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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)

OMB No. 1545-0047

2010

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Inspection

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

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

B Check if applicable <input type="checkbox"/> Address change <input checked="" type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization SHRINERS INTERNATIONAL, DBA C/O KEM SHRINERS GROUP RETURN	D Employer identification number 51-0171595
Doing Business As Number and street (or P.O. box if mail is not delivered to street address) P.O. BOX 5268		E Telephone number 701-772-7125
City or town, state or country, and ZIP + 4 GRAND FORKS, ND 58206		G Gross receipts \$ 199,546.
F Name and address of principal officer: MILES L. CHRISTIANSON SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
I Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c)(10) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "No," attach a list. (see instructions)
J Website: ► HTTP://WWW.KEMSHRINERS.ORG		H(c) Group exemption number ► 0229
K Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other ► UNINC		L Year of formation: 1910 M State of legal domicile: ND

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: FRATERNITY WITH A PHILANTHROPIC MISSION		
	2 Check this box ► <input type="checkbox"/> 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)	7	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	7	
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	0	
	6 Total number of volunteers (estimate if necessary)	0	
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	0.	
7 b Net unrelated business taxable income from Form 990-T, line 34	0.		
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	6,365.	3,800.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,991.	1,006.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	6,983.	13,561.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	97,043.	76,598.
	114,382.	94,965.	
Expenses	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.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16 a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16 b Total fundraising expenses (Part IX, column (D), line 25) ► 0.	73,498.	46,127.
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	73,498.	46,127.	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	40,884.	48,838.	
Net Assets or Fund Balances	19 Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	452,402.	482,721.
	21 Total liabilities (Part X, line 26)	0.	0.
22 Net assets or fund balances. Subtract line 21 from line 20	452,402.	482,721.	

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 JAMES MCCONNELL, TREASURER Type or print name and title	Date			
Paid Preparer	Print/Type preparer's name JANELLE MULROY	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
Use Only	Firm's name ► BRADY, MARTZ AND ASSOCIATES, P.C.			Firm's EIN ►	
	Firm's address ► P.O. BOX 14296 GRAND FORKS, ND 58208-4296			Phone no. 701-775-4685	

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

032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

15 CZ

FORM 990

LINE H(B) - LIST OF AFFILIATED
ORGANIZATIONS INCLUDED IN GROUP RETURN

STATEMENT 1

NAME OF ORGANIZATION

ORGANIZATION'S ADDRESS

EMPLOYER ID

SHRINERS INTERNATIONAL DBA
MINOT SHRINE CLUB2524 BURDICK EXPY E. - MINOT,
ND 58701

23-7279182

FOOTNOTES

STATEMENT 2

AFFILIATE CLUBS NOT INCLUDED IN RETURN NOT REQUIRED TO FILE:

CROOKSTON SHRINE CLUB	EIN 23-7324150
LAKE REGION SHRINE CLUB	23-7331383
STEPHEN SHRINE CLUB	23-7362088
CROSBY INTL SHRINE CLUB	23-7324889
NORTHWEST SHRINE CLUB	23-7322798
GOOSE RIVER SHRINE CLUB	45-0384497
TURTLE MOUNTAIN SHRINE CLUB	23-7324820
LAKE OF THE WOODS SHRINE CLUB	23-7426034
RED RIVER SHRINE CLUB	23-7323349
FORTY NINERS SHRINE CLUB	23-7319505
WILLISTON SHRINE CLUB	23-7132817

Should have read
the same as 2007
(see Attached)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

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Name of the organization

SHRINERS INTERNATIONAL, DBA C/O
KEM SHRINERS GROUP RETURN

Employer identification number
51-0171595

FORM 990, PART I, ITEM K, OTHER ORGANIZATION TYPE:

UNINCORPORATED ASSOCIATION

FORM 990, PART VI, SECTION A, LINE 6: THE ORGANIZATION HAS

MEMBERS/STOCKHOLDERS WHO PAY MEMBERSHIP DUES

FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS/STOCKHOLDERS ELECT THE
BOARD OF DIRECTORS

FORM 990, PART VI, SECTION A, LINE 7B: MAJOR DECISIONS MAY REQUIRE
APPROVAL FROM A MAJORITY OF MEMBERS/STOCKHOLDERS

FORM 990, PART VI, SECTION B, LINE 11: THE GOVERNING BODY DOES NOT REVIEW
THE COMPLETED 990 PRIOR TO FILING; HOWEVER, ONE OR MORE OFFICERS PERFORMS A
CURSORY REVIEW PRIOR TO SIGNING THE FORM. IN ADDITION, IMPERIAL
HEADQUARTERS STAFF PERFORMS A COMPLIANCE REVIEW AFTER THE 990 IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: COMPLIANCE WITH OUR CODE OF ETHICS
IS MONITORED AND ENFORCED BY OUR IMPERIAL COUNCIL BYLAWS SECTION 210.7.

FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION MAKES ITS FORM 990
AVAILABLE FOR PUBLIC INSPECTION UPON WRITTEN REQUEST.

FORM 990, PART VI, SECTION C, LINE 19: WE DO NOT MAKE OUR GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENTS AVAILABLE TO
THE PUBLIC.

Name of the organization **SHRINERS INTERNATIONAL, DBA C/O
KEM SHRINERS GROUP RETURN**

Employer identification number
51-0171595

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

REMOVE NET ASSETS OF AFFILIATE W/ REVENUE UNDER \$50,000 -18,519.

FORM 990, PART XI, LINE 2C:

THE PROCESS FOR OVERSIGHT OF THE ANNUAL REVIEW OF THE ORGANIZATION'S

FINANCIAL STATEMENTS HAS NOT CHANGED FROM PRIOR YEAR'S PROCESS.