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SCANNED DEC 0 6 2016,

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

Department of the Treasury Internal Revenue Service

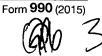
▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A	For th	e 2015 calendar year, or tax year beginning and end	ding									
В	Check if applicab	C Name of organization		D Employer identifi	cation number							
Г	Addre	SHRINERS INTERNATIONAL	SHRINERS INTERNATIONAL									
Ē	Name chang	- ADDALLAH MEMDIE CDOUD DEMUDN	51-0	220668								
	Initial return	· · · · · · · · · · · · · · · · · · ·	om/suite	E Telephone numbe								
	Final	5300 METICALE			362-5300							
	termir ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	0.							
	Amen return	OVERHAND PARK, RS 00202-1225		H(a) Is this a group re	eturn STMT 1							
	Application	F Name and address of principal officer, 11M WIDDIAMS		for subordinates								
SAME AS C ABOVE H(b) Are all subordinates included?												
		empt status: 501(c)(3) _X 501(c)(_10) ◀ (insert no.) 4947(a)(1) or	527		list. (see instructions)							
_		te: WWW.ABDALLAH-SHRINE.ORG		H(c) Group exemptio								
			L Year o	of formation: 1940 N	State of legal domicile; KS							
	art,I]	Summary	NT T MISE	MITMIL & DILT	T AMUDODIO							
& Governance		Briefly describe the organization's mission or most significant activities: FRATERIMISSION										
ern	2	Check this box 🕨 📖 if the organization discontinued its operations or disposed	of more	than 25% of its net as	_							
Š		Number of voting members of the governing body (Part VI, line 1a)		3	8							
∞		Number of independent voting members of the governing body (Part VI, line 1b)		4	8							
ties	1	Total number of individuals employed in calendar year 2015 (Part V, line 2a)		5	0							
Activities		Total number of volunteers (estimate if necessary)		6	0.							
Ą	1	Total unrelated business revenue from Part VIII, column (C), line 12		7a 7b	0.							
_		Net unrelated business taxable income from Form 990 T, line 34 RECEIVED		Prior Year	Current Year							
•	8		<u> </u>	0.	0.							
E E	1	Program service revenue (Part VIII, line 2g)		0.	0.							
Revenue	1	Investment income (Part VIII, column (A), lines B, 4, and 7d)	<u> </u>	0.	0.							
Œ	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.							
		Total revenue - add lines 8 through 11 (must equal Part VIII Follum (A), line 12)		0.	0.							
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.							
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.							
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.							
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.							
Ä		Total fundraising expenses (Part IX, column (D), line 25)	•	はは、作門の	1 7 1							
	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	ļ	0.	0.							
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	-	0.	0.							
- S	19	Revenue less expenses. Subtract line 18 from line 12	- Ban	0.	0.							
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Бед	inning of Current Year 0 •	End of Year							
Assi	21	Total liabilities (Part X, line 16)	<u></u>	0.	0.							
Net Pict	22	Net assets or fund balances Subtract line 21 from line 20		0.	0.							
Pi	art II											
Und	er pena	lties of perjury, I declare that I have examined this return, including accompanying schedules and	d stateme	nts, and to the best of my	knowledge and belief, it is							
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which p	preparer l	has any knowledge								
		A Land		10/19/1	14							
Sig	n	Styring of officer		Date								
Her	е	TIM WILLIAMS, POTENTATE Type or print name and title										
			ı ID:	ate Check	PTIN							
Paid	d	Print/Type preparer's name CHERYL HAYWARD Preparer's signature (Mull)	. I	01100K	 1							
	parer	CHERYL HAYWARD (Muld Dayww Firm's name BERBERICH TRAHAN & CO. P.A.	DEA	9/23/16 self-employe	□ P00016097 48-1066439							
	Only	Firm's address 3630 SW BURLINGAME ROAD	N A	Firm's EIN	40-1000433							
	Jy	TOPEKA, KS 66611-2050		Phone no (7)	85)234-3427							
Ma	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No							

LHA For Paperwork Reduction Act Notice, see the separate instructions.



