Form 990

832001 12-31-18

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.

2018

Openito Public

Form 990 (2018)

Department of the Treasury Internal Revenue Service

■ Do not enter social security numbers on this form as it may be made publication. ■ Go to www.irs.gov/Form990 for instructions and the latest information.

B Check if applicable C Name of organization D Employer identification not pladdress Change SHRINERS INTERNATIONAL, ALEPPO TEMPLE	ımber					
Address SHRINERS INTERNATIONAL, ALEPPO TEMPLE						
Name change Doing business as 04-103281	.9					
Initial return Number and street (or P.0. box if mail is not delivered to street address) Room/suite E Telephone number 99 FORDHAM ROAD 978/657-4	1202					
	863,798.					
Amended WILMINGTON, MA 01887 H(a) Is this a group return	3337.337					
Application F Name and address of principal officer: for subordinates?	JYes X No					
pending SAME AS C ABOVE H(b) Are all subordinates included?						
I Tax-exempt status 501(c)(3) X 501(c) (10) ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list (see						
J Website: ► WWW.ALEPPOSHRINERS.COM H(c) Group exemption number	•					
K Form of organization: X Corporation						
Partil Summary	- 9					
1 Profit describe the experience of the second of the seco	ONS,					
CEREMONIALS, OCCUPANCY UNITS, CREATIONS, ENTERTAINMENT, CHARIT Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Total number of individuals employed in calendar year 2018 (Part V, line 2a) Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12	Y,					
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)	10					
4 Number of independent voting members of the governing body (Part VI, line 1b)	8					
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	16					
6 Total number of volunteers (estimate if necessary)	0					
7 a Total unrelated business revenue from Part VIII, column (C), line 12	3,841.					
b Net unrelated business taxable income from Form 990-T, line 38	-39,870.					
	rent Year					
8 Contributions and grants (Part VIII, line 1h) RECEIVED 9,212.	7,739.					
9 Program service revenue (Part VIII, line 2g) 177, 131.	134,778.					
o i io investment income (rait viii, column (A), lines 5, 4, approximation in a column (A), approximation in a column (A), approximation (A), approxim	504,242.					
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 4 10c, and 11e)	193,283.					
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,002,721. 2,	840,042.					
13 Grants and similar amounts paid (Part IX, column (A) lines 13GDEN, UT 279, 032.	254,112.					
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)	652,884.					
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) b Total fundraising expenses (Part IX, column (D), line 25)	0.					
b Total fundraising expenses (Part IX, column (D), line 25)	0.40 7.50					
17 Other expenses (Part IX, Column (A), lines 11a-11d, 11f-24e)	940,750.					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	847,746.					
19 Revenue less expenses Subtract line 18 from line 12 279,800.	992,296.					
νεί - 10 350 135 - 11	d of Year					
20 Total assets (Part X, line 16)	177,047.					
21 Total liabilities (Part X, line 26) 1,640,016. 1,	635,256.					
22 Net assets or fund balances Subtract line 21 from line 20 10,710,119, 9,	541,791.					
[RartlII Signature Block	a and balled with					
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	e and belief, it is					
due, correct, and complete, declaration of preparer (other than onicer) is based on an information of which preparer has any knowledge.						
Sign Date Date						
Type or print name and title						
Print/Type preparer's name Propret's signature Date Check PTI	N					
[Trino type preparet 3 name [Tripping 3 signatorpit]	269319					
Preparer Firm's name MORRIS & MORRIS, P.C. Firm's EIN 04-2	737404					
Use Only Firm's address 32 KEARNEY ROAD						
NEEDHAM HEIGHTS, MA 02494 Phone no. 781-455	-6900					
May the IRS discuss this return with the preparer shown above? (see instructions)						

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

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION (

	ng 990 (2018) SHRINERS INTERNATIONAL, ALEPPO TEMPLE 04-1032819	Page 2
Pa	art IIIi Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>
1	Briefly describe the organization's mission	
	FRATERNAL SOCIETY-VISITATIONS, CEREMONIALS, OCCUPANCY UNITS,	
	CREATIONS, ENTERTAINMENT, CHARITY, PROMOTIONAL AND PUBLICITY,	
	APPROXIMATELY 3,100 MEMBERS SERVED	
2	Did the organization undertake any significant program services during the year which were not listed on the	.
	prior Form 990 or 990-EZ?	& No
_	If "Yes," describe these new services on Schedule O	ਦ }
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	&J 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, an	d
	revenue, if any, for each program service reported	
4a	(Code	NTC')
	ENTERTAINMENT, CHARITY, PROMOTIONAL AND PUBLICITY, APPROXIMATELY 3,1	
	MEMBERS SERVED	
	MEMBERG SERVED	
	 	
4b	(Code) (Expenses \$ Including grants of \$) (Revenue \$	
40	(Code) (Expenses 5) (Nevente 5)	'
4c	(Code) (Expenses \$)
		 -
4d	Other program services (Describe in Schedule U)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses	
	Form 990	(2018)

