SCANNED MAY 1 2 2021

932001 01-20-20

Form **990** (Rev January 2020) Department of the Treasury Internal Revenue Service

A For the 2019 calendar year, or tax year beginning

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.

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

and ending

Open to Public Inspection

OMB No 1545-0047

В	heck if	C Name of organization		D Employer identific	cation number				
_	¬Addre								
누	_ chane Name		51-0220668						
늗	_]chang ∏Initial	No. 1 (2000 Character and delivered to advant address)	Doing business as ABDALLAH TEMPLE GROUP RETURN Number and street (or P.O. box if mail is not delivered to street address) Room/suite						
늗	_]returr ∏Fınal	5300 METCALE	noon/suit	E Telephone number 913362530					
L	ireturr term⊪ ated	/		G Gross receipts \$	0.				
	Amen	ded OVERTAND DARK KG 66202		H(a) Is this a group re					
F	Appli		N	for subordinates					
	pend	SAME AS C ABOVE	\mathcal{M}	H(b) Are all subordinates in					
1.7	ax-ex	empt status	or 52	If "No," attach a	list (see instructions)				
J	Vebsi	te: ► WWW.ABDALLAH-SHRINE.ORG		H(c) Group exemption	n number ▶ 0229				
			CO L Yea	<u>ır of formation: 1940 N</u>	State of legal domicile: KS				
Pa	rt I	Summary							
Governance	1	Briefly describe the organization's mission or most significant activities FRAT MISSION	ERNIT	Y WITH A PHIL	JATHROPIC				
rna	2	Check this box If the organization discontinued its operations or dispose	sed of mor	e than 25% of its net ass	_				
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	0				
ජ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	0				
Activities &	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	0				
Ĭ	6	Total number of volunteers (estimate if necessary)		6	0.				
Act		Total unrelated business revenue from Part VIII, column (C), line 12		7a 7b	0.				
_	D	Net unrelated business taxable income from Form 990-T, line 39		Prior Year	Current Year				
	8	Contributions and grants (Part VIII, line 1h)	-	0.	0.				
Jue	9	Program service revenue (Part VIII, line 2g)		0.	0.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.				
æ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.				
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		0.	0.				
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
ş	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.				
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
×pe	b	Total fundraising expenses (Part IX, column (D), line 25)	<u> </u>						
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	L-	0.	0.				
	18	Total expenses Add lines 13-17 (must equal Part IX, column (25) VED		0.	0.				
	19	Revenue less expenses Subtract line 18 from line 12	101	0.	0.				
Net Assets or	-00	Total assets (Part X, line 16)	RS-OS	eginning of Current Year	End of Year 0 .				
\sse Bala	20 21	Total lassets (Part X, line 16) Total liabilities (Part X, line 26)	S -	0.	0.				
Vet /	22	Net assets or fund balances Subtract line 21 from line 20 OCDEAL LIT	기ボ니 -	0.	0.				
Pa	rt II	Signature Block							
		alties of perjury, I declare that I have examined this return, including accompanying schedules	and staten	nents, and to the best of my	knowledge and belief, it is				
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh							
Sign	1	Signature of officer	. ,	Date G-	5-20				
Her	е	JOSEPH BRIAN WILSON, POTENTATE	<u> </u>	<u> </u>					
		Type or print name and title		· · · · · · · · · · · · · · · · · · ·					
		Print/Type preparer's name Preparer's signature		Date Check	PTIN				
Paid				05/13/20 self employe					
Prep		Firm's name BT&CO., P.A.	1 cc	A Firm's EIN ▶ 4	18-1066439				
Use	Only	Firm's address 4301 SW HUNTOON ST.		5, 505	5 004 0407				
		TOPEKA, KS 66604		Phone no 785	5-234-3427				
May	the If	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				

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

Form **990** (2019)

Form 990 (2019)

Form 990 (2019) SHRINERS INT Part IV Checklist of Required Schedules

<u> </u>	Terri Officialist of fiedulica concaules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u> </u>	Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	'		l
	public office? If "Yes," complete Schedule C, Part I	_3_	<u> </u>	Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4	<u> </u>	<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	'		۱
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			۱
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_ '		.
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			v
_	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			l
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		<i>Δ</i> λ
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			1 4
_	as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а		11a		x
h	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	110		
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	'''		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
А	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	1.0		<u> </u>
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		х
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		х
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
3	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		_X_
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		i	Y
	domestic government on Port IV, column (A) line 12, K Wes # semilate Cahadula I. Darta Land II.			X

