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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)

2010

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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 , 2010, and ending

B Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

SHRINERS INTERNATIONAL D/B/A
 SCIMITAR TEMPLE
 1 SCIMITAR CIRCLE
 LITTLE ROCK, AR 72209

D Employer Identification Number

71-0002822

E Telephone number

501-565-5992

G Gross receipts \$ 524,188.

F Name and address of principal officer FLOYD R BUFFINGTON
 SAME AS C ABOVE

H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) Are all affiliates included? ☐ Yes ☒ No
If "No," attach a list. (see instructions)I Tax-exempt status ☐ 501(c)(3) ☒ 501(c) (10) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: WWW.SCIMITARSHRINE.COM

H(c) Group exemption number

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

L Year of Formation: 1938 M State of legal domicile AR

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	7	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0	
Revenue	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	4	
	6	Total number of volunteers (estimate if necessary)	6	10	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	1,076.	
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
	Expenses	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
		9	Program service revenue (Part VIII, line 2g)	76,723.	47,646.
		10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	101,171.	191,082.
		11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	47,375.	45,269.
		12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	181,227.	107,904.
		13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	406,496.	391,901.
14		Benefits paid to or for members (Part IX, column (A), line 4)			
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			
16a		Professional fundraising fees (Part IX, column (A), line 11e)	49,185.	47,131.	
16b		Total fundraising expenses (Part IX, column (D), line 25)			
Net Assets or Fund Balances	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-11g)	357,518.	311,252.	
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	406,703.	358,383.	
	19	Revenue less expenses. Subtract line 18 from line 12	-207.	33,518.	
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year	
	21	Total liabilities (Part X, line 26)	2,106,257.	2,185,352.	
	22	Net assets or fund balances. Subtract line 21 from line 20	63,159.	56,486.	
			2,043,098.	2,128,866.	

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			
	GLENN GRIMES Type or print name and title	RECORDER 8-3-11			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	MITCHEL H. KNAPP	<i>Mitchel H. Knapp</i>	7-29-11		P00014665
	Firm's name	KNAPP, CRAIG & COMPANY, P.A.			
	Firm's address	1501 N UNIVERSITY, SUITE 245 LITTLE ROCK, AR 72207			
				Firm's EIN	71-0654756
				Phone no	(501) 664-5434

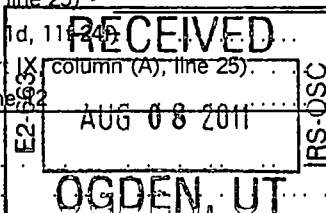
May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

TEEA0113L 12/21/10

Form 990 (2010)

SCANNED AUG 22 2011



Part III Statement of Program Service AccomplishmentsCheck 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 \$ including grants of \$) (Revenue \$ 40,107.)

CHARITABLE FUNDRAISING: PROVIDING SUPPORT OF SHRINERS HOSPITALS FOR CHILDREN
INCLUDING TRANSPORTATION AND DIRECT FINANCIAL SUPPORT -- NO ESTIMATE OF NUMBER OF
CHILDREN AND FAMILIES SERVED IS AVAILABLE.

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

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$ 109,270.)

MEMBERSHIP DUES: BILLED TO MEMBERS ANNUALLY. FOSTERS BROTHERHOOD AND FELLOWSHIP

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

(Expenses \$ including grants of \$) (Revenue \$ 44,912.)

4e Total program service expenses ▶

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)? If 'Yes,' complete Schedule A	1	X
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3	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? If 'Yes,' complete Schedule C, Part II	4	
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? If 'Yes,' complete Schedule C, Part III	5	
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6	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? If 'Yes,' complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8	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? If 'Yes,' complete Schedule D, Part IV	9	X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10	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? If 'Yes,' complete Schedule D, Part VI	11a	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? If 'Yes,' complete Schedule D, Part VII	11b	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? If 'Yes,' complete Schedule D, Part VIII	11c	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? If 'Yes,' complete Schedule D, Part IX	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11e	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)? If 'Yes,' complete Schedule D, Part X	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	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? If 'Yes,' complete Schedule F, Parts I and IV	14b	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? If 'Yes,' complete Schedule F, Parts II and IV	15	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? If 'Yes,' complete Schedule F, Parts III and IV	16	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? If 'Yes,' complete Schedule G, Part I (see instructions)	17	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? If 'Yes,' complete Schedule G, Part II	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19	X
20 a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	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)	20b	

