

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

A For the 2006 calendar year, or tax year beginning and ending

B Check if applicable: C Name of organization SHRINERS HOSPITALS FOR CHILDREN D Employer identification number 36-2193608 E Telephone number (813) 281-0300 F Accounting method: Cash X Accrual

G Website: HTTP://WWW.SHRINERSHQ.ORG/ J Organization type (check only one) X 501(c)(03) K Check here if the organization is not a 509(a)(3) supporting organization L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 5,716,182,870.

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, Program service revenue, Membership dues, Dividends, Rents, Investment income, Sales of assets, Special events, and Total revenue/expenses.

Part II Statement of Functional Expenses

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

<i>Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.</i>	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>			SEE STATEMENT 8	
22b Other grants and allocations (attach schedule) (cash \$ 240,000 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	240,000.	240,000.		
23 Specific assistance to individuals (attach schedule)				
24 Benefits paid to or for members (attach schedule)				
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A STMT 6	270,736.	0.	270,736.	0.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B STMT 7	620,242.	0.	620,242.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
26 Salaries and wages of employees not included on lines 25a, b, and c	239,953,418.	225,581,919.	13,213,807.	1,157,692.
27 Pension plan contributions not included on lines 25a, b, and c	11,822,765.	11,008,765.	814,000.	
28 Employee benefits not included on lines 25a - 27	35,765,238.	34,263,977.	1,501,261.	
29 Payroll taxes	16,193,004.	15,250,123.	942,881.	
30 Professional fundraising fees	4,125,635.			4,125,635.
31 Accounting fees	290,327.		290,327.	
32 Legal fees	559,876.		559,876.	
33 Supplies	65,384,131.	64,772,358.	550,213.	61,560.
34 Telephone	3,072,864.	2,746,933.	324,080.	1,851.
35 Postage and shipping	2,525,056.	755,505.	1,125,644.	643,907.
36 Occupancy				
37 Equipment rental and maintenance	11,062,085.	8,663,414.	2,397,894.	777.
38 Printing and publications	782,265.		590,333.	191,932.
39 Travel	7,080,265.	4,500,783.	2,443,704.	135,778.
40 Conferences, conventions, and meetings	666,254.	107,164.	485,845.	73,245.
41 Interest				
42 Depreciation, depletion, etc. (attach schedule)	37,588,224.	31,238,266.	6,349,958.	
43 Other expenses not covered above (itemize):				
a ADVERTISING	924,639.	777,717.	136,573.	10,349.
b CONSULTING	8,287,095.	8,095,345.	191,750.	
c DUES & SUBSCRIPTIONS	1,327,177.	1,260,986.	49,329.	16,862.
d INSURANCE	5,314,345.	5,241,345.	73,000.	
e MISCELLANEOUS	1,100,728.	517,583.	512,592.	70,553.
f UTILITIES	13,045,585.	12,699,053.	346,532.	
g OUTSIDE SERVICES	46,164,699.	39,352,511.	6,812,188.	0.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	514,166,653.	467,073,747.	40,602,765.	6,490,141.

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

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;

(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

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

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

What is the organization's primary exempt purpose? SEE STATEMENT 9	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
a TREATMENT OF PEDIATRIC BURN VICTIMS ADMISSIONS: 3,547 OUTPATIENT CLINIC VISITS: 18,837 AT 2 BURNS HOSPITALS (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	94,665,309.
b TREATMENT OF ORTHOPEDIC PATIENTS ADMISSIONS: 18,802 OUTPATIENT CLINIC VISITS: 209,917 AT 16 ORTHOPEDIC HOSPITALS (INCLUDING 1 DUAL USE HOSPITAL) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	372,408,438.
c (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
d (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) 467,073,747.	467,073,747.

Form 990 (2006)

Part IV Balance Sheets (See the instructions.)

