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Return of Organization Exempt From Income Tax

FILED UNDER EXTENSION

OMB No 1545-0047

2013

Open to Public Inspection

Form **990**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2013 calendar year, or tax year beginning , 2013, and ending , 20

B Check if applicable	<input type="checkbox"/> Address change	C Name of organization SHRINERS INTERNATIONAL		D Employer identification number 51-0152183
	<input type="checkbox"/> Name change	Doing Business As ZOR SHRINERS GROUP RETURN		E Telephone number (608) 833-6343
	<input type="checkbox"/> Initial return	Number and street (or P O box if mail is not delivered to street address)	Room/suite	
	<input type="checkbox"/> Terminated	575 ZOR SHRINE PLACE		
	<input type="checkbox"/> Amended return	City or town, state or province, country, and ZIP or foreign postal code MADISON, WI 53719		G Gross receipts \$ 202,629.
<input type="checkbox"/> Application pending	F Name and address of principal officer ROBERT GORSUCH 575 ZOR SHRINE PLACE MADISON, WI 53719		H(a) Is this a group return for subordinates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
				H(b) Are all subordinates included? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
				If "No" attach a list (see instructions)
I Tax-exempt status		H(c) Group exemption number ▶ 0229		
J Website ▶ WWW.ZORSHRINERS.COM				
K Form of organization		L Year of formation		
Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other ▶ UNINCORPORAT		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 2013 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	1,000.
Revenue	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)	9,382.	7,246.
	9	Program service revenue (Part VIII, line 2g)	41,075.	36,453.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,894.	800.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	89,864.	94,758.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	142,215.	139,257.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	78,822.	69,498.
	Expenses	14	Benefits paid to or for members (Part IX, column (A), line 4)	0
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
16a		Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 0		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	72,471.	79,197.
18		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	151,293.	148,695.
19		Revenue less expenses Subtract line 18 from line 12	-9,078.	-9,438.
Net Assets or Fund Balances				Beginning of Current Year
	20	Total assets (Part X, line 16)	319,988.	305,486.
	21	Total liabilities (Part X, line 26)	5,064.	0
	22	Net assets or fund balances Subtract line 21 from line 20	314,924.	305,486.

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.

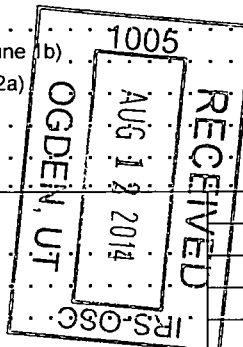
Sign Here	Signature of officer	Date 8/7/14
	Type or print name and title James L. Stelsel, Secretary/Recorder	
Paid Preparer Use Only	Print/Type preparer's name DOUGLAS K. BERRY	Preparer's signature
	Firm's name ▶ SVA CERTIFIED PUBLIC ACCOUNTANTS	Firm's EIN ▶ 39-1203191
	Firm's address ▶ 1221 JOHN Q. 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** (2013)

SCANNED AUG 19 2014



Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line 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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21, 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
12a 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
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	X
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government 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 or 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 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payable to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, 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	Section 501(c)(3) organizations. 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? Note. All Form 990 filers are required to complete Schedule O	X	

Form 990 (2013)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

X

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

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 or note to any line in this Part VI ☒ X