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J		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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	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? If 'Yes,' complete Schedule L, Part I		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III		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):		
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV		X
c	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? If 'Yes,' complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	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)? If 'Yes,' complete Schedule R, Part V, line 2	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

BAA

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance*Check if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1 a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1 a 0		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2 a 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	2 a 4		
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)	2 b	X	
3 a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3 a	X	
b If 'Yes,' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3 b	X	
4 a 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)?	4 a		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			
5 a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5 c		
6 a 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?	6 a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
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?	7 a		X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8882?	7 c		X
d If 'Yes,' indicate the number of Forms 8882 filed during the year	7 d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7 e		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7 h		
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?	9 a		
b Did the organization make a distribution to a donor, donor advisor, or related person?	9 b		
10 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on Part VIII, line 12	10 a		
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10 b		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11 a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11 b		
12 a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12 b		
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.	13 a		
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.	13 b		
c Enter the amount of reserves on hand	13 c		
14 a Did the organization receive any payments for indoor tanning services during the tax year?	14 a		X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	14 b		

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 1a 7		
b Enter the number of voting members included in line 1a, above, who are independent 1b		
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? SEE SCHEDULE O ...	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? ... SEE SCHEDULE O ...	X	
b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? SEE SCH. O	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 or 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?	X	
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. SEE SCHEDULE O		
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 SEE SCHEDULE O	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 SEE SCHEDULE O	X	
b Other officers of key employees of the organization SEE SCHEDULE O	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 ▶ AR

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. SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

▶ GLENN GRIMES 1 SCIMITAR CIRCLE, LITTLE ROCK, AR 72209 501-565-5992

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(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			
(1) HERBERT T. WRIGHT ORIENTAL GUIDE	10			X				0.	0.	0.
(2) FLOYD R. BUFFINGTON POTENTATE	10			X				0.	0.	0.
(3) MATTHEW W. ADCOCK CHIEF RABBAN	10			X				0.	0.	0.
(4) GLENN GRIMES RECORDER	40			X				0.	25,300.	0.
(5) EDDIE CARL CARLAN HIGH PRIEST	10			X				0.	0.	0.
(6) ROBERT CASH ASST RABBAN	10			X				0.	0.	0.
(7) CHARLES THOMAS TREASURER	10			X				0.	0.	0.
(8) -----										
(9) -----										
(10) -----										
(11) -----										
(12) -----										
(13) -----										
(14) -----										
(15) -----										
(16) -----										
(17) -----										

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch 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			
(18) _____										
(19) _____										
(20) _____										
(21) _____										
(22) _____										
(23) _____										
(24) _____										
(25) _____										
(26) _____										
(27) _____										
(28) _____										
(29) _____										
1 b Sub-total								0.	25,300.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								0.	25,300.	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**

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If 'Yes,' complete Schedule J for such individual</i>		X
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? <i>If 'Yes,' complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If 'Yes,' complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	37,903.			
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	9,743.			
	g Noncash contributions included in lns 1a-1f: \$					
h Total. Add lines 1a-1f			47,646.			
PROGRAM SERVICE REVENUE	Business Code					
	2a MEMBERSHIP DUES & ASSESSM	900099	109,270.	109,270.		
	b TEMPLE RENTAL	900099	41,705.	41,705.		
	c CHARITABLE FUNDRAISING	900099	40,107.	40,107.		
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f			191,082.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		45,269.			45,269.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	(i) Real (ii) Personal					
	6a Gross Rents					
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	(i) Securities (ii) Other					
	7a Gross amount from sales of assets other than inventory					
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)					
	8a Gross income from fundraising events (not including. \$ 37,903. of contributions reported on line 1c). See Part IV, line 18. a		235,908.			
	b Less: direct expenses b		132,287.			
	c Net income or (loss) from fundraising events		103,621.			103,621.
	9a Gross income from gaming activities See Part IV, line 19 a					
b Less: direct expenses b						
c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances a						
b Less: cost of goods sold. b						
c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code				
11a MISC		541800	3,207.	3,207.		
b ADVERTISING		541800	1,076.		1,076.	
c						
d All other revenue						
e Total. Add lines 11a-11d			4,283.			
12 Total revenue. See instructions			391,901.	194,289.	1,076.	148,890.