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

		(A) Beginning of year		(B) End of year	
Assets	45 Cash - non-interest-bearing	1,014,820.	45	471,656.	
	46 Savings and temporary cash investments	14,845,043.	46	23,335,343.	
	47 a Accounts receivable	9,465,000.			
	b Less: allowance for doubtful accounts				
			5,257,766.	47c	9,465,000.
	48 a Pledges receivable				
	b Less: allowance for doubtful accounts				
				48c	
	49 Grants receivable			49	
	50 a Receivables from current and former officers, directors, trustees, and key employees			50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)			50b	
	51 a Other notes and loans receivable				
	b Less: allowance for doubtful accounts				
				51c	
	52 Inventories for sale or use	3,186,143.	52		3,745,138.
53 Prepaid expenses and deferred charges	4,934,442.	53		7,957,862.	
54 a Investments - publicly-traded securities <i>STMT 11</i> <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV	6,734,681,380.	54a		7,294,233,001.	
b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b			
55 a Investments - land, buildings, and equipment: basis <i>STMT 10</i>					
b Less: accumulated depreciation					
			55c		
56 Investments - other <i>SEE STATEMENT 12</i>	89,903,729.	56		98,151,000.	
57 a Land, buildings, and equipment: basis	923,747,809.	57a			
b Less: accumulated depreciation <i>STMT 13</i>	397,764,809.	57b			
	548,248,862.	57c		525,983,000.	
58 Other assets, including program-related investments (describe <i>SEE STATEMENT 14</i>)	2,161,367,777.	58		2,260,819,000.	
59 Total assets (must equal line 74). Add lines 45 through 58	9,563,439,962.	59		10,224,161,000.	
Liabilities	60 Accounts payable and accrued expenses	117,246,315.	60	68,417,000.	
	61 Grants payable		61		
	62 Deferred revenue		62		
	63 Loans from officers, directors, trustees, and key employees		63		
	64 a Tax-exempt bond liabilities		64a		
	b Mortgages and other notes payable		64b		
	65 Other liabilities (describe <i>SEE STATEMENT 15</i>)	1,424,007,265.	65		1,577,355,000.
66 Total liabilities. Add lines 60 through 65	1,541,253,580.	66		1,645,772,000.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	6,755,027,409.	67	7,248,372,000.	
	68 Temporarily restricted	334,127,723.	68	355,557,000.	
	69 Permanently restricted	933,031,250.	69	974,460,000.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70 Capital stock, trust principal, or current funds		70		
	71 Paid-in or capital surplus, or land, building, and equipment fund		71		
	72 Retained earnings, endowment, accumulated income, or other funds		72		
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	8,022,186,382.	73		8,578,389,000.	
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	9,563,439,962.	74		10,224,161,000.	

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? 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.)	X	
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
83 b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
84 b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
85 a	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
85 b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
85 c	Dues, assessments, and similar amounts from members		
85 d	Section 162(e) lobbying and political expenditures		
85 e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85 f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85 g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85 h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
86 a	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12		
86 b	Gross receipts, included on line 12, for public use of club facilities		
87 a	501(c)(12) organizations. Enter: a Gross income from members or shareholders		
87 b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		X
88 b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0.; section 4912 0.; section 4955 0.		
89 b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		X
89 c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
89 d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
89 e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
89 f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
89 g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90 a	List the states with which a copy of this return is filed NONE		
90 b	Number of employees employed in the pay period that includes March 12, 2006		4848
91 a	The books are in care of WILLARD E. FAWCETT Telephone no. 813-281-0300 Located at 2900 ROCKY POINT DR., TAMPA, FL ZIP + 4 33607		
91 b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country N/A See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		X

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States?
If "Yes," enter the name of the foreign country
92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here

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

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, membership dues, interest, dividends, rental income, and other revenue.

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

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

Table with 2 columns: Line No., Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes.

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

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

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

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

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

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

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	----- ----- -----					
b	----- ----- -----					
c	----- ----- -----					
Totals						

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

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	----- ----- -----					
b	----- ----- -----					
c	----- ----- -----					
Totals						

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

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

Please Sign Here

Signature of officer _____ Date _____
 RALPH W. SEMB, PRESIDENT
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature _____ Date _____ Check if self-employed Preparer's SSN or PTIN (See Gen. Inst. X) _____
 Firm's name (or yours if self-employed), address, and ZIP + 4 KIRKLAND, RUSS, MURPHY & TAPP, P.A.
 13577 FEATHER SOUND DRIVE, SUITE 400
 CLEARWATER, FLORIDA 33762 EIN _____
 Phone no. (727) 572-1400

