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds or accounts       0.       0.       0.		e Transfer of any part of its income or assets?	2e		Х
b Did the organization have a section 403(b) annuity plan for its employees?       3b       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       3c       X         d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?       3d       X         4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f       4a       X         b Did the organization make any taxable distributions under section 4966?       N/A       4b       4a       X         c Did the organization make a distribution to a donor, donor advisor, or related person?       N/A       4c       N/A         f Enter the total number of donor advised funds owned at the end of the tax year       N/A       N/A       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.       0.					
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       3c       X         d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?       3d       X         4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f       4a       X         b Did the organization make any taxable distributions under section 4966?       N/A       4b       4a       X         c Did the organization make a distribution to a donor, donor advisor, or related person?       N/A       4c       1         d Enter the total number of donor advised funds owned at the end of the tax year       N/A       N/A       1       1         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.		the organization determines that recipients qualify to receive payments.)	3a		Х
the environment, historic land areas or historic structures? If "Yes," attach a detailed statement d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services? 4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g b Did the organization make any taxable distributions under section 4966? c Did the organization make a distribution to a donor, donor advisor, or related person? d Enter the total number of donor advised funds owned at the end of the tax year e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year 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		b Did the organization have a section 403(b) annuity plan for its employees?	3b	X	
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?       3d       X         4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f       4a       X         4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f       4a       X         4 b Did the organization make any taxable distributions under section 4966?       N/A       4b       4a       X         b Did the organization make a distribution to a donor, donor advisor, or related person?       N/A       4c       4c       4c       4c       1         d Enter the total number of donor advised funds owned at the end of the tax year       N/A       N/A       N/A       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.		c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space,			
4 a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f       4a       X         b Did the organization make any taxable distributions under section 4966?       N/A       4b       4b         c Did the organization make a distribution to a donor, donor advisor, or related person?       N/A       4c       4c         d Enter the total number of donor advised funds owned at the end of the tax year       N/A       N/A       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       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.		the environment, historic land areas or historic structures? If "Yes," attach a detailed statement	3c		Х
and 4g       4a       X         b Did the organization make any taxable distributions under section 4966?       N/A       4b       4b       4b       4b       4c		d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?	3d		Х
b Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? b Did the organization make a distribution to a donor, donor advisor, or related person? b Did the organization make a distribution to a donor, donor advisor, or related person? b Did the organization make a distribution to a donor, donor advisor, or related person? b Did the organization make a distribution to a donor, donor advisor, or related person? b Did the organization make a distribution to a donor, donor advisor, or related person? b Did the organization make a distribution to a donor, donor advisor, or related person? b Did the organization make a distribution or advised funds owned at the end of the tax year c Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year c 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 c D.	4				
c Did the organization make a distribution to a donor, donor advisor, or related person?       N/A       4c         d Enter the total number of donor advised funds owned at the end of the tax year       N/A       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       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.		•			X
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					
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year     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					
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					
line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			🕨 _	N/A	
g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year0		,			0.
		g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year	🕨 🔜		٥.

Schedule A (Form 990 or 990-EZ) 2007

Page **2** 

36-2193608

13280710 784732 67151

Part IV	Reason for Non-Private Foundation S	Status (See pages 4 th	nrough 8 of the instructio	ns.)					
I certify that th	he organization is not a private foundation because it is: (	Please check only <b>ONE</b> a	pplicable box.)						
5	A church, convention of churches, or association of ch								
6									
7 X	A hospital or a cooperative hospital service organizatio		ii).						
8	A federal, state, or local government or governmental u	unit. Section 170(b)(1)(A)	)(V).						
9	A medical research organization operated in conjunction		. ,	he hospital'	s name, city,				
	and state <b>&gt;</b>			•					
10	An organization operated for the benefit of a college or	university owned or oper	rated by a governmental u	init. Section	170(b)(1)(A)(	iv).			
	(Also complete the Support Schedule in Part IV-A.)								
11a 🗌	An organization that normally receives a substantial pa	art of its support from a g	overnmental 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 cor	nplete the Support Sched	dule in Part IV-A.)						
12	An organization that normally receives: (1) more than	33 1/3% of its support fro	om contributions, membe	rship fees, a	nd gross				
	receipts from activities related to its charitable, etc., fur								
	its support from gross investment income and unrelate				sses acquired				
	by the organization after June 30, 1975. See section 5	09(a)(2). (Also complete	the Support Schedule in	i Part IV-A.)					
13	An organization that is not controlled by any disqualifie	ed persons (other than fou	undation managers) and (	otherwise me	eets the requir	ements of section			
	509(a)(3). Check the box that describes the type of su	oporting organization:							
	Type I Type II	Type III-Fur	nctionally Integrated		Type III	-Other			
	Provide the following information a		,						
	(a)	(b)	(c)	(d		(e)			
	Name(s) of supported organization(s)	Employer identification	Type of organization (described in lines		upported on listed in	Amount of support			
		number (EIN)	5 through 12 above		porting	Support			
		. ,	or IRC section)	organi	zation's				
				governing	documents?				
				Vee	No				
				Yes	No				
		1							
Total									

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

Schedule A (Form 990 or 990-EZ) 2007

723121 12-27-07

Schedule A (Form 990 or 990-EZ) 2007	SHRINERS	HOSPITALS	FOR	CHILDREN
--------------------------------------	----------	-----------	-----	----------

