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Form 990

FILED UNDER EXTENSION  
Return of Organization Exempt From Income Tax

OMB No 1545-0047

2012

Open to Public  
InspectionDepartment 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)

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

A For the 2012 calendar year, or tax year beginning , 2012, and ending , 20

## B Check if applicable

<input type="checkbox"/>	Address change
<input checked="" type="checkbox"/>	Name change
<input type="checkbox"/>	Initial return
<input type="checkbox"/>	Terminated
<input type="checkbox"/>	Amended return
<input type="checkbox"/>	Application pending

## C Name of organization

SHRINERS INTERNATIONAL

Doing Business As ZOR SHRINERS GROUP RETURN

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

575 ZOR SHRINE PLACE

Room/suite

City, town or post office, state, and ZIP code

MADISON, WI 53719

F Name and address of principal officer LARRY RIEMENSCHNEIDER

575 ZOR SHRINE PLACE MADISON, WI 53719

## D Employer identification number

51-0152183

## E Telephone number

(608) 833-6343

G Gross receipts \$ 221,247.

H(a) Is this a group return for affiliates? ☒ Yes ☐ NoH(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 UNINCORPORATED L Year of formation M State of legal domicile WI

## Part I Summary

Activities & Governance	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 <input type="checkbox"/> 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 2012 (Part V, line 2a)	5	4.	
	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		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9	Program service revenue (Part VIII, line 2g)	10,560.	9,382.	
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	42,772.	41,075.	
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,639.	1,894.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	60,646.	89,864.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	115,617.	142,215.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)	48,957.	78,822.	
	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	
Expenses	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	76,909.	72,471.	
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	125,866.	151,293.	
	19	Revenue less expenses Subtract line 18 from line 12	-10,249.	-9,078.	
	Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
		21	Total liabilities (Part X, line 26)	324,002.	319,988.
		22	Net assets or fund balances Subtract line 21 from line 20	0	5,064.
				324,002.	314,924.

## 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

Type or print name and title

DALE F. OLSON - TREASURER

Paid  
Preparer  
Use Only

Print/Type preparer's name

DOUGLAS K. BERRY

Preparer's signature

Douglas K. Berry, CPA

Date

10/17/2013

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 (2012)

JSA  
2E1010 1 000

90J0RJN482

14129

**Part III** **Statement of Program Service Accomplishments**Check 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 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 <b>Section 501(c)(3) organizations.</b> 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, for escrow or custodial account liability, 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
12 a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII . . . . .	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 and XII 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
14 a 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
20 a 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? If "Yes," complete Schedule I, Parts I and II. . . . .	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? If "Yes," complete Schedule I, Parts I and III. . . . .		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? If "Yes," complete Schedule J. . . . .		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? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25. . . . .		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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II. . . . .		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? If "Yes," complete Schedule L, Part III. . . . .		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? If "Yes," complete Schedule L, Part IV. . . . .		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV. . . . .		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? If "Yes," complete Schedule L, Part IV. . . . .		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. . . . .		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. . . . .		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I. . . . .		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. . . . .		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? If "Yes," complete Schedule R, Part I. . . . .		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. . . . .		X
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. . . . .		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2. . . . .		
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? If "Yes," complete Schedule R, Part VI. . . . .		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	X	

Form 990 (2012)

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

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable. . . . .	<b>1a</b> 15		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. . . . .	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>		
<b>2a</b> 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 . . . . .	<b>2a</b> 4		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions). . . . .	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	<b>3b</b>		
<b>4a</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)? . . . . .	<b>4a</b>		X
<b>b</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			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>		
<b>6a</b> 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 as charitable contributions? . . . . .	<b>6a</b>	X	
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	X	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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? . . . . .	<b>7a</b>		
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>		
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter			
<b>a</b> Gross income from members or shareholders . . . . .	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13a</b>		
<b>b</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 . . . . .	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand . . . . .	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>		

**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
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . <b>1a</b> 7		
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		
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . . <b>1b</b> 7		
<b>2</b> 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? . . . . . <b>2</b>		X
<b>3</b> 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? . . . <b>3</b>		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . . <b>4</b>		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . . <b>5</b>		X
<b>6</b> Did the organization have members or stockholders? . . . . . <b>6</b>		X
<b>7a</b> 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? . . . . . <b>7a</b>		X
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . . <b>7b</b>		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . . <b>8a</b>	X	
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . . <b>8b</b>	X	
<b>9</b> 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 . . . . . <b>9</b>		X