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

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

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 or note to any line 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 OLSON TREASURER	1.00	X		X				0	0	0
(2) ROBERT GIESLER BOARD MEMBER	1.00	X		X				0	0	0
(3) JAMES STELSEL SECRETARY	1.00	X		X				0	0	0
(4) ROBERT GORSUCH PRESIDENT	1.00	X		X				0	0	0
(5) LARRY HANSON VICE PRESIDENT	1.00	X		X				0	0	0
(6) MONTE STEIBER BOARD MEMBER	1.00	X		X				0	0	0
(7) DAVID BOMKAMP BOARD MEMBER	1.00	X		X				0	0	0
(8) SEE ATTACHMENT 4 ADDITIONAL BOARD MEMBERS	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 or note to any line 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 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	7,246.			
	g	Noncash contributions included in lines 1a-1f \$					
	h	Total. Add lines 1a-1f		7,246.			
Program Service Revenue			Business Code				
	2a	FRATERNAL VISITS	900099	2,008.	2,008.		
	b	SOCIAL ACTIVITIES & MEALS	900099	28,535.	28,535.		
	c	INITIATION FEES	900099	5,910.	5,910.		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f		36,453.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts). <u>ATTACHMENT 1</u>		800.			800.
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		0			
			(i) Real (ii) Personal				
	6a	Gross rents					
	b	Less rental expenses					
	c	Rental income or (loss)					
	d	Net rental income or (loss)		0			
			(i) Securities (ii) Other				
	7a	Gross amount from sales of assets other than inventory					
	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 \$ <u>87,797.</u> of contributions reported on line 1c) See Part IV, line 18	<u>ATCH 2</u> 151,169.				
	b	Less direct expenses	63,372.				
	c	Net income or (loss) from fundraising events	<u>ATCH 3</u>	87,797.			87,797.
	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				
Miscellaneous Revenue			Business Code				
11a	MISCELLANEOUS REVENUE	900099	6,961.	6,961.			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		6,961.				
12	Total revenue. See instructions		139,257.	43,414.		88,597.	

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 or note to any line in this Part IX

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.	69,498.			
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.	6,458.			
13 Office expenses.	9,017.			
14 Information technology.	0			
15 Royalties.	0			
16 Occupancy.	9,612.			
17 Travel.	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.	0			
19 Conferences, conventions, and meetings.	2,764.			
20 Interest.	0			
21 Payments to affiliates.	0			
22 Depreciation, depletion, and amortization.	9,847.			
23 Insurance.	202.			
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.	33,119.			
b OTHER EXPENSES.	8,178.			
c				
d				
e All other expenses.				
25 Total functional expenses. Add lines 1 through 24e.	148,695.			
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 or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	87,376.	1	82,496.
	2 Savings and temporary cash investments	141,157.	2	141,382.
	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.		
	b Less accumulated depreciation	113,189.	10c	81,608.
	11 Investments - publicly traded securities	0	11	0
	12 Investments - other securities See Part IV, line 11	0	12	0
	13 Investments - program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	0	15	0
16 Total assets. Add lines 1 through 15 (must equal line 34)	319,988.	16	305,486.	
Liabilities	17 Accounts payable and accrued expenses	5,064.	17	0
	18 Grants payable	0	18	0
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 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 Total liabilities. Add lines 17 through 25	5,064.	26	0
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	314,924.	27	305,486.
	28 Temporarily restricted net assets	0	28	0
	29 Permanently restricted net assets	0	29	0
	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	314,924.	33	305,486.
	34 Total liabilities and net assets/fund balances.	319,988.	34	305,486.

Form 990 (2013)

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	139,257.
2	Total expenses (must equal Part IX, column (A), line 25)	2	148,695.
3	Revenue less expenses Subtract line 2 from line 1	3	-9,438.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	314,924.
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	305,486.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line 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? ☐ Yes ☒ No
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? ☐ Yes ☒ No
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? ☐ Yes ☒ No
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? ☐ Yes ☒ No
- 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** (2013)

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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

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	▶ \$ _____

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

Schedule D (Form 990) 2013

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

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

b If "Yes," explain the arrangement in Part 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
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

a Board designated or quasi-endowment ☐ %

b Permanent endowment ☐ %

c Temporarily restricted endowment ☐ %

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

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

(i) unrelated organizations ☐ Yes ☐ No

(ii) related organizations ☐ Yes ☐ No

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		194,797.	113,189.	81,608.
e Other				

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)). ☐ 81,608.

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. 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) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ►		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. 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) _____	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ►	

2. Liability for uncertain tax positions. 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.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a

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.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

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.