36-2193608

Page 4

Га	<b>Note:</b> You may use the	omplete only if you che e worksheet in the inst					N/A ntina.
	ndar year (or fiscal year nning in)	( <b>a</b> ) 2006	( <b>b</b> ) 2005	(c) 2004	( <b>d</b> ) 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, divid- ends, amounts received from pay- ments 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	lax 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					26a	N/A
b	1 2		• •				
	unit or publicly supported organization	,	•			065	N/A
c	<b>Do not file this list with your return</b> . Total support for section 509(a)(1) to					26b 26c	N/A
	Add: Amounts from column (e) for li		19			200	11/11
ŭ		22	18 26b		_ ▶	26d	N/A
e	Public support (line 26c minus line 2	26d total)				26e	N/A
f	Public support percentage (line 26)					26f	N/A %
27	Organizations described on line 12 records to show the name of, and to such amounts for each year: (2006)	<b>: a</b> For amounts includec tal amounts received in e	l in lines 15, 16, and 17 t ach year from, each "disc	hat were received from a " ualified person." <b>Do not f</b> i	disqualified person	ır return.	Enter the sum of
Ь	For any amount included in line 17 th						
U	and amount received for each year, t				•		
	described in lines 5 through 11b, as		,				-
	the larger amount described in (1) of	,					
	(2006)					3)	
C	Add: Amounts from column (e) for li	nes: 15		16		·	
	Add: Amounts from column (e) for li 17 Add: Line 27a total	20		21	►	27c	N/A
d	Add: Line 27a total	ar	id line 27b total		▶	27d	N/A
е	Public support (line 27c total minus	line 27d total)			▶	27e	N/A
f	Total support for section 509(a)(2) to				N/A		/ -
g	Public support percentage (line 27)					27g	N/A %
<u>h</u> 28 I	Investment income percentage (lin Jnusual Grants: For an organization de					27h	N/A %
s r	how, for each year, the name of the co eturn. Do not include these grants in I	ontributor, the date and a	mount of the grant, and a	i brief description of the n	ature of the grant. I	Do not file	e this list with your
72313	1 12-27-07		13			Schedule A	A (Form 990 or 990-EZ) 2007
			L.				

13280710 784732 67151

2007.06000 SHRINERS HOSPITALS FOR CHIL 67151\_\_1

	A (Form 990 or 990-EZ) 2007 SHRINERS HOSPITALS FOR CHILDREN	36-2193608		Pa	age
Part V	<ul> <li>Private School Questionnaire (See page 9 of the instructions.)</li> <li>(To be completed ONLY by schools that checked the box on line 6 in Part IV)</li> </ul>		N/A		
De		24	Y	'es	Ν
	bes the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governi strument, or in a resolution of its governing body?		29		
	bes the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues		23		
	d other written communications with the public dealing with student admissions, programs, and scholarships?		30		
	is the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of				
	licitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known				
	all parts of the general community it serves?		31		
	Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)				
_					
	bes the organization maintain the following:	_			
	ecords indicating the racial composition of the student body, faculty, and administrative staff?		32a		
	ecords documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	····· [4	32b	$\rightarrow$	
	ppies of all catalogues, brochures, announcements, and other written communications to the public dealing with student				
	missions, programs, and scholarships?		32c		
α υσ	pies of all material used by the organization or on its behalf to solicit contributions?		32d		
		·····			
lf <u>y</u>	you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)				
	you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) bes the organization discriminate by race in any way with respect to:				
If y Do a St	you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) pees the organization discriminate by race in any way with respect to: udents' rights or privileges?		33a		
If y Do a St b Ac	you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)  pes the organization discriminate by race in any way with respect to:  udents' rights or privileges? Imissions policies?		33a 33b		
If y Do a St b Ac c En	you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)  bes the organization discriminate by race in any way with respect to:  udents' rights or privileges? Imissions policies? Imployment of faculty or administrative staff?		33a 33b 33c		
If y Do a St b Ac c En d Sc	you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)  bes the organization discriminate by race in any way with respect to: udents' rights or privileges? Imissions policies? Imployment of faculty or administrative staff? Inclarships or other financial assistance?		33a 33b 33c 33d		
If y Do a St b Ac c En d Sc e Ed	you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)  pees the organization discriminate by race in any way with respect to: udents' rights or privileges? Imissions policies? Imployment of faculty or administrative staff? Inclarships or other financial assistance? Inclarships or other financial assistance? Inclarships or other financial assistance?		33a 33b 33c 33d 33e		
a St b Acc c En d Sc e Ed f Us	you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)  pes the organization discriminate by race in any way with respect to: udents' rights or privileges? Imissions policies? Imployment of faculty or administrative staff? Inclarships or other financial assistance? Inclarships or other financial assistance? Inclarships ? Inclarships? Incl		33a 33b 33c 33d 33e 33f		
a Str b Acc c En d Sco e Ed f Us g At	you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)  pees the organization discriminate by race in any way with respect to: udents' rights or privileges? Imissions policies? Imployment of faculty or administrative staff? Inclain assistance? Inclain		33a 33b 33c 33d 33e 33f 33g		
a Str b Acc c En d Sc e Ed f Us g Att h Ot	you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)  pes the organization discriminate by race in any way with respect to: udents' rights or privileges? Imissions policies? Imployment of faculty or administrative staff? Inclarships or other financial assistance? Inclarships or other financial assistance? Inclarships ? Inclarships? Incl		33a 33b 33c 33d 33e 33f		
a Str b Acc c En d Sc e Ed f Us g Att h Ot	you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)  Dees the organization discriminate by race in any way with respect to:  udents' rights or privileges? Imissions policies? Imissions policies? Inployment of faculty or administrative staff? Inclain policies?		33a 33b 33c 33d 33e 33f 33g		
If 1 Do a St b Acc c En d Scc f Us g At h Ot If 1 	you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)  Dees the organization discriminate by race in any way with respect to:  udents' rights or privileges? Imissions policies? Imissions policies? Inployment of faculty or administrative staff? Inclain policies?		33a 33b 33c 33d 33e 33f 33g		
If y Do a Std b Acc c En d Scc e Ed f Us g Att h Ot If y a Do	you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)  pes the organization discriminate by race in any way with respect to: udents' rights or privileges? Imissions policies? Imissions policies? Inployment of faculty or administrative staff? Incational policies? Incational policies? Incational policies? Inter extracurricular activities? Inter extracuricular activities? Inter extrac		33a 33b 33c 33d 33e 33f 33g 33h		
If y DC a St b Acc c En d Scc g At h Ot If y a DC b Ha	you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)  bes the organization discriminate by race in any way with respect to: udents' rights or privileges? Imissions policies? Imissions policies? Inployment of faculty or administrative staff? Inclusional policies? Inclusiona		33a 33b 33c 33d 33f 33g 33h 33h		
If y DC a St b Acc c En d Scc c En d Scc g At h Ot If y a DC b Ha If y DC c	you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)  bes the organization discriminate by race in any way with respect to: udents' rights or privileges? Imissions policies? Imissions policies? Inclusional p	5-50,	33a 33b 33c 33d 33f 33g 33h 33h		