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

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . . <b>10a</b>	X	
<b>b</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? . . . <b>10b</b>	X	
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . <b>11a</b>		X
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . . <b>12a</b>	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . . <b>12b</b>	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . . <b>12c</b>	X	
<b>13</b> Did the organization have a written whistleblower policy? . . . . . <b>13</b>	X	
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . . <b>14</b>	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . . <b>15a</b>		X
<b>b</b> Other officers or key employees of the organization . . . . . <b>15b</b>		X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . . <b>16a</b>		X
<b>b</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? . . . . . <b>16b</b>		

**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 ☐ Other (explain in Schedule O)

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

**20** State the name, 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 Contractors**Check 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 (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DALE ANDERSON TREASURER	1.00	X		X				0	0	0
(2) ROBERT GIESLER BOARD MEMBER	1.00	X		X				0	0	0
(3) LARRY RIEMENSCHNEIDER PRESIDENT	1.00	X		X				0	0	0
(4) JAMES STELSEL SECRETARY	1.00	X		X				0	0	0
(5) ROBERT GORSUCH VICE PRESIDENT	1.00	X		X				0	0	0
(6) LARRY HANSON BOARD MEMBER	1.00	X		X				0	0	0
(7) MONTE STEIBER BOARD MEMBER	1.00	X		X				0	0	0
(8) SEE ATTACHED LIST	1.00	X		X				0	0	0
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										



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

[illegible]

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
---	---	---

**3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual . . . . .

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? If "Yes," complete Schedule J for such individual.

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person . . . . .

	Yes	No
3		X
4		X
5		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**

Check if Schedule O contains a response to any question in this Part VIII.

☒ X

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	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	9,382.		
	g	Noncash contributions included in lines 1a-1f \$ . . . . .				
h	<b>Total.</b> Add lines 1a-1f . . . . .		9,382.			
<b>Program Service Revenue</b>	2a	FRATERNAL VISITS . . . . .	Business Code 900099	6,259.	6,259.	
	b	SOCIAL ACTIVITIES & MEALS . . . . .	900099	29,080.	29,080.	
	c	INITIATION FEES . . . . .	900099	5,736.	5,736.	
	d	. . . . .				
	e	. . . . .				
	f	All other program service revenue . . . . .				
	g	<b>Total.</b> Add lines 2a-2f . . . . .		41,075.		
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts). ATTACHMENT 1 . . . . .		1,894.		1,894.
	4	Income from investment of tax-exempt bond proceeds . . . . .		0		
	5	Royalties . . . . .		0		
	6a	Gross rents . . . . .	(i) Real (ii) Personal			
	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 \$ 79,734. of contributions reported on line 1c) See Part IV, line 18 . . . . .	ATCH 2 158,766.			
	b	Less direct expenses . . . . .	79,032.			
	c	Net income or (loss) from fundraising events . . . . .	ATCH 3	79,734.		79,734.
	9a	Gross income from gaming activities See Part IV, line 19 . . . . .				
b	Less direct expenses . . . . .					
c	Net income or (loss) from gaming activities . . . . .		0			
10a	Gross sales of inventory, less returns and allowances . . . . .					
b	Less cost of goods sold . . . . .					
c	Net income or (loss) from sales of inventory . . . . .		0			
<b>Miscellaneous Revenue</b>			<b>Business Code</b>			
11a	MISCELLANEOUS REVENUE . . . . .	900099	10,130.	10,130.		
b	. . . . .					
c	. . . . .					
d	All other revenue . . . . .					
e	<b>Total.</b> Add lines 11a-11d . . . . .		10,130.			
12	<b>Total revenue.</b> See instructions . . . . .		142,215.	51,205.	81,628.	

