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

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

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

OMB No 1545-0047

2012Open to Public
Inspection**A** For the **2012** calendar year, or tax year beginning

and ending

B Check if applicable

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

C Name of organization**SHRINERS INTERNATIONAL**Doing Business As **ZAMORA SHRINERS**

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

3521 RATLIFF ROAD

Room/suite

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

IRONDALE, AL 35210**F** Name and address of principal officer: **FRED SLANEY****SAME AS C ABOVE****D** Employer identification number**63-0233840****E** Telephone number**(205) 854-2477****G** Gross receipts \$**1,154,420.****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 ▶**I** Tax-exempt status ☐ 501(c)(3) ☒ 501(c) (**10**) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ **WWW.ZAMORATEMPLEONLINE.COM****K** Form of organization: ☐ Corporation ☒ Trust ☐ Association ☐ Other ▶**L** Year of formation: **1890** **M** State of legal domicile: **AL****Part I Summary**

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances																																			
1 Briefly describe the organization's mission or most significant activities. TO PROVIDE SOCIAL AND RECREATIONAL ACTIVITIES AND FELLOWSHIP BENEFITS TO MEMBERS, AND TO																																									
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	9																																						
4 Number of independent voting members of the governing body (Part VI, line 1b)		4	0																																						
5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)		5	6																																						
6 Total number of volunteers (estimate if necessary)		6	0																																						
7a Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.																																						
7b Net unrelated business taxable income from Form 990-T, line 34		7b	0.																																						
				<table border="1"> <thead> <tr> <th>Prior Year</th> <th>Current Year</th> </tr> </thead> <tbody> <tr> <td>175,383.</td> <td>209,613.</td> </tr> <tr> <td>50,842.</td> <td>1,550.</td> </tr> <tr> <td>60,068.</td> <td>78,293.</td> </tr> <tr> <td>308,860.</td> <td>242,629.</td> </tr> <tr> <td>595,153.</td> <td>532,085.</td> </tr> <tr> <td>0.</td> <td>0.</td> </tr> <tr> <td>0.</td> <td>0.</td> </tr> <tr> <td>144,503.</td> <td>144,102.</td> </tr> <tr> <td>0.</td> <td>0.</td> </tr> <tr> <td>563,965.</td> <td>502,170.</td> </tr> <tr> <td>708,468.</td> <td>646,272.</td> </tr> <tr> <td>-113,315.</td> <td>-114,187.</td> </tr> <tr> <td>Beginning of Current Year</td> <td>End of Year</td> </tr> <tr> <td>4,126,453.</td> <td>3,797,583.</td> </tr> <tr> <td>145,674.</td> <td>135,837.</td> </tr> <tr> <td>3,980,779.</td> <td>3,661,746.</td> </tr> </tbody> </table>		Prior Year	Current Year	175,383.	209,613.	50,842.	1,550.	60,068.	78,293.	308,860.	242,629.	595,153.	532,085.	0.	0.	0.	0.	144,503.	144,102.	0.	0.	563,965.	502,170.	708,468.	646,272.	-113,315.	-114,187.	Beginning of Current Year	End of Year	4,126,453.	3,797,583.	145,674.	135,837.	3,980,779.	3,661,746.		
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8 Contributions and grants (Part VIII, line 1h)																																									
9 Program service revenue (Part VIII, line 2g)																																									
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)																																									
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)																																									
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)																																									
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)																																									
14 Benefits paid to or for members (Part IX, column (A), line 4)																																									
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)																																									
16a Professional fundraising fees (Part IX, column (A), line 11e)																																									
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.																																									
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)																																									
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)																																									
19 Revenue less expenses Subtract line 18 from line 12																																									
20 Total assets (Part X, line 16)																																									
21 Total liabilities (Part X, line 26)																																									
22 Net assets or fund balances Subtract line 21 from line 20																																									

