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Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung  
benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

**2009**Open to Public  
Inspection**A For the 2009 calendar year, or tax year beginning** \_\_\_\_\_, and ending \_\_\_\_\_

Check if applicable  
 Address change  
 Name change  
 Initial return  
 Termination  
 Amended return  
 Application pending

**Please use IRS label or print or****type. See Specific Instructions.****A.A.O.N.M.S. AINAD TEMPLE GROUP****Doing Business As**

Number and street (or P O box if mail is not delivered to street address)

**609 ST. LOUIS AVE.****D Employer identification number****51-0149875**

City or town, state or country, and ZIP + 4

**EAST ST. LOUIS****IL 62201-2927****E Telephone number****618-874-1870****G Gross receipts \$****569,414****F Name and address of principal officer****H(a) Is this a group return for**

affiliates?

 Yes  No**H(b) Are all affiliates included?** Yes  No

If "No," attach a list (see instructions)

**See Stmt 1****H(c) Group exemption number ► 0229****I Tax-exempt status**  501(c) (10) ▶ (insert no)  4947(a)(1) or  527**J Website:** ► **AINADSHRINERS.ORG****K Type of organization**  Corporation  Trust  Association  Other ► **CLUBS****L Year of formation****M State of legal domicile** **IL****Part I Summary**

1 Briefly describe the organization's mission or most significant activities

**PHILANTHROPIC FRATERNITY**2 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)

**3 0**

4 Number of independent voting members of the governing body (Part VI, line 1b)

**4 0**

5 Total number of employees (Part V, line 2a)

**5 0**

6 Total number of volunteers (estimate if necessary)

**6 125**

7a Total gross unrelated business revenue from Part VIII, column (C), line 12

**7a 0**

b Net unrelated business taxable income from Form 990-T, line 34

RECEIVED  
JUN 08 2010 IRS-QSC OGDEN, UT8 Contributions and grants (Part VIII, line 1h) **3 78,989 102,599**9 Program service revenue (Part VIII, line 2g) **4 21,446 20,050**10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) **5 17,906 10,897**

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) **6 118,341 133,546**

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)

14 Benefits paid to or for members (Part IX, column (A), line 4)

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) ►

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) **7 141,323 121,700**18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) **8 141,323 121,700**19 Revenue less expenses Subtract line 18 from line 12 **9 -22,982 11,846**Beginning of Current Year **10 118,341**End of Year **11 133,546**20 Total assets (Part X, line 16) **10 720,673 732,519**21 Total liabilities (Part X, line 26) **11 1,200 1,200**22 Net assets or fund balances Subtract line 21 from line 20 **12 719,473 731,319****Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

**Sign Here****Mark Maxwell****6-4-10**

Signature of officer

Date

**Mark Maxwell****Administrator**

Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature

**Allison Knapp & Siekmann, Ltd.**Date  
*6/8/10*Check if self-employed ► Preparer's identifying number  
(see instructions)  
**P00100959**Firm's name (or yours  
if self-employed),  
address, and ZIP + 4**2810 Frank Scott Parkway West, Suite 704  
Belleville, IL 62223**EIN ► **37-1271856**Phone no ► **618-233-2641**

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes  No For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.  
DAA

Form 990 (2009)

**Part III Statement of Program Service Accomplishments**

1 Briefly describe the organization's mission  
**PHILANTHROPIC FRATERNITY**

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**NOTHING REPORTED, PART IX, LINE 25, COL B; THEREFORE NO EXPENSES REPORTED HERE.**

4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**NOTHING REPORTED, PART IX, LINE 25 COL B; THEREFORE NO EXPENSES REPORTED HERE.**

4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )  
**NOTHING REPORTED, PART IX, LINE 25 COL B; THEREFORE NO EXPENSES REPORTED HERE.**

4d Other program services (Describe in Schedule O )  
 (Expenses \$ including grants of \$ ) (Revenue \$ )  
**4e Total program service expenses ►**

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

5 **Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

9 Did the organization report an amount in Part X, line 21, 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

10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

- Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, 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 assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII
- 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
- Did the organization report an amount for other assets related 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 IX
- Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- 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? If "Yes," complete Schedule D, Part X

12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional

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

14a Did the organization maintain an office, employees, or agents outside of the United States?

