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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

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**ZAMORA SHRINERS****F/N/A A.A.O.N.M.S. ZAMORA TEMPLE**

Doing Business As

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

3521 RATLIFF ROAD

Room/suite

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

IRONDALE, AL 35210**F** Name and address of principal officer **FRED SLANEY****SAME AS C ABOVE****D** Employer identification number**63-0233840****E** Telephone number**205.854.2477****G** Gross receipts \$**787,461.****H(a)** Is this a group returnfor affiliates? ☐ Yes ☒ No**H(b)** Are all affiliates included? ☐ Yes ☐ No

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

H(c) Group exemption number ▶**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 ▶ **UNICO** **L** Year of formation: **1890** **M** State of legal domicile: **AL****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)	3	11
	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	7
	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.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	122,251.	149,559.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	83,201.	30,394.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	106,999.	74,951.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	314,075.	361,509.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	626,526.	616,413.
	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 11e)	129,173.	130,623.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	0.	0.
Expenses	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	596,692.	566,544.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	725,865.	697,167.
	19 Revenue less expenses. Subtract line 18 from line 12	<99,339.>	<80,754.>
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	4,839,867.	4,506,255.
	22 Net assets or fund balances. Subtract line 21 from line 20	138,067.	103,892.
		4,701,800.	4,402,363.

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	Date		
	FRED SLANEY, RECORDER <i>G. Fred Slaney</i>	10/04/2011		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN
	RONNIE L SHELL	<i>Ronnie L Shell</i>	9/29/11	
Preparer Use Only	Firm's name ▶ CARR RIGGS & INGRAM LLC	Firm's EIN ▶		
	Firm's address ▶ 4502 HIGHWAY 20 EAST SUITE A NICEVILLE, FL 32578	Phone no. 850.897.4333		

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

☒ Yes ☐ No

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Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III ☐

1 Briefly describe the organization's mission:

FRATERNITY WITH A PHILANTHROPIC MISSION

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 \$ 625,099. including grants of \$) (Revenue \$)
FRATERNAL, SOCIAL AND RECREATIONAL ACTIVITIES FOR BENEFIT OF MEMBERS

4b (Code:) (Expenses \$ 55,763. including grants of \$) (Revenue \$)
CHARITABLE - USES VANS TO SHUTTLE PATIENTS AND THEIR FAMILY MEMBERS TO AND FROM SHRINERS HOSPITALS FOR CHILDREN

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **680,862.**

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Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
2 Is the organization required to complete Schedule B, Schedule of Contributors?		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
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? <i>If "Yes," complete Schedule C, Part II</i>		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b 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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d 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 Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f 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)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions).		

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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? <i>If "Yes," complete Schedule I, Parts I and II</i>		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? <i>If "Yes," complete Schedule I, Parts I and III</i>		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? <i>If "Yes," complete Schedule J</i>		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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
25b 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? <i>If "Yes," complete Schedule L, Part I</i>		
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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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 A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

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

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Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question 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		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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 7		
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. (see instructions)	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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 instructions for 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?	5c		
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?	6b		
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	X	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
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?	8		
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?	12a		
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	13a		
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	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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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.

Check if Schedule O contains a response to any question in this Part VI

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	11	
b Enter the number of voting members included in line 1a, above, who are independent	0	
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?		X
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?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
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		X

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

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?		X
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?		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b 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	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
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		X
b Other officers or key employees of the organization		X
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?		X
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?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **AL**

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: **ZAMORA SHRINERS - 205.956.3636**
3521 RATLIFF ROAD, IRONDALE, AL 35210

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Check if Schedule O contains a response to any question in this Part VII

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total								13,000.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								13,000.	0.	0.

