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Form **990****Return of Organization Exempt From Income Tax****2011**Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2011 calendar year, or tax year beginning , 2011, and ending , 20**B** Check if applicable

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization

ZOR SHRINERS GROUP RETURN

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

Room/suite

575 ZOR SHRINE PLACE

City or town, state or country, and ZIP + 4

MADISON, WI 53719

F Name and address of principal officer

TOM NELSON STEVE PETERSON

575 ZOR SHRINE PLACE MADISON, WI 53719

D Employer identification number

51-0152183

E Telephone number

(608) 833-6343

G Gross receipts \$ 202,567.**H(a)** Is this a group return for affiliates? ☒ Yes ☐ No**H(b)** Are all affiliates included? ☒ Yes ☐ No

If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 0229**I** Tax-exempt status

501(c)(3)

☒

501(c) (10)

(insert no)

4947(a)(1) or

527

J Website: ▶ WWW.ZORSHRINERS.COM**K** Form of organization

Corporation

☐

Trust

☐

Association

☒

Other ▶ UNINCORPORAT

L Year of formation**M** State of legal domicile

WI

Part I Summary**1** Briefly describe the organization's mission or most significant activities:

FRATERNITY WITH A PHILANTHROPIC MISSION. NET PROCEEDS FROM CHARITABLE FUNDRAISERS PROMOTE SHRINE PHILANTHROPY - SHRINERS HOSPITALS FOR CHILDREN.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets**3** Number of voting members of the governing body (Part VI, line 1a)

3

7.

4 Number of independent voting members of the governing body (Part VI, line 1b)

4

7.

5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)

5

2.

6 Total number of volunteers (estimate if necessary)

6

1,000.

7a Total unrelated business revenue from Part VIII, column (C), line 12

7a

0

b Net unrelated business taxable income from Form 990-T, line 34

7b

0

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	9,839.	10,560.
	9 Program service revenue (Part VIII, line 2g)	18,602.	42,772.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,043.	1,639.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	36,070.	60,646.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	66,554.	115,617.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	28,458.	48,957.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0	0
Net Assets or Fund Balances	17 Other expenses (Part IX, column (A), lines 12-14, 16-17, 24e)	53,652.	76,909.
	18 Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	82,110.	125,866.
	19 Revenue less expenses - Subtract line 18 from line 12	-15,556.	-10,249.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	261,598.	324,002.
	21 Total liabilities (Part X, line 26)	0	0
	22 Net assets or fund balances - Subtract line 21 from line 20	261,598.	324,002.

Part II Signature Block

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

Sign Here

Signature of officer

Date

DALE E ANDERSON, TREASURER

Type or print name and title

Paid**Preparer****Use Only**

Print/Type preparer's name

DOUGLAS K. BERRY

Preparer's signature

Douglas K. Berry, CPA

Date

11/13/2012

Check ☐ if self-employed

PTIN

P00540951

Firm's name ▶

SVA CERTIFIED PUBLIC ACCOUNTANTS

Firm's EIN ▶

39-1203191

Firm's address ▶

1221 JOHN Q. HAMMONS DRIVE MADISON, WI 53717

Phone no

608-831-8181

May the IRS discuss this return with the preparer shown above? (see instructions)

☒

Yes

☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2011)

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission

FRATERNITY WITH A PHILANTHROPIC MISSION. SHRINE CLUB MEMBERS MEET
 SOCIALLY FOR LUNCH OR DINNER AND CONDUCT PROGRAMS OF GENERAL
 INTEREST. THE SHRINE CLUBS SUPPORT FUNDRAISING ACTIVITIES OF ZOR
 SHRINE.

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

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

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)
 SOCIAL ACTIVITIES AND PROGRAMS FOR SHRINE CLUB MEMBERS.

4b (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4c (Code _____) (Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4d Other program services (Describe in Schedule O)

(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

4e Total program service expenses ►

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	X
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>		X
24 a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i>		X
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Form 990 (2011)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V. ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 16		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a 2		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	3b		
4a 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)?	4a		X
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	X	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
d If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders.	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state?	13a		
Note. See the instructions for additional information the organization must report on Schedule O.			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c Enter the amount of reserves on hand.	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

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

Check if Schedule O contains a response to any question in this Part VI. ☒ X

Section A. Governing Body and Management

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
1b Enter the number of voting members included in line 1a, above, who are independent.		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Did the organization have members or stockholders?		X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		X

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

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

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed: _____

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: JAMES L. STELSEL 575 ZOR SHRINE PLACE MADISON, WI 53719 608-833-6343