SHRINERS INTERNATIONAL, ALEPPO TEMPLE

Form, 990 (2018) SHRINERS INT Partily: Checklist of Required Schedules

1 is the organization described misection SSI (c)(3) or 4941/(c)(1) (other than a private foundation)? 1				Yes	No
2 Is the organization engage in detect or indirect potitional campaign activities on behalf of or in apposition to candidates for public office? If "Yes," complete Schedule C, Part If 4 Section 501(c)(3) organizations. Did the organization engage in tobsying activities, or have a section 501(h) electron in effect during the tay year? If "Yes," complete Schedule C, Part II 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 Neverue Procedure 98.19 If "Yes," complete Schedule C, Part III 6 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part III 7 Did the organization receive or hold a conservation essement, including assements to preserve open space, the environment, historic lard areas, or historic structures? If "Yes," complete Schedule D, Part III 8 Did the organization maintain and part X, line 21, for escrive or custodial account liability, serve as a custodian for amounts in part X, line 21, for escrive or custodial account liability, serve as a custodian for amounts in part X, line 21, for escrive or custodial account liability, serve as a custodian for amounts in part X, line 21, for escrive or custodial account liability, serve as a custodian for amounts in clied in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Id 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 IV 11 If the organization report an amount for inset, buildings, and equipment in Part X, line 10 If "Yes," complete Schedule D, Part X II 12 Did the organization report an amount for investments - program related in Part X, line 17 If "Yes," complete Schedule D, Part X II 13 Did the organization report an amount for investments or	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
3 Define organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public effects ("Ves." camplete Schedule C, Part I section 501(c)(3) organizations. Define organization analysis of the organization and the organization		If "Yes," complete Schedule A	1		X
Section 501(Pi) electrion in effect during the tax year? If "Yes," complete Schedule C, Part II	2	Is the organization required to complete Schedule B, Schedule of Contributors	2	X	
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(i) election in effect during the tax year? if "Yes," complete Schedule C, Part II is the organization a section 501(i)(i), 501(c)(i), or 501(c)(ii) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-191 "Yes," complete Schedule C, Part II is the organization and yolone advised under on any semilar funds or accounts for which denors have the right to provide advice on the distribution or investment of amounts in such funds or accounts if "Yes," complete Schedule 0, Part II is Did the organization report an amount in Part X, line 121, for escrive or custodial account liability, serve as a custodian for amounts not lated in Part X, or provide cedit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule 0, Part II is the organization shared or any of the following questions is "Yes," then complete Schedule 0, Part IV if the organization's animal or any of the following questions is "Yes," then complete Schedule 0, Part X, line 107 II "Yes," complete Schedule 0, Part X is a spilicable. 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 107 II "Yes," complete Schedule 0, Part X is a spilicable. 10 Did the organization report an amount for other assets in Part X, line 121 that is 5% or more of its total assets reported in Part X, line 167 II" "Yes," complete Schedule 0, Part X is a spilicable or part X, line 167 II" "Yes," complete Schedule 0, Part X is a spilicable 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 167 II" "Yes," complete Schedule 0, Part X is a spilicable 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 167 II" "Yes," complete Schedule 0, Part X is a spilicable organization assertance or	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
dung the tax year **I** **Yes**, complete Schedule C, Part II** Is the organization a section \$61(c)(4), 501(c)(6), 6. 501(c)(6), 6. 501(c)(6) Did the organization fine Revenue Procedure 88-19 II** *Yes**, complete Schedule C, Part III** Did the organization mentain any donor advised funds or any similar funds or accounts? If *Yes**, complete Schedule D, Part II** Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical dress, or instruction structures? II**, complete Schedule D, Part II** Did the organization maintain collections of works of art, historical treasures, or other similar assets? II**, Yes**, complete Schedule D, Part II** Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodiant 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**. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If *Yes**, complete Schedule D, Part V**. Did the organization report an amount for land, buildings, and equipment 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 V**. Did the organization report an amount for investments - other securities 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 V**. 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 V**. 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 X** Did the organization shallowly for uncertain tax positions under Fin 48 (ASC 740)? If *Yes**, complete Schedule D, Par		public office? If "Yes," complete Schedule C, Part I	3_	L	X
5 is the organization a section \$01(c)(4), \$01(c)(6), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 89.19° If "Yes," complete Schedule C, Part II organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts for which donors have the right to provide account the funds of accounts for which donors have the right to provide account the funds of accounts for the funds of a constitution of amounts not listed in Part X, in provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part II is 10 the organization function of the funds or provide account the funds of the funds of amounts of the following questions is "Yes," then complete Schedule D, Part V, if the organization report an amount for investments of the securities in Part X, line 12 If "Yes," complete Schedule D, Part V, if If the organization report an amount for investments of the securities in Part X, line 12 If als its 5% or more of its total assets reported in Part X, line 167 If "Yes," complete Schedule D, Part X in D of the organization report an amount for other skedule accounts in Part X, line 18 It als its folial assets reported in Part X, line 187 If "Yes," complete Schedule D, Part X in D of the organization is liability for uncertain tax positions under the funds of states? 116	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	1		
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## B. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part II ## A	_		6	<u> </u>	X
B Did the organization maintain collections of works of art, historical treasures, or other similar assets? // "Yes," complete Schedule D, Part I/! 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? // "Yes," complete Schedule D, Part V/ Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? // "Yes," complete Schedule D, Part V/ If the organization report an amount for lowing questions is "Yes," then complete Schedule D, Part V/ Did the organization report an amount for investments - other securities in Part X, line 10" // "Yes," complete Schedule D, Part V/ Did the organization report an amount for investments - other securities in Part X, line 10" // "Yes," complete Schedule D, Part V/ 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" // "Yes," complete Schedule D, Part X/ Did the organization report an amount for other assets in Part X, line 15" hat is 5% or more of its total assets reported in Part X, line 16" // "Yes," complete Schedule D, Part X/ Did the organization separate or anomount for other liabilities in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16" // "Yes," complete Schedule D, Part X/ Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X/ Was the organization is liability for uncertain tax positions under Fin 84 (SAC T94) If "Yes," complete Schedule D, Part X/ Was the organization encluded in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization encluded in consolidated, independent audited financial statement	7	·			
Schedule D, Part III 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 Did the organization is answer to any of the following questions is 'Yes,' then complete Schedule D, Part V, III, 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 V b Did the organization report an amount for investments other securities in Part X, line 10? If 'Yes,' complete Schedule D, Part VIII c Did the organization report an amount for investments of the securities 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 d Did the organization report an amount for investments program related in Part X, line 16? If 'Yes,' complete Schedule D, Part XIII Did the organization is a post of the seast 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 XIII Did the organization report an amount for their liabilities 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 XIII Did the organization or a mount 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 XIII Did the organization or 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 XIII Did the organization or substitution or 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 XIIII Was the organization or substitution or uncontaintion or substitution or unc	_		7	 	
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amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part V 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 11 If the organization is answer to any of the following questions is "Yes," then complete Schedule D, Part SV, VII, VIII, IX, or X as applicable. 2 Did the organization report an amount for investments or their securities in Part X, line 10? If "Yes,' complete Schedule D, Part VII 2 Did the organization report an amount for investments or 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 3 Did the organization 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 VII 4 Did the organization report an amount for chier 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 VII 5 Did the organization report an amount for other assets in Part X, line 25? If "Yes,' complete Schedule D, Part X 11 Did the organization included in consolidated financial statements for the tax year metude a footnote that addresses the organization included in consolidated financial statements for the tax year? If "Yes,' complete Schedule D, Part X III 2 Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,' complete Schedule D, Parts X III 3 Did the organization included in consolidated, independent audited financial statements for the tax year? 4 Did the organization included in consolidated financial statements for the tax year? 5 Did the organization included in consolidated financial statements for the tax year? 6 Did the organiz	_		8_	├—	
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domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		· · · · · · · · · · · · · · · · · · ·	∠Ub		
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			Yes	No
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 27 If "Yes," complete Schedule I, Parts I and III	22	 -	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			İ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	000	ľ	X
24.5	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	+	+~
240	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		ļ]
	Schedule K. If *No," go to line 25a	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	 	+
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		 	\vdash
	any tax-exempt bonds?	24c		
d	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	<u> </u>	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			İ
	Schedule L, Part I	25b	↓	<u> </u>
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or		İ	İ
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			x
07	complete Schedule L, Part II	26	 	┝≏
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	<u> </u>		
	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
	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,			l
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	 _	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	'		x
24	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30		
31	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
	Schedule N, Part II	32		Х
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	33		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	34	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	 	X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05:		ĺ
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 504(AV2) associations. But the exponentian make any transfers to an exponential related exposuration?	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		ĺ
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
Par				
	Check if Schedule O contains a response or note to any line in this Part V			ليا
_	Enter the number reported in Box 3 of Form 1096. Enter -0: if not applicable	 	Yes	No
	Enter the Name of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February States of February State			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming.			. [
·	(gambling) winnings to prize winners?	1c		
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		,	Yes	No
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 16			1
ь	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)		X	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	├—
	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			X
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		<u> </u>
D	If "Yes," enter the name of the foreign country	ŧ		!
.	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		·	X
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b	-	X
b	. , , , ,	5c		
_	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	<u> 50</u>		├
6a	any contributions that were not tax deductible as charitable contributions?	6a		x
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	02		
٥	were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).		ž	7. 1
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		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			. 9
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			1
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	٠.]		-
а	Initiation fees and capital contributions included on Part VIII, line 12	, , "		
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	.		
11	Section 501(c)(12) organizations. Enter:	٠, :	ľ	
	Gross income from members or shareholders	t, ,		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	1	!	
10-	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
		120		
13		ĺ	- •	,
	Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state?	13a		احد_
а	Note. See the instructions for additional information the organization must report on Schedule O.		· , ·	1
h	Enter the amount of reserves the organization is required to maintain by the states in which the	·	, ^e .	ļ
J	organization is licensed to issue qualified health plans		ı	, ,
c	Enter the amount of reserves on hand		.[.	. 1
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		<u> </u>
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	$\neg \uparrow$	1	
	excess parachute payment(s) during the year?	15	j	X
	If "Yes," see instructions and file Form 4720, Schedule N		-	<u>.</u>
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O			1
		Form	990 (2018)