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No. 1545-0047

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

2006

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization SHRINERS HOSPITALS FOR CHILDREN	Employer identification number 36 2193608
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Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees
(See page 2 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
RICHARD MCCALL, M.D. AVAILABLE UPON REQ., BOSSIER CITY, LA	CHIEF OF STAFF 40.00	1,175,034.	32,335.	
COLIN MOSELEY, M.D. AVAILABLE UPON REQ., LOS ANGELES, CA	CHIEF OF STAFF 40.00	1,089,318.	37,335.	
JON DAVIDS AVAILABLE UPON REQ., GREENVILLE, SC 2	CHIEF OF STAFF 40.00	757,851.	34,474.	
BEN ALLEN, M.D. AVAILABLE UPON REQ., GREENVILLE, SC 2	CHIEF OF STAFF 40.00	746,374.		
MICHAEL SUSSMAN, M.D. AVAILABLE UPON REQUEST, PORTLAND, OR	ORTHO SURGEON 40.00	563,505.	37,335.	
Total number of other employees paid over \$50,000 ▶	1656			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
CHICAGOLAND PEDIATRIC ANESTH. 2641 NORTH TROY STREET, CHICAGO, IL 60647	ANESTHESIA SERVICES	1,918,771.
RAPOPORT LAW OFFICES, P.C. 20 NORTH CLARK ST. STE 350, CHICAGO, IL 60602	LEGAL SERVICES	1,750,000.
KENTUCKY MEDICAL SERVICES P.O. BOX 587, LEXINGTON, KY 40588	MEDICAL SERVICES	1,425,420.
UNIVERSITY ANESTHESIA ASSOCIATION, INC. 2368 VICTORY PKWY STE 501, CINCINNATI, OH 45206	OUTSIDE PATIENT CARE	1,023,426.
MULENBURG PROSTHETICS P.O. BOX 8313, HOUSTON, TX 77288	PROSTHETIC & ORTHOTIC SERVICES	368,227.
Total number of others receiving over \$50,000 for professional services ▶	77	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
STILSON LLC 11475 SOUTH 2875 EAST, SANDY, UT 84092	MARKETING / MEDIA	726,577.
CINCINNATI CHILDRENS HOSPITAL 3333 BURNET AVE ML 400, CINCINNATI, OH 46229	MEDICAL SERVICES	246,458.
COPERNICUS MARKETING CONSULTING & RE 11 RIVER ROAD, WILTON, CT 06897	MARKETING / MEDIA	229,089.
BPSP COMPANY 6800 ALAMO DOWNS PKWY, SAN ANTONIO, TX 78238	MEDICAL SERVICES	155,793.
MIRACLE AZ95, LLC 6115 N. CATTLE TRACK ROAD, SCOTTSDALE, AZ 85250	OTHER	137,967.
Total number of other contractors receiving over \$50,000 for other services ▶	3	

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

Yes **No**

1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ▶ \$ _____ \$ <u>3,003</u> . (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) <p style="text-align: center;">VI-B, LINE I</p> 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 year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)			
a	Sale, exchange, or leasing of property?	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	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)	3a		x
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	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g	4a		x
b	Did the organization make any taxable distributions under section 4966?	4b		x
c	Did the organization make a distribution to a donor, donor advisor, or related person?	4c		x
d	Enter the total number of donor advised funds owned at the end of the tax year			0
e	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year			0.
f	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts			0.
g	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year			0.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 7 of the instructions.)

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

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state **▶** _____
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 7 of the instructions.)

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

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

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

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)					
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975					
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	0.	0.	0.	0.	0.
24 Line 23 minus line 17					
25 Enter 1% of line 23					
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					26a N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					26b N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e) ▶					26c N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____ ▶					26d N/A
e Public support (line 26c minus line 26d total) ▶					26e N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f N/A %
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2005) _____ (2004) _____ (2003) _____ (2002) _____					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2005) _____ (2004) _____ (2003) _____ (2002) _____					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ ▶					27c N/A
d Add: Line 27a total _____ and line 27b total _____ ▶					27d N/A
e Public support (line 27c total minus line 27d total) ▶					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e) ▶					27f N/A
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

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

N/A

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

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?		
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.) _____ _____ _____		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d	Copies of all material used by the organization or on its behalf to solicit contributions?		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities?		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
b	Has the organization's right to such aid ever been revoked or suspended?		
	If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 10 of the instructions.) N/A
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

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

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

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

4-Year Averaging Period Under Section 501(h)

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

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers		X	
b Paid staff or management (Include compensation in expenses reported on lines c through h .)		X	
c Media advertisements		X	
d Mailings to members, legislators, or the public		X	
e Publications, or published or broadcast statements		X	
f Grants to other organizations for lobbying purposes		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body	X		3,003.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means		X	
i Total lobbying expenditures (Add lines c through h .)			3,003.