**Part IX Statement of Functional Expenses**

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

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	78,822.			
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):				
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 (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	0			
12 Advertising and promotion.	3,860.			
13 Office expenses.	9,029.			
14 Information technology.	0			
15 Royalties.	0			
16 Occupancy.	3,684.			
17 Travel.	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	7,047.			
20 Interest.	0			
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	9,913.			
23 Insurance.	168.			
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.	29,603.			
b OTHER EXPENSES.	9,167.			
c				
d				
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	151,293.			
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**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	78,602.	1	87,376.
	2 Savings and temporary cash investments	144,098.	2	141,157.
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	0	4	0
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other 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). Complete Part II of Schedule L	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	194,797.		
	10b Less accumulated depreciation	103,342.	10c	91,455.
	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 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	324,002.	16	319,988.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	0	17	5,064.
	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 Loans and other 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 <b>Total liabilities.</b> Add lines 17 through 25.	0	26	5,064.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	324,002.	27	314,924.
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	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 <b>Total net assets or fund balances</b>	324,002.	33	314,924.
34 <b>Total liabilities and net assets/fund balances.</b>	324,002.	34	319,988.	

Form 990 (2012)

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	142,215.
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	151,293.
3	Revenue less expenses Subtract line 2 from line 1 . . . . .	3	-9,078.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	324,002.
5	Net unrealized gains (losses) on investments . . . . .	5	0
6	Donated services and use of facilities . . . . .	6	0
7	Investment expenses . . . . .	7	0
8	Prior period adjustments . . . . .	8	0
9	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . .	10	314,924.

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

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

	Yes	No
1	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2b	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2c	<input type="checkbox"/>	<input type="checkbox"/>
3a	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3b	<input type="checkbox"/>	<input type="checkbox"/>

Form 990 (2012)

SCHEDULE D  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization

SHRINERS INTERNATIONAL

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

2012

Open to Public  
Inspection

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" 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 XIII, the text of the footnote to its financial statements that describes these items

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

(i) 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 . . . . . ▶ \$

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

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

- a** ☐ Public exhibition  
**b** ☐ Scholarly research  
**c** ☐ Preservation for future generations

- d** ☐ Loan or exchange programs  
**e** ☐ Other \_\_\_\_\_

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

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

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" 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 XIII and complete the following table

	Amount
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

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

**b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. ☐ Yes ☐ No

**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
<b>1a</b> Beginning of year balance					
<b>b</b> Contributions					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships					
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses					
<b>g</b> 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 XIII 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
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements				
<b>d</b> Equipment		194,797	103,342	91,455.
<b>e</b> Other				
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)).				91,455.

**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) _____		
<b>Total.</b> (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) _____		
<b>Total.</b> (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) _____	
<b>Total.</b> (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) _____	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	

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



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

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

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

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

**Part XIII 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, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part XIII** Supplemental Information *(continued)*

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

Name of the organization

SHRINERS INTERNATIONAL

**Supplemental Information Regarding  
Fundraising or Gaming Activities**

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

**2012**

**Open to Public  
Inspection**

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.

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

**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)	2. (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts . . . . .	22,144.	12,637.	19,333.	54,114.
	2 Less Contributions . . . . .				
	3 Gross income (line 1 minus line 2). . . . .	22,144.	12,637.	19,333.	54,114.
Direct Expenses	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .				
	6 Rent/facility costs . . . . .				
	7 Food and beverages . . . . .				
	8 Entertainment . . . . .				
	9 Other direct expenses . . . . .	18,360.	2,963.	10,279.	31,602.
	10 Direct expense summary Add lines 4 through 9 in column (d) . . . . .				( 31,602 )
11 Net income summary Combine line 3, column (d), and line 10 . . . . .				22,512.	

**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
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 14** Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

- 15 a** 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)

Department of the Treasury  
Internal Revenue Service  
Name of the organization

SHRINERS INTERNATIONAL

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.

OMB No 1545-0047

2012

Open to Public  
Inspection

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. 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)	78,822.		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) (2012)

**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, Part III, column (b), 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 CHNLDREN 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

**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

**2012**

**Open to Public  
Inspection**

Name of the organization

SHRINERS INTERNATIONAL

Employer identification number

51-0152183

PROCESS FOR REVIEW OF FORM 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.

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.