Form 990 (2018) SHRINERS INTERNATIONAL, ALEPPO TEMPLE 04-1032819 Page 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					LX				
Sec	tion 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	1a	1							
	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.									
b	Enter the number of voting members included in line 1a, above, who are independent	1b		3						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	p with	any other							
	officer, director, trustee, or key employee?									
3	Did the organization delegate control over management duties customarily performed by or under th	e direc	t supervision							
	of officers, directors, or trustees, or key employees to a management company or other person?			3		X				
4	Did the organization make any significant changes to its governing documents since the prior Form 9	990 wa	s filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's ass	sets?		5		X				
6	Did the organization have members or stockholders?			6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point	one or							
	more members of the governing body?			7a		X				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	olders, or							
	persons other than the governing body?			7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	e following;							
а	The governing body?			8a	X					
b	Each committee with authority to act on behalf of the governing body?			8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea	ched a	at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		•	9_		_X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	evenue	Code)							
					Yes	No				
10a	Did the organization have local chapters, branches, or affiliates?			10a	_X_					
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	napters	s, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	Х					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befor	re filing the form?	11a	_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			12a	_X					
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	licts?	12b	X					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "You	es," de	escribe							
	ın 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	X					
15	Did the process for determining compensation of the following persons include a review and approva	l by in	dependent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?									
а	The organization's CEO, Executive Director, or top management official			15a		X				
b	Other officers or key employees of the organization			15b		Х				
	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 arrangements	nent w	ıth a							
	taxable entity during the year?			16a		<u> </u>				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat	e its p	articipation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	nization	ı's							
	exempt status with respect to such arrangements?			16b						
Sec	ion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed ►MA									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, an	d 990-	T (Section 501(c)(3)	s only)	avaıla	ble				
	for public inspection. Indicate how you made these available. Check all that apply									
	Own website Another's website X Upon request Other (explain		•							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, cor	iflict of	interest policy, and	d financ	cial					
	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 boo	oks and	d records 🕨							
	ROBERT L. BAKER - 978-657-4202									
	99 FORDHAM ROAD, WILMINGTON, MA 01887									
22000	19-91-19			Form	990 (20181				