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	0.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17	47,131.			
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	19,538.			
22 Depreciation, depletion, and amortization				
23 Insurance				
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 SEE SCHEDULE O	291,714.			
b				
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	358,383.			
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				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing	241,278.	1	236,493.
	2 Savings and temporary cash investments	452,348.	2	676,427.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	5,773.	4	4,550.
	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		8	
	9 Prepaid expenses and deferred charges	2,499.	9	3,233.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,945,898.		
	b Less: accumulated depreciation	10b 1,343,037.		
	11 Investments — publicly traded securities	655,747.	10c	602,861.
	12 Investments — other securities. See Part IV, line 11	748,612.	11	661,788.
	13 Investments — program-related. See Part IV, line 11		12	
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11		14	
16 Total assets. Add lines 1 through 15 (must equal line 34) ..	2,106,257.	15		
LIABILITIES	17 Accounts payable and accrued expenses	2,106,257.	16	2,185,352.
	18 Grants payable	420.	17	442.
	19 Deferred revenue		18	
	20 Tax-exempt bond liabilities		19	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D ..		20	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		21	
	23 Secured mortgages and notes payable to unrelated third parties		22	
	24 Unsecured notes and loans payable to unrelated third parties		23	
	25 Other liabilities. Complete Part X of Schedule D	62,739.	24	56,044.
	26 Total liabilities. Add lines 17 through 25	63,159.	25	56,486.
	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		1,976,523.	26	
28 Temporarily restricted net assets		66,575.	27	2,042,639.
29 Permanently restricted net assets			28	86,227.
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			29	
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.		2,043,098.	33	2,128,866.
34 Total liabilities and net assets/fund balances.		2,106,257.	34	2,185,352.

BAA

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	391,901.
2	Total expenses (must equal Part IX, column (A), line 25)	2	358,383.
3	Revenue less expenses. Subtract line 2 from line 1	3	33,518.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,043,098.
5	Other changes in net assets or fund balances (explain in Schedule O) SEE SCHEDULE O	5	52,250.
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	2,128,866.

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		

BAA

Form 990 (2010)

**SCHEDULE D
(Form 990)**

Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Financial Statements

- ▶ **Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.**
▶ **Attach to Form 990. ▶ See separate instructions.**

OMB No 1545-0047

2010

**Open to Public
Inspection**

Employer identification number

SHRINERS INTERNATIONAL D/B/A
SCIMITAR TEMPLE

71-0002822

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.

1 a 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
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other _____

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

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

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

c Beginning balance

d Additions during the year.

e Distributions during the year.

f Ending balance.

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if 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		166,241.		166,241.
b Buildings		1,399,346.	1,009,765.	389,581.
c Leasehold improvements		103,967.	75,031.	28,936.
d Equipment				
e Other		276,344.	258,241.	18,103.
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				602,861.

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Schedule D (Form 990) 2010

Part VII Investments—Other Securities. See Form 990, Part X, line 12. N/A

(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) -----		
(B) -----		
(C) -----		
(D) -----		
(E) -----		
(F) -----		
(G) -----		
(H) -----		
(I) -----		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12)		

Part VIII Investments—Program Related. (See Form 990, Part X, line 13) N/A

(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. (Column (b) must equal Form 990, Part X, column (B) line 13)		

Part IX Other Assets. (See Form 990, Part X, line 15) N/A

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 15)	

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

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) DUES PAID IN ADVANCE	53,529.
(3) HOSPITAL ASSESSMENTS PAID IN ADVANCE	2,515.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25)	56,044.

