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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.

▶ Attach to Form 990. ▶ See separate instructions

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization

HEJAZ TEMPLE CLUB GROUP RETURN

Employer identification number

57-0115095

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33)

	(a) Name address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(5)	OGDEN UT					
(6)						

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year)

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No
(1)	SEE ATTACHMENT A,							
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

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

	(a) Name, address and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year)

	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1)								
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								

Part V Transactions with Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36)

Note Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to other organization(s)	1b		X
c Gift, grant, or capital contribution from other organization(s)	1c		X
d Loans or loan guarantees to or for other organization(s)	1d		X
e Loans or loan guarantees by other organization(s)	1e		X
f Sale of assets to other organization(s)	1f		X
g Purchase of assets from other organization(s)	1g		X
h Exchange of assets	1h		X
i Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k Performance of services or membership or fundraising solicitations for other organization(s)	1k	X	
l Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n Sharing of paid employees	1n		X
o Reimbursement paid to other organization for expenses	1o		X
p Reimbursement paid by other organization for expenses	1p		X
q Other transfer of cash or property to other organization(s)	1q		X
r Other transfer of cash or property from other organization(s)	1r		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

	(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" to Form 990, Part IV, line 37)

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Are all partners section 501(c)(3) organizations?		(e) Share of end-of-year assets	(f) Disproportionate allocations?		(g) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(h) General or managing partner?	
			Yes	No		Yes	No		Yes	No
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										

Name(s) as shown on return: HEJAZ TEMPLE CLUB GROUP RETURN

FEIN: 57-0115095

STATEMENT #128

FORM 990, LINE H(A)
AFFILIATE LISTING

NAME AND ADDRESS	NAME CONTROL	EIN
SEE ATTACHED SCHEDULE	SEEA	

57-0115095

2010 EIN VERIFICATION LIST

EIN	SHRINE CLUB NAME	CARE OF NAME	ADDRESS	CITY	STATE	ZIP
23-7110962	ABBEVILLE SHRINE CLUB	% HEJAZ SHRINERS	PO BOX 667	MAULDIN	SC	29662
23-7092799	ANDERSON RED FEZ SHRINE CLUB	% HEJAZ SHRINERS	PO BOX 1	ANDERSON	SC	29622
23-7099720	BLUE RIDGE SHRINE CLUB	% HEJAZ SHRINERS	PO BOX 667	MAULDIN	SC	29662
23-7331906	CHEROKEE SHRINE CLUB	% HEJAZ SHRINERS	PO BOX 667	MAULDIN	SC	29662
57-0755785	CHESNEE SHRINE CLUB	% HEJAZ SHRINERS	PO BOX 667	MAULDIN	SC	29662
23-7079276	CHESTER SHRINE CLUB	% HEJAZ SHRINERS	PO BOX 667	MAULDIN	SC	29662
57-0627929	GOLDEN STRIP SHRINE CLUB	% HEJAZ SHRINERS	PO BOX 667	MAULDIN	SC	29662
57-0721377	GREAT FALLS SHRINE CLUB	% HEJAZ SHRINERS	PO BOX 667	MAULDIN	SC	29662
57-6024958	GREENVILLE SHRINE CLUB	% HEJAZ SHRINERS	119 BEVERLY RD	GREENVILLE	SC	29607
57-0523543	GREENWOOD SHRINE CLUB	% HEJAZ SHRINERS	PO BOX 667	MAULDIN	SC	29662
57-0864212	HEJAZ TEMPLE	% HEJAZ SHRINERS	PO BOX 667	MAULDIN	SC	29662
57-0115095	HEJAZ TEMPLE GROUP RETURN	% HEJAZ SHRINERS	PO BOX 667	MAULDIN	SC	29662
57-0258650	JACKSON SHRINE CLUB	% HEJAZ SHRINERS	PO BOX 667	MAULDIN	SC	29662
23-7108546	LAURENS SHRINE CLUB	% HEJAZ SHRINERS	PO BOX 667	MAULDIN	SC	29662
57-0773605	MID-CITY SHRINE CLUB	% HEJAZ SHRINERS	PO BOX 247	LYMAN	SC	29365
23-7099610	NEWBERRY COUNTY SHRINE CLUB	% HEJAZ SHRINERS	PO BOX 667	MAULDIN	SC	29662
57-0779921	PICKENS SHRINE CLUB	% HEJAZ SHRINERS	PO BOX 667	MAULDIN	SC	29662
57-0659337	SALUDA SHRINE CLUB	% HEJAZ SHRINERS	PO BOX 667	MAULDIN	SC	29662
23-7329958	SPARTANBURG SHRINE CLUB	% HEJAZ SHRINERS	PO BOX 667	MAULDIN	SC	29662
23-7207551	TRI-CIY SHRINE CLUB	% HEJAZ SHRINERS	PO BOX 667	MAULDIN	SC	29662
57-0717231	UNION SHRINE CLUB	% HEJAZ SHRINERS	PO BOX 667	MAULDIN	SC	29662
23-7300312	WOODRUFF SHRINE CLUB	% HEJAZ SHRINERS	PO BOX 667	MAULDIN	SC	29662
23-7096922	YORK CRESCENT SHRINE CLUB	% HEJAZ SHRINERS	PO BOX 167	ROCK HILL	SC	29731