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

SEE STATEMENT 18

FORM 990

RENTAL INCOME

STATEMENT 1

KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
PRINCIPALLY FARM PROPERTIES	1	3,792,661.
TOTAL TO FORM 990, PART I, LINE 6A		3,792,661.

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

DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
VARIOUS PUBLICLY TRADED SECURITIES	5,235,612,412.	4,974,507,047.	0.	261,105,365.
TO FORM 990, PART I, LINE 8	5,235,612,412.	4,974,507,047.	0.	261,105,365.

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

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
VARIOUS FIXED ASSETS	01/01/96	12/31/06	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
	0.	392,481.	0.	0.	-392,481.
TO FM 990, PART I, LN 8		392,481.	0.	0.	-392,481.

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

DESCRIPTION	AMOUNT
CHANGE IN PENSION FUNDING OBLIGATION	-4,248,000.
CHANGE IN VALUE - BENEFICIAL INTEREST IN TRUSTS/ESTATES	48,808,579.
CHANGE IN VALUE - PATIENT TRANSPORTATION FUNDS	-905,212.
UNREALIZED GAINS/(LOSSES)	401,730,033.
CHANGE IN WORKERS' COMPENSATION LIABILITY	415,067.
OTHER	-6,772,045.
TRANSFERS TO RELATED ENTITIES	-47,148,000.
EFFECT OF ADOPTION OF FASB #158	-57,338,000.
	<hr/>
TOTAL TO FORM 990, PART I, LINE 20	334,542,422.
	<hr/> <hr/>

FORM 990

SPECIAL EVENTS AND ACTIVITIES

STATEMENT

5

DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
PAPER CRUSADE-SOLICITATIONS FOR SHRINERS NEWSPAPER SALE	8,729,726.		8,729,726.	3,441,456.	5,288,270.
SPORTING EVENT OTHER	871,187.		871,187.	343,442.	527,745.
GOLF TOURNAMENT	1,205,504.		1,205,504.	475,237.	730,267.
FISH FRY-BANQUET DINNER FOR BENEFIT OF SHRINERS	370,538.		370,538.	146,074.	224,464.
MISCELLANEOUS DINNERS, BINGO, CONCERTS, ETC.	2,664,191.		2,664,191.	1,050,284.	1,613,907.
TO FM 990, PART I, LINE 9	13,841,146.		13,841,146.	5,456,493.	8,384,653.

FORM 990

CASH GRANTS AND ALLOCATIONS
TO OTHERS

STATEMENT 8

CLASS OF ACTIVITY/DONEE'S NAME AND ADDRESS

AMOUNT

FUNDING FOR MEDICAL HOME PROGRAM
AMERICAN ACADEMY OF PEDIATRICS
ADDRESS AVAILABLE UPON REQUEST
ELK GROVE VILLAGE, IL 60007

175,000.

SUPPORT FOR PEDIATRIC CONFERENCE
MEDICAL COLLEGE OF GEORGIA
ADDRESS AVAILABLE UPON REQUEST
AUGUSTA, GA 30912

5,000.

ANNUAL SUPPORT
CONNECTING FOR KIDS
ADDRESS AVAILABLE UPON REQUEST
ADVANCE, NC 27006

60,000.

TOTAL INCLUDED ON FORM 990, PART II, LINE 22B

240,000.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 9
PART III

EXPLANATION

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

...

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

FORM 990

NON-GOVERNMENT SECURITIES

STATEMENT 10

SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
SHORT TERM INVESTMENTS	FMV			337,278,077.	337,278,077.
CORPORATE BONDS	FMV		499,557,980.		499,557,980.
COMMON & PREFERRED STOCKS	FMV	4,740,380,637.			4,740,380,637.
TO FORM 990, LINE 54A, COL B		4,740,380,637.	499,557,980.	337,278,077.	5,577,216,694.