Name of the organization

SHRINERS INTERNATIONAL

Employer identification number

51-0152183

## FORM 990, ITEM B, NAME CHANGE

SHRINER'S INTERNATIONAL IS RECOGNIZED FOR EXEMPTION UNDER INTERNAL REVENUE CODE SECTION 501(C)(10). IT HAS A GROUP RULING, EXEMPTION #0229, WHICH INCLUDES ALL OF ITS U.S. TEMPLES. SHINER'S INTERNATIONAL HAS REQUESTED THAT IT'S NAME BE LISTED ON FORM 990, PAGE 1, ITEMS B, AS THE ORGANIZATION NAME AND HAS ALSO REQUESTED THAT THE TEMPLE'S NAME BE LISTED AS THE "DOING BUSINESS AS" NAME. THE TEMPLE'S EMPLOYER IDENTIFICATION NUMBER REMAINS THE SAME AS THAT REPORTED IN PRIOR YEAR'S FORMS 990.

## LIST OF AFFILIATES

SEE ATTACHMENTS 5 AND 6 FOR THE LIST OF AFFILIATED ORGANIZATIONS WHOSE FINANCIAL RESULTS ARE REPORTED IN CONSOLIDATION IN THIS FORM 990.

ATTACHMENT 1FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INVESTMENT INCOME	1,894.			1,894.
TOTALS	<u>1,894.</u>			<u>1,894.</u>

ATTACHMENT 2FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
SEE SCHEDULE G	79,734.
TOTAL	<u>79,734.</u>

Name of the organization

SHRINERS INTERNATIONAL

Employer identification number

51-0152183

ATTACHMENT 3FORM 990, PART VIII - FUNDRAISING EVENTS

<u>DESCRIPTION</u>	<u>GROSS INCOME</u>	<u>DIRECT EXPENSES</u>	<u>NET INCOME</u>
SEE SCHEDULE G	158,766.	79,032.	79,734.
TOTALS	<u>158,766.</u>	<u>79,032.</u>	<u>79,734.</u>

## 2012 ZOR SHRINERS CLUB OFFICERS

### **BADGER SHRINE CLUB** email contact: [badgershrineclub@gmail.com](mailto: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 608.225.3631  
Divan Rep: Dave Bomkamp, 119 Summit Court, Columbus 53925 608.225.3631  
Meeting dates: Quarterly Thursdays

### **BELOIT SHRINE CLUB** email contact: [beloitshrineclub@yahoo.com](mailto: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 608.365.3724  
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](mailto: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](mailto: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: Gary Cuskey, 511 Dale St, Spooner 54801 715.635.3885  
Meeting Dates: 2nd Wednesday, except January & February

### **HEADWATERS SHRINE CLUB** email contact: [rreas13@centurytel.net](mailto:rreas13@centurytel.net)

President:  
\*Sec/Treas: Roger Reas, N16568 Lakeshore Drive, Butternut 54514 715.762.4906  
Divan Rep: Gary Cuskey, 511 Dale St, Spooner 54801 715.635.3885

*Handwritten signature*

**HEART OF WISCONSIN SHRINE CLUB** email contact: [idealtwo@msn.com](mailto:idealtwo@msn.com)

\*President: Chuck Miller, 9405 West Street, Milladore 54454 715.572.7700  
Secretary: Tom Voight, 2710 N 80<sup>th</sup> St N, WI Rapids 54494 715.423.4608  
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: 3<sup>rd</sup> Monday, except January

**INDIANHEAD SHRINE CLUB** email contact: [stenehouse@charter.net](mailto:stenehouse@charter.net)

President: Jim Sockness, 2732 16<sup>th</sup> St, Rice Lake 54868 715.234.5494  
\*Secretary: Chuck Stene, 2224 19 1/4 Ave, Rice Lake 54868 715.234.1888  
Treasurer: Chuck Stene, 2224 19 1/4 Ave, Rice Lake 54868 715.234.1888  
Hosp Rep: Ellwood Thomas, 516 Elbert Dr., Rice Lake 54868 715.234.2401  
Membership: Chuck Stene, 2224 19 1/4 Ave, Rice Lake 54868 715.234.1888  
Divan Rep: Gary Cuskey, 511 Dale St, Spooner 54801 715.635.3885  
Meeting Dates: Monthly 3<sup>rd</sup> Saturday except May, June, July

**LA CROSSE SHRINE CLUB** email contact: [djtodd22@hotmail.com](mailto:djtodd22@hotmail.com)

President: Dennis Wilkerson, E5573 Helgeson Rd, Westby 54667 608.634.2524  
\*Sec/Treas: Todd Wohlert, 1116 Spruce Dr, La Crescent, MN 55947 608.385.1923  
Hosp Rep: Merlin Huber, P. O. Box 236, Onalaska 54650 608.781.3390  
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@gmail.com](mailto:shealga@gmail.com)