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	
	FRED SLANEY, RECORDER		G. Fred Slaney Jan 07, 2014	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed PTIN
	CHARLES H. SHERER	Charles H. Sherer	1/7/14	P01005618
Firm's name ▶ DUDLEY HOPTON-JONES SIMS & FREEMAN PLLP			Firm's EIN ▶ 63-0355812	
Firm's address ▶ 2101 MAGNOLIA AVE., SOUTH BIRMINGHAM, AL 35205			Phone no. (205) 326-0402	

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

☒ Yes ☐ No

SCANNED JAN 24 2014

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:

FRATERNAL ORGANIZATION WITH A PHILANTHROPIC PURPOSE2 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 \$ **445,828.** including grants of \$) (Revenue \$)**FRATERNAL, SOCIAL AND RECREATIONAL BENEFITS FOR MEMBERS**4b (Code) (Expenses \$ **59,005.** including grants of \$) (Revenue \$)**CHARITABLE - TRANSPORTATION OF PATIENTS AND THEIR FAMILY MEMBERS TO SHRINERS HOSPITALS FOR CHILDREN**

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 **504,833.**

Form 990 (2012)

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)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>		
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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Form 990 (2012)

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
24a 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?		
25a 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, highest 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, Part II, III, or IV, and Part V, line 1</i>	X	
35a 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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Form 990 (2012)

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

Form 990 (2012)

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.	9	
b Enter the number of voting members included in line 1a, above, who are independent	0	
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?	2	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?	3	X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6 Did the organization have members or stockholders?	6	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?	7a	X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	8a	X
b Each committee with authority to act on behalf of the governing body?	8b	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	9	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?	10a	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?	10b	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	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	12a	X
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	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	12c	X
13 Did the organization have a written whistleblower policy?	13	X
14 Did the organization have a written document retention and destruction policy?	14	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	15a	X
b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	15b	X
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?	16a	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?	16b	

Section C. Disclosure

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

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. **FRED SLANEY - (205) 854-2477**
3521 RATLIFF ROAD, IRONDALE, AL 35210

Part VIII Statement of RevenueCheck if Schedule O contains a response to any question in this Part VIII ☐

			(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	1 a Federated campaigns	1a				
	b Membership dues	1b	178,453.			
	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	31,160.			
	g Noncash contributions included in lines 1a-1f \$					
	h Total. Add lines 1a-1f		209,613.			
	Program Service Revenue	2 a SHRINERS FEZ SALES	Business Code 448000	1,550.	1,550.	
b						
c						
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f			1,550.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		48,532.	48,532.		
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real 101,275.				
	b Less: rental expenses	18,921.				
	c Rental income or (loss)	82,354.				
	d Net rental income or (loss)		82,354.	82,354.		
	7 a Gross amount from sales of assets other than inventory	(i) Securities 302,511.	(ii) Other 15,476.			
	b Less: cost or other basis and sales expenses	278,759.	9,467.			
	c Gain or (loss)	23,752.	6,009.			
	d Net gain or (loss)		29,761.	6,009.		23,752.
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	419,557.			
	b Less: direct expenses	b	315,188.			
	c Net income or (loss) from fundraising events		104,369.			104,369.
	9 a Gross income from gaming activities. See Part IV, line 19	a				
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities					
	10 a 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					
Miscellaneous Revenue		Business Code				
11 a LAWUIT SETTLEMENT	900099	54,344.			54,344.	
b OTHER RECEIPTS	900099	1,562.	1,562.			
c						
d All other revenue						
e Total. Add lines 11a-11d		55,906.				
12 Total revenue. See instructions.		532,085.	140,007.	0.	182,465.	