Check of Schedule Concurs as response or note to any line in this Part III	Form	1990 (2015) SHRINERS INTERNATIONAL 51-02	20668	Page 2
PRATERNITY WITH A PHILANTHROPIC MISSION Present State Philanth Philant	1,40			
Did the organization undertake any significant program services during the year which were not listed on the prior from 990 or 990 EZ? If "Yes," describe these new services on Schedule O. If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(s)(S) and 501(_			لببا
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If Yes, 'describe these changes on Schedule O.	3		Yes	XNo
40 Code				
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	4e			

Form **990** (2015)

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· Form 990 (2015) SHRINERS INTERNATIONAL Partily 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 1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors	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 98-197 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		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		х
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?			37
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			X
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		A.
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		renta.	ال عشقتك
ŭ	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_
С	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	110		
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	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		<u> X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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	1		~~
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	<u> </u>	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		Х
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	17		_ <u>x</u> _
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		х
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_
		Form	990	(2015)

Form 990 (2015) SHRINERS INTERNATIONAL Rart-1V Checklist of Required Schedules (continued)

			Yes	No
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		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
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	23		_ <u>x</u> _
24a				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No", go to line 25a	24a		<u> </u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
_	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26		х
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	27		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).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,		ľ	
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
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	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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	35b		
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	36		
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	37		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	38	X	
		Earm	990	MON1EN

Enter the number reported in Box 3 of Form 1096. Enter 0- if not applicable b. Enter the number of porms W2G included in line 1a. Enter 0- if not applicable c. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garner gammlingly winnings to prize winnes? 2a. Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, filled for the catendar year ending with or within the year covered by this return. 1b. If all least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3b. If "Yes," I has a filed a Form 590 if for this year? If "No," to fire 3b, provide an explanation in Schedule O 4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. See enstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAY) 5b. If "Yes," enter the name of the foreign country. See enstructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAY) 5c. In Yes, "to line 6a or 5b, did the organization file Form 8886 if a Does the organization has were organization has explained and any time during the tax year? 5c. If Yes, "to line 6a or 5b, did the organization file Form 8886 if a Does the organization has the value of the goods or services provided to the payor? 5c. If Yes, "in the organization state are formally greater than \$100,000, and did the organization school any contributions that were not tax deductable? 5c. If Yes, "indicate the number of Forms 888 its ded unity the density of the value of the goods of services provided? 5c. If Yes, "indicate the number of Forms 8828 field during the year 5c. If Yes, "indicate the number of Forms 8828 field during the year 5c. If Yes, "indica		Check if Schedule O contains a response or note to any line in this Part V				_	Ш			
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b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X			
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b	L	Ĺ			

SHRINERS INTERNATIONAL 51-0220668 Form 990 (2015) 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 Section A. Governing Body and Management Yes No 8 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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. 8 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b $\overline{\mathbf{x}}$ 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a **b** Other officers or key employees of the organization 15b 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? 16a 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. Disc	losure	

17	List the states with which a copy of this Form 990 is required to be filed NONE
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 X 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, address, and telephone number of the person who possesses the organization's books and records.
	THE ORGANIZATION - 913-362-5300
	5300 METCALF, OVERLAND PARK, KS 66202-1225

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⊢∩rm	990	(2015)	