President: James Stelsel Jr., 1705 Hooker Ave, Madison 53704 608.244.7285  
\*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 608.244.6396  
Membership: James Stelsel, Jr., 1705 Hooker Ave., Madison 53704 608.244.7285  
Divan Rep: James Stelsel, 3701 Spenser Ln, Madison 53704 608.244.6396  
Bob Gorsuch, 3016 Woods Edge Way, Fitchburg 53711 608.271.9589  
Meeting Dates: 10 times annually, 2nd Wednesday (Varies)

**MADISON SHRINE CLUB** email contact: [bpjones70@tds.net](mailto:bpjones70@tds.net)

President: Keith Krinke, 108 Kingston Way, Waunakee 53598 608.849.5097  
\*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  
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](mailto:blldreck@centurylink.net)

President: Dick Kreager, 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.  
Co-Reps: Kevin Reilly, N 1431 State Rd 22, Wautoma 54982 920.787.3305  
Jon Barthel, N9217 Lake Sharon Rd, Wautoma 54982 920.229.7474  
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](mailto: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: 4<sup>th</sup> Wednesday, Noon - Tee Pee Super Club, Tomah

**MEHARA SHRINE CLUB** email contact: [kj8314@yahoo.com](mailto:kj8314@yahoo.com)

President: Daryl Spagnoletti, 918 16<sup>th</sup> St SE, Menomonie 54751 715.235.0287  
\*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  
Hosp Rep: Larry Wiegand, 311 St Rd 128, Wilson 54027 715.772.4456  
Membership: Randall Smeltzer, E6425 County Rd D, Colfax 54730 715.962.3817  
Divan Rep: Robert Giesler, E8970 Paulson Ln, Cashton 54619 608.633.2356  
Meeting Dates: Various - 2<sup>nd</sup> Monday Social; 1<sup>st</sup> Friday Board meets

**MISSISSIPPI VALLEY SHRINE CLUB**

President:  
\*Sec/Treas: Melvin Zastrow, 319 W 24th St, Buffalo City 54622 608.248.2206  
Hosp Rep: Melvin Zastrow, 319 W 24th St, Buffalo City 54622 608.248.2206  
Membership:  
Divan Rep: Bob Giesler, E8970 Paulson Ln, Cashton 54619 608.633.2356  
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, 5<sup>th</sup> 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: [bnclausius@gmail.com](mailto:bnclausius@gmail.com)

\*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: 3<sup>rd</sup> Tuesday every other month

**SAHARA SHRINE CLUB** email contact: [curtbell67@charter.net](mailto:curtbell67@charter.net)

\*President: Curtis Bell, 604 Albion Rd, Edgerton 53534 608.884.0246  
Secretary: Bruce Eshelman, W9625 Breidsan Hill Dr, Whitewater 53190 262.473.3002  
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 608.244.6396  
Meeting Dates: Last Wednesday of the month except December

**ST. CROIX VALLEY SHRINE CLUB** email contact: [stcroixshrine@gmail.com](mailto:stcroixshrine@gmail.com)

President: Mike Kastens, 312 Kathryn Ct, New Richmond 54017 715.246.5082  
\*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: Bob Hering, 929 County Rd N, Roberts 54023 715.760.2372  
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](mailto:swshrineclub@yahoo.com)

President: Wally Trouten, 6786 N Elm, Platteville 53818 608.348.9853  
\*Sec/Treas: Monte Steiber, 60991 Ward Rd, Prairie du Chien 53821 608.412.0264  
Hosp.Rep: Roger Sedgwick, PO Box 5, Potosi 53820 608.763.2221  
Membership: Joe Thompson, PO Box 251, Shullsburg 53586-0251 608.965.3122  
Divan Rep: Monte Steiber, 60991 Ward Rd, Prairie du Chien 53821 608.326.4640  
Meeting Dates: 2<sup>nd</sup> Sunday Evening, even months

**TIMBER SHRINE CLUB** email contact: [timbershrineclub@gmail.com](mailto:timbershrineclub@gmail.com)

President: Roger Hancock, 1801 Laguna Ave, Weston 54476 715.359.8373  
Treasurer: Jim Builer, 3412 Honeysuckle Ln, Wausau 54401 715.845.7169  
Secretary: Steve Peterson, 1818 Roosevelt St, Wausau 54401 715.848.1768  
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: 3<sup>rd</sup> Saturday of the month but varies for special events