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.

[illegible]

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

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

OMB No 1545-0047

2013

**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.

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

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

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

Total

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		ONION SALES (event type)	FOOTBALL GAME (event type)	1. (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	23,207.	14,271.	12,705.	50,183.
	2 Less Contributions				
	3 Gross income (line 1 minus line 2).	23,207.	14,271.	12,705.	50,183.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	18,547.	4,064.	5,855.	28,466.
	10 Direct expense summary Add lines 4 through 9 in column (d)				28,466.
	11 Net income summary Subtract line 10 from line 3, column (d)				21,717.

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 Subtract line 7 from line 1, column (d)				

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

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

b If "No," explain _____

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

b If "Yes," explain _____

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

Name ► _____

Address ► _____

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

SCHEDULE I
(Form 990)

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

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

Department of the Treasury
Internal Revenue Service

Name of the organization

SHRINERS INTERNATIONAL

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Employer identification number

51-0152183

OMB No 1545-0047
2013
Open to Public
Inspection

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)	69,498.		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) (2013)

JSA

3E1288 1 000

90J0RJ N482

14129

PAGE 21

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

MONITORING USE OF GRANT FUNDS

THE 23 CLUBS DISTRIBUTE GRANT FUNDS DIRECTLY TO THE SHRINERS HOSPITALS FOR CHILDREN LOCATED ALL OVER NORTH AMERICA. THE GRANT FUNDS ARE NOT RESTRICTED FOR ANY SPECIFIC PURPOSE BUT ARE TO BE USED TO SUPPORT THE OPERATIONS OF THE HOSPITALS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

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

2013

**Open to Public
Inspection**

SHRINERS INTERNATIONAL

Employer identification number

51-0152183

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.

PART VI, SECTION B, LINE 12C

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

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.

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 4), EACH HAVE THEIR OWN VOTING MEMBERS RELATED TO EACH OF THEIR GOVERNING BOARDS AS NOTED AND ALL ARE INDEPENDENT.

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.

Name of the organization

SHRINERS INTERNATIONAL

Employer identification number

51-0152183

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	800.			800.
TOTALS	<u>800.</u>			<u>800.</u>

ATTACHMENT 2FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS

DESCRIPTION	AMOUNT
SEE SCHEDULE G	87,797.
TOTAL	<u>87,797.</u>

ATTACHMENT 3FORM 990, PART VIII - FUNDRAISING EVENTS

DESCRIPTION	GROSS INCOME	DIRECT EXPENSES	NET INCOME
SEE SCHEDULE G	151,169.	63,372.	87,797.
TOTALS	<u>151,169.</u>	<u>63,372.</u>	<u>87,797.</u>

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

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

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

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

Enter filer's identifying number, see instructions

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

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

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	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

- 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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15, 2014, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year 2013 or
► ☐ tax year beginning _____, 20____, and ending _____, 20____

2 If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	0
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.	3b \$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0

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

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 1-2014)

2013 ZOR SHRINERS CLUB OFFICERS

BADGER SHRINE CLUB email contact: badgershrineclub@gmail.com

*President:

Secretary: Dave Bomkamp, 119 Summit Court, Columbus 53925 608.225.3631

Treasurer: Mark Severson, 363 S Main Street, Cottage Grove 53527 608.839.5009

Hosp Rep:

Membership: Dave Bomkamp, 119 Summit Court, Columbus 53925 608.225.3631

Divan Rep: Dave Bomkamp, 119 Summit Court, Columbus 53925 608.225.3631

Meeting dates: Quarterly Thursdays

BELOIT SHRINE CLUB email contact: beloitshrineclub@yahoo.com

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: cobrazr@yahoo.com

President: Wayne Henning, 2025 8th Avenue, Monroe, WI 53566 608.325.7479

*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: Henry Najat, W6365 Wald Road, Monroe 53566 608.325.3695