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☒ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) EARL BUEHLER HOSPITAL REP. - MADISON SHRINE	1.00	X		X				0	0	0
(2) BILL JONES SEC/TREAS - MADISON SHRINE	1.50	X		X				0	0	0
(3) BOB GRUBER MEMBERSHIP REP- MADISON SHRINE	1.00	X		X				0	0	0
(4) RANDALL SMELTZER MEMBERSHIP - MEHARA	1.00	X		X				0	0	0
(5) J KEVIN JOHNSON SECRETARY - MEHARA	1.00	X		X				0	0	0
(6) JAMES WEAVER TREASURER - MEHARA	1.50	X		X				0	0	0
(7) DON FENNIE HOSPITAL REP. - MEHARA	1.00	X		X				0	0	0
(8) MERRILL LOVVIK PRESIDENT - MEHARA	1.00	X		X				0	0	0
(9) BARRY AUSEN PRESIDENT - ST. CROIX	1.00	X		X				0	0	0
(10) RODNEY ROMMEL SECRETARY - ST. CROIX	1.00	X		X				0	0	0
(11) JACK THOMAS TREASURER - ST. CROIX	1.50	X		X				0	0	0
(12) JIM HINES HOSPITAL REP. - ST. CROIX	1.00	X		X				0	0	0
(13) GERALD BRISTOL MEMBERSHIP REP - ST. CROIX	1.00	X		X				0	0	0
(14) DALE ANDERSON DIVAN REP - MADISON SHRINE	1.00	X		X				0	0	0

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
15) ROBERT GIESLER DIVAN REP - MEHARA SHRINE	1.00	X		X				0	0	0
16) LARRY RIEMENSCHNEIDER DIVAN REP - ST. CROIX	1.00	X		X				0	0	0
17) TOM NELSON PRESIDENT - MADISON SHRINE	1.00	X		X				0	0	0
18) JAMES STELSEL SECRETARY	1.50	X		X				0	0	0
19) SEE ATTACHMENT ONE	1.00	X		X				0	0	0
1b Sub-total								0	0	0
c Total from continuation sheets to Part VII, Section A								0	0	0
d Total (add lines 1b and 1c)								0	0	0

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization	0
---	---	---

		Yes	No
3	Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>		X
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions) . .	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above .	1f	10,560.			
	g	Noncash contributions included in lines 1a-1f \$					
h	Total. Add lines 1a-1f			10,560.			
Program Service Revenue	2a	FRATERNAL VISITS	Business Code	900099	4,860.	4,860.	
	b	SOCIAL ACTIVITIES & MEALS	900099	31,012.	31,012.		
	c	INITIATION FEES	900099	6,900.	6,900.		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f			42,772.		
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	ATTACHMENT 1		1,639.		1,639.
	4	Income from investment of tax-exempt bond proceeds			0		
	5	Royalties			0		
			(i) Real	(ii) Personal			
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)			0		
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)			0		
	8a	Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18	a	142,602.			
	b	Less direct expenses	b	86,950.			
	c	Net income or (loss) from fundraising events	ATTCH. 2		55,652.		55,652.
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
c	Net income or (loss) from gaming activities			0			
10a	Gross sales of inventory, less returns and allowances	a					
b	Less cost of goods sold	b					
c	Net income or (loss) from sales of inventory			0			
Miscellaneous Revenue			Business Code				
11a	MISCELLANEOUS REVENUE	900099	4,994.	4,994.			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d			4,994.			
12	Total revenue. See instructions			115,617.	47,766.		57,291.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Check if Schedule O contains a response to any question in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	48,957.			
2 Grants and other assistance to individuals in the United States. See Part IV, line 22.	0			
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16.	0			
4 Benefits paid to or for members.	0			
5 Compensation of current officers, directors, trustees, and key employees.	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0			
7 Other salaries and wages.	0			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).	0			
9 Other employee benefits.	0			
10 Payroll taxes.	0			
11 Fees for services (non-employees):	0			
a Management.	0			
b Legal.	0			
c Accounting.	0			
d Lobbying.	0			
e Professional fundraising services. See Part IV, line 17.	0			
f Investment management fees.	0			
g Other.	0			
12 Advertising and promotion.	3,243.			
13 Office expenses.	9,890.			
14 Information technology.	0			
15 Royalties.	0			
16 Occupancy.	2,318.			
17 Travel.	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	6,135.			
20 Interest.	0			
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	9,847.			
23 Insurance.	146.			
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SOCIAL ACTIVITIES AND MEALS	31,965.			
b OTHER EXPENSES	13,365.			
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e.	125,866.			
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).	0			

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	29,171.	1	78,602.
	2 Savings and temporary cash investments	121,278.	2	144,098.
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	0	4	0
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	0	5	0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	0	9	0
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 194,797.		
	b Less accumulated depreciation	10b 93,495.	10c	101,302.
	11 Investments - publicly traded securities	0	11	0
	12 Investments - other securities See Part IV, line 11	0	12	0
	13 Investments - program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	261,598.	16	324,002.	
Liabilities	17 Accounts payable and accrued expenses	0	17	0
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	0	26	0
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	261,598.	27	324,002.
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	261,598.	33	324,002.
34 Total liabilities and net assets/fund balances	261,598.	34	324,002.	