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 ☐

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				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	15,000.	15,000.		
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	111,388.	52,634.	58,754.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,131.	4,131.		
9 Other employee benefits				
10 Payroll taxes	13,583.	4,075.	9,508.	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	25,777.		25,777.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	31,609.	31,609.		
13 Office expenses	42,678.		42,678.	
14 Information technology				
15 Royalties				
16 Occupancy	139,099.	139,099.		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	15,707.	15,707.		
20 Interest				
21 Payments to affiliates	37,060.	37,060.		
22 Depreciation, depletion, and amortization	31,129.	31,129.		
23 Insurance	50,585.	50,585.		
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 TRANSPORTATION TO SHRIN	59,005.	59,005.		
b ENTERTAINMENT AND SOCIA	33,437.	33,437.		
c VISITATIONS AND PILGRIM	17,296.	17,296.		
d OTHER PROGRAM EXPENSES	7,544.	7,544.		
e All other expenses	11,244.	6,522.	4,722.	
25 Total functional expenses. Add lines 1 through 24e	646,272.	504,833.	141,439.	0.
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 ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance SheetCheck if Schedule O contains a response to any question in this Part X ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	249,273.	1	98,465.
	2 Savings and temporary cash investments	416,786.	2	670,301.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	4,637.	4	3,130.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	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 instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	13,295.	8	17,032.
	9 Prepaid expenses and deferred charges	6,004.	9	1,805.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 898,489.		
	b Less: accumulated depreciation	10b 516,657.	412,961.	10c 381,832.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	1,011,602.	12	819,234.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,011,895.	15	1,805,784.
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,126,453.	16	3,797,583.	
Liabilities	17 Accounts payable and accrued expenses	47,905.	17	36,601.
	18 Grants payable		18	
	19 Deferred revenue	97,769.	19	99,236.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	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		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	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		25	
	26 Total liabilities. Add lines 17 through 25	145,674.	26	135,837.
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		3,884,819.	27	3,595,347.
28 Temporarily restricted net assets		95,960.	28	66,399.
29 Permanently restricted net assets			29	
Organizations that do not follow SFAS 117 (ASC 958), 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		3,980,779.	33	3,661,746.
34 Total liabilities and net assets/fund balances	4,126,453.	34	3,797,583.	

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	532,085.
2	Total expenses (must equal Part IX, column (A), line 25)	2	646,272.
3	Revenue less expenses. Subtract line 2 from line 1	3	-114,187.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	3,980,779.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-7,734.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-197,112.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,661,746.

Part XII Financial Statements and Reporting

Check 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? 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: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		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.		X
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 (2012)

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

2012Open to Public
Inspection

Name of the organization

SHRINERS INTERNATIONAL

Employer identification number

63-0233840**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:

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

	Amount
1c	
1d	
1e	
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 XIII. Check here if the explanation has been provided in Part XIII ☐

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
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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
1a Land				
b Buildings		465,013.	108,176.	356,837.
c Leasehold improvements				
d Equipment		433,476.	408,481.	24,995.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				381,832.

Schedule D (Form 990) 2012

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) INVESTMENT IN GNMA		
(B) SECURITIES DESIGNATED FOR		
(C) PERPETUAL CARE	819,234.	COST
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	819,234.	

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. (Col. (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) INVESTMENT IN NET ASSETS OF ZAMORA SHRINERS ASSOCIATION	1,798,356.
(2) INVESTMENT IN NET ASSETS OF ZAMORA SHRINERS HOLDING	
(3) CORPORATION	7,428.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	1,805,784.

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 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

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 XIII.)	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 XIII.)	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 XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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 XIII.)	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 XIII.)	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 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.

Schedule D (Form 990) 2012

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 (add col. (a) through col. (c))
		GUN GIVEAWAY (event type)	SHRINE CIRCUS (event type)	15 (total number)	
Revenue	1 Gross receipts	124,062.	99,708.	195,787.	419,557.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	124,062.	99,708.	195,787.	419,557.
Direct Expenses	4 Cash prizes			13,000.	13,000.
	5 Noncash prizes	65,020.		28,500.	93,520.
	6 Rent/facility costs		15,636.		15,636.
	7 Food and beverages	3,223.		9,477.	12,700.
	8 Entertainment				
	9 Other direct expenses	9,222.	116,417.	54,693.	180,332.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(315,188)
	11 Net income summary. Combine line 3, column (d), and line 10				104,369.