SHRINERS INTERNATIONAL

51-0220668

Page 7

Part-VIII 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 in		orga I	al IIZa			пре	iisai			(F)
(A)	(B)				C) itior	1		(D)	(E)	(F)
Name and Title	Average hours per			heck	more	than		Reportable	Reportable	Estimated amount of
	week	offi	cer ar	nd a d	Irecto	or/trus	rian itee)	compensation from	compensation from related	other
	(list any	ē						the	organizations	compensation
	hours for	direc				Ę.		organization	(W-2/1099-MISC)	from the
	related	10 99	stee			캺		(W-2/1099-MISC)	(organization
	organizations	frust	nal tru) yee	е по		,		and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) PAT EMMETT	0.00									
TREASURER	-	Х		X				0.	0.	0.
(2) BRIAN WILSON	0.00					Π				
1ST CEREMONIAL MASTER		Х						0.	0.	0.
(3) DOUG VOSS	0.00									
ORIENTAL GUIDE		X		Х				0.	0.	0.
(4) TIMOTHY WILLIAMS	0.00									-
POTENTATE		Х		X				0.	0.	0.
(5) JEFF JOHNSON	0.00									
ASSISTANT RABBAN		X		Х	L			0.	0.	0.
(6) GARY GAMMELL	0.00				l					
RECORDER		X		X				0.	0.	0.
(7) GARRY DIAL	0.00									
CHIEF RABBAN		X		X				0.	0.	0.
(8) BENNIE SMITH	0.00									
HIGH PRIEST & PROPHET		X		X				0.	0.	0.
÷ -					-					-
				-						
					•					
•			_							
						Ш				
								-		
						Н				
										•

Par	t-VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, an	<u>d</u> Hi	ighe	st C	Compensated Employe	es (continued)		,		
	(A)	(B)	(C)						(D)	(E)	(F)			
	Name and title	Average	 I (do not check more th 						Reportable	Reportable		ı	stimate	
		hours per week					is bot or/trus		compensation	compensation from related		a	nount other	
		(list any	cto					Ĭ	the	organization		con	npensa	
		hours for	or dire				ted		organization	(W-2/1099-MIS		1	rom th	
		related organizations	trustee or director	institutional trustee		9	bensa	ł	(W-2/1099-MISC)				janızat ıd relat	
		below	dual tr	Itonal	_	old I	st con						anızatı	
		line)	Individual	instit	Officer	Key employee	Highest compensated employee	튙						
							_							
			ł			l								
			┢		┢	⊢	┢	-				-		
			1											
			-	-			 	一						
			<u> </u>											
				_		<u> </u>	_	$ldsymbol{ldsymbol{ldsymbol{eta}}}$						
			_	H	_		┢	 						
						İ								
			-		_	\vdash	<u> </u>	 						
													-	
	Sub-total								0.		0.			0.
	Total from continuation sheets to Part V	II, Section A							0.		0.	ļ <u> </u>		0.
	Total (add lines 1b and 1c) Total number of individuals (including but r	at limited to th		lioto	.d a	bov	o) ved	bo r	1	000 of reported		<u> </u>		<u> </u>
2	compensation from the organization	ot imited to tr	iose	iiste	eu a	DOV	e) w	ilo r	eceived more than \$100	,000 or reportab	I C			0
	componsation norman enganization									·			Yes	No
3	Did the organization list any former officer,	director, or tru	uste	e, ke	y er	nplo	yee	, or	highest compensated e	mployee on				
	line 1a? If "Yes," complete Schedule J for s	uch individual										3		Х
4	For any individual listed on line 1a, is the se									the organization				
_	and related organizations greater than \$15											4		Х
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com					_		relat	ted organization or indiv	idual for services		5		X
Sec	tion B. Independent Contractors	piete ochedar		UI SI	ucii	pers	3011							
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	onti	racto	ors 1	that received more than	\$100,000 of com	npens	sation	from	
	the organization Report compensation for													
	, (A)				_				(B)		_		C) .	
	Name and business	address	N	INC	<u>:</u>				Description of s	services		ompe	nsatio	<u>n</u>
								\dashv				_		
								ヿ						
								_						
2	Total number of independent contractors (i	ncluding but n	ot In	mite	d to	tho	se li	ster	d above) who received a	nore than		٠,		
-	\$100,000 of compensation from the organi				٠.٠		0	J. (T.	a above, who received h	aran				

Form **990** (2015)