Form 990 (2011)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI. ☒ X

1	Total revenue (must equal Part VIII, column (A), line 12)	1	115,617.
2	Total expenses (must equal Part IX, column (A), line 25)	2	125,866.
3	Revenue less expenses Subtract line 2 from line 1	3	-10,249.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	261,598.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	72,653.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	324,002.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

	Yes	No
1 Accounting method used to prepare the Form 990 <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?		X
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form **990** (2011)

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

ZOR SHRINERS GROUP RETURN

Employer identification number

51-0152183

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply)

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2011

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

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition d ☐ Loan or exchange programs
 b ☐ Scholarly research e ☐ Other _____
 c ☐ Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Temporarily restricted endowment ☐ %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

(i) unrelated organizations ☐ Yes ☐ No
 3a(i) ☐ Yes ☐ No

(ii) related organizations ☐ Yes ☐ No
 3a(ii) ☐ Yes ☐ No

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? ☐ Yes ☐ No
 3b ☐ Yes ☐ No

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		194,797	93,495	101,302
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)). ☐ 101,302

Part VII Investments - Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	

2. FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740)

Part XI · Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Part XIII		Reconciliation of Revenue per Audited Financial Statements with Revenue per Federal Income Tax Return		Form 990 (2014)	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

Part XIII		Total expenses and losses per audited financial statements		Total expenses and losses per audited financial statements	
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

[illegible]

Part XIV Supplemental Information *(continued)*

(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047

2011

**Open to Public
Inspection**

Name of the organization
ZOR SHRINERS GROUP RETURN

Employer identification number

51-0152183

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

Form 990-EZ filers are not required to complete this part

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- | | | | | | |
|----------|--------------------------|----------------------------------|----------|--------------------------|---------------------------------------|
| a | <input type="checkbox"/> | Mail solicitations | e | <input type="checkbox"/> | Solicitation of non-government grants |
| b | <input type="checkbox"/> | Internet and email solicitations | f | <input type="checkbox"/> | Solicitation of government grants |
| c | <input type="checkbox"/> | Phone solicitations | g | <input type="checkbox"/> | Special fundraising events |
| d | <input type="checkbox"/> | In-person solicitations | | | |

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total						

Total ▶

- 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

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

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total events
		ONION SALES (event type)	FOOTBALL GAME (event type)	1. (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	23,759.	15,400.	23,826.	62,985.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2).	23,759.	15,400.	23,826.	62,985.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	16,049.	6,464.	9,644.	32,157.
	10 Direct expense summary Add lines 4 through 9 in column (d)				(32,157.)
	11 Net income summary Combine line 3, column (d), and line 10				30,828.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes _____ % No	Yes _____ % No	Yes _____ % No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____

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

b If "No," explain _____

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

b If "Yes," explain _____

- 11** Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No
- 13** Indicate the percentage of gaming activity operated in
- | | | |
|--------------------------------------|------------|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c** If "Yes," enter name and address of the third party

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

☐ Director/officer

 ☐ Employee

 ☐ Independent contractor
17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No
- b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)

SCHEDULE I
(Form 990)

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

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

Department of the Treasury
Internal Revenue Service
Name of the organization

ZOR SHRINERS GROUP RETURN

Employer identification number

51-0152183

Part I General Information on Grants and Assistance

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000 ☐ Part II can be duplicated if additional space is needed

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	SHRINERS HOSPITALS FOR CHILDREN PO BOX 31356 TAMPA, FL 33631	36-2193608	501(C)(3)	48,957.		CASH		OPERATIONAL SUPPORT
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								

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

3 Enter total number of other organizations listed in the line 1 table

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2011)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1						
2						
3						
4						
5						
6						
7						

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information

PART I, LINE 2

MONITORING USE OF GRANT FUNDS

THE 23 CLUBS DISTRIBUTE GRANT FUNDS DIRECTLY TO THE SHRINERS HOSPITALS

FOR CHILDREN LOCATED ALL OVER NORTH AMERICA. THE GRANT FUNDS ARE NOT

RESTRICTED FOR ANY SPECIFIC PURPOSE BUT ARE TO BE USED TO SUPPORT THE

OPERATIONS OF THE HOSPITALS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Name of the organization

ZOR SHRINERS GROUP RETURN

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Employer identification number

51-0152183

PROCESS REVIEW FOR 990

PART VI, SECTION B, LINE 11B

THE ENTIRE GOVERNING BODY DOES NOT REVIEW THE COMPLETED FORM 990 PRIOR TO
FILING, HOWEVER, THE POTENTATE AND TREASURER REVIEW THE FORM 990 PRIOR TO
FILING WITH THE IRS. THE FORM 990 IS REVIEWED AFTER FILING BY THE ENTIRE
DIVAN AND TRUSTEES AT THE ANNUAL MEETING.

COMPLIANCE WITH CONFLICT OF INTEREST POLICY

PART VI, SECTION B, LINE 12C

COMPLIANCE WITH THE CODE OF ETHICS IS MONITORED AND ENFORCED BY THE
TEMPLE BYLAWS.

DOCUMENTS MADE AVAILABLE TO THE GENERAL PUBLIC

PART VI, SECTION C, LINE 19

THE ORGANIZATION DOES NOT MAKE ITS GOVERNING DOCUMENTS, CONFLICT OF
INTEREST POLICY, OR FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC. THE
FORM 990 IS AVAILABLE FOR PUBLIC INSPECTION UPON REQUEST.