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 or individual 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. **NONE**

(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 **0**

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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	1 a Federated campaigns	1a					
	b Membership dues	1b	116,867.				
	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	32,692.				
	g Noncash contributions included in lines 1a-1f \$						
	h Total. Add lines 1a-1f			149,559.			
Program Service Revenue	2 a SHRINERS FEZ SALES	Business Code	448000	5,856.	5,856.		
	b						
	c						
	d						
	e						
	f All other program service revenue	722210	24,538.	24,538.			
	g Total. Add lines 2a-2f		30,394.				
	Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			74,951.		
4 Income from investment of tax-exempt bond proceeds							
5 Royalties							
6 a Gross Rents		(i) Real	111938.				
b Less: rental expenses		(ii) Personal	15,045.				
c Rental income or (loss)			96,893.				
d Net rental income or (loss)				96,893.	96,893.		
7 a Gross amount from sales of assets other than inventory		(i) Securities					
b Less: cost or other basis and sales expenses		(ii) Other					
c Gain or (loss)							
d Net gain or (loss)							
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		a	388094.				
b Less: direct expenses		b	154755.				
c Net income or (loss) from fundraising events				233,339.			233,339.
9 a Gross income from gaming activities. See Part IV, line 19		a					
b Less: direct expenses		b					
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances		a	32,385.				
b Less: cost of goods sold	b	1,248.					
c Net income or (loss) from sales of inventory			31,137.	31,137.			
Miscellaneous Revenue	Business Code						
11 a MISCELLANEOUS INCCOME	900099	140.	140.				
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			140.				
12 Total revenue. See instructions.			616,413.	158,564.	0.	308,290.	

ZAMORA SHRINERS

Form 990 (2010)

F/N/A A.A.O.N.M.S. ZAMORA TEMPLE

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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 U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	13,000.	13,000.		
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	99,405.	99,405.		
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,600.		3,600.	
9 Other employee benefits	1,913.	1,913.		
10 Payroll taxes	12,705.		12,705.	
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	27,369.	27,369.		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	44,405.	44,405.		
14 Information technology				
15 Royalties				
16 Occupancy	153,672.	153,672.		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,168.	7,168.		
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	29,121.	29,121.		
23 Insurance	85,998.	85,998.		
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a HOSPITAL TRANSPORTATION	55,763.	55,763.		
b SOCIAL ACTIVITIES	49,024.	49,024.		
c PROMOTION AND PUBLICITY	22,972.	22,972.		
d VISITATIONS AND PILGRIM	22,735.	22,735.		
e FEZ PURCHASES	10,267.	10,267.		
f All other expenses	58,050.	58,050.		
25 Total functional expenses. Add lines 1 through 24f	697,167.	680,862.	16,305.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

ZAMORA SHRINERS

Form 990 (2010)

F/N/A A.A.O.N.M.S. ZAMORA TEMPLE

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	160,124.	1	170,466.
	2 Savings and temporary cash investments	458,767.	2	394,744.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	29,386.	4	8,983.
	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)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	7,710.	8	6,674.
	9 Prepaid expenses and deferred charges	4,714.	9	832.
	10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D	10a 765,149.		
	b Less: accumulated depreciation	10b 452,067.	10c 296,101.	313,082.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	1,469,209.	12	1,390,888.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	2,413,856.	15	2,220,586.
16 Total assets. Add lines 1 through 15 (must equal line 34)	4,839,867.	16	4,506,255.	
Liabilities	17 Accounts payable and accrued expenses	59,512.	17	45,765.
	18 Grants payable		18	
	19 Deferred revenue	78,555.	19	58,127.
	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	138,067.	26	103,892.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,605,840.	27	4,306,403.
	28 Temporarily restricted net assets	95,960.	28	95,960.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input 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		32	
	33 Total net assets or fund balances	4,701,800.	33	4,402,363.
34 Total liabilities and net assets/fund balances	4,839,867.	34	4,506,255.	

