



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



processed
3/3/2012

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

2010

Open to Public Inspection

A For the **2010** calendar year, or tax year beginning and ending

B Check if applicable:
☐ Address change
☒ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
SHRINERS INTERNATIONAL OLEIKA SHRINERS GROUP RETURN
Doing Business As
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
326 SOUTHLAND DRIVE
City or town, state or country, and ZIP + 4
LEXINGTON, KY 40503

D Employer identification number
23-7425093

E Telephone number
859-277-6869

G Gross receipts \$ **249,224.**

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)
H(c) Group exemption number **0229**

I Tax-exempt status: ☐ 501(c)(3) ☒ 501(c)(10) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: **N/A**

K Form of organization: ☐ Corporation ☐ Trust ☐ Association ☒ Other

L Year of formation: **1908** **M** State of legal domicile: **KY**

F Name and address of principal officer: **CHARLES KENDRICK SEE C ABOVE**

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

	Prior Year	Current Year
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 individuals employed in calendar year 2010 (Part V, line 2a)	5	0
6 Total number of volunteers (estimate if necessary)	6	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.
8 Contributions and grants (Part VIII, line 1h)	17,106.	13,563.
9 Program service revenue (Part VIII, line 2g)	16,992.	4,277.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,545.	35.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	196,844.	141,938.
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	241,487.	159,813.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	50,581.
14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16a Professional fundraising fees (Part IX, column (A), line 1e)	0.	0.
b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	224,745.	105,018.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	224,745.	155,599.
19 Revenue less expenses. Subtract line 18 from line 12	16,742.	4,214.
20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26)	525,510.	192,269.
22 Net assets or fund balances. Subtract line 21 from line 20	137,701.	130,714.
	387,809.	61,555.

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
Signature of officer: **KEN DOUGHERTY, TREASURER** Date: **11-15-11**
Type or print name and title

Paid Preparer Use Only
Print/Type preparer's name: **RAY, FOLEY, HENSLEY & CO** Preparer's signature: _____ Date: _____ Check if self-employed: ☐ PTIN: _____
Firm's name: **RAY, FOLEY, HENSLEY & COMPANY, PLLC** Firm's EIN: _____
Firm's address: **230 LEXINGTON GREEN CIRCLE, STE. 600 LEXINGTON, KY 40503-3326** Phone no.: **(859) 231-1800**

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

9-2-10

7