- b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

	Yes	No
1		X
2		X
3		X
4		
5		
6		X
7		X
8		X
9		X
10		X
11	X	
12		X
12A	X	
13		X
14a		X
14b		X
15		X
16		X
17		X
18		X
19	X	
20		X

## Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States 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 current 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 of 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 25	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 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	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a	X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	33	X
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	34	X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	35	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	36	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	37	X
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	38	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O		

## Part V Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable

1a	0	Yes	No
1b	0		

1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c		X	
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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	0	Yes	No
2b			

b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)

3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?

3a		X	
----	--	---	--

b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

4a		X	
----	--	---	--

b If "Yes," enter the name of the foreign country. ► See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

5a		X	
----	--	---	--

b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

5b		X	
----	--	---	--

c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?

6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?

6a		X	
----	--	---	--

b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

7 **Organizations that may receive deductible contributions under section 170(c).**

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			
----	--	--	--

b 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			
----	--	--	--

d If "Yes," indicate the number of Forms 8282 filed during the year

7d			
----	--	--	--

e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

7e			
----	--	--	--

f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

7f			
----	--	--	--

g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?

7g			
----	--	--	--

h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?

7h			
----	--	--	--

8 **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

9 **Sponsoring organizations maintaining donor advised funds.**

a Did the organization make any taxable distributions under section 4966?

9a			
----	--	--	--

b Did the organization make a distribution to a donor, donor advisor, or related person?

9b			
----	--	--	--

10 **Section 501(c)(7) organizations.** Enter

a Initiation fees and capital contributions included on Part VIII, line 12

10a			
-----	--	--	--

b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

10b			
-----	--	--	--

11 **Section 501(c)(12) organizations.** Enter

a Gross income from members or shareholders

11a			
-----	--	--	--

b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )

11b			
-----	--	--	--

12a **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

12b			
-----	--	--	--

• **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.

### Section A. Governing Body and Management

1a Enter the number of voting members of the governing body  
 1b Enter the number of voting members that are independent

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?

4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a material diversion of the organization's assets?

6 Does the organization have members or stockholders?

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?  
 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  
 a The governing body?  
 b Each committee with authority to act on behalf of the governing body?

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

	Yes	No
1a	0	
1b	0	
2		X
3		X
4		X
5		X
6		X
7a		X
7b		X
8a	X	
8b	X	
9		X

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Does the organization have local chapters, branches, or affiliates?  
 b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?

11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?

11a Describe in Schedule O the process, if any, used by the organization to review this Form 990

12a Does the organization have a written conflict of interest policy? If "No," go to line 13  
 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?  
 c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done

13 Does the organization have a written whistleblower policy?

14 Does the organization have a written document retention and destruction policy?

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  
 a The organization's CEO, Executive Director, or top management official  
 b 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 taxable entity during the year?  
 b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?

	Yes	No
10a	X	
10b	X	
11	X	
12a		X
12b		
12c		
13		X
14		X
15a		X
15b		X
16a		X
16b		

### Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► **None**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  
 Own website  Another's website  Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► **AINAD SHRINERS** **609 ST LOUIS AVE** **IL 62201** **618-874-1870**

Form 990 (2009) **A.A.O.N.M.S. AINAD TEMPLE GROUP**

51-0149875

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**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**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. Use Schedule J-2 if additional space is needed

- 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 See instructions for definition of "key employee "
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees; highest compensated employees, and former such persons.

Check this box if the organization did not compensate any current officer, director, or trustee.

**Part VII. Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

1b Total

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

3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

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

Form 990 (2008)

## Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1b Membership dues 1c Fundraising events 1d Related organizations 1e Government grants (contributions) 1f All other contributions, gifts, grants, and similar amounts not included above 1g Noncash contributions included in lines 1a-1f 1h Total. Add lines 1a-1f	102,599	102,599		
Program Service Revenue	2a MEMBERSHIP DUES b c d e f All other program service revenue 2g Total. Add lines 2a-2f	20,050	20,050		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6a Gross Rents b Less rental exps c Rental inc or (loss) d Net rental income or (loss) 7a Gross amount from sales of assets other than inventory b Less cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 a b Less direct expenses c Net income or (loss) from fundraising events ► 9a Gross income from gaming activities See Part IV, line 19 a 435,868 b Less direct expenses c Net income or (loss) from gaming activities ► 10a Gross sales of inventory, less returns and allowances a b Less: cost of goods sold c Net income or (loss) from sales of inventory ► 11a b c d All other revenue e Total. Add lines 11a-11d 12 Total Revenue. See instructions	10,897		10,897	
	Miscellaneous Revenue	Busn. Code			
11a b c d All other revenue e Total. Add lines 11a-11d 12 Total Revenue. See instructions		133,546	20,050	0	10,897

