



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490





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Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

2014
Open to Public Inspection

▶ 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 2014 calendar year, or tax year beginning , and ending

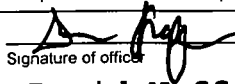
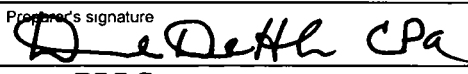
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input checked="" type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Shriners International Saladin Shriners Group Return		D Employer identification number 51-0220750
	Doing business as		E Telephone number 616-942-1570
	Number and street (or P O box if mail is not delivered to street address) 233 East Fulton, Ste 102		
	City or town, state or province, country, and ZIP or foreign postal code Grand Rapids MI 49503		G Gross receipts \$ 378,020
	F Name and address of principal officer David Neff 233 East Fulton, Ste 102 Grand Rapids MI 49503		
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (10) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list (see instructions) See Stmt 1	
J Website ▶ N/A		H(c) Group exemption number ▶ 0229	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation	M State of legal domicile MI

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities TO PROVIDE FINANCIAL SUPPORT TO CHILDREN WITH MEDICAL PROBLEMS			
	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	0	
	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 2014 (Part V, line 2a)	5	0	
	6 Total number of volunteers (estimate if necessary)	6	0	
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0	
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
	Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		9 Program service revenue (Part VIII, line 2g)	4,718	3,540
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		15,555	17,520	
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		706	5,888	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		152,300	152,319	
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		173,279	179,267	
14 Benefits paid to or for members (Part IX, column (A), line 4)		85,122	90,624	
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0	
16a Professional fundraising fees (Part IX, column (A), line 11e)			0	
b Total fundraising expenses (Part IX, column (D), line 25) ▶			0	
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	62,134	67,112	
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	147,256	157,736	
	19 Revenue less expenses Subtract line 18 from line 12	26,023	21,531	
	Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
		21 Total liabilities (Part X, line 26)	349,138	370,668
		22 Net assets or fund balances Subtract line 21 from line 20	4,964	4,963
			344,174	365,705

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 12/9/15			
	David Neff Treasurer Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name Daniel R DeHoek	Preparer's signature 	Date 12/07/15	Check <input type="checkbox"/> if self-employed	PTIN P00635581
	Firm's name ▶ DeHoek & Company, PLLC		Firm's EIN ▶ 26-0230078		
	Firm's address ▶ 29 Pearl Street NW Suite 111 Grand Rapids, MI 49503-3017		Phone no 616-456-5530		
	May the IRS discuss this return with the preparer shown above? (see instructions) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				

SCANNED DEC 31 2015

M2-12 g4 10

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.

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

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

Shriners International
Saladin Shriners Group Return

Employer identification number

51-0220750

Amended Return Explanation

Shriners International

Saladin Shriners Group Return

51-0220750

2014

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 subordinates included an incorrect 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

Name of the organization

Shriners International

Employer identification number

51-0220750**Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation****No documents available to the public**