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				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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. _____

10a 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 explanations 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 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

63-0233840

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

SUPPORT THE CHARITABLE ACTIVITIES OF SHRINERS INTERNATIONAL

FORM 990, PART VI, SECTION A, LINE 6: ZAMORA SHRINERS HAS MEMBERS WHO
HAVE SUBMITTED PETITIONS FOR AND HAVE BEEN ELECTED TO MEMBERSHIP, AND WHO
MEET THE OTHER REQUIREMENTS OF ARTICLE 2 OF THE BYLAWS OF ZAMORA SHRINERS

FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS OF ZAMORA SHRINERS VOTE
UPON OTHER MEMBERS TO FILL POSITIONS AS DIRECTORS, TRUSTEES AND OFFICERS

FORM 990, PART VI, SECTION A, LINE 7B: DECISIONS OF THE GOVERNING BODY ARE
SUBJECT TO APPROVAL BY A MAJORITY VOTE OF THE MEMBERSHIP IN
REGULARLY-SCHEDULED OR CALLED MEETINGS

FORM 990, PART VI, SECTION B, LINE 11: IF TIME PERMITS, A DRAFT COPY OF
FORM 990 IS PROVIDED TO THE ORGANIZATION'S RECORDER FOR REVIEW AND APPROVAL
PRIOR TO FILING THE RETURN. IN ANY EVENT, A COPY OF THE RETURN IS PROVIDED
TO SHRINERS INTERNATIONAL FOR COMPLIANCE PURPOSES UPON FILING.

FORM 990, PART VI, SECTION B, LINE 12C: ZAMORA SHRINERS' CONFLICT OF
INTEREST POLICY IS EMBEDDED IN THE SHRINE CODE OF ETHICS OF SHRINERS
INTERNATIONAL. COMPLIANCE WITH THE CODE OF ETHICS IS MONITORED AND ENFORCED
BY THE IMPERIAL COUNCIL OF SHRINERS INTERNATIONAL PURSUANT TO SECTION 210.7
OF THE BYLAWS.

FORM 990, PART VI, SECTION C, LINE 18: COPIES OF APPLICATIONS FOR

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

Schedule O (Form 990 or 990-EZ) (2012)

232211
01-04-13

Name of the organization

SHRINERS INTERNATIONAL

Employer identification number

63-0233840

TAX-EXEMPT STATUS AND FORMS 990 ARE PROVIDED TO THE PUBLIC UPON WRITTEN REQUEST

FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES, AND FINANCIAL STATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PRINCIPAL PAYDOWNS OF GNMA SECURITIES OTHER THAN FROM SALES	-117,864.
TRANSFER FUNDS DESIGNATED FOR PERPETUAL CARE TO COVER COSTS OF ACTIVITIES	-100,000.
OTHER INCREASES	20,752.
TOTAL TO FORM 990, PART XI, LINE 9	-197,112.

PAGE 1, BOX B, FORM 990 - AMENDED RETURN

RETURN HAS BEEN AMENDED TO ADD INFORMATION FOR 2 UNITS AFFILIATED WITH ZAMORA SHRINERS THAT WAS NOT AVAILABLE WHEN ORIGINAL RETURN WAS FILED. THE 2 UNITS ADDED ON THE AMENDED RETURN ARE THE CONVERTIBLE AND DIRECTORS STAFF UNITS. THE FOLLOWING PARTS OF THE RETURN HAVE CHANGED AFTER ADDING THE ADDITIONAL INFORMATION:

1. LINE 1B, PART VIII, PAGE 9 - MEMBERSHIP DUES

2. LINES 1 AND 9, GROSS RECEIPTS AND OTHER DIRECT EXPENSES, RESPECTIVELY, SCHEDULE G, PART II, PAGE 2

3. PART IX, FUNCTIONAL EXPENSES, PAGE 10:

LINE 16, OCCUPANCY

LINE 21, PAYMENTS TO AFFILIATES

LINE 22, DEPRECIATION

Name of the organization

SHRINERS INTERNATIONAL

Employer identification number

63-0233840

LINE 24B, ENTERTAINMENT AND SOCIAL EVENTS

LINE 24I, OTHER PROGRAM EXPENSES

4. PART III, PAGE 2 - LINES 4A AND 4B

5. PART X, BALANCE SHEET, PAGE 11:

LINE 1, CASH

LINE 10A, LAND, BUILDINGS AND EQUIPMENT

LINE 10B, ACCUMULATED DEPRECIATION

LINE 27, UNRESTRICTED NET ASSETS

6. SCHEDULE D, PART VI, PAGE 2 - LINE 1D, COLUMNS (B)-(D), EQUIPMENT

COST, ACCUMULATED DEPRECIATION,

BOOK VALUE

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012
Open to Public
Inspection

Name of the organization

SHRINERS INTERNATIONAL

Employer identification number
63-0233840

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
SHRINERS INTERNATIONAL - 36-2158164 2900 ROCKY POINT DRIVE TAMPA, FL 33607-1460	INTERNATIONAL HEADQUARTERS - SHRINE CLUBS IN NORTH AMERICA	FLORIDA					X
OTHER ALABAMA SHRINE CLUBS - 51-0158547 3521 RATLIFF ROAD IRONDALE, AL 35210	GROUP RETURN OF SHRINE CLUBS AFFILIATED WITH ZAMORA SHRINERS	ALABAMA	501(C)(10)				X
ZAMORA SHRINERS HOLDING CORPORATION - 63-0438924, 3521 RATLIFF ROAD, IRONDALE, AL 35210	PARK AND LOUNGE FOR RECREATION, ENTERTAINMENT OF ZAMORA SHRINERS'	ALABAMA					X
ZAMORA SHRINERS ASSOCIATION - 63-0948290 3521 RATLIFF ROAD IRONDALE, AL 35210	TITLE HOLDING CORPORATION FOR REAL PROPERTY OWNED BY ZAMORA SHRINERS	ALABAMA	501(C)(7)				X
		ALABAMA	501(C)(2)				X

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

Schedule R (Form 990) 2012

SEE PART VII FOR CONTINUATIONS

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)**Note.** Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule**1** During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?**a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity**b** Gift, grant, or capital contribution to related organization(s)**c** Gift, grant, or capital contribution from related organization(s)**d** Loans or loan guarantees to or for related organization(s)**e** Loans or loan guarantees by related organization(s)**f** Dividends from related organization(s)**g** Sale of assets to related organization(s)**h** Purchase of assets from related organization(s)**i** Exchange of assets with related organization(s)**j** Lease of facilities, equipment, or other assets to related organization(s)**k** Lease of facilities, equipment, or other assets from related organization(s)**l** Performance of services or membership or fundraising solicitations for related organization(s)**m** Performance of services or membership or fundraising solicitations by related organization(s)**n** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)**o** Sharing of paid employees with related organization(s)**p** Reimbursement paid to related organization(s) for expenses**q** Reimbursement paid by related organization(s) for expenses**r** Other transfer of cash or property to related organization(s)**s** Other transfer of cash or property from related organization(s)**2** If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)			-	
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:**NAME OF RELATED ORGANIZATION:**