Membership: Larry Hanson, 403 N Cincinnati St, Albany 53502 608.862.3227

Divan Rep: Larry Hanson, 403 N Cincinnati St, Albany 53502 608.862.3227

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

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

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

*Secretary: Allen Heinkel, 15694 Lake Drive, Hayward 54843 715.634.2229

Treasurer: Tom Spelbring, W6756 Rappy Lake Rd, Trego 54888 715.635.6928

Hosp Rep: Kevin Fischer, 12118W Yellow Finch Ln, Hayward 54843 715.462.4363

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

Divan Rep: Gary Cuskey, 511 Dale St, Spooner 54801 715.635.3885

Meeting Dates: 2nd Wednesday, except January & February

HEADWATERS SHRINE CLUB email contact: rsreas13@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

Attachment 4

HEART OF WISCONSIN SHRINE CLUB email contact: idealtwo@msn.com

*President: Chuck Miller, 9405 West Street, Milladore 54454 715.572.7700
Secretary: Tom Voight, 2710 N 80th St N, WI Rapids 54494 715.423.4608
Treasurer: James Hanneman, 830 11th St. S., WI Rapids 54494 715.423.8632
Hosp Rep: Bob Calverley, 7820 Deer Run Rd, WI Rapids 54494 715.421.3705
Membership: James Lemke, 201 Walden Oaks Way, Nekoosa 54457 715.325.6169
Divan Rep: Chuck Miller, 9405 West Street, Milladore 54454 715.572.7700
Meeting Dates: 3rd Monday, except January

INDIANHEAD SHRINE CLUB email contact: stenehouse@charter.net

President: Larry Riemenschneider, 705 S Harriman Ave, Amery 54001 715.268.6151
*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: Harlan Dodge, 108 Noble Ave. Rice Lake 54868 715.234.0485
Membership: James Sockness, 2732 16th Ave, Rice Lake 54868 715.234.5494
Divan Rep: Gary Cuskey, 511 Dale St, Spooner 54801 715.635.3885
Meeting Dates: 4th Wednesday

LA CROSSE SHRINE CLUB email contact: djtodd22@hotmail.com

President: Randy Erickson, N1719 Meadow Ridge Rd, LaCrosse 608.799.5232
*Sec/Treas: Todd Wohler, 1116 Spruce Dr, La Crescent, MN 55947 608.385.1923
Hosp Rep: Terry Loper, 9696 Jancing Ave, Sparta 54656 608.269.4428
Membership: Terry Loper, 9696 Jancing Ave, Sparta 54656 608.269.4428
Divan Rep: Monte Steiber, 60991 Ward Rd, Prairie du Chien 53821 608.326.4640
Meeting Dates: 1st Monday, 6PM Arterial Lounge, LaCrosse

LAKELAND SHRINE CLUB email contact: shealga@gmail.com

President: Ron Outhouse, 5075 CTY TRK A, Oregon 53575 608.835.5970
*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
Meeting Dates: 10 times annually, 2nd Wednesday (Varies)

MADISON SHRINE CLUB email contact: bpjones70@tds.net

President: Garrit Marshall, 1109 Frisch Road, Madison 53711 608.273.4470
V.President: Donald Knapp, 7424 Cedar Creek Trail, Madison 53717 608-833-2586
*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: Karl Gant, 7618 Gant Rd, Blanchardville 53516 608.523.4714
Meeting Dates: 1st Friday, September thru June

MASCOUTIN SHRINE CLUB email contact: blldreck@centurylink.net

President: Leo Esch, 5636 CTY RD G, Winneconne 54986 920.582.7125
*Secretary: Bill Drecktrah, 318 N. Hunter St., Berlin 54923 920.572.3981
Treasurer: John Ambrose, 1015 Alpine Ct, Oshkosh 54901 920.233.6842
Hosp. 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 800.236.1053
Divan Rep: Chuck Miller, 9405 West Street, Milladore 54454 715.572.7700
Meeting Dates: 3rd Tuesday - February, April, June, August, October, December