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

(A)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average		not c	heck	more	than		Reportable	Reportable	Estimated
	hours per week	offi	, unle cer an	dad	recto	is pot or/trus	n an itee)	compensation from	compensation from related	amount of other
	(list any	cto						the	organizations	compensation
	hours for	쁄	.			<u>5</u>		organization	(W-2/1099-MISC)	from the
	related	stee	ruste		es es	bsuad		(W-2/1099-MISC)		organization
	organizations below	val tru	t lenoi		ploye	5 g]			and related organizations
!	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Бите			Organizations
(1) HARLAN L. WOODS	0.50									
POTENTATE/TRUSTEE		X	Щ	X		L.		0.	0.	0.
(2) ROBERT E. HAVENDER	0.50									
CHIEF RABBAN		X		X		ļ		0.	0.	0.
(3) ROBERT L. BAKER	0.50							•	4.5.050	
TREASURER/TRUSTEE		X		X		<u> </u>		0.	46,060.	0.
(4) RODGER METCALFE	0.50									•
TRUSTEE	2 5 2	X				ļ		0.	0.	0.
(5) RICHARD DOHERTY	0.50							_		•
TRUSTEE	0.50	X	Щ			<u> </u>		0.	0.	0.
(6) W. WARREN RICHARDSON, JR.	0.50								•	0
TRUSTEE	0.50	X	Ш	_		<u> </u>	ļ	0.	0.	0.
(7) STEVEN ERIKSON	0.50	٠,						0.	0.	0.
TRUSTEE	0.50	X	-	_		<u> </u>	-	0.	<u></u>	<u> </u>
(8) PETER SIMMONS	0.50	X						0.	0.	0.
TRUSTEE	0.50	^				-	-			0.
(9) HARVEY J WAUGH TRUSTEE	0.50	х						0.	0.	105,727.
(10) JOHN HARRIS	0.50	_				H	-	0.		103,727.
TRUSTEE	0.30	Х						o.	0.	0.
(11) GARY BARTLETT	0.50	<u>~`</u>	\vdash	\dashv		_				
ASSISTANT RABBAN	0.50			x				0.	0.	0.
(12) ROBERT S JOHNSON	0.50				\neg	Н				
HIGH PRIEST & PROPHET				\mathbf{x}				0.	0.	0.
(13) ROBERT BROWN	0.50	\neg	_	ヿ						
ORIENTAL GUIDE			ı	\mathbf{x}				0.	0.	0.
(14) STEPHEN G. ERKISEN	40.00									
RECORDER				x				0.	47,167.	0.
				\neg						
		_	_	_			_			
		\dashv		7	7					
		1								

832007 12-31-18

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization
0

ve ti dovin

Pa	rt V	_						
, 		Check if Schedule O con	tains a response	or note to any lin	e in this Part VIII (A)	(B)		
1			,		Total revenue	Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts	1 8	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	Ł	Membership dues	1b					
S, (٠	Fundraising events	1c	7,739.		ĺ		
펄		d Related organizations	1d			}		1
ž, E	•	Government grants (contribu	tions) 1e					
Š	f	All other contributions, gifts, grai	nts, and	}:	1	}		
章		similar amounts not included abo	ove 1f					
Z D	g	Noncash contributions included in line	s 1a-1f \$	l-	· · · · · · · · · · · · · · · · · · ·			}
<u>ౘౚ</u>		Total. Add lines 1a-1f		▶	7,739.			
				Business Code				·
<u>ခ</u> ္တ	2 a	MEMBERSHIP DUES & ASSE	ESMENTS	900099	134,778.	134,778.		
Program Service Revenue	þ	·				 		ļ <u>-</u>
a S	c	:				<u> </u>		
Rev	c	·						
rog	е	·						ļ <u> </u>
а.	f	All other program service reve	enue		100			
	9	Total. Add lines 2a-2f			134,778.			
	3	Investment income (including	j dividends, inter	est, and				
		other similar amounts)			183,005.			183,005
	4	Income from investment of ta	x-exempt bond p	oroceeds 🕨				
	5	Royalties		 _ - ▶↓				
	_		(i) Real	(ii) Personal	-			
		Gross rents		 				
		Less, rental expenses				-		
		Rental income or (loss)						
		Net rental income or (loss) Gross amount from sales of	(i) Cocustian	(i) Other				
	/ a		(i) Securities 5,864,196	(ii) Other				
		assets other than inventory	3,000,250	 				į
	U	Less: cost or other basis	4,542,959.			}		
	_	and sales expenses Gain or (loss)	1,321,237.	`		,		_
	d			—	1,321,237.	1,321,237.		
_	8 a		a events (not					
une	U U		7,739. of					
Other Revenu		contributions reported on line		1 1			1	İ
Ě		Part IV, line 18	a	1,657,703.				
the	b	Less: direct expenses	b	480,797.		Ì	j	
°		Net income or (loss) from fund		•	1,176,906.	i^		1,176,906.
ĺ		Gross income from gaming ad	•					
		Part IV, line 19	а					
ĺ	b	Less direct expenses	ь					
	С	Net income or (loss) from gan	ning activities	•				
ĺ		Gross sales of inventory, less						
		and allowances	а	[
ſ	b	Less: cost of goods sold	ь					
	С	Net income or (loss) from sale	es of inventory	>				
		Miscellaneous Revenu		Business Code				
	11 a	OTHER		900099	12,536.			12,536.
1	b	ADVERTISING		711300	3,841.		3,841.	
	c							
	d	All other revenue						
	е	Total. Add lines 11a-11d		▶ _	16,377.			
	12	Total revenue. See instructions		▶	2 840 042 1	1 456 015	3 841	1 372 447.

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Form 990 (2018)