13280710 784732 67151

Schedule A (Form 990 or 990-EZ) 2007 SHRINERS HOSPITALS FOR CHILDREN			36-2193608	Page <b>6</b>
Part VI-A Lobbying Expenditures by Electing Public Charities ( (To be completed ONLY by an eligible organization that filed Form 5768)	(See page 11	of the instructions.)	N	I/A
Check ▶ a if the organization belongs to an affiliated group. Check ▶ b	if you ch	necked <b>"a"</b> and "limited co	ntrol" provisions apply.	
Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		<b>(a)</b> Affiliated group totals	(b) To be complet electing organ	
<ul> <li>36 Total lobbying expenditures to influence public opinion (grassroots lobbying)</li> <li>37 Total lobbying expenditures to influence a legislative body (direct lobbying)</li> <li>38 Total lobbying expenditures (add lines 36 and 37)</li> <li>39 Other exempt purpose expenditures</li> <li>40 Total exempt purpose expenditures (add lines 38 and 39)</li> <li>41 Lobbying nontaxable amount. Enter the amount from the following table - <ul> <li>If the amount on line 40 is -</li> <li>Not over \$500,000</li> <li>Over \$500,000 but not over \$1,500,000</li> <li>S175,000 plus 15% of the excess over \$500,000</li> <li>Over \$1,000,000 but not over \$1,500,000</li> <li>S175,000 plus 15% of the excess over \$1,500,000</li> <li>Over \$1,500,000 but not over \$17,000,000</li> <li>\$10,000,000</li> <li>\$10,000,000</li> <li>\$10,000,000</li> <li>\$10,000,000</li> </ul> </li> <li>42 Grassroots nontaxable amount (enter 25% of line 41)</li> <li>43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36</li> <li>44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38</li> </ul>	37 38 39 40 41 41 42 43	N/A		
<b>Caution:</b> If there is an amount on either line 43 or line 44, you must file Form 4720.				
<b>4-Year Averaging Period Under</b> (Some organizations that made a section 501(h) election do not below. See the instructions for lines 45 through 50 or	have to com	plete all of the five column	15	

		Lobbying Exp	enditures During 4-Year A	veraging Perio	d	N/A
Calendar year (or fiscal year beginning in)	( <b>a</b> ) 2007	<b>(b)</b> 2006	(c) 2005	(d) 200		<b>(e)</b> 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.
<b>49</b> Grassroots ceiling amount						
(150% of line 48(e))						0.
50 Grassroots lobbying						
expenditures						0.
Part VI-B Lobbying				、 、		
	only by organizations that di	. , ,		ons.)		1
During the year, did the organizat	•		n, including any attempt to	Ye	s No	Amount
influence public opinion on a legi		, <b>o</b>				
a Volunteers					x	
<b>b</b> Paid staff or management (Ir					X	
c Media advertisements					X	
d Mailings to members, legisla					x	
e Publications, or published or					X	
f Grants to other organizations					x	
g Direct contact with legislator					X	
h Rallies, demonstrations, sem		es, lectures, or any other me	ans		Х	
i Total lobbying expenditures						0.
If "Yes" to any of the above, a	also attach a statement givin	g a detailed description of the	ne lobbying activities.			