OTHER CHANGES IN NET ASSETS

PART XI, LINE 5

INCREASE IN NET ASSETS: DUE TO THE INCLUSION OF AFFILIATED ORGANIZATIONS
UNDER THE GROUP EXEMPTION THAT WERE NOT INCLUDED IN 2010 FORM 990. SEE
ATTACHMENT 2 FOR LIST OF AFFILIATES INCLUDED IN THE 2011 FORM 990.

Name of the organization

ZOR SHRINERS GROUP RETURN

Employer identification number

51-0152183

VOTING MEMBERS OF THE GOVERNING BODY

PART VI, SECTION A

THE VOTING MEMBERS OF THE GOVERNING BOARD OF THE MAIN REPORTING ENTITY

ARE REPORTED HERE. THE VARIOUS AFFILIATES, AS REPORTED IN PART PART VII

(SEE ALSO ATTACHMENT), EACH HAVE THEIR OWN VOTING MEMBERS RELATED TO EACH

OF THEIR GOVERNING BOARDS AS NOTED AND ALL ARE INDEPENDENT.

ATTACHMENT 1FORM 990, PART VIII - INVESTMENT INCOME

<u>DESCRIPTION</u>	(A) <u>TOTAL REVENUE</u>	(B) <u>RELATED OR EXEMPT REVENUE</u>	(C) <u>UNRELATED BUSINESS REV.</u>	(D) <u>EXCLUDED REVENUE</u>
INVESTMENT INCOME	1,639.			1,639.
TOTALS	<u>1,639.</u>			<u>1,639.</u>

ATTACHMENT 2FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
SEE SCHEDULE G	142,602.	86,950.	55,652.
TOTALS	<u>142,602.</u>	<u>86,950.</u>	<u>55,652.</u>

2011 ZOR SHRINERS CLUB OFFICERS

BADGER SHRINE CLUB

email contact: badgershrineclub@gmail.com

•President:

Secretary: Dave Bomkamp, 119 Summit Court, Columbus 53925

608.225.3631

Treasurer: Mark Severson, 363 S Main Street, Cottage Grove 53527

608.839.5009

Hosp Rep:

Membership: Dave Bomkamp, 119 Summit Court, Columbus 53925

608.225.363

1

Divan Rep: Dave Bomkamp, 119 Summit Court, Columbus 53925

608.225.3631

Meeting dates: Quarterly Thursdays

BELOIT SHRINE CLUB

email contact: beloitshrineclub@yahoo.com

President: Pete Ramboldt, 1419 Cleveland St, Beloit 53511

608.718.0850

*Secretary: Steve Fairchild, PO Box 16, Afton 53501-0016

608.728.0000

Treasurer: Richard Gleed, 307 Harwich Pl, Rockton, IL 61072

815.624.4806

Hosp Rep:

Membership: Jason Lentz, 960 Hackett St, Beloit 53511

608.365.372

4

Divan Rep: Larry Hanson, 403 N Cincinnati St, Albany 53502

608.862.3227

Meeting Dates: 2nd Wednesday, 7 pm except July & August, Beloit Masonic Ctr

GREEN COUNTY SHRINE CLUB

email contact: greenosc@yahoo.com

President: Ron Boeck, W5315 Sandrock Rd, New Glarus 53574

608.527.4191

*Secretary: JR Boeck, N3205 Cty Hwy N, Monroe 53566

608.558.9987

Treasurer: Sherwood Strommen, W5661 Hill Lane, Monroe 53566 608.325.7361

Hosp. Rep: Dan Stormont, N 4110 Cty Rd N, Monroe 53566 608.328.4788

Membership: Larry Hanson, 403 N Cincinnati St, Albany 53502

608.862.3227

Divan Rep: Larry Hanson, 403 N Cincinnati St, Albany 53502

608.862.3227

Meeting Dates: Various Sundays @ 5:30 to 6:30 pm

HAYWARD MUSKY SHRINE CLUB email contact: a.p.islandvu@gmail.com

President: Gary Cuskey, 511 Dale St, Spooner 54801 715.635.3719

*Secretary: Allen Heinkel, 15694 Lake Drive, Hayward 54843

715.634.2229 Treasurer: Tom Spelbring, W6756 Rappy Lake Rd, Trego

54888 715.635.6928

Hosp Rep: Kevin Fischer, 12118W Yellow Finch Ln, Hayward 54843

715.462.4363

Membership: Randy Conwell, 12963 East Mail Rd, Gordon 54838

715.376.4148

Divan Rep: Allen Heinkel, 15694 Lake Drive, Hayward 54843

715.634.2229

Meeting Dates: 2nd Wednesday, except January & February

HEADWATERS SHRINE CLUB email contact: rreas13@centurytel.net

President:

*Sec/Treas: Roger Reas, N16568 Lakeshore Drive, Butternut 54514

715.762.4906

Divan Rep: Allen Heinkel, 15694 Lake Drive, Hayward 54843

715.634.2229

HEART OF WISCONSIN SHRINE CLUB email contact: rkwebb1@charter.net

*President: Bob Calverley, 7820 Deer Run Rd, WI Rapids 54494

715.421.370

5

Secretary: Randall C. Webb, 8911 S. Park Rd., Wis. Rapids 54494

715.424.564

7

Treasurer: James Lemke, 201 Walden Oaks Way, Nekoosa 54457 715.325.6169

Hosp Rep: Bob Calverley, 7820 Deer Run Rd, WI Rapids 54494

715.421.3705

Membership: James Lemke, 201 Walden Oaks Way, Nekoosa 54457

715.325.6169

Divan Rep: Chuck Miller, 9405 West Street, Milladore 54454

715.572.7700

Meeting Dates: 3rd Monday, except January

INDIANHEAD SHRINE CLUB email contact: stenehouse@charter.net

President: Larry Hoyer, 1294 14 ½ Ave, Barron 54812

715.537.5829

*Secretary:

Chuck Stene, 2224 19 ¾
Ave, Rice Lake
54868

715.234.1888

Treasurer: Chuck Stene, 2224 19 ¾ Ave, Rice Lake 54868

715.234.1888

Hosp Rep:

Ellwood Thomas, 516

Elbert Dr., Rice Lake 54868

715.234.2401

Membership:

Robert Reinhardt, W

3145 Morningside Rd, Sarona 54870

715.635.8389

Divan Rep: Larry Riemenschneider, 705 S Harriman, Amery 54001

715.268.6151

Meeting Dates: Monthly 3rd Saturday except May, June, July

LA CROSSE SHRINE CLUB email contact: kcr3490@centurytel.net

President: Wesley Hurlburt, 430 3rd Ave North, Onalaska 54650

608.783.265

2

*Sec/Treas:

Ken Rownd, 3490

Greenbriar Ct, LaCrosse 54601

608.788.0585

Hosp Rep:

Merlin Huber, P. O. Box

236, Onalaska

54650

608.781.339

0

Membership:

Divan Rep: Monte Steiber, 60991 Ward Rd, Prairie du Chien 53821

608.326.4640

Meeting Dates: 3rd Friday every month

LAKELAND SHRINE CLUB email contact: shealga@webtv.net

President: Arlen Christensen, 1098 Hillcrest Dr, Oregon 53575

608.835.375

8

*Secretary: Gary Shealy, 973 Park St. #101, Oregon 53575

608.835.6886

Treasurer: James E. Halvorson, 730 Dunn Ave., Oregon 53575

608.335.8062

Hosp Rep:

James Stelsel, 3701

Spenser Ln,

Madison 53704

608.244.639

6

Membership:

James Stelsel, Jr., 1705

Hooker Ave.,

Madison 53704

608.244.728

5

Divan Rep: James Stelsel, 3701 Spenser Ln, Madison 53704

608.244.639

6

Bob Gorsuch, 3016 Woods Edge Way, Fitchburg 53711

608.271.958

9

Meeting Dates: 10 times annually, 2nd Wednesday (Varies)

5 to 990.

MADISON SHRINE CLUB email contact: bpjones70@tds.net

President: Tom Nelson, 6801 Valiant Dr, Windsor 53598 608.846.4437

***Sec/Treas:** Bill Jones, 1055 Ironwood Drive, Waunakee 53597

608.850.4590

Hosp. Rep: Earl Buehler, 520 Meadow Rose Lane, Madison 53717

608.829.0080

Membership: Bob Gruber, 5218

Academy Dr,
Madison 53716

608.222.6245

Divan Rep: Dale Anderson, 10003 W State Rd 59, Evansville 53536

608.884.8048

Meeting Dates: 1st Friday, September thru June

MASCOUTIN SHRINE CLUB email contact: blldreck@centurylink.net

President: Dick Kreagen, 5458 O' Reilly Rd, Omro 54963 920.685.5764

***Secretary:** Bill Drecktrah, 318 N. Hunter St., Berlin 54923 920.361.0810

Treasurer: John Ambrose, 1015 Alpine Ct, Oshkosh 54901 920.233.6842
Hosp. Rep: Alex Thornton, P. O. Box 52, Wautoma 54982 920.787.2863
Membership: Kevin Reilly, N 1431
State Rd 22,
Wautoma 54982

920.787.3305
Divan Rep: Chuck Miller, 9405 West Street, Milladore 54454 715.572.7700
Meeting Dates: 3rd Tuesday - February, April, June, August, October, December

MECCA SHRINE CLUB email contact: jmartinez7638@charter.net

President: Robert C. Keene, 1418 Stoughton Ave, Tomah 54660 608.372.2577
*Sec: Joe Martinez, 703 Donna Ave, Tomah 54660 608.372.7638
Treas: Johnston B. Bell, 1216 Lincoln Ave, Tomah 54660 608.372.4332

Hosp Rep: Robert C. Keene, 1418
Stoughton Ave, Tomah 54660 608.372.2577
Membership: James Arena, 4261
Basswood Rd,
Sparta 54656 608.272.3371