		Check if Schedule O con	tains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a					
	b	.	1b					
		_	1c					
	d		1d					,
		-						
	e	9						
풀힐	T	All other contributions, gifts, gran						
흔히		similar amounts not included abo						
통	•	Noncash contributions included in lines	s 1a-1f \$					
<u>ه</u> د	<u>h</u>	Total. Add lines 1a-1f						
				Business Code				
<u>i</u>	2 a							
e e	b							
S I	С							
Ę a	d							
Program Service Revenue	е			·				
۱ ۵	f	All other program service reve	enue					
	g	Total. Add lines 2a-2f						
	3	Investment income (including	dividends, intere	est, and				
		other similar amounts)		•				
	4	Income from investment of ta	x-exempt bond r	proceeds				
-	5	Royalties	onompt bond p	S		† · · · · · · · · · · · · · · · · · · ·		
	•	Noyamoo	(ı) Real	(II) Personal				
	6 a	Gross rents	(i) rical	(ii) i ciscilai		Ì		
		Less rental expenses		<u> </u>				1
		·						i
		Rental income or (loss)	<u> </u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·			
		Net rental income or (loss)	(100 1	() 011-				
	7 a	Gross amount from sales of	(i) Securities	(II) Other	- 1			1
		assets other than inventory		 				İ
	b	Less: cost or other basis	İ			٠		
		and sales expenses						
	С	Gain or (loss)		L				
ļ		Net gain or (loss)						
age	8 a	Gross income from fundraisin	ig events (not					
盲		ıncludıng \$	of					Į.
ě		contributions reported on line						
Other Reve		Part IV, line 18	а					!
≨∣	b	Less: direct expenses	b			'		1
0		Net income or (loss) from fund	draising events	•				
		Gross income from gaming ad						
İ		Part IV, line 19	а					
	h	Less direct expenses	b					
		Net income or (loss) from gan		•				
		Gross sales of inventory, less						
	10 a	and allowances	a					· ·
	.		b					!
		Less: cost of goods sold			····			-
	C	Net income or (loss) from sale		Business Code				
ŀ	11 a	Miscellaneous Revenu		Dusiliess Code				 -
	ıı a b							
						 		
	9	All other revenue				 	_	
		Total. Add lines 11a-11d		•			1000	
		Total revenue. See instructions.			0.	0.	0.	0.

-Part-IX- Statement of Functional Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must con	nplete all columns All ot	her organizations must c	omplete column (A).	
	Check if Schedule O contains a respon	nse or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	ındıvıduals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	-			
	trustees, and key employees				 -
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				 -
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				L
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses		<u> </u>		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses			•	
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21 22	Payments to affiliates Depreciation, depletion, and amortization				
23	Insurance				
23 24	Other expenses. Itemize expenses not covered			, ,	
27	above. (List miscellaneous expenses in line 24e. If line l		4	,	
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)	•			
а	, , , , , , , , , , , , , , , , , , ,				
b					
C					
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	0.	0.	0.	0.
26	Joint costs Complete this line only if the organization				
-	reported in column (B) joint costs from a combined				1
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)		i		

Form 990 (2015) SHRINERS INTERNATIONAL
Part-X Balance Sheet

		Check if Schedule O contains a response or not	e to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		1		
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from current and fo				
		trustees, key employees, and highest compensa				
		Part II of Schedule L	' '		5	
	6	Loans and other receivables from other disquali	fied persons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			'
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary			
ts	ŀ	employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
Ä	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		·	9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities	ł		11	
	12	Investments - other securities. See Part IV, line 1	1		12	
	13	Investments - program-related See Part IV, line	11		13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equa	al line 34)	0.	16	0.
	17	Accounts payable and accrued expenses		17		
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete F		21		
ies	22	Loans and other payables to current and former				
Liabilities		key employees, highest compensated employee	s, and disqualified persons			J
Lial		Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrela		23		
	24 25	Unsecured notes and loans payable to unrelated		24		
	23	Other liabilities (including federal income tax, pay parties, and other liabilities not included on lines				
		Schedule D		25		
	26	Total liabilities. Add lines 17 through 25	0.	26	0.	
		Organizations that follow SFAS 117 (ASC 958	, check here		-	
Net Assets or Fund Balances		complete lines 27 through 29, and lines 33 an		t tu never	` .	
	27	Unrestricted net assets		27		
	28	Temporarily restricted net assets		28		
B D	29	Permanently restricted net assets		29		
F _G		Organizations that do not follow SFAS 117 (A				
ets or F		and complete lines 30 through 34.		,		
	30	Capital stock or trust principal, or current funds	0.	30	0.	
ASS	31	Paid in or capital surplus, or land, building, or eq	uipment fund	0.	31	0.
Net A	32	Retained earnings, endowment, accumulated in	come, or other funds	0.	32	0.
	33	Total net assets or fund balances	[0.	33	0.
	34	Total liabilities and net assets/fund balances	0.	34	0.	