723151 12-27-07

15

Schedule A (Form 990 or 990-EZ) 2007

13280710 784732 67151

2007.06000 SHRINERS HOSPITALS FOR CHIL 67151\_1

Part VII Information	2007 SHRINERS HOSPITALS Regarding Transfers To		d Relationships With Nonch	aritable		
	nizations (See page 14 of the					
51 Did the reporting organization	on directly or indirectly engage in ar	ly of the following with any othe	er organization described in section			
501(c) of the Code (other th	an section 501(c)(3) organizations)	or in section 527, relating to p	olitical organizations?			
<b>a</b> Transfers from the reporting	g organization to a noncharitable ex	empt organization of:			Yes	No
(i) Cash				51a(i)		X
(ii) Other assets				a(ii)		X
<b>b</b> Other transactions:						
						X
						X
(iii) Rental of facilities, equi	pment, or other assets			b(iii)	X	
(iv) Reimbursement arrang	ements			b(iv)	х	
(v) Loans or loan guarante						X
						X
	ent, mailing lists, other assets, or pa			C	X	
			always show the fair market value of the			
			ed less than fair market value in any			
transaction or sharing arran	gement, show in column (d) the val	ue of the goods, other assets, (	or services received:			
(a) (b)	Name of popolaritab	(C)	(d)	and abaring or		nonto
Line no. Amount involved		le exempt organization	Description of transfers, transactions,	and sharing ar	rangen	ients
BIII 291,5	00.IMPERIAL COUNCIL		SEE STATEMENT 20			
52 a ls the organization directly (	r indirectly affiliated with or related	to one or more tax-evernt or	ganizations described in section 501(c) of	the		
	(1(c)(3)) or in section 527?			X Yes		No
b If "Yes," complete the follow						
	(a)	(b)	(c)			
Name o	f organization	Type of organization	Description of relat	ionship		
IMP. COUNCIL OF THE ANC	IENT ARABIC ORDER OF TH	E	SEE STATEMENT 21			
NOBLES OF THE MYSTIC SH	IRINE	501 (C) (10)				
			+			
		1	1			

16

Schedule B	
(Form 990, 990-EZ,	

#### or 990-PF) Department of the Treasury Internal Revenue Service

Name of organizatio

## **Schedule of Contributors**

Supplementary Information for

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

Employer identification number

### Name of organization

36-2193608

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization
	4947(a)(1) nonexempt charitable trust <b>not</b> 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

SHRINERS HOSPITALS FOR CHILDREN

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)

723451 12-27-07

OMB No. 1545-0047

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

#### Name of organization

Part I

(a)

No.

(a)

No.

(a)

No.

2

1

Page 1 of 1 of Part I

Employer identification number

36-2193608

SHRINERS HOSPITALS FOR CHILDREN

AVAILABLE UPON REQUEST

AVAILABLE UPON REQUEST

CINCINNATI, OH 45219

AVAILABLE UPON REQUEST

(b)

(b)

(b)

Contributors (See Specific Instructions.) (d) (c) Aggregate contributions Type of contribution Name, address, and ZIP + 4 X Person Payroll 10,000,000. Noncash \$ (Complete Part II if there is a noncash contribution.) (c) (d) Name, address, and ZIP + 4 Aggregate contributions Type of contribution MISCELLANEOUS CONTRIBS < 2% - DIRECT Person Payroll Noncash 13,600,802. x \$ (Complete Part II if there AVAILABLE UPON REQUEST, CO 00000 is a noncash contribution.) (c) (d) Aggregate contributions Type of contribution Name, address, and ZIP + 4

3	MISCELLANEOUS CONTRIBS < 2% - DIRECT AVAILABLE UPON REQUEST AVAILABLE UPON REQUEST, CO 00000	\$186,311,198.	Person       X         Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
723452 12-27		Schedule B (Form	990, 990-EZ, or 990-PF) (2007)

13280710 784732 67151

2007.06000 SHRINERS HOSPITALS FOR CHIL 67151\_1

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

### Name of organization

1 of 1 of Part II Page

Employer identification number

SHRINERS HOSPITALS FOR CHILDREN

Part II Noncash Property (See Specific Instructions.)

36-2193608

art II	Noncash Property (See Specific Instructions.)		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
2	MISCELLANEOUS PUBLICLY TRADED SECURITIES AND REAL PROPERTY		
		\$\$	12/31/07
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
3453 12-2	7-07		90, 990-EZ, or 990-PF) (20

13280710 784732 67151

2007.06000 SHRINERS HOSPITALS FOR CHIL 67151\_1

FORM 990	RENTAL	INCOME		STATEMENT	1
KIND AND LOCATION OF PROPERTY	Z		ACTIVITY NUMBER	GROSS RENTAL INCO	OME
PRINCIPALLY FARM PROPERTIES	_		1	4,280,	888.
TOTAL TO FORM 990, PART I, LI	INE 6A			4,280,	888.
FORM 990 GAIN (LOSS) H	FROM PUBLI	ICLY TRADED	SECURITIES	STATEMENT	2