MECCA SHRINE CLUB email contact: jmartinez7638@charter.net

President: Robert C. Keene, 1418 Stoughton Ave, Tomah 54660 608.372.2577
*Sec: Joe Martinez, 703 Donna Ave, Tomah 54660 608.372.7638
Treas: Johnston B. Bell, 1216 Lincoln Ave, Tomah 54660 608.372.4332
Hosp Rep: Robert C. Keene, 1418 Stoughton Ave, Tomah 54660 608.372.2577
Membership: James Arena, 4261 Basswood Rd, Sparta 54656 608.272.3371
Divan Rep: Robert Giesler, E8970 Paulson Ln, Cashton 54619 608.633.2356
Meeting Dates: 4th Wednesday, Noon - Tee Pee Super Club, Tomah

MEHARA SHRINE CLUB email contact: kj8314@yahoo.com

President: Donald Schwartz, 9544 20th St. Colfax 54730 715.962.3967
*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
Divan Rep: Robert Giesler, E8970 Paulson Ln, Cashton 54619 608.633.2356
Meeting Dates: Various - 2nd Monday Social; 1st Friday Board meets

MOUND VIEW SHRINE CLUB

*President: Klinton McCutchin, 727 W. Chapel, Dodgeville, WI 53533 608.935.3292
Secretary: Kenneth Dobson, 508 W. Washington St., Dodgeville 53533 608.935.3165
Treasurer: Laverne Clifton, 277 US E Hwy 18, Montfort 53569 608.943.6925
Hosp. Rep: Neal Massey, 5th Ave., Box 85, Hollandale, 53544 608.967.2160
Membership: Karl Gant, 7618 Gant Rd, Blanchardville 53516 608.523.4714
Divan Rep: Karl Gant, 7618 Gant Rd, Blanchardville 53516 608.523.4714
Meeting Dates: 3 meetings per year, no set dates

PINE RIVER VALLEY SHRINE CLUB email contact: bnclausius@gmail.com

*President: Milbert Schott, 16942 ST HWY 171, Richland Center 53581 608-536-3297
Sec/Treas: Brent Clausius, 1825 E Fern St, Richland Center 53581 608.647.3652
Hosp. Rep: Milbert Schott, 16942 ST HWY 171, Richland Center 53581 608-536-3297
Membership: Jim Jewell, 340 N. Central Ave., Richland Center 53581 608.647.6619
Divan Reps: Monte Steiber, 60991 Ward Rd, Prairie du Chien 53821 608.326.4640
Meeting Dates: 3rd Tuesday every other month

SAHARA SHRINE CLUB email contact: brawders@sbcglobal.net

President: Alan Brawders, 716 Oakwood Ct, Jefferson 53549 920.674.6248
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: Rod Johnson, 407 Riverwood Ct, Watertown 53094 920.262.0292
Divan Rep: Dale Olson, 1616 Turtle Mound Circle, Whitewater 53190 262.203.0641
Meeting Dates: Last Wednesday of the month except December

ST. CROIX VALLEY SHRINE CLUB email contact: 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: Barry Ausen, 1686 W Church Rd, Start Prairie WI 54026 715.248.7844
Meeting Dates: monthly

SOUTHERN WISCONSIN SHRINE CLUB (inactive)

President: Lee Saunders, 1080 3rd Ave, Apt #208, Cumberland 54829 608.751.3684
*Sec/Treas: Lee Saunders, 1080 3rd Ave, Apt #208, Cumberland 54829 608.751.3684
Hosp. Rep: Lee Saunders, 1080 3rd Ave, Apt #208, Cumberland 54829 608.751.3684
Membership: Larry Preston, 5902 N. Glenmoor Lane, Janesville, 53545 608.754.2475
Divan Rep:
Meeting Dates:

SOUTHWESTERN WISCONSIN SHRINE CLUB email contact: swshrineclub@yahoo.com

President: 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: Trouten, 6786 N Elm, Platteville 53818 608.348.9853
Meeting Dates: 2nd Sunday Evening, even months