Form 990 (2010)

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	616,413.
2	Total expenses (must equal Part IX, column (A), line 25)	2	697,167.
3	Revenue less expenses. Subtract line 2 from line 1	3	<80,754.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,701,800.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	<218,683.>
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	4,402,363.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

☒

- 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 separate basis, consolidated 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	X	
2b		X
2c	X	
3a		X
3b		

Form 990 (2010)

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

2010Open to Public
InspectionName of the organization **ZAMORA SHRINERS****F/N/A A.A.O.N.M.S. ZAMORA TEMPLE**

Employer identification number

63-0233840**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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> 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
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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 (ASC 958), 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 (ASC 958), 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 (ASC 958) relating to these items.

a Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

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 d ☐ Loan or exchange programs
- b ☐ Scholarly research e ☐ Other _____
- c ☐ Preservation for future generations
- 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:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 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 the 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:
- (i) unrelated organizations
- (ii) related organizations
- b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?
- | | Yes | No |
|--------|-----|----|
| 3a(i) | | |
| 3a(ii) | | |
| 3b | | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI 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		340,175.	85,424.	254,751.
c Leasehold improvements				
d Equipment		295,688.	284,328.	11,360.
e Other		129,286.	82,315.	46,971.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				313,082.

Schedule D (Form 990) 2010

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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ZAMORA TRUSTEES		
(B) INVESTMENT FUND		
(C) (PERPETUAL CARE)	1,390,888.	COST
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	1,390,888.	

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
(1) ZAMORA SHRINERS ASSOCIATION - NET ASSETS	2,186,887.
(2) ZAMORA SHRINERS HOLDING CORPORATION - NET ASSETS	33,699.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	2,220,586.

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	

FIN 48 (ASC 740) 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 (ASC 740)

ZAMORA SHRINERS

Schedule D (Form 990) 2010

F/N/A A.A.O.N.M.S. ZAMORA TEMPLE

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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	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	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 IX, line 25, 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 expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)	5	

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

Department of the Treasury
Internal Revenue Service

**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.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

2010

Open To Public Inspection

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.

Fundraising Activities.

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.

- 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

- ☐ Yes ☐ No

- | (i) Name and address of individual or entity (fundraiser) | (ii) Activity | (iii) Did fundraiser 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 | | | |
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| Total | | | | | | |

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

ZAMORA SHRINERS

Schedule G (Form 990 or 990-EZ) 2010 **F/N/A A.A.O.N.M.S. ZAMORA TEMPLE** **63-0233840** Page **2**

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GUN GIVEAWAY (event type)	COUNTRY CASH (event type)	3 (total number)	
Revenue	1 Gross receipts	110,966.	133,293.	143,834.	388,093.
	2 Less. Charitable contributions				
	3 Gross income (line 1 minus line 2)	110,966.	133,293.	143,834.	388,093.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	71,844.	52,799.	30,112.	154,755.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(154,755.)
	11 Net income summary. Combine line 3, column (d), and line 10				233,338.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	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. _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

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** Enter the name and address of the person who prepares the organization's gaming/special events books and records:

☐ Yes ☐ No

☐ Yes ☐ No

13a	%
-----	---

13b	%
-----	---

Name

Address

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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

2010

Open to Public
Inspection

Name of the organization ZAMORA SHRINERS F/N/A A.A.O.N.M.S. ZAMORA TEMPLE	Employer identification number 63-0233840
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FORM 990, PART I, ITEM K, OTHER ORGANIZATION TYPE:

UNICORPORATED ASSOCIATION

**FORM 990, PART VI, SECTION A, LINE 6: THE CLUB HAS MEMBERS WHO PREVIOUSLY
FILED APPLICATIONS FOR MEMBERSHIP AND WERE ADMITTED AS MEMBERS AFTER
DETERMINATION THAT CERTAIN CRITERIA IN THE ARTICLES AND BYLAWS WERE MET.**

**FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS ELECT OTHER MEMBERS TO FILL
EACH POSITION OF THE CLUB'S GOVERNING BODY.**