DESCRIPTION	SALES PRICE	OTHER BASIS	OF SALE	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 OT	HER A	ASSETS	ST	ATEMENT	3
DESCRIPTION		DAT ACQUI		DATE SOLD	MET ACQU	-	
VARIOUS FIXED ASSETS		01/01	/97	12/31/	07 PURC	HASED	
NAME OF BUYER S.	GROSS ALES PRICE O	COST OR THER BASIS		PENSE SALE	DEPREC	NET GA OR (LO	-
	0.	202,886	,	0.	0.	-202,	886.
		202,886.	 	0.	0.	-202,	886.
FORM 990 OTHER CH.	ANGES IN NET	ASSETS OF	FUNE	D BALANC	ES ST.	ATEMENT	4
DESCRIPTION						AMOUNT	_
CHANGE IN VALUE - PATIEN	T TRANSPORTA	TION FUNDS	5				627.
UNREALIZED GAINS/(LOSSES CHANGE IN WORKERS' COMPE OTHER TRANSFERS TO RELATED ENT TOTAL TO FORM 990, PART	NSATION LIAB ITIES I, LINE 20					-72,883, 615, -7,406, -67,006, -123,342,	922. 280. 000. 153.
UNREALIZED GAINS/(LOSSES CHANGE IN WORKERS' COMPE OTHER TRANSFERS TO RELATED ENT	NSATION LIAB ITIES		TIVIT	TIES	  ST.	615, -7,406, -67,006,	922. 280. 000.
UNREALIZED GAINS/(LOSSES CHANGE IN WORKERS' COMPE OTHER TRANSFERS TO RELATED ENT TOTAL TO FORM 990, PART	NSATION LIAB ITIES I, LINE 20	NTS AND AC	··· ·	FIES GROSS EVENUE	DIRECT EXPENSES	615, -7,406, -67,006, -123,342, ATEMENT NET INCO	922. 280. 000. 153. 5 OME
UNREALIZED GAINS/(LOSSES CHANGE IN WORKERS' COMPE OTHER TRANSFERS TO RELATED ENT TOTAL TO FORM 990, PART FORM 990	NSATION LIAB ITIES I, LINE 20 SPECIAL EVE GROSS RECEIPTS	NTS AND AC CONTRIBUT INCLUDEI	··· ·	GROSS	DIRECT EXPENSES	615, -7,406, -67,006, -123,342, ATEMENT NET INCO OR (LO)	922. 280. 000. 153. 5 OME SS )
UNREALIZED GAINS/(LOSSES CHANGE IN WORKERS' COMPEND OTHER TRANSFERS TO RELATED ENT TOTAL TO FORM 990, PART FORM 990 DESCRIPTION OF EVENT PAPER CRUSADE-SOLICITATIONS FOR	NSATION LIAB ITIES I, LINE 20 SPECIAL EVE GROSS RECEIPTS R	NTS AND AC CONTRIBUT INCLUDEI	··· ·	GROSS EVENUE	DIRECT EXPENSES 3,215,809.	615, -7,406, -67,006, -123,342, ATEMENT NET INCO OR (LO) 6,006,	922. 280. 000. 153. 5 OME SS )
UNREALIZED GAINS/(LOSSES CHANGE IN WORKERS' COMPEN OTHER TRANSFERS TO RELATED ENT TOTAL TO FORM 990, PART FORM 990 DESCRIPTION OF EVENT PAPER CRUSADE-SOLICITATIONS FO SHRINERS NEWSPAPER SALE	NSATION LIAB ITIES I, LINE 20 SPECIAL EVE GROSS RECEIPTS R 9,222,235.	NTS AND AC CONTRIBUT INCLUDEI	··· ·	GROSS EVENUE 9,222,235.	DIRECT EXPENSES 3,215,809. 318,830.	615, -7,406, -67,006, -123,342, ATEMENT NET INCO OR (LO) 6,006, 595,	922. 280. 000. 153. 5 OME SS) 426.
UNREALIZED GAINS/(LOSSES CHANGE IN WORKERS' COMPEND OTHER TRANSFERS TO RELATED ENT TOTAL TO FORM 990, PART FORM 990 DESCRIPTION OF EVENT PAPER CRUSADE-SOLICITATIONS FO SHRINERS NEWSPAPER SALE SPORTING EVENT OTHER	NSATION LIAB ITIES I, LINE 20 SPECIAL EVE GROSS RECEIPTS R 9,222,235. 914,334.	NTS AND AC CONTRIBUT INCLUDEI	··· ·	BROSS EVENUE 9,222,235. 914,334.	DIRECT EXPENSES 3,215,809. 318,830. 394,218.	615, -7,406, -67,006, -123,342, ATEMENT NET INCO OR (LO) 6,006, 595, 736,	922. 280. 000. 153. 5 OME SS) 426. 504.
UNREALIZED GAINS/(LOSSES CHANGE IN WORKERS' COMPEND OTHER TRANSFERS TO RELATED ENT TOTAL TO FORM 990, PART FORM 990 DESCRIPTION OF EVENT PAPER CRUSADE-SOLICITATIONS FO SHRINERS NEWSPAPER SALE SPORTING EVENT OTHER GOLF TOURNAMENT FISH FRY-BANQUET DINNER	NSATION LIAB ITIES I, LINE 20 SPECIAL EVE GROSS RECEIPTS R 9,222,235. 914,334. 1,130,530.	NTS AND AC CONTRIBUT INCLUDEI	··· ·	SROSS EVENUE 9,222,235. 914,334. 1,130,530. 393,114.	DIRECT EXPENSES 3,215,809. 318,830. 394,218.	615, -7,406, -67,006, -123,342, ATEMENT NET INCO OR (LO) 6,006, 595, 736, 256,	922. 280. 000. 153. 5 OME SS) 426. 504. 312. 034.