Divan Rep: Robert Giesler, E8970 Paulson Ln, Cashton 54619 608.633.2356

Meeting Dates: 4th Wednesday, Noon - Tee Pee Super Club, Tomah

6 to 990

MEHARA SHRINE CLUB email contact: kj8314@yahoo.com

President: Merrill Lovvik, PO Box 3134, Eau Claire 54702-3134 715.834-1877

*Secretary: J. Kevin Johnson, PO Box 662, Eau Claire 54702-0662 715.878.4431

Treasurer: James Weaver, 531 Macomber St, Chippewa Falls 54729

715.723.1932

<u>Hosp Rep:</u>	<u>Don Fennie, E 6919</u>
860 th Ave, Colfax 54730	715.962.2033
<u>Membership:</u>	<u>Randall Smeltzer, E6425</u>
County Rd D, Colfax 54730	715.962.3817
<u>Divan Rep:</u>	<u>Robert Giesler, E8970</u>
	Paulson Ln,
	Cashton 54619
	608.633.235
	6

Meeting Dates: Various - 2nd Monday

MISSISSIPPI VALLEY SHRINE CLUB

President:

*Sec/Treas:

Melvin Zastrow, 319 W
24th St, Buffalo
City 54622
608.248.220
6

Hosp Rep:

Melvin Zastrow, 319 W
24th St, Buffalo
City 54622
608.248.220
6

Membership:

Divan Rep:

Bob Giesler, E8970
Paulson Ln,
Cashton 54619

608.633.235

6

Meeting Dates:

MOUND VIEW SHRINE CLUB

*President: Klinton McCutchin, 727 W. Chapel, Dodgeville, WI 53533
608.935.3292

Secretary: Kenneth Dobson, 508 W. Washington St., Dodgeville 53533
608.935.3165

Treasurer: Laverne Clifton, 277 US E Hwy 18, Montfort 53569
608.943.6925

Hosp. Rep: Neal Massey, 5th Ave., Box 85, Hollandale, 53544
608.967.2160

Membership: Karl Gant, 7618 Gant Rd, Blanchardville 53516
608.523.4714

Divan Rep: Karl Gant, 7618 Gant Rd, Blanchardville 53516

608.523.4714

Meeting Dates: 3 meetings per year, no set dates

PINE RIVER VALLEY SHRINE CLUB email contact: Fargenpj@charter.net

*President: Jim Jewell, 340 North Central Ave, Richland Center 53581
608.647.6619

Sec/Treas: Brent Clausius, 1825 E Fern St, Richland Center 53581
608.647.3652

Hosp. Rep: Harold McDonough, 123 Cherry St., DeSoto, 54624
608.648.3782

Membership: William Jewell, 340 N. Central Ave., Richland Center 53581
608.647.6619

Divan Reps: Monte Steiber, 60991 Ward Rd, Prairie du Chien 53821
608.326.4640

Meeting Dates: 3rd Tuesday every other month

SAHARA SHRINE CLUB email contact: curtbell67@charter.net

*President: Curtis Bell, 604 Albion Rd, Edgerton 53534

608.884.024

6

Secretary: Bruce Eshelman, W9625 Breidsan Hill Dr, Whitewater 53190

262.473.300

2

Treasurer: Dale Olson, 1616 Turtle Mound, Whitewater 53190

262.473.4641

Hosp. Rep:

Membership: Herb Johnson, N 8493 Cty E, Watertown 53094

920.261.4542

Divan Rep: Jim Stelsel, 3701 Spenser Ln, Madison 53704

608.244.639

6

Meeting Dates: Last Wednesday of the month except December

6 to 990.

ST. CROIX VALLEY SHRINE CLUB email contact: stcroixvalley@gmail.com

President: Barry Ausen, 1686 W Church Rd, Star Prairie 54026

715.248.3572

*Secretary: Rodney Rommel, 406 Parkview Lane, River Falls 54022

715.425.2726

Treasurer: Jack Thomas, 1019 E. Hazel St., River Falls 54022

715.425.2556

Hosp. Rep: Jim Hines, 220 Vine Street, Ellsworth 54011

715.273.5144

Membership: Gerald Bristol, 138 West Grove St, Ellsworth 54011

715.273.4263

Divan Rep: Larry Riemenschneider, 705 S Harriman Ave, Amery 54001

Meeting Dates: monthly

SOUTHERN WISCONSIN SHRINE CLUB

President: Lee Saunders, 105 Thronson Dr Apt 102, Edgerton 53534

608.884.3138

*Sec/Treas: Lee Saunders, 105 Thronson Dr Apt 102, Edgerton 53534

608.884.3138

Hosp. Rep: Lee Saunders, 105 Thronson Dr Apt 102, Edgerton 53534

608.884.3138

Membership: Larry Preston, 5902 N. Glenmoor Lane, Janesville, 53545

608.754.2475

Divan Rep:

Meeting Dates:

SOUTHWESTERN WISCONSIN SHRINE CLUB

email contact:

swshrineclub@yahoo.com

President: Rob Rands, 840 6th Street, Fennimore 53809

*Sec/Treas: Monte Steiber, 60991 Ward Rd, Prairie du Chien 53821

608.412.0264

Hosp.Rep: Ron Jaacks, 605 Grant, Platteville 53818

563.581.0099

Membership: Joe Thompson, PO Box 251, Shullsburg 53586-0251

608.965.3122

Divan Rep: Wally Trouten, 6786 N Elm, Platteville 53818

608.348.985

3

Meeting Dates: 2nd Sunday Evening, even months

TIMBER SHRINE CLUB email contact: timbershrineclub@gmail.com

President: Len Urban, 10701 Packer Dr, Marathon 54448

715.842.9660

Treasurer: Jim Builer, 3412 Honeysuckle Ln, Wausau 54401

715.845.7169

Hosp.Rep: Martin Burkhardt, 3403 Seymour

Lane, Wausau 54401

715.842.8871

Membership: Steve Peterson, 1817 Roosevelt St, Wausau 54403

715.848.1768

*mailings to Roger Hancock – electronically

Divan Reps: Chuck Miller, 9405 West Street, Milladore 54454

715.572.7700

Meeting Dates: 3rd Saturday of the month but varies for special events

VACATIONLAND SHRINE CLUB email contact: abkaschel@aol.com

President: Bill Gant, PO Box 402, Reedsburg 54959-0402

608.524.2826

*Sec/Treas: Bob Kaschel, S6462 Cty Hwy PF, North Freedom 53951

608.522.4276

Hosp. Rep: Robert Madalon, 714 - 2nd Ave., Baraboo, 53913

608.356.6126

Membership: Elgi Toman, P. O. Box 496, Baraboo, 53913

608.356.8603

608.356.9084 O

Divan Rep: Dave Bomkamp, 119 Summit Court, Columbus 53925

608.225.3631

Meeting Dates: Once a month on Sunday afternoon.

VERNON COUNTY SHRINE CLUB email contact: vernonshriners@yahoo.com

President: Todd Wohlert, 608.648.3692
 *Secretary: Gary Krause, 606 Court Street, Viroqua 54664
 608.632.0973
 Treasurer: Ivan Joholski, 410 W Drake St, Viola 54664
 608.627.1837
 Hosp. Rep: Robert Giesler, E8970 Paulson Ln, Cashton 54619
 608.633.235
 6
 Membership: Claude Sebion, S2733 Sebion Lane, Viroqua 54665
 608.483.2498
 Divan Rep: Monte Steiber, 60991 Ward Rd, Prairie du Chien 53821
 608.326.4640
 Meeting: 3rd Sunday

WILD RIVER SHRINE CLUB

President: Tom Fedje, 10947 Public Landing Rd, Grantsburg 54840
 715.689.264
 5
 *Sec/Treas: CR Endresen, 5059 Highway 70, Webster 54893
 715.349.5113
 Hosp. Rep: Dick Faye, PO Box 297, Siren 54872
 715.349.506
 4
 Divan Rep: Larry Riemenschneider, 705 S Harriman Ave, Amery 54001
 715.268.615
 1
 Meeting: 2nd Thursday of the month