**FORM 990, PART VI, SECTION A, LINE 7B: DECISIONS OF THE GOVERNING BODY ARE
SUBJECT TO APPROVAL OF THE MEMBERSHIP BY A MAJORITY VOTE IN
REGULARLY-SCHEDULED OR CALLED MEETINGS.**

**FORM 990, PART VI, SECTION B, LINE 11: THE GOVERNING BODY DOES NOT REVIEW
FORM 990 PRIOR TO ITS FILING. HOWEVER, IMPERIAL HEADQUARTERS OF SHRINERS
INTERNATIONAL RECEIVES A COPY, AND PERFORMS A COMPLIANCE REVIEW OF FORM 990
AFTER ITS FILING.**

**FORM 990, PART VI, SECTION B, LINE 12C: THE CLUBS' CONFLICT OF INTEREST
POLICY IS EMBEDDED IN THE "SHRINE CODE OF ETHICS". COMPLIANCE WITH THE
CODE OF ETHICS IS MONITORED AND ENFORCED BY THE IMPERIAL COUNCIL OF
SHRINERS INTERNATIONAL PURSUANT TO SECTION 210.7 OF THE BYLAWS.**

**FORM 990, PART VI, SECTION C, LINE 19: GOVERNING DOCUMENTS, CONFLICT OF
INTEREST POLICIES, AND FINANCIAL STATEMENTS ARE NOT MADE AVAILABLE TO THE**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990 or 990-EZ) (2010)

032211
01-24-11

Name of the organization	ZAMORA SHRINERS F/N/A A.A.O.N.M.S. ZAMORA TEMPLE	Employer identification number 63-0233840
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PUBLIC. FORM 990 IS AVAILABLE TO THE PUBLIC UPON WRITTEN REQUEST.

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

NET UNREALIZED GAINS ON INVESTMENTS: 15,323.

PRIOR PERIOD ADJUSTMENTS: -234,006.

TOTAL TO FORM 990, PART XI, LINE 5 -218,683.

FORM 990, PART XI, LINE 2C

THE OFFICERS OF ZAMORA SHRINERS ARE CHARGED EACH YEAR WITH SELECTING AN
INDEPENDENT ACCOUNTANT TO REVIEW THE FINANCIAL STATEMENTS AND TAKE
RESPOSIBILITY FOR THE REVIEW ENGAGEMENT. THIS PROCESS HAS NOT CHANGED
SINCE THE FILING OF THE PRIOR YEAR FORM 990.

Department of the Treasury
Internal Revenue Service

▶ 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

F/N/A A.A.O.N.M.S. ZAMORA TEMPLE

Employer identification number
63-0233840

answered "Yes" to Form 990, Part IV, line 33)

[illegible]

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to 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	No
IMPERIAL COUNCIL, SHRINERS INTERNATIONAL	INTERNATIONAL HEADQUARTERS						
2900 ROCKEY POINT DRIVE	OF SHRINE CLUBS IN NORTH						
TAMPA, FL 33607-1460	AMERICA	FLORIDA					X
OTHER ALABAMA SHRINE CLUBS - 51-0158547							
35521 RATLIFF ROAD	GROUP RETURN OF AFFILIATED						
IRONDALE, AL 35210	SHRINE CLUBS	ALABAMA	501(C)(11)				X
ZAMORA SHRINERS HOLDING CORPORATION -	PARK AND LOUNGE OPERATED						
353-0438924, 3521 RATLIFF ROAD, IRONDALE, AL	FOR ZAMORA SHRINE MEMBERS						
35210	RECREATION, ENTERTAINMENT	ALABAMA	501(C)(7)				X
ZAMORA SHRINERS ASSOCIATION - 63-0948290	TITLE HOLDING CORPORATION						
3521 RATLIFF ROAD	FOR REAL PROPERTY OWNED,						
IRONDALE, AL 35210	UTILIZED BY ZAMORA SHRINE	ALABAMA	501(C)(2)				X

Schedule R (Form 990) 2010

(a)	(b)	(c)	(d)	(e)	(f)	(g)
(h)	(i)	(j)	(k)	(l)	(m)	(n)