<u>Form</u>	1990 (2015) SHRINERS INTERNATIONAL	51	-0220	668	Pa	ge 12
₽a	rt_XI_ Reconciliation of Net Assets					
	Check 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				
2	Total expenses (must equal Part IX, column (A), line 25)	2				
3	Revenue less expenses Subtract line 2 from line 1	3				
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4				
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	_8			_	
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10				
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			r		Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			1		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0	ļ			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		,	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a		Ì		
	separate basis, consolidated basis, or both:		İ	[•	,
	Separate basis		ŀ		<u> </u>	X
b	Were the organization's financial statements audited by an independent accountant?		}	2b		
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	š,	•		,
	consolidated basis, or both: Separate basis		1	ł	٠.,	1
_			. [. ([,
С	review, or compilation of its financial statements and selection of an independent accountant?	e audi	··	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	odulo (<u> </u>	-20		
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil		1	- *.'		. 1
-	Act and OMB Circular A-133?	igic / i		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired ai.	_{idit}			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2015)

. 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

Name of the organization SHRINERS INTERNATIONAL	Employer identification number 51-0220668
FORM 990, ITEM K, OTHER FORM OF ORGANIZATION:	
UNICORP. ASSN.	
FORM 990, PART VI, SECTION A, LINE 6:	
ORGANIZATION HAS MEMBERS.	
FORM 990, PART VI, SECTION A, LINE 7A:	
MEMBERS MAY VOTE FOR ELECTED OFFICERS.	
FORM 990, PART VI, SECTION A, LINE 7B:	
DECISIONS OF THE GOVERNING BODY MAY BE SUBJECT TO APPROV	VAL OF THE MEMBERS.
FORM 990, PART VI, SECTION B, LINE 11:	
THE GOVERNING BODY DOES NOT REVIEW THE COMPLETED 990 PR	OR TO FILING;
HOWEVER, ONE OR MORE OFFICERS PERFORMS A REVIEW PRIOR TO	SIGNING THE FORMS.
IN ADDITION, IMPERIAL HEADQUARTERS STAFF PERFORMS A COMP	PLIANCE REVIEW AFTER
THE 990 IS FILED.	
FORM 990, PART VI, SECTION B, LINE 12C:	
OUR CONFLICT OF INTEREST POLICY IS PART OF THE "SHRINE OF	CODE OF ETHICS".
COMPLIANCE WITH OUR CODE OF ETHICS IS MONITORED AND ENFO	DRCED BY OUR
IMPERIAL COUNCIL BYLAWS SECTION 210.7	
FORM 990, PART VI, SECTION B, LINE 15:	
WE DO NOT MAKE OUR GOVERNING DOCUMENTS, CONFLICT OF INTE	
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC. OUR 990'S	S ARE AVAILABLE FOR

Schedule O (Form 990 or 990-EZ) (2015)	
Name of the organization SHRINERS INTERNATIONAL	Employer identification number 51-0220668
PUBLIC INSPECTION UPON WRITTEN REQUEST.	
FORM 990, PART VI, SECTION C, LINE 19:	
WE DO NOT MAKE OUR GOVERNING DOCUMENTS, CONFLICT OF INTER	EST POLICY, OR
FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC. OUR 990'S	ARE AVAILABLE FOR
PUBLIC INSPECTION UPON WRITTEN REQUEST.	
-	
	