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Form

SCAMMED JAN 0 4 2016

For Paperwork Reduction Act Notice, see the separate instructions DAA

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 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.

OMB No 1545-0047 2013 Open to Public Inspection

Form **990** (2013)

A	For th	e 2013 c	alendar ye	ar, or tax year beginning	, and ending							
В	Check if a	pplicable	C Name of organization Shriners International						Employ	er identific	cation number	
X	Address o	change	Saladin Shriners Group Return									
ΠĪ	Name cha	ande	Doing Busi	iness As				51-0220750				
\equiv		Ť	Number an	nd street (or P O box if mail is not delivere	ed to street address)		Room/suite	E	•	one number		
Initial return		ım	233 East Fulton, Ste 102						616	<u>-942</u>	<u>-1570</u>	
Terminated		City or town, state or province, country, and ZIP or foreign postal code										
X	Amended	return	Grand	d Rapids	MI 49503			G G	Pross rece	rpts \$	375,51	
	Application	on pending	F Name and	address of principal officer			H(a) Is this		turn for out	hardinator."	X Yes N	
				.d Neff			n(a) is uiis	a group rec	um tor Su	Dorumales /		
	200 2000 1020011								pordinates included? Yes X No			
			Grand Rapids MI 49503					If "No," attach a list (see instructions)				
	Tax-exer	mpt status		$(1(c)(3)$ X $501(c)$ (10) \blacktriangleleft	(insert no) 4947(a)(1) or	527	_	See S	Stmt	: 1		
J	Website	<u>▶</u> N	<u>/A</u>				H(c) Group	exemption	n number	<u> </u>	0229	
K	Form of c	organization	X Corpo	pration Trust Association	Other ►	L	Year of formation	_		M State o	of legal domicile M	
P	art I	S <u>u</u>	mmary			_						
1 Briefly describe the organization's mission or most significant activities												
ė		TO PROVIDE FINANCIAL SUPPORT TO CHILDREN WITH MEDICAL PROBLEMS										
2												
Ë												
Š	١	OL1. (L										
ဗိ		2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net as								^		
ජ	3 1	Number o	of voting me	embers of the governing body (F	Part VI, line 1a)			}	3	0		
es	4 1	Number o	of independ	lent voting members of the gove	erning body (Part VI, line 1b)			Į	4	0		
Λiti	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary)											
동				inteers (estimate if necessary)				- (6	0		
⋖		Total unrelated business revenue from Part VIII, column (C), line 12									(
	b Net unrelated business taxable income from Form 990-T, line 34								7a 7b			
_	0	Net unrei	ated busine	iss taxable income from Form s	990-1, line 34		Prio	r Year	76		urrent Year	
Revenue								12,0	077		4,718	
		8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g)										
eu					· · · · · · · · · · · · · · · · · · ·			17,483 868			15,555	
Reve	10	Investme	stment income (Part VIII, column (A), lines 3, 4, and 7d)								700	
	11 (Other rev	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)								152,300	
	12	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)									<u> 173,279</u>	
	13 (Grants ar	and similar amounts paid (Part IX, column (A), lines 1–3)						909		85,12 <u>2</u>	
	14 6	Benefits p	oaid to or fo	or members (Part IX, column (A	A), line 4)						(
s	15 9	Salaries.	other comp	pensation, employee benefits (F				(
benses			s, other compensation, employee benefits (Part IX, column (A), lines 5–10)								(
Sen			1 1.11 (**) (1 //** ***)									
Ä			fundraising expenses (Part IX, column (D), line 25) FICCEIVEID expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 6								62,134	
					1(0)	<u>.</u> \&		60,4				
	1		penses (Part IX, column (A), lines 11a–11d, 11f–24e) 60 penses Add lines 13–17 (must equal Part IX, column (A)) (Fig. 25) 1 2015 13								147,250	
Net Assets or Fund Balances	19 [Revenue	e less expenses Subtract line 18 from line 12								26,023	
					5005		Beginning o				End of Year	
set	20	Total ass	ets (Part X,	, line 16)	OGDEN,	UT 25'			655		349,138	
A P	21	Total liabilities (Part X, line 26)							0		4,964	
<u> ŽĒ</u>	22	22 Net assets or fund balances Subtract line 21 from line 20 25							65 <u>5</u>		<u>344,174</u>	
₽	Part II Signature Block											
Ur	nder per	nalties of r	eriury. I dec	clare that I have examined this retur	rn, including accompanying schedi	ules and statem	nents, and to the	ne best of	f my kno	wledge a	and belief, it is	
				claration of preparer (other than office	· · · · · · · · · · · · · · · · · · ·				•	•	•	
			A Pola							1611	<u> </u>	
o:~		-	Section of the sectio							, , , , ,	<u>/</u>	
Sig 	-		Signature of officer									
He	re	_		Neff		Treas	surer					
		T:	ype or print nar	me and title	<u>, </u>							
		Print/Type	preparer's na	me	Preparer's signature	POP	Date	•	Check	ıf F	TIN	
Paid	d	Daniel	R DeHoe	k	I THE THEAT	~ U	12	/07/15	self-emp	oloyed	P00635581	
Pre	parer	Firm's nar		DeHoek & Compa	ny, PLLC			Firm's			-0230078	
Use	Only	T HILLS HAI	iic ,					1				
Consider MT 40502 2017											-456-552	
	.46 - 17	Firm's add						Phone	no			
ıvıay	May the IRS discuss this return with the preparer shown above? (see instructions)										X Yes No	

SCHEDULE O

(Form 990 or 990-EZ)

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.

2013

OMB No 1545-0047

Open to Public Inspection

Employer identification number 51-0220750

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

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

Name of the organization Shriners International

Saladin Shriners Group Return

Amended Return Explanation

Shriners International

Saladin Shriners Group Return

51-0220750

2013

Attached is Page 1 of Form 990 correcting the following items:

Page 1 Item H(b)

Original return box was incorrectly checked "Yes". Box should have been checked "No".

The list of subordiates included an incorect EIN.

South Haven Shrine Club had an EIN of 23-7322797 and it should have been 23-7322767. Corrected list is attached.

Form 990, Part I, Line 6

There are three classes of members; regular, life, and associate. A member of the shrine club must be one of the classes and be in good standing

Form 990, Part VI, Line 6 - Classes of Members or Stockholders

There is no formal Board of Director review process for the form 990

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 2012 Net Assets for organizations now included in group return 131, 235

Shriners International

Employer identification number

51-0220750

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Change in Beg Net Assets or Fund Bal \$ 60,496

Form 990 Part XI, Line 9

2013 Net assets for organizations now included in group return. \$60,496