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 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 governments and organizations in the US See Part IV, line 21				
2 Grants and other assistance to individuals in the US See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the US 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 contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees).				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
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 (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a <b>VARIOUS EXPENSES</b>	<b>121,700</b>		<b>121,700</b>	
b				
c				
d				
e				
f All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24f	<b>121,700</b>		<b>121,700</b>	
<b>26 Joint costs.</b> Check here ► <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

## Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest bearing	181,329	1	200,932
	2 Savings and temporary cash investments	330,656	2	312,019
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	1,605	8	1,565
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	218,003		
	b Less accumulated depreciation	10b	207,083	10c 218,003
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11		15	
	16 Total assets. Add lines 1 through 15 (must equal line 34)	720,673	16	732,519
Liabilities	17 Accounts payable and accrued expenses	1,200	17	1,200
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	1,200	26	1,200
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds	719,473	32	731,319
	33 Total net assets or fund balances	719,473	33	731,319
	34 Total liabilities and net assets/fund balances	720,673	34	732,519

Form 990 (2009)

**Part XI Financial Statements and Reporting**

1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

Separate basis  Consolidated basis  Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		<input checked="" type="checkbox"/>
2b		<input checked="" type="checkbox"/>
2c		
3a		<input checked="" type="checkbox"/>
3b		

Form **990** (2009)

**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

Employer identification number

**A.A.O.N.M.S. AINAD TEMPLE GROUP****51-0149875****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 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?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

## 1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of certified historic structure  
 Preservation of open space

## 2 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
2a	
2b	
2c	
2d	

a Total number of conservation easements  
b Total acreage restricted by conservation easements  
c Number of conservation easements on a certified historic structure included in (a)  
d Number of conservation easements included in (c) acquired after 8/17/06

## 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ► \_\_\_\_\_

## 4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

## 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

 Yes  No

## 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year

► \_\_\_\_\_

## 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year

► \$ \_\_\_\_\_

## 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section

170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

 Yes  No

## 9 In Part XIV, 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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**  
Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

## 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items.

## b If the organization elected, as permitted under SFAS 116, 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) Revenues included in 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 relating to these items:

a Revenues included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b Assets included in Form 990, Part X

► \$ \_\_\_\_\_

Schedule D (Form 990) 2009 **A.A.O.N.M.S. AINAD TEMPLE GROUP** 51-0149875 Page 2**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)**

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations

- d Loan or exchange programs
- e Other \_\_\_\_\_

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table

- c Beginning balance
- d Additions during the year
- e Distributions during the year
- f Ending balance

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?

Yes  No

b If "Yes," explain the arrangement in Part XIV

**Part V Endowment Funds.** Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ► \_\_\_\_\_ %
- b Permanent endowment ► \_\_\_\_\_ %
- c Term endowment ► \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other		218,003		218,003
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				218,003

Schedule D (Form 990) 2009

**Part VII Investments—Other Securities. See Form 990, Part X, line 12.**

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		
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**Part VIII Investments—Program Related. See Form 990, Part X, line 13.**

**Part IX Other Assets. See Form 990, Part X, line 15.**

**Total. (Column (b) must equal Form 990, Part X, col (B) line 15 )**

2. FIN 48 Footnote In Part XIV, 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.

#### Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1
2	Total expenses (Form 990, Part IX, column (A), line 25)	2
3	Excess or (deficit) for the year Subtract line 2 from line 1	3
4	Net unrealized gains (losses) on investments	4
5	Donated services and use of facilities	5
6	Investment expenses	6
7	Prior period adjustments	7
8	Other (Describe in Part XIV )	8
9	Total adjustments (net) Add lines 4 through 8	9
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV )	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV )	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 )	5	

### **Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	
b	Prior year adjustments	
c	Other losses	
d	Other (Describe in Part XIV )	
e	Add lines 2a through 2d	
3	Subtract line 2e from line 1	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIV )	
c	Add lines 4a and 4b	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 )	