	atement of Functional Expension and 501(c)(4) organizations must cor		her organizations must d	complete column (A)	
	Check if Schedule O contains a respo			ion prote delarring (r y	
Do not Include	amounts reported on lines 6b, i 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	other assistance to domestic organizations			常是"到的根本	
and domes	tic governments. See Part IV, line 21	254,112.	<u> </u>	TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TANK THE TAN	
	d other assistance to domestic s See Part IV, line 22				是認識
	d other assistance to foreign ons, foreign governments, and foreign				
_	s See Part IV, lines 15 and 16	1		LA CHECK THE	
	eard to or for members			PART AND DESCRIPTION OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PAR	SPACE BEACH
•	ation of current officers, directors, and key employees			,	,
6 Compensat persons (as	non not included above, to disqualified sedined under section 4958(f)(1)) and scribed in section 4958(c)(3)(B)	-			,
	ries and wages	474,468.			
B Pension pla	in accruals and contributions (include (k) and 403(b) employer contributions)		· · · · · · · · · · · · · · · · · · ·		
	olovee benefits	112,288.		 · · · · - · - · · - · · - · · · - · · · · · · · · · · · · · · · · · · · ·	
Diner emp	•	66,128.		 	
1 Fees for s	ervices (non-employees).	00,120.		· · · · · · · · · · · · · · · · · · ·	,
a Managem	ent	<u> </u>	 	ļ	
b Legal		27,075.	ļ 		
c Accountin	g . ·	21,013.			
d Lobbying	il fundaciona convece Coo Part IV line 17		A THE ENGINEE OF THE	P. GOVERNO	<u> </u>
	of fundraising services. See Part IV, line 17 in management fees		Mark Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the C	LONGE, METERS CHESTONES	
g Other. (If I	ne 11g amount exceeds 10% of line 25, amount, list line 11g expenses on Sch O.)				
	g and promotion	· · · · · · · · · · · · · · · · · · ·			·
3 Office exp	•				
Information	n technology			du .	
6 Occupano	v	330,953.			
7 Travel					
	of travel or entertainment expenses				
•	leral, state, or local public officials es, conventions, and meetings				
) Interest					
I Payments	to affiliates				
2 Depreciati	on, depletion, and amortization				
Insurance	•	•			
above. (List 24e amount	ses. Itemize expenses not covered miscellaneous expenses in line 24e. If line exceeds 10% of line 25, column (A) line 24e expenses on Schedule O.)				
a INSUR		115,989.			
	TAINMENT & SOCIAL	81,162.			
	DY FEES	73,197.			
	ATIONS & PILGRIMAG	65,191.		•	
e All other ex	OFF COIL O	247,183.	·		
	onal expenses. Add lines 1 through 24e	1,847,746.			
	Complete this line only if the organization column (B) joint costs from a combined				
•	campaign and fundraising solicitation.				
Check here	_ 				

Ŗа	rt X	Balance Sheet	·			
		Check if Schedule O contains a response or no	e to any line in this Part X	T	<u> </u>	<u> </u>
				(A) Beginning of year	ļ	(B) End of year
	1	Cook non-interest house.		1,170,520.	1	3,069,002.
	1 2	Cash - non interest bearing Savings and temporary cash investments	1,170,520.	2	3,003,002.	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		390,557.	4	373,889.
	5	Loans and other receivables from current and for	STATE OF THE PARTY AND ADDRESS OF		ALLEA CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTRACTOR CONTR	
] ~	trustees, key employees, and highest compensations	· · · · · · · · · · · · · · · · · · ·			
		Part II of Schedule L		5		
	6	Loans and other receivables from other disquali	fied persons (as defined under	DUSTRACTOR VENERAL	10.50	WIND MATERIA
	-	section 4958(f)(1)), persons described in section				
its	,	employers and sponsoring organizations of sec				
		employees' beneficiary organizations (see instr).			6	
Assets	7	Notes and loans receivable, net	,		7	
ĕ	8.	Inventories for sale or use	•	33,728.	8	34,143.
	9	Prepaid expenses and deferred charges		3,882.	9	35,135.
	10a	Land, buildings, and equipment cost or other		PER MANAGEMENT AND AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND ADDRESS OF THE PERSON AND		
	1	basis Complete Part VI of Schedule D	10a			
	ь	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		10,751,448.	11	7,664,878.
	12	Investments - other securities. See Part IV, line	1	,	12	ļ
	13	Investments - program-related. See Part IV, line	11		13	
	14	Intangible assets		14	•	
	15	Other assets See Part IV, line 11		40 250 425	15	4445
	16	Total assets. Add lines 1 through 15 (must equal	al line 34)	12,350,135.	16	11,177,047.
	17	Accounts payable and accrued expenses		309,906.	17	316,402.
	18	Grants payable		320 110	18	210 054
	19	Deferred revenue		230,110.	19	218,854.
	20	Tax-exempt bond liabilities		<u> </u>	20	
	21	Escrow or custodial account liability Complete i		CONTRACT THE SECRETARY	21	Madest Street of Cartes
ties	22	Loans and other payables to current and former key employees, highest compensated employees		Service Control of		
Liabilities		Complete Part II of Schedule L	s, and disqualified persons.	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	22	Professional Profession Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of t
ן ∙ בֿי	23	Secured mortgages and notes payable to unrela	ted third parties	-	23	, , , , ,
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, pa				
		parties, and other liabilities not included on lines]		}
		Schedule D	1	1,100,000.	25	1,100,000.
	26	Total liabilities. Add lines 17 through 25		1,640,016.	26	1,635,256.
		Organizations that follow SFAS 117 (ASC 958	, check here ▶ 🐰 and	THE PERSON NAMED IN	3	NESTRA DE LE VA
es		complete lines 27 through 29, and lines 33 an	d 34.		20	A STATE OF THE
Ĕ	27	Unrestricted net assets		10,088,402.	27	8,720,162.
g	28 ·	Temporarily restricted net assets •		621,717.	28	821,629.
Ē	29	Permanently restricted net assets			29	
2	· ·	Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 📖 '		2	
ō		and complete lines 30 through 34.		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		advert Children
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		·	30	
Ž	31	Paid-in or capital surplus, or land, building, or eq	•		31	
[호	32	Retained earnings, endowment, accumulated inc	come, or other funds	10 710 110	32	0 5/1 701
{	33	Total net assets or fund balances		10,710,119.	33	9,541,791.
	34	Total liabilities and net assets/fund balances		14,330,133.	34	11,177,047. Form 990 (2018)