813-281-2519

TO: DEBORAH DOMINI, TEMPLE AUDITOR
FAX: (813) 281-8460

JUNE 20, 2012

2012 LIST OF PARENT AND SUBSIDIARY ACCOUNTS FOR GEN 0229

EIN	FR	NAME OF ORGANIZATION	CHAPTER NAME	CARE OF NAME	ADDRESS	CITY	ST	ZIP	UPDATES
581752721	02	SHRINERS INTERNATIONAL	BADGER SHRINE CLUB	% ZOR SHRINERS	575 ZOR SHRINE PL	MADISON	WI	537192068757	
237325149	02	SHRINERS INTERNATIONAL	BELOIT SHRINE CLUB	% ZOR SHRINERS	575 ZOR SHRINE PL	MADISON	WI	537192068757	
237319885	02	SHRINERS INTERNATIONAL	GREEN COUNTY SHRINE CLUB	% ZOR SHRINERS	575 ZOR SHRINE PL	MADISON	WI	537192068757	
581870399	02	SHRINERS INTERNATIONAL	HAYWARD MUSKY SHRINE CLUB	% ZOR SHRINERS	575 ZOR SHRINE PL	MADISON	WI	537192068757	
237325155	02	SHRINERS INTERNATIONAL	HEADWATERS SHRINE CLUB	% ZOR SHRINERS	575 ZOR SHRINE PL	MADISON	WI	537192068757	
237319906	02	SHRINERS INTERNATIONAL	HEART OF WISCONSIN SHRINE CLUB	% ZOR SHRINERS	575 ZOR SHRINE PL	MADISON	WI	537192068757	
237325142	02	SHRINERS INTERNATIONAL	INDIANHEAD SHRINE CLUB	% ZOR SHRINERS	575 ZOR SHRINE PL	MADISON	WI	537192068757	
237410951	02	SHRINERS INTERNATIONAL	LACROSSE SHRINE CLUB	% ZOR SHRINERS	575 ZOR SHRINE PL	MADISON	WI	537192068757	
237319808	02	SHRINERS INTERNATIONAL	LAKELAND SHRINE CLUB	% ZOR SHRINERS	575 ZOR SHRINE PL	MADISON	WI	537192068757	
237319891	02	SHRINERS INTERNATIONAL	MADISON SHRINE CLUB	% ZOR SHRINERS	575 ZOR SHRINE PL	MADISON	WI	537192068757	
391843978	02	SHRINERS INTERNATIONAL	MASCOUTIN SHRINE CLUB	% ZOR SHRINERS	575 ZOR SHRINE PL	MADISON	WI	537192068757	
237320300	02	SHRINERS INTERNATIONAL	MECCA SHRINE CLUB	% ZOR SHRINERS	575 ZOR SHRINE PL	MADISON	WI	537192068757	
237324839	02	SHRINERS INTERNATIONAL	MEHARA SHRINE CLUB	% ZOR SHRINERS	575 ZOR SHRINE PL	MADISON	WI	537192068757	
237320301	02	SHRINERS INTERNATIONAL	MISSISSIPPI VALLEY SHRINE CLUB	% ZOR SHRINERS	575 ZOR SHRINE PL	MADISON	WI	537192068757	
237319603	02	SHRINERS INTERNATIONAL	MOUND VIEW SHRINE CLUB	% ZOR SHRINERS	575 ZOR SHRINE PL	MADISON	WI	537192068757	
237319605	02	SHRINERS INTERNATIONAL	PINE RIVER VALLEY SHRINE CLUB	% ZOR SHRINERS	575 ZOR SHRINE PL	MADISON	WI	537192068757	
237381983	02	SHRINERS INTERNATIONAL	SAHARA SHRINE CLUB	% ZOR SHRINERS	575 ZOR SHRINE PL	MADISON	WI	537192068757	
237325153	02	SHRINERS INTERNATIONAL	SOUTHERN WISCONSIN SHRINE	% ZOR SHRINERS	575 ZOR SHRINE PL	MADISON	WI	537192068757	
237319813	02	SHRINERS INTERNATIONAL	SOUTHWESTERN WISCONSIN SHRINE CLUB	% ZOR SHRINERS	575 ZOR SHRINE PL	MADISON	WI	537192068757	
391448391	02	SHRINERS INTERNATIONAL	ST CROIX VALLEY SHRINE CLUB	% ZOR SHRINERS	575 ZOR SHRINE PL	MADISON	WI	537192068757	
237319878	02	SHRINERS INTERNATIONAL	TIMBER SHRINE CLUB	% ZOR SHRINERS	575 ZOR SHRINE PL	MADISON	WI	537192068757	
237319604	02	SHRINERS INTERNATIONAL	VACATIONLAND SHRINE CLUB	% ZOR SHRINERS	575 ZOR SHRINE PL	MADISON	WI	537192068757	
237319881	02	SHRINERS INTERNATIONAL	VERNON SHRINE CLUB	% ZOR SHRINERS	575 ZOR SHRINE PL	MADISON	WI	537192068757	
411362274	02	SHRINERS INTERNATIONAL	WILD RIVER SHRINE CLUB	% ZOR SHRINERS	575 ZOR SHRINE PL	MADISON	WI	537192068757	
390729335	01	SHRINERS INTERNATIONAL	ZOR SHRINERS	% ZOR SHRINERS	575 ZOR SHRINE PL	MADISON	WI	537192068757	
440462483	03	SHRINERS INTERNATIONAL	ZOR SHRINERS	% ZOR SHRINERS	575 ZOR SHRINE PL	MADISON	WI	537192068757	
			GROUP RETURN						

SIGNATURE

Treasurer

TITLE

7/19/12

DATE

IF NO CHANGES, CHECK HERE

Attachment 2

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box. ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions		Enter filer's identifying number, see instructions	
	ZOR SHRINERS GROUP RETURN		<input checked="" type="checkbox"/> 51-0152183	Employer identification number (EIN) or
	Number, street, and room or suite no. If a P.O. box, see instructions		<input type="checkbox"/>	Social security number (SSN)
	575 ZOR SHRINE PLACE			
	City, town or post office, state, and ZIP code. For a foreign address, see instructions			
	MADISON, WI 53719			

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ 0 ☐ 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990	01
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of **JAMES L. STELSEL**
Telephone No. **608 833-6343** FAX No. **608 833-6348**
- 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) **0229**. If this is for the whole group, check this box. ☐ If it is for part of the group, check this box. ☒ **X** and attach a list with the names and EINs of all members the extension is for **ATTACHMENT 1**

- 4 I request an additional 3-month extension of time until **11/15, 2012**
- 5 For calendar year **2011**, or other tax year beginning _____, 20____, and ending _____, 20____
- 6 If the tax year entered in line 5 is for less than 12 months, check reason ☐ Initial return ☐ Final return
☐ Change in accounting period
- 7 State in detail why you need the extension **TAXPAYER HAS BEEN UNABLE TO OBTAIN THE NECESSARY INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN.**

8a 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.	8a \$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature  Title **CPA** Date **8/14/12**

Form 8868 (Rev. 1-2012)