2. 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).

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.

OMB No. 1545-0047

2010

Open to Public Inspection

Name of the organization **SHRINERS INTERNATIONAL D/B/A
SCIMITAR TEMPLE**

Employer identification number
71-0002822

Part I

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

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

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

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☒ Yes ☐ No

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

(i) Name 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 column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 GFC RESOURCES	CIRCUS		X	67,298.	47,132.	20,166.
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				67,298.	47,132.	20,166.

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.

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 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 <u>CIRCUS</u> (event type)	(b) Event #2 <u>ONION SALES</u> (event type)	(c) Other events <u>1</u> (total number)	(d) Total events (add column (a) through column (c))
REVENUE	1 Gross receipts	144,188.	90,850.	38,773.	273,811.
	2 Less. Charitable contributions	37,903.			37,903.
	3 Gross income (line 1 minus line 2)	106,285.	90,850.	38,773.	235,908.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	50,233.	67,199.	14,855.	132,287.
	10 Direct expense summary. Add lines 4- through 9 in column (d)				132,287.
	11 Net income summary. Combine line 3, column (d), and line 10				103,621.

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 column (a) through column (c))
REVENUE	1 Gross revenue				
	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
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 lines 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: _____

10 a 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? ☐ Yes ☐ No
- 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? ☐ Yes ☐ No

- 13** Indicate the percentage of gaming activity operated in:

a The organization's facility

13a	%
-----	---

b An outside facility

13b	%
-----	---

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

Name

Address ►

- 15a** Does the organization have a contact 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?

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 R
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

SHRINERS INTERNATIONAL D/B/A SCIMITAR TEMPLE

► 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

Employer identification number

71-0002822

Part III Identification of Disregarded Entities (Complete if the organization answered 'Yes' to 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) -----					
(6) -----					

Part IV 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) Sec 512(b)(13) controlled entity?	
						Yes	No
(1) SHRINERS INTERNATIONAL 2900 ROCKY POINT DR.	SUPPORT SHRINERS HOSPITALS FOR CHILDREN	FL	501(C)(10)		N/A		X
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

TEEA5001L 12/22/10

Schedule R (Form 990) 2010

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to 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) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) ----- ----- ----- -----												
(2) ----- ----- ----- -----												
(3) ----- ----- ----- -----												

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) ----- ----- ----- -----							

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.

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?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
b Gift, grant, or capital contribution to other organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
c Gift, grant, or capital contribution from other organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
d Loans or loan guarantees to or for other organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
e Loans or loan guarantees by other organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
f Sale of assets to other organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
g Purchase of assets from other organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
h Exchange of assets	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
i Lease of facilities, equipment, or other assets to other organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
j Lease of facilities, equipment, or other assets from other organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
k Performance of services or membership or fundraising solicitations for other organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
l Performance of services or membership or fundraising solicitations by other organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
m Sharing of facilities, equipment, mailing lists, or other assets	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
n Sharing of paid employees	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
o Reimbursement paid to other organization for expenses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
p Reimbursement paid by other organization for expenses	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
q Other transfer of cash or property to other organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
r Other transfer of cash or property from other organization(s)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

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) SHRINERS INTERNATIONAL	K	19,538.	ASSESSMENT
(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) Dispropor- tionate 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) ----- ----- ----- -----										

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 **SHRINERS INTERNATIONAL D/B/A**
SCIMITAR TEMPLE

Employer identification number
71-0002822

PART IX, LINE 24 A

"ALL OTHER EXPENSES": TRANSPORTATION \$37,903; ADMINISTRATIVE & GENERAL \$90,754;

BUILDING OPERATIONS AND MAINTENANCE \$129,448; BUSINESS SESSIONS AND CEREMONIALS

\$13,552; ENTERTAINMENT AND SOCIAL \$6,213; PROMOTION & PUBLICITY \$11,889; DONATIONS

\$1,955.