FORM 990 GOVERNMENT SECURITIES STATEMENT 11

DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
U.S. GOVERNMENT SECURITIES	FMV		1,717,016,307.	1,717,016,307.
TOTAL TO FORM 990, LINE 54A, COL B			1,717,016,307.	1,717,016,307.

FORM 990

OTHER INVESTMENTS

STATEMENT 12

<u>DESCRIPTION</u>	<u>VALUATION METHOD</u>	<u>AMOUNT</u>
MORTGAGES & REAL ESTATE & MISC	COST	72,030,000.
ACCRUED INTEREST & DIVIDENDS	COST	26,121,000.
TOTAL TO FORM 990, PART IV, LINE 56, COLUMN B		98,151,000.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 13

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND, BUILDINGS, FURNITURE & EQUIPMENT	923,747,809.	397,764,809.	525,983,000.
TOTAL TO FORM 990, PART IV, LN 57	923,747,809.	397,764,809.	525,983,000.

FORM 990

OTHER ASSETS

STATEMENT 14

DESCRIPTIONAMOUNT

DUE FROM IMPERIAL COUNCIL	0.
INTEREST IN TRUSTS & ESTATES	792,981,000.
COLLATERAL CASH & SECURITIES	1,427,170,000.
PATIENT TRANSPORTATION FUNDS	40,668,000.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	2,260,819,000.

FORM 990

OTHER LIABILITIES

STATEMENT 15

DESCRIPTIONAMOUNT

OTHER LIABILITIES

38,232,000.

LIABILITY UNDER SEC. LENDING

1,427,170,000.

DUE TO BENEFICIARIES

111,953,000.

TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B

1,577,355,000.

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

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JAMES M. FULL AVAILABLE UPON REQUEST TAMPA, FL 33624	EXECUTIVE VP, COO 40.00	233,622.	37,114.	0.
RALPH W. SEMB AVAILABLE UPON REQUEST ERVING, MA 01344	PRESIDENT, DIRECTOR 0.00	0.	0.	0.
BERNARD J. LEMIEUX, M.D. AVAILABLE UPON REQUEST PERRYSBURG, OH 43551	1ST VP, DIRECTOR 0.00	0.	0.	0.
DOUGLAS E. MAXWELL AVAILABLE UPON REQUEST CHESTERFIELD, MO 63017	2ND VP, DIRECTOR 0.00	0.	0.	0.
GENE BRACEWELL AVAILABLE UPON REQUEST ALPHARETTA, GA 30022	TREASURER, DIRECTOR 0.00	0.	0.	0.
TERRY MCGUIRE AVAILABLE UPON REQUEST SAN ANTONIO, TX 78230	SECRETARY, DIRECTOR 0.00	0.	0.	0.
GEORGE A. MITCHELL AVAILABLE UPON REQUEST JORDAN STATION, ONT, CANADA, LORISO	ASST. SECRETARY, DIRECTOR 0.00	0.	0.	0.
MICHAEL G. SEVERE AVAILABLE UPON REQUEST ERIE, CO 80516	DIRECTOR 0.00	0.	0.	0.
JACK H. JONES AVAILABLE UPON REQUEST NEW PORT RICHEY, FL 34655	DIRECTOR 0.00	0.	0.	0.
ALAN W. MADSEN AVAILABLE UPON REQUEST CORNELIUS, NC 28031	DIRECTOR 0.00	0.	0.	0.

JOHN A. CINOTTO AVAILABLE UPON REQUEST WESTFIELD, IN 46074	DIRECTOR 0.00	0.	0.	0.
DALE W. STAUSS AVAILABLE UPON REQUEST EAST GRAND FORKS, MN 56721	DIRECTOR 0.00	0.	0.	0.
JERRY G. GANTT AVAILABLE UPON REQUEST HOUSTON, TX 77098	DIRECTOR 0.00	0.	0.	0.
CHRIS L. SMITH AVAILABLE UPON REQUEST OLIVE BRANCH, MS 38654	DIRECTOR 0.00	0.	0.	0.
GARY W. DUNWOODY AVAILABLE UPON REQUEST LITTLE ROCK, AR 72116	DIRECTOR, TRUSTEE 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 TAMPA, FL 33631	TRUSTEE 0.00	0.	0.	0.
FRANK J. ROTH AVAILABLE UPON REQUEST ELMWOOD PARK, IL 60707	TRUSTEE 0.00	0.	0.	0.
W. BRANDT BEDE AVAILABLE UPON REQUEST TACOMA, WA 98407	TRUSTEE 0.00	0.	0.	0.
BOB SMITH 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.
NICHOLAS THOMAS AVAILABLE UPON REQUEST FONTANA, CA 92335	CHAIRMAN, DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		233,622.	37,114.	0.