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)

032162 12-21-10 **Schedule R (Form 990) 2010**

ZAMORA SHRINERS

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		
b	Gift, grant, or capital contribution to other organization(s)		X
c	Gift, grant, or capital contribution from other organization(s)		X
d	Loans or loan guarantees to or for other organization(s)		X
e	Loans or loan guarantees by other organization(s)		X
f	Sale of assets to other organization(s)		X
g	Purchase of assets from other organization(s)		X
h	Exchange of assets		X
i	Lease of facilities, equipment, or other assets to other organization(s)		X
j	Lease of facilities, equipment, or other assets from other organization(s)		X
k	Performance of services or membership or fundraising solicitations for other organization(s)		X
l	Performance of services or membership or fundraising solicitations by other organization(s)		X
m	Sharing of facilities, equipment, mailing lists, or other assets		X
n	Sharing of paid employees		X
o	Reimbursement paid to other organization for expenses		X
p	Reimbursement paid by other organization for expenses		X
q	Other transfer of cash or property to other organization(s)		X
r	Other transfer of cash or property from other organization(s)		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) OTHER ALABAMA SHRINE CLUBS	R	0.	
(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.

[illegible]

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).

Lined area for supplemental information.

Balance Sheet and Changes in Net Assets

	Cash - Non-Interest Bearing	Savings/ Temporary Cash Investments	Accounts Receivable	Inventories	Prepaid Expenses	Investments	Buildings and Equipment	Accum Depreciation	Other Assets	Accts Payable/ Accrued Expenses	Deferred Revenue	NET ASSETS		Total Revenue	Total Expenses	(Excess) Deficit for Year
												12/31/2009	12/31/2010			
Shrine	135,299 00	394,744 00	7,683 00	6,674 00	832 00	1,390,888 00	752,211 00	(436,479 00)	2,752,904 00	(45,765 00)	(58,127 00)	(4,634,945 63)	(4,361,915 88)	(685,461 00)	769,147 68	(83,686 68)
PY Adjustment								(6,630 12)	(532,318 00)			11,395 49			(5,133 38)	
Units																
Convertible	756 06											(1,147 61)	(756 06)	-	393 54	(393 54)
Arab Patrol	415 06											(582 75)	(415 06)	(255 60)	423 29	(167 69)
Clowns	1,878 63						1,550 00	(1,127 34)				(2,577 21)	(2,301 29)	(4,503 22)	4,779 14	(275 92)
Communications	-						6,360 00	(4,373 33)				(15,357 40)	(1,986 67)	(23,186 66)	21,648 91	1,537 75
Director Staff	1,688 96											(1,226 72)	(1,688 96)	(7,496 55)	7,034 31	462 24
Dune Buggies	1,497 44											(2,470 02)	(1,497 44)	(10,503 36)	11,475 94	(972 58)
Flying Fezes												(4,367 84)	-	-	-	-
Greeters	5,439 67											(6,200 06)	(5,439 67)	(9,392 00)	10,759 47	(1,367 47)
Ham Radio	-											(2,519 93)	-	(1,377 26)	1,094 43	282 83
Hillbilly	1,298 60											(1,372 57)	(1,298 60)	(1,544 33)	1,618 30	(73 97)
Krazy Kops	4,371 85											(4,660 64)	(4,371 85)	(23 00)	311 79	(288 79)
Zamora Legend	2,549 05		1,300 00				2,408 00	(1,655 81)				(1,436 53)	(4,601 24)	(9,767 90)	7,903 19	1,864 71
Misfits												-	-	-	-	-
Mobile Nobles	868 44						2,620 00	(1,801 59)				(2,066 59)	(1,686 85)	-	327 36	(327 36)
Motor Cords	5,316 00											(5,770 00)	(5,316 00)	(14,290 00)	14,744 00	(454 00)
Parade	2,964 46											(2,278 76)	(2,964 46)	(4,007 28)	3,321 58	685 70
Provost Guard	930 21											(778 55)	(930 21)	(540 00)	345 00	195 00
Riders	4,417 28											(22,814 60)	(4,417 28)	(11,989 00)	9,945 32	2,043 68
Knights of Messa												-	-	-	-	-
Skat Kats	466 01											(379 85)	(466 01)	(2,043 46)	1,957 30	86 16
Sportsman												(27 60)	-	-	-	-
Trail Blazers	309 95											(214 63)	(309 95)	(1,080 00)	984 68	95 32
	35,167 67	-	1,300 00	-	-	-	12,938 00	(15,588 19)	(532,318 00)	-	-	(66,854 37)	(40,447 60)	(101,999 62)	99,067 55	2,932 07
	170,466 67	394,744 00	8,983 00	6,674 00	832 00	1,390,888 00	765,149 00	(452,067 19)	2,220,586 00	(45,765 00)	(58,127 00)	(4,701,800 00)	(4,402,363 48)	(787,460 62)	868,215 23	(80,754 61)