 21
 STATEMENT(S) 3, 4, 5

 13280710
 784732
 67151

 2007.06000
 SHRINERS HOSPITALS FOR CHIL 67151\_1

= =

### TO FM 990, PART I, LINE 9

FORM 990	OTHER EXPENSES			STATEMENT	
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
ADVERTISING	691,991.	641,969.		13,863.	
CONSULTING	, 11,467,495.	, 7,792,149.	3,665,231.	,	
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.		
	96,221,999.	86,569,591.	8,963,766.	688,642.	

= =

= =

= =

FORM 990	CASH GRANTS AND ALLOCATIONS TO OTHERS	STATEMENT 7
CLASS OF ACTIVIT	Y/DONEE'S NAME AND ADDRESS	AMOUNT
FUNDING FOR MEDI AMERICAN ACADEMY ADDRESS AVAILABL ELK GROVE VILLAG	OF PEDIATRICS E UPON REQUEST	190,000.
FUNDING FOR EDUC AMERICAN ACADEMY ADDRESS AVAILABL ELK GROVE VILLAG	OF ORTHOPAEDIC SURGEONS E UPON REQUEST	20,000.
ANNUAL SUPPORT TOGETHER FOR KID ADDRESS AVAILABL ADVANCE, NC 270	E UPON REQUEST	60,000.
SUPPORT FOR STEL MEDICAL COLLEGE ADDRESS AVAILABL AUGUSTA, GA 3091	E UPON REQUEST	5,000.
TOTAL INCLUDED O	N FORM 990, PART II, LINE 22B	275,000.
FORM 990 STAT	EMENT OF ORGANIZATION'S PRIMARY EXEMPT PU	JRPOSE STATEMENT 8

#### 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.

PART III

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-G	OVERNMENT S	ECURITIES		STATEMENT	9
SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV SECURITII	
SHORT TERM INVESTMENTS CORPORATE BONDS COMMON & PREFERRED STOCKS	FMV FMV FMV	5,189,660,370.	767,268,081.	201,799,825.	201,799, 767,268, 5,189,660,	081.
TO FORM 990, LINE 54	A, COL B	5,189,660,370.	767,268,081.	201,799,825.	6,158,728,	276.
FORM 990	GOVE	RNMENT SECU	RITIES		STATEMENT	10
DESCRIPTION		COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV SECURITI	
U.S. GOVERNMENT SECU	RTTTES	FMV	1,318,773,724.		1,318,773,	724.
0.5. GOVERNMENT SECO			, , , ,		_,,	
TOTAL TO FORM 990, L			1,318,773,724.		1,318,773,	724.
			1,318,773,724.			<sup>724</sup> . 11
TOTAL TO FORM 990, L		OL B =	1,318,773,724. TMENTS VALU	UATION THOD	1,318,773,	
TOTAL TO FORM 990, L	INE 54A, C	OL B	1,318,773,724. TMENTS VALU	VATION THOD	1,318,773,	11

FORM 990 DEPRECIATION OF ASSE	TS 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 C	THER 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 5	8	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 6	5	1,577,355,000.	1,490,936,000.
FORM 990 OTHER REVENUE	INCLUDED ON FOR	м 990	STATEMENT 15
DESCRIPTION			AMOUNT
SPECIAL EVENTS EXPENSES NETTED AGA	TNST REVENUES		-1,290,959.

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 (\*) REALIZED AND UNREALIZED GAINS FROM PATIENT FUNDS (\*) REALIZED AND UNREALIZED GAINS FROM TRUST ACTIVITY (\*) LIFE MEMBERSHIPS (\*)

(\*) 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

-699. 3,302,373. -1,884,615.

36-2193608

109,000.

123,901,189.

FORM 990	PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS,	STATEMENT	16
	TRUSTEES AND KEY EMPLOYEES		

NAME AND ADDRESS	TITLE AND AVRG HRS/WK			
JAMES M. FULL AVAILABLE UPON REQUEST TAMPA, FL 33624	EXECUTIVE VP, 40.00		20,500.	0.
BERNARD J. LEMIEUX, M.D. AVAILABLE UPON REQUEST PERRYSBURG, OH 43551	CHAIRMAN, DIRE	•	<b>EE</b> 0.	0.
RALPH W. SEMB AVAILABLE UPON REQUEST ERVING, MA 01344	PRESIDENT, DIR 40.00	ECTOR º.	0.	18,000.
DOUGLAS E. MAXWELL AVAILABLE UPON REQUEST CHESTERFIELD, MO 63017	1ST VP, DIRECT 0.00	•	AIRMAN, TH 0.	
TERRY MCGUIRE AVAILABLE UPON REQUEST SAN ANTONIO, TX 78230	2ND VP, DIRECT		0.	0.
GENE BRACEWELL AVAILABLE UPON REQUEST ALPHARETTA, GA 30022	TREASURER, DIR		0.	7,140.
GEORGE A. MITCHELL AVAILABLE UPON REQUEST JORDAN STATION, ONT, CANADA,	SECRETARY, DIR 0.00	ECTOR 0.	٥.	0.

LORIS0

SHRINERS HOSPITALS FOR CHILDREN			36-219	3608
MICHAEL G. SEVERE AVAILABLE UPON REQUEST ERIE, CO 80516	ASST. SECRETARY, I 0.00	DIRECTOR ⁰.	0.	0.
NICHOLAS THOMAS AVAILABLE UPON REQUEST FONTANA, CA 92335	DIRECTOR, TRUSTEE	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	Ο.	0.	0.