TIMBER SHRINE CLUB email contact: 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: 3rd Saturday of the month but varies for special events

VACATIONLAND SHRINE CLUB email contact: abkaschel@aol.com

President:	Bill Gant, PO Box 402, Reedsburg 54959-0402	608.524.2826
*Sec/Treas:	Bob Kaschel, S6462 Cty Hwy PF, North Freedom 53951	608.522.4276
Hosp. Rep:	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: vernonshrineclub@gmail.com

President:	Randy Erickson, N1719 Meadow Ridge Rd, LaCrosse 54601	608.788.6516
*Sec/Treas:	Scott Giesler, 504 W State St, Westby, WI 54667	608.632.2830
Hosp. Rep:	Robert Giesler, E8970 Paulson Ln, Cashton 54619	608.633.2356
Membership:	Terry Loper, 9696 Jancing Ave, Sparta, WI 54656	608.269.4428
Divan Rep:	Monte Steiber, 60991 Ward Rd, Prairie du Chien 53821	608.326.4640
Meeting:	3 rd Sunday, Coon Town Hall	

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:	Barry Ausen, 1686 W Church Rd, Start Prairie 54026	715.248.7844
Meeting:	2 nd 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
591752721	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	
591870399	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	
237319506	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	
237319608	02	SHRINERS INTERNATIONAL	LAKELAND SHRINE CLUB	% ZOR SHRINERS	575 ZOR SHRINE PL	MADISON	WI	537192068757	
237319891	02	SHRINERS INTERNATIONAL	MADISON SHRINE CLUB	% ZOR SHRINERS	575 ZOR SHRINE PL	MADISON	WI	537192068757	
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	
237324833	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	
237351983	02	SHRINERS INTERNATIONAL	SAHARA SHRINE CLUB	% ZOR SHRINERS	575 ZOR SHRINE PL	MADISON	WI	537192068757	
237325153	02	SHRINERS INTERNATIONAL	SOUTHERN WISCONSIN SHRINE	% ZOR SHRINERS	575 ZOR SHRINE PL	MADISON	WI	537192068757	
237319813	02	SHRINERS INTERNATIONAL	SOUTHWESTERN WISCONSIN SHRINE CLUB	% ZOR SHRINERS	575 ZOR SHRINE PL	MADISON	WI	537192068757	
391448391	02	SHRINERS INTERNATIONAL	ST CROIX VALLEY SHRINE CLUB	% ZOR SHRINERS	575 ZOR SHRINE PL	MADISON	WI	537192068757	
237319878	02	SHRINERS INTERNATIONAL	TIMBER SHRINE CLUB	% ZOR SHRINERS	575 ZOR SHRINE PL	MADISON	WI	537192068757	
237319604	02	SHRINERS INTERNATIONAL	VACATIONLAND SHRINE CLUB	% ZOR SHRINERS	575 ZOR SHRINE PL	MADISON	WI	537192068757	
237319881	02	SHRINERS INTERNATIONAL	VERNON SHRINE CLUB	% ZOR SHRINERS	575 ZOR SHRINE PL	MADISON	WI	537192068757	
411362274	02	SHRINERS INTERNATIONAL	WILD RIVER SHRINE CLUB	% ZOR SHRINERS	575 ZOR SHRINE PL	MADISON	WI	537192068757	
390728335	01	SHRINERS INTERNATIONAL	ZOR SHRINERS	% ZOR SHRINERS	575 ZOR SHRINE PL	MADISON	WI	537192094758	
510152183	03	SHRINERS INTERNATIONAL	ZOR SHRINERS GROUP RETURN	% ZOR SHRINERS	575 ZOR SHRINE PL	MADISON	WI	537192068757	



SIGNATURE

Treasurer

TITLE

7/19/12

DATE

IF NO CHANGES, CHECK HERE ☒

Attachment 5