Form	n 990 (2019) · SHRINERS INTERNATIONAL 51	0220668	D	age '
	rt IV Checklist of Required Schedules (continued)	<u> </u>		aye
<u> </u>			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 2? 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 curre	ent		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as or	f the		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	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		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	e		
	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		ļ
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
þ	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, an	1	ļ	
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	e		
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			۱.,
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	_ 26_		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employed			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% cor			٠,
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part	27	-	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			l
	instructions, for applicable filing thresholds, conditions, and exceptions)	<u> </u>		_
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	1		_~
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		^
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00.		x
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		_ <u>^</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		х
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		-
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		Х
22	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		Х
34	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	,		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		х
35.2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			<u> </u>
IJ	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization.			
30		36		
37	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30		
. ,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
	and that is a same as a partitioning for loading mount (as perpendic). If I Ea, Complete Schedule II, Falt VI			

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter ·0· if not applicable	1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	ortable gaming			_
	(gambling) winnings to prize winners?		1c		
			Г	agn	(0010)

Page 5

			Yes	No
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,		Ì	
	filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<u> </u>
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	ļ	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	<u> </u>	<u> </u>
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country		l	ł
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)		<u> </u>	l
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>	<u> </u>	X
b		<u>5b</u>	<u> </u>	X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u>5c</u>	ļ	-
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	1 _		
	any contributions that were not tax deductible as charitable contributions?	6a	├	X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	۱	ĺ	l
_	were not tax deductible?	6b	+	
7	Organizations that may receive deductible contributions under section 170(c).		 	х
		7a	 	^
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	 	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		x
٦	If "Yes," indicate the number of Forms 8282 filed during the year	- ''	†	
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u>† </u>	1
f		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	1	
_	40000	7h	ĺ	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		1	
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
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			
а	Initiation fees and capital contributions included on Part VIII, line 12]		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter		ĺ	
а	Gross income from members or shareholders	1		
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)	<u> </u>	ļ	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	<u>12a</u>		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	1		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		-	<u> </u>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	-	\vdash
_	Note: See the instructions for additional information the organization must report on Schedule O			ľ
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
_	organization is licensed to issue qualified health plans Enter the amount of receive on head	1		
	Enter the amount of reserves on hand [13c] Did the executation receive any payments for indeer tapping convers during the tay year?	145		Х
	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes " here it filed a Form 730 to report these payments? If "Ne " here it filed a Form 730 to report these payments? If "Ne " here it filed a Form 730 to report these payments?	14a		 ^
_	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	\vdash	
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		x
	excess parachute payment(s) during the year? If "Yos " see instructions and file Form 4720. Schedule N	15		 ^ `
6	If "Yes," see instructions and file Form 4720, Schedule N Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	\vdash	Х
3	If "Yes." complete Form 4720. Schedule O	-'8 -		ᢡ
	II 163, COMBIGGE FORM TEAC, COMEGUIE C	•		

SHRINERS INTERNATIONAL 51-0220668 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 on Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 0 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. 0 1b b Enter the number of voting members included on line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? 3 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 X Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, X and branches to ensure their operations are consistent with the organization's exempt purposes? 10b 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Х 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X 12c in Schedule O how this was done Х 13 Did the organization have a written whistleblower policy? 13 X Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X 15a a The organization's CEO, Executive Director, or top management official X 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure NONE 17 List the states with which a copy of this Form 990 is required to be filed . Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available 18 for public inspection. Indicate how you made these available. Check all that apply X Upon request ____ Another's website Other (explain on Schedule O) Own website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records