Forn	990 (2018) SHRINERS INTERNATIONAL, ALEPPO TEMPLE	04-	1032819	Pag	ge 12
Pa	rt XI	Reconciliation of Net Assets				
		Check if Schedule O contains a response or note to any line in this Part XI				X
			1			
1	Total	revenue (must equal Part VIII, column (A), line 12)	1	2,84		
2	Total	expenses (must equal Part IX, column (A), line 25)	2	1,84		
3	Reve	nue less expenses Subtract line 2 from line 1	3			96.
4	Net a	ssets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,71		
5	Net u	nrealized gains (losses) on investments	_5	-1,91	9,1	<u>79.</u>
6	Dona	ted services and use of facilities	6	·		
7	Inves	tment expenses	7			
8	Prior	period adjustments	8			
9	Othe	changes in net assets or fund balances (explain in Schedule O)	9	-23	<u>3,5</u>	83.
10	Net a	ssets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
		nn (B))	10	9,54	9,6	<u>53.</u>
!Pai	t XII	Financial Statements and Reporting				
		Check if Schedule O contains a response or note to any line in this Part XII				X
					Yes	No
1	Acco	unting method used to prepare the Form 990 Cash X Accrual Cther				XXX
	If the	organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.			32.7
2a	Were	the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Ye	s," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	sepa	rate 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?		2b	X	
	If "Ye	s," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs			
	cons	olidated basis, or both:			. 1	
		Separate basis Consolidated basis X Both consolidated and separate basis				24.5
c	If "Ye	s" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	ļļ]	
	reviev	v, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the	organization changed either its oversight process or selection process during the tax year, explain in Scho	edule O			
3a	Asaı	esult of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ngle Au	ht ht	l	
	Act a	nd OMB Circular A-133?		3a		_X_
b	If "Ye	s," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red aud	it [ſ	
	or au	dits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
				Form 9	990 (2018)

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public

Inspection

Name of the organization Employer identification number SHRINERS INTERNATIONAL, ALEPPO TEMPLE 04-1032819 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds Yes No are the organization's property, subject to the organization's exclusive legal control? 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? Partill Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure 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 Total number of conservation easements b Total acreage restricted by conservation easements 2b 20 c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06 and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 」Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? 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. Partilli Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on 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) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2018

832051 10-29-18

		S INTERNAT							32819	
Pa	rt III Organizations Maintaining (
3	Using the organization's acquisition, access	ion, and other recor	ds, check	any of the	following	that are a s	significant	use of its	collection	items
	(check all that apply)									
а	Public exhibition	•	_	oan or exc	hange pro	grams				
b	Scholarly research	•	e 📖 (Other						
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and expla	in how th	ey further tl	he organiz	zation's exe	mpt purp	ose in Par	t XIII	
5	During the year, did the organization solicit of	or receive donations	of art, his	storical trea	sures, or o	other simila	r assets	_	7	
	to be sold to raise funds rather than to be m								」Yes	<u></u> <u>No_</u>
Pa	rt IV Escrow and Custodial Arran		lete if the	organizatio	n answere	ed "Yes" or	Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa						_			
1a	Is the organization an agent, trustee, custod	ian or other interme	diary for d	contribution	s or other	assets not	Included	_	-	
	on Form 990, Part X?							L	∟ Yes	└─ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	ollowing to	able						
							ļ	↓	Amount	
	Beginning balance						1c	L		
đ	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f	<u></u>	,	
2a	Did the organization include an amount on F	orm 990, Part X, line	e 21, for e	scrow or cu	ustodial ad	ccount liabi	lity?		Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII									<u> </u>
Rai	Endowment Funds. Complete	f the organization ar	nswered "	'Yes" on Fo					·	
		(a) Current year	(b) Pr	or year	(c) Two y	ears back	(d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance	 	<u> </u>							
þ	Contributions		<u> </u>							
С	Net investment earnings, gains, and losses		ļ							
d	Grants or scholarships	<u> </u>	↓							
e	Other expenditures for facilities					ŀ				
	and programs		ļ							
f	Administrative expenses									
g	End of year balance	. <u></u>	<u> </u>							
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1g	j, column (a	i)) held as.	•				
а	Board designated or quasi-endowment		%							
b	Permanent endowment >	%								
С	Temporarily restricted endowment ▶	%								
	The percentages on lines 2a, 2b, and 2c sho	· · ·								
За	Are there endowment funds not in the posse	ssion of the organiz	ation that	t are held a	nd admini	stered for t	he organi	zation	_	
	by.									es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
	If "Yes" on line 3a(ii), are the related organization	•							3b	
4	Describe in Part XIII the intended uses of the		owment fu	unds						
P,ar	Land, Buildings, and Equipm			1		00 D. 4 V	40			
	Complete if the organization answere							- 		
	Description of property	(a) Cost or o		(b) Cost		1 , ,	ccumulate		(d) Book v	/alue
		basis (ınvestr	nent)	basis (orner)		preciation			
1a	Land		 +							
b	Buildings		 +							
С	Leasehold improvements									
d	Equipment			 -						
_	Other Add lines 1a through 1e (Column (d) must e		V!:	5 /P\ / 1:	00.1			_		0.
LOTAL	. And ines la infolian 1e (Columnita) Musite	uuai FOIIII 990. PAN	A. CUIUITII	n (D). IINE N	UC 1					• •

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▶

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.

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

Schedule D (Form 990) 2018

1,100,000.

	dule D (Form 990) 2018 SHRINERS INTERNATIONAL,			032819 Page 4
Par	t∤XI∎ Reconciliation of Revenue per Audited Financial State	ements With Revenue pe	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a		
1	Total revenue, gains, and other support per audited financial statements		1	2,840,042.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
	Donated services and use of facilities	2b		
	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	2,840,042.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	•	4b	5	
b	Other (Describe in Part XIII) Add lines 4a and 4b	1401		0.
			4c	2,840,042.
Dar	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) t{XII] Reconciliation of Expenses per Audited Financial State	ements With Expenses		
(r, ai			per neturn	l•
	Complete if the organization answered "Yes" on Form 990, Part IV, line	128	 	1 055 600
1	Total expenses and losses per audited financial statements			1,855,608.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 1		
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	 	
c	Other losses	2c		
đ	Other (Describe in Part XIII)	2d		•
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	1,855,608.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	1,855,608.
Par	XIII Supplemental Information.			
	te the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Fed and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any a			
				
				
				
				
		· · · · · · · · · · · · · · · · · · ·		
				
				

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization						Employer ide	entification number
SHRINER	S INTERNATIONAL, A	LEP	PO	TEMPLE		04-1032	819
Partils Fundraising Activities required to complete this particular to the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second seco	Complete if the organization answert	ered "Y	'es" o	n Form 990, Part IV,	line 1	7 Form 990-E	Z filers are not
1 Indicate whether the organization rais a	e Solicita f Solicita g Special or oral agreement with any individua Part VII) or entity in connection with position or entities (fundraisers) pursu	tion of tion of fundra (inclui	non-g gover alsing ding o ional	overnment grants rnment grants events officers, directors, tru fundraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have co or con contribi	ustody trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
····							
		<u> </u>	 -				
		 	 -				
Total			>				
 List all states in which the organization or licensing. 	on is registered or licensed to solicit	contrib	utions	s or has been notified	t it is	exempt from re	egistration
							