Unrestricted - Temple
Temporarily Restricted - Temple

(4,538,985 63)
(95,960 00)
(4,634,945 63)

(4,265,955 88)
(95,960 00)
(4,361,915 88)

Unrestricted - Units

(66,854 37)
(4,701,800 00)

(40,447 60)
(4,402,363 48)

Zamora Shriners
F/N/A A.O.N.M.S. Zamora Temple
EIN 63-0233840
Shrine and Units Financial Data
12/31/2010

Support and Revenues

	Dues and Assmnts	Initiation Fees	Investment Income	Social Activities	Contribs Received	Fraternal Meetings & Visitations	Other Revenues	Fund Raising	(Gain)/Loss on Disposal of Assets	Total Revenue
Shrine	101,875.00	2,650.00	74,251.00	24,538.00	7,039.00		140.00	474,968.00		685,461.00
Units										
Convertible										-
Arab Patrol	200.00							55.60		255.60
Clowns	690.00	3,413.22						400.00		4,503.22
Communications		23,186.66								23,186.66
Director Staff	880.00			477.00			436.68	5,702.87		7,496.55
Dune Buggies	998.00							9,505.36		10,503.36
Flying Fezes										-
Greeters	5,950.00	3,442.00								9,392.00
Ham Radio								1,377.26		1,377.26
Hillbilly	92.13							1,452.20		1,544.33
Krazy Kops				23.00				7,947.90		23.00
Zamora Legend	1,120.00		700.00							9,767.90
Mobile Nobles										-
Motor Cords	2,200.00							12,090.00		14,290.00
Parade	862.00						100.00	3,045.28		4,007.28
Provost Guard	20.00							520.00		540.00
Riders	900.00						10,589.00	500.00		11,989.00
Skat Kats								2,043.46		2,043.46
Sportsman										-
Trail Blazers	1,080.00									1,080.00
	14,992.13	30,041.88	700.00	500.00	-	-	11,125.68	44,639.93	-	101,999.62
	116,867.13	32,691.88	74,951.00	25,038.00	7,039.00	-	11,265.68	519,607.93	-	787,460.62