ZAMORA SHRINERS HOLDING CORPORATION

PRIMARY ACTIVITY: PARK AND LOUNGE FOR RECREATION, ENTERTAINMENT OF ZAMORA

SHRINERS' MEMBERS

Zamora Shriners [ZSA] Depreciation Expense

Federal

01/01/2012 - 12/31/2012

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
Buildings and Improvements												
1		Building Improv	3/11/2005	MSL / N/A	39.0000	46,016.00	100.0000	0.00	0.00	8,062.65	1,179.90	9,242.55
2		Building Improv	6/15/2006	MSL / N/A	39.0000	38,498.00	100.0000	0.00	0.00	5,511.48	987.13	6,498.61
3		Opaque Film to	2/15/1993	MSL / N/A	31.5000	2,176.00	100.0000	0.00	0.00	1,302.32	69.08	1,371.40
4		Butler Building	2/11/1988	MSL / N/A	31.5000	26,703.00	100.0000	0.00	0.00	20,242.84	847.71	21,090.55
5		Building Improv	3/22/1995	MSL / N/A	39.0000	44,565.00	100.0000	0.00	0.00	19,190.76	1,142.69	20,333.45
6		Building Improv	6/1/2001	MSL / N/A	39.0000	30,458.00	100.0000	0.00	0.00	8,232.88	780.97	9,013.85
7		Building Improv	6/1/2002	MSL / N/A	39.0000	40,679.00	100.0000	0.00	0.00	9,953.20	1,043.05	10,996.25
8		Building Improv	6/1/2003	MSL / N/A	39.0000	20,970.00	100.0000	0.00	0.00	4,593.76	537.69	5,131.45
9		Building Improv	7/1/2004	MSL / N/A	39.0000	90,110.00	100.0000	0.00	0.00	17,233.04	2,310.51	19,543.55
10		Roofing Improv	10/11/2011	MSL / N/A	39.0000	124,839.76	100.0000	0.00	0.00	990.79	3,963.17	4,953.96
Subtotal: Buildings and Improvements						465,014.76		0.00	0.00	95,313.72	12,861.90	108,175.62
Less dispositions and exchanges:						0.00		0.00	0.00	0.00	0.00	0.00
Net for: Buildings and Improvements						465,014.76		0.00	0.00	95,313.72	12,861.90	108,175.62
Equipment												
11		Furniture & Acct	10/28/1986	M / HY	5.0000	194,580.00	100.0000	0.00	0.00	194,580.00	0.00	194,580.00
12		Conference Tab	11/25/1986	M / HY	5.0000	3,156.00	100.0000	0.00	0.00	3,156.00	0.00	3,156.00
13		Folding Partitio	11/26/1986	ADS / HY	5.0000	6,878.00	100.0000	0.00	0.00	6,878.00	0.00	6,878.00
14		Cover Pavilion I	11/7/1990	ADS / HY	5.0000	850.00	100.0000	0.00	0.00	850.00	0.00	850.00
15		Office Storage C	2/16/1990	ADS / HY	5.0000	1,500.00	100.0000	0.00	0.00	1,500.00	0.00	1,500.00
16		18 HP Tractor	8/24/1990	ADS / HY	5.0000	4,500.00	100.0000	0.00	0.00	4,500.00	0.00	4,500.00
17		Ice Maker	8/11/1994	M / HY	7.0000	2,981.00	100.0000	0.00	0.00	2,981.00	0.00	2,981.00
18		Rider 2UHP	9/8/1994	M / HY	7.0000	1,897.00	100.0000	0.00	0.00	1,897.00	0.00	1,897.00
19		Water Sprinkler	6/2/1995	M / HY	5.0000	2,378.00	100.0000	0.00	0.00	2,378.00	0.00	2,378.00
20		Freezer	9/11/1995	M / HY	7.0000	1,601.00	100.0000	0.00	0.00	1,601.00	0.00	1,601.00
21		Clark Forklift	4/4/1997	M / HY	5.0000	2,400.00	100.0000	0.00	0.00	2,400.00	0.00	2,400.00
22		Bell South Phor	7/8/1999	M / HY	7.0000	5,301.00	100.0000	0.00	0.00	5,301.00	0.00	5,301.00
23		South Bend Sto	12/14/2000	M / HY	7.0000	6,501.00	100.0000	0.00	0.00	6,501.00	0.00	6,501.00
24		Grill	5/31/2001	M / HY	5.0000	1,944.00	100.0000	0.00	0.00	1,944.00	0.00	1,944.00
25		18 Ft Car Hauler	5/31/2001	M / HY	5.0000	1,153.00	100.0000	0.00	0.00	1,153.00	0.00	1,153.00
26		Smoker	10/10/2005	DDBA / N/A	7.0000	15,779.00	100.0000	0.00	0.00	14,698.67	1,080.33	15,779.00
27		Meat Chopper	11/29/2005	DDBA / N/A	7.0000	800.00	100.0000	0.00	0.00	736.82	63.18	800.00
28		Remote Micropr	10/4/2006	DDBA / N/A	5.0000	761.00	100.0000	0.00	0.00	761.00	0.00	761.00
29		Laser Printer	11/15/2006	DDBA / N/A	5.0000	1,390.00	100.0000	0.00	0.00	1,390.00	0.00	1,390.00
30		Equipment - Clo	6/30/2009	M / HY	5.0000	850.00	100.0000	0.00	0.00	727.60	48.96	776.56
31		JW Networks N	6/8/2007	M / HY	5.0000	16,365.00	100.0000	0.00	0.00	15,422.38	942.62	16,365.00
32		Strong Air Cond	3/30/2007	M / HY	5.0000	10,035.00	100.0000	0.00	0.00	9,456.98	578.02	10,035.00
33		Pop Corn Mach	6/30/2007	M / HY	7.0000	700.00	100.0000	0.00	0.00	543.81	62.48	606.29
34		Equipment - Coi	6/30/2007	M / HY	7.0000	6,360.00	100.0000	0.00	0.00	4,940.95	567.62	5,508.57
35		Equipment - Lec	6/30/2007	M / HY	7.0000	2,408.00	100.0000	0.00	0.00	1,870.72	214.91	2,085.63
36		Equipment - Mo	6/30/2007	M / HY	7.0000	2,620.00	100.0000	0.00	0.00	2,035.42	233.83	2,269.25
37		Generator	6/29/2011	M / HY	5.0000	8,500.00	100.0000	0.00	0.00	1,700.00	2,720.00	4,420.00
Subtotal: Equipment						304,188.00		0.00	0.00	291,904.35	6,511.95	298,416.30
Less dispositions and exchanges:						0.00		0.00	0.00	0.00	0.00	0.00