## **Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**SCHEDULE G**  
**(Form 990 or 990-EZ)**

**Department of the Treasury  
Internal Revenue Service**

## **Supplemental Information Regarding Fundraising or Gaming Activities**

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

OMB No 1545-0047

2009

**Open To Public  
Inspection**

Name of the organization

**Employer identification number  
51-0149875**

## A.A.O.N.M.S. AINAD TEMPLE GROUP

**Part I** **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

**2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes  No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fund-raiser have custody or control of contributions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization	
		Yes	No			

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through col (c))
		(event type)	(event type)	(total number)	
1	Gross receipts				
2	Less. Charitable contributions				
3	Gross revenue (line 1 minus line 2)				
4	Cash prizes				
5	Noncash prizes				
6	Rent/facility costs				
7	Food and beverages				
8	Entertainment				
9	Other direct expenses				
10	Direct expense summary. Add lines 4 through 9 in column (d)				► ( )
11	Net income summary. Combine line 3, column (d), and line 10				► ( )

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

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
1	Gross revenue			435,868	435,868
2	Cash prizes				
3	Noncash prizes				
4	Rent/facility costs				
5	Other direct expenses			435,868	435,868
6	Volunteer labor	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.00 % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				► ( ) 435,868
8	Net gaming income summary. Combine line 1, column d, and line 7				► ( )

9 Enter the state(s) in which the organization operates gaming activities: **IL**

a Is the organization licensed to operate gaming activities in each of these states?  
b If "No," Explain

	Yes	No
9a	<input checked="" type="checkbox"/>	
10a		<input checked="" type="checkbox"/>
11		<input checked="" type="checkbox"/>
12		<input checked="" type="checkbox"/>

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

b If "Yes," Explain

11 Does the organization operate gaming activities with nonmembers?

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?

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility
- b An outside facility

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ► AINAD SHRINERS  
609 ST LOUIS AVE

Address ► E ST LOUIS

		Yes	No
13a	%		
13b	100.00 %		

IL 62201

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

b If "Yes," enter the amount of gaming revenue received by the organization ► \$

amount of gaming revenue retained by the third party ► \$

c If "Yes," enter name and address of the third party

Name ►

Address ►

16 Gaming manager information:

Name ►

Gaming manager compensation ► \$

Description of services provided ►

Director/officer       Employee       Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

15a X

17a X

**SCHEDULE O**

(Form 990)

Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**Complete to provide information for responses to specific questions on  
Form 990 or to provide any additional information.  
► Attach to Form 990.

OMB No 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

**A.A.O.N.M.S. AINAD TEMPLE GROUP**Employer identification number  
**51-0149875****Form 990, Part III, Line 4d - All Other Achievements****NOTHING REPORTED, PART IX, LINE 25 COL B; THEREFORE NO  
EXPENSES REPORTED HERE.****Form 990, Part VI, Line 10b - Policies and Procedures Governing Chapters  
THE TEMPLE HAS REPORTING PROCEDURES AND SEMINARS TO REVIEW AND ESTABLISH  
VARIOUS RULES AND DISCLOSURES FOR THE CLUBS****Form 990, Part VI, Line 11A - Organization's Process to Review Form 990  
AINAD TEMPLE MANAGEMENT REVIEW FORM 990 BEFORE FILING****Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation  
No documents available to the public**

AINADCLUBS A.A.O.N.M.S. AINAD TEMPLE GROUP  
51-0149875  
FYE: 12/31/2009

**AINADCLUBS A.A.O.N.M.S. AINAD TEMPLE GROUP**  
**Federal Statements**

6/2/2010 8:33 AM

**Statement 1 - Form 990, Page 1, Line H(b) - Affiliated Group Return Information**

Business Name	EIN
609 ST. LOUIS AVE	
SEE ATTACHED	

AINADCLUBS A.A.O.N.M.S. AINAD TEMPLE GROUP

6/2/2010 8:33 AM

51-0149875

## Federal Statements

FYE: 12/31/2009

### Taxable Interest on Investments

Description	Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75
INVESTMENT INCOME	\$ 10,897		14		
Total	\$ <u>10,897</u>				