SHRINERS HOSPITALS FOR CHIL	DREN			36-2193	608
BOB SMITH AVAILABLE UPON REQUEST POST FALLS, ID 83854	TRUSTEE 0.00	0		0.	0.
TIMOTHY E. MORRIS AVAILABLE UPON REQUEST LEXINGTON, KY 40502	TRUSTEE 0.00	0		0.	0.
TOTALS INCLUDED ON FORM 990,	PART V-A	265,110	. 20,50	0. 25	,140.
FORM 990 IDENTIFIC	ATION OF RELATED ORG. PART VI, LINE 80B	ANIZATIONS	STZ	ATEMENT	17
NAME OF ORGANIZATION			EXEMPT	NONEXE	MPT
IMP. COUNCIL OF THE ANCIENT A NOBLES OF THE MYSTIC SHRINE	RABIC ORDER OF THE		x		
THE SHRINERS' HOSPITAL FOR CH	ILDREN		X		
	NERAL EXPLANATION AND LINE REFERENCES		STZ	ATEMENT	18
FORM/LINE IDENTIFIER	DESCRIPTI	ON/RETURN F	REFERENCE	6	

PART VI, LINE 77

ADDITIONAL EXPLANATION

GENERAL EXPLANATION

19 STATEMENT

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.

20

### SCHEDULE A INVOLVEMENT WITH NONCHARITABLE ORGANIZATIONS STATEMENT PART VII, LINE 51, COLUMN (D)

### NAME OF NONCHARITABLE EXEMPT ORGANIZATION

IMPERIAL COUNCIL

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

BUILDING RENT & OFFICE EXPENSE

SCHEDULE A AFFILIATION WITH TAX-EXEMPT ORGANIZATIONS STATEMENT 21 PART VII, LINE 52, COLUMN (C)

NAME OF AFFILIATED OR RELATED ORGANIZATION

IMP. COUNCIL OF THE ANCIENT ARABIC ORDER OF THE NOBLES OF THE MYSTIC SHRINE

DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION

ORGANIZATION FOUNDED SHRINERS HOSPITALS FOR CHILDREN

SCHEDULE A

### GENERAL EXPLANATION FORM AND LINE REFERENCES

STATEMENT 22

FORM/LINE IDENTIFIER

DESCRIPTION/RETURN REFERENCE

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

SCHEDULE A	GENERAL EXPLANATION	STATEMENT	23

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 EXPI FORM AND LINE							
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.

Form	4562	
	ment of the Treasury	

### Depreciation and Amortization (Including Information on Listed Property) 990

OMB No. 1545-0172

oto instructions

Attach to your tax raturn

Attachment

Intern	al Revenue Service	see separate misu	uctions.		i to you	ιαλι	eturn.			Sequence No. 07
Name	(s) shown on return			Busine	ess or acti	vity to w	hich this form relate	S		Identifying number
	INERS HOSPITALS FOR CHILDREN		<b>0</b> Notes (6		990 P					36-2193608
	rt I Election To Expense Certain Prope	-					•		-	
	Maximum amount. See the instruction							····	+	125,000.
	Total cost of section 179 property place							····	+	
	Threshold cost of section 179 property							····	+	500,000.
_	Reduction in limitation. Subtract line 3							-	+	
	Dollar limitation for tax year. Subtract line 4 from lin		-0 If married fil						╋	
6	(a) Description of p	roperty		(b) Cost (busin	iess use o	niy)	(c) Elected	I COST	4	
									4	
									4	
									4	
						_			4	
	_isted property. Enter the amount fron					7			4	
	Total elected cost of section 179 prop								+	
	Tentative deduction. Enter the <b>smalle</b>								+	
	Carryover of disallowed deduction from								_	
	Business income limitation. Enter the s								_	
	Section 179 expense deduction. Add					1		12	+	
	Carryover of disallowed deduction to 2				🕨	13				
	e: Do not use Part II or Part III below fo						_			
	rt II Special Depreciation Allows		-	-					—	
	Special allowance for qualified New York Lil				-		- /			
	piomass ethanol plant property placed in se								_	
	Property subject to section 168(f)(1) el								╇	
	Other depreciation (including ACRS)							16		
Ра	rt III MACRS Depreciation (Do no	ot include listed pro			.)					
			_	ection A						
17	MACRS deductions for assets placed	in service in tax ye	ars beginnir	ng before 200	7			<b>17</b>	⊥	37,156,845.
18	f you are electing to group any assets placed in se								_	
	Section B - Assets		-		Using t	he Ge	neral Deprecia	ation Sys	sten	n
	(a) Classification of property	(b) Month and year placed	(business/i	r depreciation nvestment use	(d) R	ecovery eriod	(e) Convention	(f) Method	1	(g) Depreciation deduction
		in service	only - see	instructions)	p	linga			$\perp$	
19a	3-year property	_							$\perp$	
b	5-year property	_								
c	7-year property	_								
d	10-year property									
e	15-year property	_								
f	20-year property									
g	25-year property				25	yrs.		S/L		
h	Residential rental property	/			27.	5 yrs.	MM	S/L		
	nesidential rental property	/			27.	5 yrs.	MM	S/L		
	Nonrosidential real property	/			39	yrs.	MM	S/L		
i	Nonresidential real property	/					MM	S/L		
	Section C - Assets	Placed in Service	During 200	7 Tax Year U	sing the	e Alte	rnative Deprec	iation S	yste	em
20a	Class life							S/L		
b	12-year				12	yrs.		S/L		
с	40-year	/				yrs.	MM	S/L	Τ	
Pa	rt IV Summary (see instructions)								_	
21	Listed property. Enter amount from lin	e 28						21		
	Total. Add amounts from line 12, lines		es 19 and 20	) in column (g	), and li	ne 21.				
	Enter here and on the appropriate line	-						22	:	37,156,845.
	For assets shown above and placed in				Г					. ,
	oortion of the basis attributable to sec	-	-			23				
71625									_	