	······································						
							
							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2018

		lle G (Form 990 or 990 EZ) 2018 SHRINER				1032819 Page 2
[R	art!	 Fundraising Events. Complete if the of fundraising event contributions and grant properties. 				
_	Γ	or land along event contributions and gr	(a) Event #1	(b) Event #2	(c) Other events	
			, , ,	``		(d) Total events
	}		CHARITABLE	FRATERNAL	2	(add col (a) through
ø)			(event type)	(event type)	(total number)	col (c))
Revenue						
Rev	1	Gross receipts	422,198.	1,091,601.	151,643.	1,665,442.
	_				7,739.	7,739.
	2	Less Contributions			7,133.	1,133.
	3	Gross income (line 1 minus line 2)	422,198.	1,091,601.	143,904.	1,657,703.
	4	Cash prizes			·	<u> </u>
S	5	Noncash prizes				
Direct Expenses		Don't footby on the				
xpe	6	Rent/facility costs				
t E	7	Food and beverages				
Dire	•	Tood and Developed	<u> </u>			
	8	Entertainment				
	9	Other direct expenses	95,906.	384,891.		480,797.
	10	Direct expense summary. Add lines 4 through	• •		.	480,797.
lib.	11	Net income summary Subtract line 10 from I		- 000 Deat N/ has 10 as		1,176,906.
Pe	I FI	\$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Forn	1 990, Part IV, line 19, or	reported more than	
		\$10,000 off t offi		(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col (a) through col (c))
eve.						
_	1	Gross revenue				
ses	2	Cash prizes		<u> </u>		
Direct Expenses	3	Noncash prizes				
Ω		1101104311 p1/203			······································	· · · · · · · · · · · · · · · ·
rec	4	Rent/facility costs				
Δ						
	5	Other direct expenses	 ,		· 	
	_		Yes%		Yes%	**
	6	Volunteer labor	L No	L No	L No	
	7	Direct expense summary. Add lines 2 through	5 in column (d)		•	
	ľ	enest expense summary: And miss E through				
	8_	Net gaming income summary Subtract line 7	from line 1, column (d)			
		er the state(s) in which the organization condu				
		he organization licensed to conduct gaming a				└── Yes └── No
b	וי זו	No," explain				
	_		·			
10a	We	re any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No
		Yes," explain				
					·	
_	_					
83300	- 40		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	Cabadula C (Fau	m 990 or 990-E71 2018

Schedule G (Form 990 or 990-EZ) 2018 SHRINERS INTERNATIONAL, ALEPPO TEMPLE 04-10	32819	Page 3
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		
	13a	%
· · · · · · · · · · · · · · · · · · ·	13b	
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records		<u>~</u>
24 Enter the hard address of the person who prepares the organizations gaining special events books and rooms		
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		
Description of services provided		
☐ Director/officer ☐ Employee ☐ Independent contractor		
17 Mandatory distributions:		
17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to	Vos	□ No
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
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? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	Yes	□ No
 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? 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 		
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? 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 I		
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Schedule G (Form 990 or 990-EZ)	SHRINERS	INTERNATIONAL,	ALEPPO TEMPLE	04-1032819 Page 4
Schedule G (Form 990 or 990-EZ) Partily Supplemental Info	rmation (continue	d)		
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			•	
				
		<u></u>	···	
· · · · · · · · · · · · · · · · · · ·				
				
				
				
		· · · · · · · · · · · · · · · · · · ·		
	-			

Schedule G (Form 990 or 990-EZ)

SCHEDULE (Form 990)

Internal Revenue Service

Department of the Tressury

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

▶ Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

OMB No 1545-0047	2018	
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Open to Publication

Schedule I (Form 990) (2018) » X CHILDREN AND THE SHRINERS Employer identification number 04 - 1032819TO SUPPORT THE SHRINERS HOSPITALS FOR DISABLED (h) Purpose of grant or assistance Yes SURN INSTITUTE, Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 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 (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, FMV (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (d) Amount of 254,112. ALEPPO TEMPLE cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 501(C)(3) SHRINERS INTERNATIONAL, Enter total number of other organizations listed in the line 1 table 36-2193608 General Information on Grants and Assistance (P) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization SHRINERS HOSPITAL - BOSTON, or government Name of the organization MASSACHUSETTS Part 151

Schedule I (Form 990) (2018) (f) Description of noncash assistance , (e) Method of valuation (book, FMV, appraisal, other) Part IV. Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule | (Form 990) (2018) 832102 11-02-18

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SHRINERS INTERNATIONAL, ALEPPO TEMPLE

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.

Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public ...

Name of the organization Employer identification number 04-1032819 SHRINERS INTERNATIONAL, ALEPPO TEMPLE FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PROMOTIONAL AND PUBLICITY, APPROXIMATELY 2,900 MEMBERS SERVED. FORM 990, PART VI, SECTION B, LINE 11B: THE GOVERNING BODY REVIEWS THE FORM 990 PRIOR TO FILING. FORM 990, PART VI, SECTION B, LINE 12C: OUR CONFLICT OF INTEREST POLICY IS PART OF THE "SHRINE CODE OF ETHICS"> COMPLIANCE WITH OUR CODE OF ETHICS IS REQUIRED OF SHRINE TEMPLES UNDER OUR SHRINERS INTERNATIONAL BYLAWS SECTION 210.7. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ALL REQUIRED INFORMATION AVAILABLE TO THE PUBLIC UPON REQUEST AND IN THE ANNUAL FILINGS OF THE FORM PC WITH THE COMMONWEALTH OF MASSACHUSETTS. FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES: PROMOTION & PUBLICITY 62,730. INTERNET EXPENSE 27,960. OFFICE EQUIPMENT 26,303. UNIT & CLUB EXPENSE 25,670. OFFICE SUPPLIES 21,184. 21,019. BANK AND CREDIT CARD FEES TRANSPORTATION EXPENSE 19,457. 17,595. COMPUTER EQUIPMENT PRINTING & PUBLICATIONS 9,270.