FORM 990

IDENTIFICATION OF RELATED ORGANIZATIONS
PART VI, LINE 80B

STATEMENT 17

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

Depreciation and Amortization 990
(Including Information on Listed Property)

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

Name(s) shown on return

Business or activity to which this form relates

Identifying number

SHRINERS HOSPITALS FOR CHILDREN

FORM 990 PAGE 2

36-2193608

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

1	Maximum amount. See the instructions for a higher limit for certain businesses	1	108,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	430,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2005 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2007. Add lines 9 and 10, less line 12	▶ 13	

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

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

14	Special allowance for qualified New York Liberty or Gulf Opportunity Zone property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

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

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2006	17	37,588,224.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	▶ <input type="checkbox"/>	

Section B - Assets Placed in Service During 2006 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
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	
	/		27.5 yrs.	MM	S/L	
i Nonresidential real property	/		39 yrs.	MM	S/L	
	/			MM	S/L	

Section C - Assets Placed in Service During 2006 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 40-year	/		40 yrs.	MM	S/L	

Part IV Summary (see instructions)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	37,588,224.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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

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

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

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

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost.

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

26 Property used more than 50% in a qualified business use: Table with 9 columns for percentage and cost.

27 Property used 50% or less in a qualified business use: Table with 9 columns for percentage and cost.

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

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

Section B - Information on Use of Vehicles

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

Table for Section B with 7 main columns: (a) Vehicle, (b) Vehicle, (c) Vehicle, (d) Vehicle, (e) Vehicle, (f) Vehicle. Includes rows 30-36 for mileage and availability.

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

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

Table for Section C with 2 columns: Yes, No. Includes rows 37-41 for policy statements and requirements.

Part VI Amortization

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year.

42 Amortization of costs that begins during your 2006 tax year: Table with 6 columns.

43 Amortization of costs that began before your 2006 tax year 43

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

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
 - If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).
- Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization SHRINERS HOSPITALS FOR CHILDREN	Employer identification number 36-2193608
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. POST OFFICE BOX 31356	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. TAMPA, FL 33631-3356	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **WILLARD E. FAWCETT**
 Telephone No. ▶ **813-281-0300** FAX No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until **AUGUST 15, 2007**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year **2006** or
 ▶ tax year beginning _____, and ending _____.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**IRS e-file Signature Authorization
for an Exempt Organization**

For calendar year 2006, or fiscal year beginning _____, 2006, and ending _____, 20____

2006

Department of the Treasury
Internal Revenue Service

▶ **Do not send to the IRS. Keep for your records.**
▶ **See instructions.**

Return ID (20-digit number) ▶

N/A

Name of exempt organization

SHRINERS HOSPITALS FOR CHILDREN

Employer identification number

36-2193608

Name and title of officer

RALPH W. SEMB
PRESIDENT

Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount from the return if any. If you check the box on line **1a, 2a, 3a, 4a, or 5a** below and the amount on that line for the return for which you are filing this form was blank, then leave line **1b, 2b, 3b, 4b, or 5b**, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not** complete more than 1 line in Part I.

1a Form 990 check here ▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, line 12)	1b _____	735826849
2a Form 990-EZ check here ▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b _____	
3a Form 1120-POL check here ▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____	
4a Form 990-PF check here ▶ <input type="checkbox"/>	b Tax Based on Investment Income (Form 990-PF, Part VI, line 5)	4b _____	
5a Form 8868 check here ▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b _____	

Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2006 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize KIRKLAND, RUSS, MURPHY & TAPP, P.A. to enter my PIN 31356
ERO firm name **do not enter all zeros**

as my signature on the organization's tax year 2006 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2006 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ _____ Date ▶ _____

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit EFIN followed by your five-digit self-selected PIN. 59288343757
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2006 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4206**, Information for Authorized IRS e-file Providers of Exempt Organization Filings.

ERO's signature ▶ _____ Date ▶ _____

ERO Must Retain This Form - See Instructions
Do Not Submit This Form To the IRS Unless Requested To Do So