**TO: DEBORAH DOMINI, TEMPLE AUDITOR**  
**FAX: (813) 281-8460**      **OFF: (813) 281-8102**

April 23, 2009

2009 LIST OF PARENT AND SUBSIDIARY ACCOUNTS FOR GEN 0229

EIN	FR	CHAPTER NAME	CARE OF NAME	ADDRESS	CITY	ST	ZIP	UPDATES
237361330	02	AHAVA OF WHITE COUNTY SHRINE CLUB	% AINAD SHRINERS	609 SAINT LOUIS AVE	EAST ST LOUIS	IL	622012927090	
370154931	01	AINAD SHRINERS	% AINAD SHRINERS	609 SAINT LOUIS AVE	E SAINT LOUIS	IL	622012927090	
510149875	03	AINAD SHRINERS GROUP RETURN	% AINAD SHRINERS	609 SAINT LOUIS AVE	E SAINT LOUIS	IL	622012927090	
237361331	02	ALT-WOOD SHRINE CLUB	% AINAD SHRINERS	609 SAINT LOUIS AVE	EAST ST LOUIS	IL	622012927090	
237361357	02	BELLEVILLE SHRINE CLUB	% AINAD SHRINERS	609 SAINT LOUIS AVE	EAST ST LOUIS	IL	622012927090	
371218659	01	BOND COUNTY SHRINE CLUB	% AINAD SHRINERS	609 SAINT LOUIS AVE	EAST ST LOUIS	IL	622012927090	
237361356	02	CENTER OF RICHLAND CNTY SHRINE CLUB	% AINAD SHRINERS	609 SAINT LOUIS AVE	EAST ST LOUIS	IL	622012927090	
237361352	02	CENTRALIA SHRINE CLUB	% AINAD SHRINERS	609 SAINT LOUIS AVE	EAST ST LOUIS	IL	622012927090	
237361846	01	CLARK COUNTY SHRINE CLUB	% AINAD SHRINERS	609 SAINT LOUIS AVE	EAST ST LOUIS	IL	622012927090	
371089149	02 01	CLAY COUNTY SHRINE CLUB	% AINAD SHRINERS	609 SAINT LOUIS AVE	EAST ST LOUIS	IL	622012927090	
237361847	02	COLLINSVILLE SHRINE CLUB	% AINAD SHRINERS	609 SAINT LOUIS AVE	EAST ST LOUIS	IL	622012927090	
237361848	01	CRAWFORD COUNTY SHRINE CLUB	% AINAD SHRINERS	609 SAINT LOUIS AVE	EAST ST LOUIS	IL	622012927090	
371089151	02	DANIA SHRINE CLUB ST CLAIR COUNTY	% AINAD SHRINERS	609 SAINT LOUIS AVE	EAST ST LOUIS	IL	622012927090	
237361849	02	DELTA OF HARDIN CO SHRINE CLUB TROY	% AINAD SHRINERS	609 SAINT LOUIS AVE	EAST ST LOUIS	IL	622012927090	
237361851	02	EGYPTIAN OF SALINE COUNTY SHRINE CLB	% AINAD SHRINERS	609 SAINT LOUIS AVE	EAST ST LOUIS	IL	622012927090	
237361852	02	EL KAZAM OF JERSEY COUNTY SHRINE CL	% AINAD SHRINERS	609 SAINT LOUIS AVE	EAST ST LOUIS	IL	622012927090	
237361853	02	FRANKLIN COUNTY SHRINE CLUB	% AINAD SHRINERS	609 SAINT LOUIS AVE	EAST ST LOUIS	IL	622012927090	
237361854	02	HEART OF EFFINGHAM COUNTY S C	% AINAD SHRINERS	609 SAINT LOUIS AVE	EAST ST LOUIS	IL	622012927090	
237361867	02	JACKSON COUNTY SHRINE CLUB	% AINAD SHRINERS	609 SAINT LOUIS AVE	EAST ST LOUIS	IL	622012927090	
371089146	02	JASPER COUNTY SHRINE CLUB	% AINAD SHRINERS	609 SAINT LOUIS AVE	EAST ST LOUIS	IL	622012927090	
237361855	02	JEFFERSON COUNTY SHRINE CLUB	% AINAD SHRINERS	609 SAINT LOUIS AVE	EAST ST LOUIS	IL	622012927090	
237361856	02	KIM OF PULASKI COUNTY SHRINE CLUB	% AINAD SHRINERS	609 SAINT LOUIS AVE	EAST ST LOUIS	IL	622012927090	