66202

5300 METCALF,

THE ORGANIZATION - 9133625300

OVERLAND PARK, KS

_		1004	~
Form	990	(2U L	91

SHRINERS INTERNATIONAL

51-0220668

⊳_{age} **7**

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

 See instructions for the order in which to list the persons above

Name and title Average hours per week (list any) hours for related Organizations below lime) Average hours per liment and a recent formation of the organization (W.2/1099-MISC) Average of the organization of the organization (W.2/1099-MISC) Average of the organization (W.2/1099-MISC) Average of the organization of the organization (W.2/1099-MISC) Average of the organization of the organization of the organization (W.2/1099-MISC) Average of the organization of the organizat	Check this box it heldler the organization h		Ji ga	ı ıızu			ipei	Jak			I
hours per week (list any hours for related organizations below line) The companies per now both and officer and a director/rustee) (list any hours for related organizations below line) The companies below line The companies line	(A)	(B)			_ (0	C)			(D)	(E)	(F)
hours per week (list any hours for related organizations below line) The companies per now both and officer and a director/rustee) (list any hours for related organizations below line) The companies below line The companies line	Name and title	Average	١		Pos	ition	1		Reportable	Reportable	Estimated
week (list any) hours for related organizations below line) The properties of the component of the compon	, tame and the		(do	not cl	heck	more	than o	one			
(list any hours for related organizations below line) ———————————————————————————————————			offin	unies cer an	ss per id a d	recto	r/trus	ian teel	· ·		
				. J. W.		55.6	.,	,			1
		(list any	흥						the	organizations	compensation
			dire				-		organization	(W-2/1099-MISC)	from the
			5	ee			sate		AM 2/1000 MISC)	(=	
			ste	lrus		_ a	툂		(44-27 1099-141130)		
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		below	ig.	를	F.	E	est o	ĕ			organizations
		line)	힐	usti	Offic	Ę.	흔	٥			
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Section A. Officers, Directors, Trus	tees, Key Emp	<u>yloy</u>	ees,	anc	<u> 1 Hig</u>	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average		Position (do not check more than one		Reportable	Reportable		Estimated				
	hours per	box.	, unle:	ss per	rson ı	s both	n an	compensation compensat		,	amount of	
	week	offic	officer and a director/trustee)		from	from related		other				
	(list any	ector						the	organizations		compensatio	n
	hours for	흉	. I			ted		organization	(W-2/1099-MIS	2)	from the	
	related	stee	ruste			Bens		(W-2/1099-MISC)			organization	
	organizations below	FE I	onali		olo	5 8					and related	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				organizations	3
		٥	드	ō	포	₹ 5	<u></u>			+		_
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1b Subtotal			-		_		—	0.		0.		
c Total from continuation sheets to Part VI	Section A						•	0.		0.		٠.
d Total (add lines 1b and 1c)	,						•	0.		0.		<u>.</u>
Total number of individuals (including but no	ot limited to the	ose	liste	d ab	ove) wh	o re	ceived more than \$100.				
compensation from the organization						,		,				0
											Yes N	lo
3 Did the organization list any former officer,	director, truste	e, k	ey e	mpl	oye	e, or	hıg	hest compensated empl	oyee on	L		
line 1a? If "Yes," complete Schedule J for si										⊢	3 2	<u></u>
4 For any individual listed on line 1a, is the su	m of reportable	е со	mpe	nsa	tion	and	oth	er compensation from t	ne organization	<u> </u>		_
and related organizations greater than \$150	· ·		•							⊢	4 2	<u>`</u>
5 Did any person listed on line 1a receive or a							elate	ed organization or individ	lual for services	<u> </u>		_
rendered to the organization? If "Yes." com	olete Schedule	<u>. J f</u> ç	Dr.SU	ich r	oe <i>r</i> s	on				Щ.	5 2	ζ
Section B. Independent Contractors	managatad ind			* oo	ntro	20101	o th	act recovered more than \$	100 000 of comp		n from	—
Complete this table for your five highest countries the organization. Report compensation for the organization.										iisaliU	11 110111	
(A)	. ro dans i dans j d	<u>u. u</u>					T	(B)			(C)	_
Name and business	address	NC	NE	<u> </u>			_	Description of s	ervices	Cor	npensation	
· · · ·							\dashv					
							1					
					_	_	\dashv	 				
<u> </u>		—					\dashv	· · · · · · · · · · · · · · · · · · ·				
							\perp					
2 Total number of independent contractors (in	-	ot lim	nited	l to t	hos م	e lisi	ted	above) who received mo	ere than			
\$100,000 of compensation from the organiz	ation >				U	<u>, </u>						

Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Related or exempt Unrelated Revenuè excluded Total revenue from tax under business revenue function revenue sections 512 - 514 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 1g \$ g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f **Business Code** Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (ı) Real (II) Personal 6 a Gross rents **b** Less rental expenses 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory 7a b Less cost or other basis Other Revenue and sales expenses 7b |7c c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c) See Part IV, line 18 8b b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 9a 9b b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances 10a 10Ь b Less cost of goods sold c Net income or (loss) from sales of inventory **Business Code** scellaneous d All other revenue e Total. Add lines 11a-11d 0. 0. 0. Total revenue See instructions

Form 990 (2019) SHRINERS INTE Part IX | Statement of Functional Expenses

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

ra	ILA	Dalance Sheet					
		Check if Schedule O contains a response or note	e to an	y line in this Part X		_	<u> </u>
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		1			
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or	former	officer, director,			
		trustee, key employee, creator or founder, substa	ontributor, or 35%		_		
		controlled entity or family member of any of thes		5			
	6	Loans and other receivables from other disqualifi	ied per	sons (as defined			
		under section 4958(f)(1)), and persons described		6			
y,	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
¥	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment cost or other					
		basis Complete Part VI of Schedule D	10a				<u> </u>
	b	Less accumulated depreciation	10b			10c	
	11	Investments - publicly traded securities				11	
	12	Investments - other securities See Part IV, line 1	1			12	
	13	Investments - program-related See Part IV, line 1	11			13	
	14	Intangible assets				14	
	15	Other assets See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa	al line 3	3) , ,	0.	16	1 X0.
	17	Accounts payable and accrued expenses			_17		
	18	Grants payable			18		
	19	Deferred revenue		ļ	19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability Complete F				21	<u> </u>
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, substa				-	
ia		controlled entity or family member of any of thes				22	
_	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated				24	
	25	Other liabilities (including federal income tax, pay parties, and other liabilities not included on lines					
		of Schedule D	17-24)	Complete Part X		25	
	26	Total liabilities. Add lines 17 through 25			0.	26	0.
	20	Organizations that follow FASB ASC 958, chec	ck here	• ► X	•	- 20	,
S		and complete lines 27, 28, 32, and 33.	ok ner				
Ŭ	27	Net assets without donor restrictions				27	
3ala	28	Net assets with donor restrictions				28	
Ď	~~	Organizations that do not follow FASB ASC 95	58. che	ck here		-	
Ē		and complete lines 29 through 33.	, one				
ŏ	29	Capital stock or trust principal, or current funds				29	
ets	30	Paid-in or capital surplus, or land, building, or equ	uipmer	nt fund		30	
Ass	31	Retained earnings, endowment, accumulated inc				31	
Net Assets or Fund Balances	32	Total net assets or fund balances	·-, -	•	0.	32	0.
	33	Total liabilities and net assets/fund balances			0.	33	0.

Form **990** (2019)

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form 990 (2019)

SCHEDULE:0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

➤ Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public

Department of the Treasury Inspection Internal Revenue Service ▶ Go to www.irs.gov/Form990 for the latest information. Name of the organization **Employer identification number** 51-0220668 SHRINERS INTERNATIONAL FORM 990, ITEM K, OTHER FORM OF ORGANIZATION: UNICORP. ASSN. FORM 990, PART VI, SECTION A, LINE 6: ORGANIZATION HAS MEMBERS. FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS MAY VOTE FOR ELECTED OFFICERS. FORM 990, PART VI, SECTION A, LINE 7B: DECISIONS OF THE GOVERNING BODY MAY BE SUBJECT TO APPROVAL OF THE MEMBERS. FORM 990, PART VI, SECTION B, LINE 11B: THE GOVERNING BODY DOES NOT REVIEW THE COMPLETED 990 PRIOR TO FILING; HOWEVER, ONE OR MORE OFFICERS PERFORMS A REVIEW PRIOR TO SIGNING THE FORMS. IN ADDITION, IMPERIAL HEADQUARTERS STAFF PERFORMS A COMPLIANCE REVIEW AFTER THE 990 IS FILED. 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 MONITORED AND ENFORCED BY OUR IMPERIAL COUNCIL BYLAWS SECTION 210.7 FORM 990, PART VI, SECTION B, LINE 15: WE DO NOT MAKE OUR GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, OR

FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC. OUR 990'S ARE AVAILABLE FOR

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