Zamora Shriners [ZSA] Depreciation Expense

Federal

01/01/2012 - 12/31/2012

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
Net for: Equipment												
Vehicles												
						304,188.00						
38		1994 Ford Pickl	12/6/1995	M / HY	5.0000	14,203.00	100.0000	0.00	0.00	14,203.00	0.00	14,203.00
39		2005 Ford Econ	12/15/2004	M / HY	5.0000	26,113.00	100.0000	0.00	0.00	26,113.00	0.00	26,113.00
40		2010 Dodge Car	2/24/2010	MSL / HY	5.0000	21,603.00	100.0000	0.00	0.00	6,480.90	4,320.60	10,801.50
41		2006 Freestar V	6/22/2006	M / HY	5.0000	19,168.00	100.0000	0.00	0.00	19,168.00	0.00	19,168.00
42		Ford Taurus S/A	7/26/2008	M / HY	5.0000	16,480.00	100.0000	0.00	0.00	13,632.26	1,898.49	15,530.75
43		Temple Van S/A	9/16/2008	M / HY	5.0000	7,221.00	100.0000	0.00	0.00	5,973.21	831.86	6,805.07
44		2010 Ford XLT V	9/29/2010	M / HY	5.0000	24,500.00	100.0000	0.00	0.00	12,740.00	4,704.00	17,444.00
Subtotal: Vehicles												
Less dispositions and exchanges:												
Net for: Vehicles												
Subtotal:												
Less dispositions and exchanges:												
Grand Totals:												
Subtotal:												
Less dispositions and exchanges:												
Grand Totals:												