Expenses	Compensation of Officers	Other Salaries and Wages	Pension Plan Contribs	Payroll Taxes	Other Employee Benefits	Accounting Fees	Postage and Shipping	Equipment Rental and Maintenance	Insurance	Vehicle Expense	Garbage and Trash Removal	Business Sessions and Ceremonials	Units and Clubs	Bank Service Charges	Hospital Transportation Fund	TOTAL EXPENSES
Shrine	13,000.00	99,405.00	3,600.00	12,705.00	1,913.00	27,369.00	2,826.00	18,723.00	85,998.00			4,569.00		2,462.00	55,763.00	328,333.00
	13,000.00	99,405.00	3,600.00	12,705.00	1,913.00	27,369.00	2,826.00	18,723.00	85,998.00	-	-	4,569.00	-	2,462.00	55,763.00	328,333.00
Shrine Tax Adjustment	Building Operations & Maintenance	Telephone/ Utilities	Supplies	Occupancy	Promotion and Publicity	Fraternal Visitations and Pilgrimages	Social Activities	Dues and Subscriptions	Taxes, Licenses & Fees	Contribs Paid	Fund Raising	Member Relations	Other Expenses	Depreciation	Transfers to Temple	
Shrine		3,433.00	4,969.00	151,410.00	22,522.00	16,182.00	18,047.00	409.00			193,449.00		2,919.00	32,240.00		445,580.00
Tax Adjustment														(4,765.32)		(4,765.32)
Units														27,474.68		27,474.68
Convertible							228.54			125.00		40.00				393.54
Arab Patrol						145.00	88.29	35.00			125.00	20.00	10.00			423.29
Clowns					150.00	314.78	500.00	815.00		1,700.00	125.90	200.00		223.46	750.00	4,779.14
Communications				1,500.00		700.00	8,708.00	1,200.00		6,000.00			2,746.24	794.67		21,648.91
Director Staff				219.78			2,289.55	120.00		531.00	2,838.70		1,035.28			7,034.31
Dune Buggies				191.85		2,463.82	1,139.92	678.00			5,121.30	39.13				11,475.94
Flying Fezes		500.00	1,341.92													-
Greeters							8,125.47			2,634.00						10,759.47
Ham Radio							972.23						1,094.43			1,094.43
Hillbilly						196.07	311.79			450.00						1,618.30
Krazy Kops							1,882.28			590.00	2,712.57		80.32	300.87	1,400.00	311.79
Zamora Legend			212.15		300.00			425.00						327.36		7,903.19
Mobile Nobles																327.36
Motor Cords				350.00		2,733.00	4,072.00	949.00		150.00	3,044.00	1,864.00		1,500.00	1,500.00	14,744.00
Parade			82.00					546.00		620.00	1,300.00	435.71			25.00	3,321.58
Provost Guard			119.00					120.00	275.87		225.00					345.00
Riders			198.00					1,040.00			300.00					9,945.32
Skat Kats							1,674.30	283.00					8,407.32			1,957.30
Sportsman																-
Trail Blazers		500.00	1,953.07		450.00		984.68									984.68
	-			2,261.63		6,552.67	30,977.05	6,211.00	275.87	12,800.00	15,792.47	2,598.84	13,373.59	1,646.36	3,675.00	99,067.55
	-	3,933.00	6,922.07	153,671.63	22,972.00	22,734.67	49,024.05	6,620.00	275.87	12,800.00	209,241.47	2,598.84	16,292.59	29,121.04	3,675.00	868,215.23

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	
Type or print File by the extended due date for filing your return. See instructions.	Name of exempt organization ZAMORA SHRINERS	Employer identification number 63-0233840
	F/N/A A.A.O.N.M.S. ZAMORA TEMPLE	
	Number, street, and room or suite no. If a P.O. box, see instructions. 3521 RATLIFF ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. IRONDALE, AL 35210	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

ZAMORA SHRINERS

- The books are in the care of **3521 RATLIFF ROAD - IRONDALE, AL 35210**
Telephone No. **205.956.3636** 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) ☐. 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 is for.

- 4 I request an additional 3-month extension of time until **NOVEMBER 15, 2011**
- 5 For calendar year **2010**, or other tax year beginning ☐ , and ending ☐
- 6 If the tax year entered in line 5 is for less than 12 months, check reason. ☐ Initial return ☐ Final return
☐ Change in accounting period

- 7 State in detail why you need the extension
ADDITIONAL TIME IS NECESSARY TO GATHER THIRD PARTY INFORMATION REQUIRED FOR PREPARATION OF A COMPLETE TAX RETURN.

8a 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.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ☐ Title **CPA** Date ☐

Form **8868** (Rev. 1-2011)