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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018)	Page 2
Name of the organization SHRINERS INTERNATIONAL, ALEPPO TEMPLE	Employer identification number 04-1032819
PAYROLL PROCESSING FEES	3,102.
IMPERIAL COUNCIL EXPENSE	2,608.
MISCELLANEOUS	2,531.
DUES & SUBSCRIPTIONS	1,797.
VOLUNTEER EXPENSE	1,747.
PROFESSIONAL FEES	1,575.
OTHER TAXES	1,573.
TELEPHONE	680.
POSTAGE & SHIPPING	382.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 247,183.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
INTERFUND TRANSFER TO RELATED PARTY	-233,583.
PART XII, LINE 2C	·
NO CHANGES FROM PRIOR YEARS.	

SCHEDULE R (Form 990)

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

► Attach to Form 990.

Identification of Disregarded Entities. Complete If the organization answered "Yes" on Form 990, Part IV, line 33

ALEPPO TEMPLE

SHRINERS INTERNATIONAL,

Name of the organization

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047	2018
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Proper to Publications

Employer identification number 04-1032819

(g) Section 512(b)(13) ŝ × × controlled entity? Direct controlling Yes Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. entity Ξ Direct controlling entity End-of year assets Y.A XX X status (if section e Public charity 501(c)(3)) N/A Total Income Exempt Code 9 section 501(C)(3) 501(C)(2) ন্ত Legal domicile (state or Legal domicile (state or foreign country) foreign country) MASSACHUSETTS MASSACHUSETTS Primary activity Primary activity BUILDING & PROPERTY GRANT SCHOLARSHIPS ê 04-1020667, 99 FORDHAM ROAD, WILMINGTON, MA EDUCATIONAL TRUST - 04-6796825, 99 FORDHAM ALEPPO TEMPLE SHRINE ACTIVITIES, INC. Name, address, and EIN (if applicable) NOBLE SYMOND GOLUB & LELIA J. GOLUB Name, address, and EIN of related organization of disregarded entity ROAD, WILMINGTON, MA 01887 Part I. Part II. 01887

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

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Schedule R (Form 990) 2018

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Schedule R (Form 990) 2018 SHRINERS INTERNATIONAL, ALEPPO TEMPLE

Part III) Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile	(d) Direct controlling	(e) Predominant income		ıtal		(h) Disproportionate		(j) General or	General or Percentage
		(state or foreign country)	entiry	excluded from tax under sections 512-514)		ысоже — — — .	end-of-year assets	Albocations?	amount in box 20 of Schedule K-1 (Form 1065)	managing partner?	ownership
of Related Org treated as a cor	Ider tification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year	as a Corpo	ration or Trust. Co ear	mplete if the orga	ınızatıon ansv	vered "Yes" on F	orm 990, Par	t IV, line 3	4, because it had	one or m	ore related
(a) Name, address, and EIN of related organization	2 -	Prim	(b) Primary activity	(C) Legal domicile Direc: (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income		(g) Share of Peend-of-year ov	(h) Percentage ownership	Sect Sect 512(b) control enti
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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				<u> </u>	Yes -N	Š.
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more re	lated organizations listed i	n Parts II-IV?			
a Receipt of (I) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1 a		×
b Gift, grant, or capital contribution to related organization(s)				1 p		×
c Gift. grant. or capital contribution from related organization(s)				5		×
				19		×
				\$		×
 Loans or loan guarantees by related organization(s) 				<u>e</u>	` i	4
f Dividends from related organization(s)				=	_	×
q Sale of assets to related organization(s)				19		×
				ŧ	-	×
				÷	H	×
Exchange of assets will related organization(s)				;	-	×
 Lease of facilities, equipment, or other assets to related organization(s) 						:
b. I none of featilities assumment or other nearte from related economisation(c)				-		×
	17			Ŧ		×
 Performance of services or membership or fundraising solicitations for related organization(s) 	ınızation(s)			=	+	: ,
m Performance of services or membership or fundraising solicitations by related organization(s)	ınızatıon(s)			+	+	ا
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uoı			٤	×	
o Sharing of paid employees with related organization(s)				٥		׾
p Reimbursement paid to related organization(s) for expenses	•			9		×
				19		×
					-	; id
r Other transfer of cash or property to related organization(s)				=		×
				1s	×	
	who must complete t	his line, including covered	relationships and transaction thresholds			
ł	(q)	(2)	(p)			
Name of related organization	Transaction type (a·s)	Amount involved	Method of determining amount involved	volved		
(1) ALEPPO TEMPLE SHRINE ACTIVITIES, INC.	ß	233,583.	FMV			
(2) ALEPPO TEMPLE SHRINE ACTIVITIES, INC.	z	2,032,963.	963.BOOK VALUE ASSETS			
(3)						
(4)					ŀ	
(5)						
(6)						
832163 10-02-18	42		Schedule	Schedule R (Form 990) 2018	690)	2018

Fart VII Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

may may not a related organization. See Instructions regarding exclusion	structions regarding excit	Sion for certain inv	nersulps.	-						
(e)	(q)	<u> </u>	(Q)	(e)	£	(6)	Ξ	8	9	3
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign	Predominant income (related, unrelated, excluded from tax under	501(c)(3)	Share of total	Share of end-of-year	Dispropor- tionate	Dispropor- tonale amount in box 20 managing ownership	General or managing partner?	Percentage ownership
		country)	sections 512-514)	Yes No	income	assets	Yes No	(Form 1065)	Yes No	
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Schedule R (Form 990) 2018

Schedule R	(Form 990) 2018	SHRINERS	INTERNATIONAL,	ALEPPO TEMPLE	04-1032819 Page 5
Part VIII	(Form 990) 2018 Supplemental Info	ormation.			
Provide additional information for responses to questions on Schedule R. See instructions					
					
					
					
					
					
					
					
			 		
					
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