**VACATIONLAND SHRINE CLUB** email contact: [abkaschel@aol.com](mailto: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: Bob Kaschel, S6462 Cty Hwy PF, North Freedom 53951 608.522.4276  
Membership: Elgi Toman, P. O. Box 496, Baraboo, 53913 608.356.8603  
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](mailto:vernonshriners@yahoo.com)

President: Todd Wohlert, 1116 Spruce Dr, La Crescent, MN 55947 608.385.1923  
\*Secretary: Terry Loper, 9696 Jancing Ave, Sparta 54656 608.269.4428  
Treasurer: Robert Giesler, E8970 Paulson Ln, Cashton 54619 608.633.2356  
Hosp. Rep: Robert Giesler, E8970 Paulson Ln, Cashton 54619 608.633.2356  
Membership: Claude Seibon, S2733 Seibon Lane, Viroqua 54665 608.483.2498  
Divan Rep: Monte Steiber, 60991 Ward Rd, Prairie du Chien 53821 608.326.4640  
Meeting: 3<sup>rd</sup> Sunday

**WILD RIVER SHRINE CLUB**

President: Tom Fedje, 10947 Public Landing Rd, Grantsburg 54840 715.689.2645  
\*Sec/Treas: CR Endresen, 5059 Highway 70, Webster 54893 715.349.5113  
Hosp. Rep: Tom Fedje, 10947 Public Landing Rd, Grantsburg 54840 715.689.2645  
Divan Rep: Bob Hering, 929 County Rd N, Roberts 54023 715.760.2372  
Meeting: 2<sup>nd</sup> 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	
237319606	02	SHRINERS INTERNATIONAL	LAKELAND SHRINE CLUB	% ZOR SHRINERS	575 ZOR SHRINE PL	MADISON	WI	537192068757	
237319691	02	SHRINERS INTERNATIONAL	MADISON SHRINE CLUB	% ZOR SHRINERS	575 ZOR SHRINE PL	MADISON	WI	537192068757	
391643979	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	
237361963	02	SHRINERS INTERNATIONAL	SABARA 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	
<del>390729335</del>	<del>01</del>	<del>SHRINERS INTERNATIONAL</del>	<del>ZOR SHRINERS</del>	<del>% ZOR SHRINERS</del>	<del>575 ZOR SHRINE PL</del>	<del>MADISON</del>	<del>WI</del>	<del>537192068757</del>	
<del>310132183</del>	<del>03</del>	<del>SHRINERS INTERNATIONAL</del>	<del>ZOR SHRINERS</del>	<del>% ZOR SHRINERS</del>	<del>575 ZOR SHRINE PL</del>	<del>MADISON</del>	<del>WI</del>	<del>537192068757</del>	
			GROUP RETURN						



SIGNATURE

Treasurer

TITLE

7/19/12

DATE

IF NO CHANGES, CHECK HERE



Attachment 5





- 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)

<b>Type or print</b>  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		Employer identification number (EIN) or	
	Number, street, and room or suite no. If a P O box, see instructions		51-0152183	
	575 ZOR SHRINE PLACE		Social security number (SSN)	
	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 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	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 ☒ **X** 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 is for

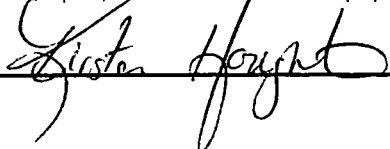
- I request an additional 3-month extension of time until **11/15, 2013**
- For calendar year **2012**, or other tax year beginning \_\_\_\_\_, 20\_\_\_\_, and ending \_\_\_\_\_, 20\_\_\_\_
- If the tax year entered in line 5 is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- State in detail why you need the extension **TAXPAYER HAS BEEN UNABLE TO OBTAIN THE NECESSARY INFORMATION TO FILE A COMPLETE AND ACCURATE RETURN.**

<b>8a</b> 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	<b>8a</b> \$
<b>b</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	<b>8b</b> \$
<b>c Balance Due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	<b>8c</b> \$

**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.

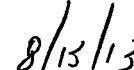
Signature ▶



Title ▶



Date ▶



Form 8868 (Rev 1-2013)