2007.06000 SHRINERS HOSPITALS FOR CHIL 67151\_\_1

For	m 4562 (2007)	SHRI	NERS HOSPIT	ALS FC	R CHIL	DREN						36-23	193608		Page <b>2</b>
Pa	art V Listed Proper			ertain otł	ner vehic	les, ce	ellular tele	phone	s, certain	compute	rs, and	property	/ used fo	or enterta	ainment
	recreation, or a <b>Note:</b> For any			sina the	standard	l milea	nae rate oi	r dedu	ctina lease	expense	e comr	olete <b>onl</b>	v 24a 24	4b colun	nns (a)
	through (c) of S							uouu	oung loude	o experies	<i>,                                    </i>		<b>,</b> 2 70, 2	10, 00iuii	110 (u)
Sec	tion A - Depreciation a	and Other In	formation (Ca	ution: S	See the ir	nstruct	tions for li	mits fo	or passeng	er autom	obiles.)				
24a	Do you have evidence to s	support the bu	isiness/investme	nt use cl	aimed?	<u> </u>	Yes	No	24b If "Y	es," is th	e evide	nce writt	ten?	Yes	No
	(a)	(b)	(c)		(d)		(e)		(f)	(9	g)		h)		(i)
	Type of property	Date placed in	Business/ investment		Cost or		asis for depre usiness/inve		Recovery		hod/ ention		ciation uction	Elec sectio	cted on 179
	(list vehicles first )	service	use percenta	je <sup>ot</sup>	her basis	,	use only	()	period	CONV	ention	ueut			ost
25	Special allowance for qu	ualified Gulf	Opportunity Zo	one prop	perty place	ced in	service d	uring t	he tax yea	ar and					
	used more than 50% in	a qualified b	ousiness use								25				
	Property used more that														
		: :	9	6											
		: :	9	6											
			9	6											
27	Property used 50% or le	ess in a qual	ified business	use:											
		: :	9	6						S/L -					
			9	6						S/L -					
		: :	9	6						S/L -					
28	Add amounts in column	(h), lines 25	through 27. E	nter her	e and on	line 2 <sup>-</sup>	1, page 1		•		28			1	
	Add amounts in column												29		
		(),					n on Use							L	
Cor	nplete this section for ve	hicles used								or related	persor	ı.			
	ou provided vehicles to y										•		ng this s	section fo	or
thos	se vehicles.		-							·		•	0		
					a)		(b)		(c)	(c	n	6	e)	(f	1
30	Total business/investment	miles driven d	luring the	-	nicle		ehicle	\ \	(C) /ehicle	Veh	-		nicle	Vehi	
	year ( <b>do not</b> include com		•	VCI		V	CITICIC	V	CHILLE	VEII		VEI		Ven	
	Total commuting miles														
														<u> </u>	
	Total other personal (no	-													
	driven													<u> </u>	
	Total miles driven during														
	Add lines 30 through 32														
34	Was the vehicle availab			Yes	No	Yes	No	Yes	s No	Yes	No	Yes	No	Yes	No
	during off-duty hours?								_						
	Was the vehicle used p														
	than 5% owner or relate								_					<u> </u>	
36	Is another vehicle availa	able for perso	onal												
	use?														
			- Questions f												
Ans	wer these questions to	determine if	you meet an e	xceptior	n to comp	oleting	g Section	B for v	ehicles us	ed by en	nployee	es who <b>a</b> i	r <b>e not</b> m	ore than	5%
	ers or related persons.														
	Do you maintain a writte										by you	r		Yes	No
	employees?														
38	Do you maintain a writte	en policy sta	tement that pr	ohibits p	personal	use of	vehicles,	excep	ot commut	ing, by y	our				
	employees? See the ins														
	Do you treat all use of v														
	Do you provide more th														
	the use of the vehicles,														
41	Do you meet the require	ements conc	erning qualifie	d autom	obile der	nonsti	ration use	?							
	Note: If your answer to	37, 38, 39 <u>,</u> 4	0, or 41 is "Ye	s," do no	ot comple	ete Se	ection B fo	or the c	covered ve	hicles.					
Pa	art VI Amortization														
	(a)	footo	Data	(b)		(c)	abla		(d)		(e)			(f)	
	Description o			amortization begins		Amortiz amou	int		Code section	ţ	Amortiza period or pe		fc	mortization or this year	
42	Amortization of costs th	iat begins du	uring your 200	7 tax yea	ar:										
				: :											
43	Amortization of costs th	at began be	fore your 2007	' tax yea	ır							43			
	Total. Add amounts in d										<u></u>	44			
7162	52/11-03-07												F	orm <b>4562</b>	2 (2007)
							25								,

13280710 784732 67151

35

2007.06000 SHRINERS HOSPITALS FOR CHIL 67151\_\_1