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Short Form
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 1545-1150

2015

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-EZ and its instructions is at www.irs.gov/form990.

Open to Public
Inspection**A For the 2015 calendar year, or tax year beginning**

, 2015, and ending

- Check if applicable
- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

C
SHRINERS INTERNATIONAL
JAMIL TEMPLE GROUP RETURN
206 JAMIL RD.
COLUMBIA, SC 29210

D Employer identification number

57-0902463

E Telephone number

803-772-9380

F Group Exemption Number

-0229

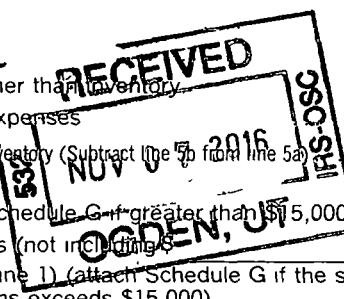
G Accounting Method Cash Accrual Other (specify) ► _____**I Website:** ► jamilshriners.com**J Tax-exempt status (check only one)** — 501(c)(3) 501(c)(10) (insert no.) 4947(a)(1) or 527**H Check** ► **if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)****K Form of organization** Corporation Trust Association Other**L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ** ► \$ **144,621**.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I

DEC 2016

REVENUE

EXPENSES

ASSETS



1	17,754.
2	
3	4,626.
4	28.
5a	
5b	
5c	
6a	of contributions
6b	69,001.
6c	26,082.
6d	42,919.
7a	
7b	
7c	
8	53,212.
9	118,539.
10	
11	868.
12	
13	
14	54,132.
15	
16	69,557.
17	124,557.
18	-6,018.
19	210,348.
20	
21	204,330.

See Schedule O

See Schedule O

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

Form 990-EZ (2015)

Part II Balance Sheets (see the instructions for Part II)

Balance Sheets (See the instructions for Part II) Schedule O to respond to any question in this Part I.

X

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	205,029.	22
23	Land and buildings		23
24	Other assets (describe in Schedule O)	5,319.	24
25	Total assets	210,348.	25
26	Total liabilities (describe in Schedule O)	0.	26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	210,348.	27
			204,330.

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses

What is the organization's primary exempt purpose?

⁷ See Schedule O

What is the organization's primary exempt purpose see Schedule C
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

28	(Grants \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a
29	(Grants \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	29a
30	(Grants \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	30a
31	Other program services (describe in Schedule O) (Grants \$ _____) If this amount includes foreign grants, check here ► <input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a) ► <input type="checkbox"/>	32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

1

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in See Schedule O the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

- 33 Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O **33** X
- 34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) **34** X
- 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? **35a** X
- b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O **35b**
- c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III **35c** X
- 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N **36** X
- 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► **37a** 0.
- b Did the organization file Form 1120-POL for this year? **37b** X
- 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? **38a** X
- b If 'Yes,' complete Schedule L, Part II and enter the total amount involved **38b** N/A
- 39 Section 501(c)(7) organizations Enter **39a** N/A
- a Initiation fees and capital contributions included on line 9 **39b** N/A
- b Gross receipts, included on line 9, for public use of club facilities **40a** Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► **N/A**, section 4912 ► **N/A**, section 4955 ► **N/A**
- b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I **40b**
- c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► **0.**
- d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization ► **0.**
- e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T **40e** X
- 41 List the states with which a copy of this return is filed ► None

- 42a The organization's books are in care of ► RICK BUZARDT Telephone no ► **42b** Yes No
Located at ► 206 JAMIL RD. COLUMBIA SC ZIP + 4 ► 29210
- b 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)? If 'Yes,' enter the name of the foreign country ► **42c** X

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)

- c At any time during the calendar year, did the organization maintain an office outside the U.S.? If 'Yes,' enter the name of the foreign country ► **42c** X

- 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► **43** N/A
- 44a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **44a** X
- b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **44b** X
- c Did the organization receive any payments for indoor tanning services during the year? **44c** X
- d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O **44d**
- 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? **45a** X
- b 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) **45b** X

- **46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

Yes	No
46	X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

- 47** 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

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If 'Yes,' was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

f Total number of other employees paid over \$100,000

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A

Yes No

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	► <i>Richard Buzhardt</i> Signature of officer		11/02/16		
	► RICHARD BURKHARDT - RECORDER Type or print name and title		Date		
Paid Preparer Use Only	Print/Type preparer's name MICHAEL HAMILTON	Preparer's signature <i>Michael Hamilton</i>	Date 10-14-16	<input type="checkbox"/> if self-employed	PTIN P00713597
	Firm's name ► Michael Hamilton CPA PA				
	Firm's address ► 615 OTT RD COLUMBIA, SC 29205		Firm's EIN ► 57-1072580		Phone no 803-988-0021

May the IRS discuss this return with the preparer shown above? See instructions.

► Yes No

Form 990-EZ (2015)

SCHEDULE G
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered 'Yes' on 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

2015**Open to Public
Inspection**Name of the organization **SHRINERS INTERNATIONAL
JAMIL TEMPLE GROUP RETURN**Employer identification number
57-0902463**Part II** **Fundraising Activities.** Complete if the organization answered 'Yes' on 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 column (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No			
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' on 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.

REVENUE		(a) Event #1 CHARITABLE AND (event type)	(b) Event #2 (event type)	(c) Other events None (total number)	(d) Total events (add column (a) through column (c))
	1 Gross receipts	69,001.			69,001.
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	69,001.			69,001.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	26,082.			26,082.
	10 Direct expense summary Add lines 4 through 9 in column (d)				26,082.
	11 Net income summary Subtract line 10 from line 3, column (d)				42,919.

Part III Gaming. Complete if the organization answered 'Yes' on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states?

Yes No

b If 'No,' explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Yes No

b If 'Yes,' explain _____

- 11 Does the organization conduct 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 conducted in
- a The organization's facility
- b An outside facility
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

13a	%
13b	%

- Name ► _____
- Address ► _____
- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c If 'Yes,' enter name and address of the third party

Name ► _____

Address ► _____

- 16 Gaming manager information:
- Name ► _____
- Gaming manager compensation ► \$ _____
- Description of services provided ► _____
- Director/officer Employee Independent contractor

- 17 Mandatory distributions
- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? _____ Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2015**Open to Public
Inspection**

Name of the organization

SHRINERS INTERNATIONAL
JAMIL TEMPLE GROUP RETURN

Employer identification number

57-0902463

Form 990-EZ, Part I, Line 8
Other Revenue

OTHER INCOME

Total	\$	53,212.
	\$	<u>53,212.</u>

Form 990-EZ, Part I, Line 16
Other Expenses

Office Expenses	\$	9,402.
OTHER MISCELLANEOUS		14,750.
PROMOTIONS		1,167.
TELEPHONE & UTILITIES		44,238.
Total	\$	<u>69,557.</u>

Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Accounts Receivable	\$ 1,475.	\$ 1,475.
Inventories	3,844.	6,068.
Total	<u>\$ 5,319.</u>	<u>\$ 7,543.</u>

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

PHILANTHROPIC FRATERNITY FOSTERING BROTHER AND MUTUAL RESPECT AMONG ITS MEMBERS.

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

- (a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? No
- (b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? No