TO: DEBORAH DOMINI, TEMPLE AUDITOR  
FAX: (813) 281-8460  
OFF: (813) 281-8102

April 23, 2009

2009 LIST OF PARENT AND SUBSIDIARY ACCOUNTS FOR GEN 0229

EIN	FR	CHAPTER NAME	CARE OF NAME	ADDRESS	CITY	ST	ZIP	UPDATES
237361858	02	LAWRENCE COUNTY SHRINE CLUB	% AINAD SHRINERS	609 SAINT LOUIS AVE	EAST ST LOUIS	IL	622012927090	
237361861	02	OASIS OF UNION COUNTY SHRINE CLUB	% AINAD SHRINERS	609 SAINT LOUIS AVE	EAST ST LOUIS	IL	622012927090	
237361862	02	OLD NATL TRL OF FAYETTE COUNTY S C	% AINAD SHRINERS	609 SAINT LOUIS AVE	EAST ST LOUIS	IL	622012927090	
237361863	02	PERRY COUNTY SHRINE CLUB	% AINAD SHRINERS	609 SAINT LOUIS AVE	EAST ST LOUIS	IL	622012927090	
320151006	02	PONTOON BEACH SHRINE CLUB	% AINAD SHRINERS	609 SAINT LOUIS AVE	E SAINT LOUIS	IL	622012927090	
237361864	02	RANDOLPH COUNTY SHRINE CLUB	% AINAD SHRINERS	609 SAINT LOUIS AVE	EAST ST LOUIS	IL	622012927090	
237361865	02	SALEM SHRINE CLUB	% AINAD SHRINERS	609 SAINT LOUIS AVE	EAST ST LOUIS	IL	622012927090	
371089145	02	SHAWNEE SHRINE CLUB MASSAC COUNTY	% AINAD SHRINERS	609 SAINT LOUIS AVE	EAST ST LOUIS	IL	622012927090	
237361866	02	SILVER LAKE OF MADISON CITY SC	% AINAD SHRINERS	609 SAINT LOUIS AVE	EAST ST LOUIS	IL	622012927090	
237361868	02	TRI-CITY OF MADISON COUNTY S C	% AINAD SHRINERS	609 SAINT LOUIS AVE	EAST ST LOUIS	IL	622012927090	
237361850	02	TROY-EDWARDSVILLE SHRINE CLUB	% AINAD SHRINERS	609 SAINT LOUIS AVE	EAST ST LOUIS	IL	622012927090	
237361869	02	WABASH VALLEY SHRINE CLUB	% AINAD SHRINERS	609 SAINT LOUIS AVE	EAST ST LOUIS	IL	622012927090	
371089147	02	WAYNE COUNTY SHRINE CLUB	% AINAD SHRINERS	609 SAINT LOUIS AVE	EAST ST LOUIS	IL	622012927090	
237362099	01	WILLIAMSON COUNTY SHRINE CLUB	% AINAD SHRINERS	609 SAINT LOUIS AVE	EAST ST LOUIS	IL	622012927090	

02 Elbron  
Shrine  
Club

SIGNATURE

DATE

TITLE

IF NO CHANGES, CHECK HERE \_\_\_\_\_

Form **8868**

(Rev. April 2009)

Department of the Treasury  
Internal Revenue Service**Application for Extension of Time To File an  
Exempt Organization Return**

OMB No 1545-1709

► File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II (on page 2 of this form)

► **Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.****Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).**

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete

Part I only

► 

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization	Employer identification number
File by the due date for filing your return. See instructions	<b>A.A.O.N.M.S. AINAD TEMPLE GROUP</b>	<b>51-0149875</b>
	Number, street, and room or suite no. If a P.O. box, see instructions <b>609 ST. LOUIS AVE.</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>EAST ST. LOUIS IL 62201-2927</b>	

Check type of return to be filed (file a separate application for each return):

Form 990  
 Form 990-BL  
 Form 990-EZ  
 Form 990-PF

Form 990-T (corporation)  
 Form 990-T (sec. 401(a) or 408(a) trust)  
 Form 990-T (trust other than above)  
 Form 1041-A

Form 4720  
 Form 5227  
 Form 6069  
 Form 8870

- The books are in the care of ► **AINAD SHRINERS**

Telephone No. ► **618-874-1870**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **0229**. If this is for the whole group, check this box ►  If it is for part of the group, check this box ►  and attach a list with the names and EINs of all members the extension will cover. **See Statement**

► 

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **08/15/10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

►  calendar year **2009** or  
 ►  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev 4-2009)

Allison Knapp & Siekmann, Ltd. CPA's 37-1271856  
 2810 Frank Scott Parkway West, Suite 704  
 Belleville, IL 62223