SCHEDULE G - PROFESSIONAL FUND RAISER

THE MONEY FOR THE TICKETS SOLD SHALL BE SENT TO THE TEMPLE AND SHALL BE DEPOSITED IN
A SEPARATE BANK ACCOUNT FOR DISBURSEMENTS.

THE PROFESSIONAL FUNDRAISING SERVICE FEE IS CALCULATED AT 70% OF THE NET REVENUE.

FORM 990, PART III, LINE 4D - OTHER PROGRAM SERVICES DESCRIPTION

TEMPLE RENTAL REVENUE-PROVIDES ADDN SUPPORT FOR CHARITABLE EXPENDITURES TO

SUPPLEMENT CIRCUS AND OTHER CHARITABLE EVENTS. OTHER MISC RECEIPTS SERVE THE SAME
PURPOSES

FORM 990, PART VI, LINE 6 - EXPLANATION OF CLASSES OF MEMBERS OR SHAREHOLDER

THE ORGANIZATION HAS MEMBERS.

FORM 990, PART VI, LINE 7A - HOW MEMBERS OR SHAREHOLDERS ELECT GOVERNING BODY

THE OFFICERS ARE ELECTED ANNUALLY BY THE MEMBERS.

FORM 990, PART VI, LINE 7B - DECISIONS OF GOVERNING BODY APPROVAL BY MEMBERS OR SHAREHOLDERS

THE ELECTED OFFICERS CANNOT MAKE CHANGES TO THE BYLAWS, AMEND THE TEMPLE BUDGET,
CHANGE TEMPLE DUES ETC, WITHOUT THE TEMPLE BODY VOTING ON IT.

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE GOVERNING BODY DOES NOT REVIEW THE COMPLETED 990 PRIOR TO FILING; HOWEVER, ONE
OR MORE OFFICERS, AS WELL AS, THE IMPERIAL HEADQUARTERS STAFF PERFORM REVIEWS OF THE
RETURN AFTER THE 990 IS FILED.

Name of the organization **SHRINERS INTERNATIONAL D/B/A
SCIMITAR TEMPLE**

Employer identification number
71-0002822

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

OUR CONFLICT OF INTEREST POLICY IS PART OF THE "SHRINE CODE OF ETHICS". COMPLIANCE
WITH OUR CODE OF ETHICS IS MONITORED AND ENFORCED BY OUR IMPERIAL COUNCIL BYLAWS
SECTION 210.7.

FORM 990, PART VI, LINE 15A - COMPENSATION REVIEW & APPROVAL PROCESS FOR CEO, EXEC. DIR., OR TOP MG

THE ORGANIZATION'S CHIEF EXEC. OFFICER AND BOARD OF DIRECTORS SERVE WITHOUT
COMPENSATION. IF COMPENSATED, THE CEO SALARY AND BENEFITS WOULD BE APPROVED BY THE
FULL BOARD.

FORM 990, PART VI, LINE 15B - COMPENSATION REVIEW & APPROVAL PROCESS FOR OFFICERS & KEY EMPLOYEE

ONLY ONE ACTIVE OFFICER OF THE ORGANIZATION IS COMPENSATED AND HIS/HER SALARY IS
APPROVED BY THE BOARD OF DIRECTORS AND FINANCE COMMITTEE.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

WE DO NOT MAKE OUR GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY, OR FINANCIAL
STATEMENTS AVAILABLE TO THE PUBLIC. OUR 990'S ARE AVAILABLE FOR PUBLIC INSPECTION
UPON WRITTEN REQUEST.

2010

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 1

SHRINERS INTERNATIONAL D/B/A
SCIMITAR TEMPLE

71-0002822

FORM 990, PART XI, LINE 5
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS

	\$	52,250.
TOTAL	\$	<u>52,250.</u>

**Application for Extension of Time To File an
Exempt Organization Return**

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service▶ **File a separate application for each return.**

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

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).A corporation required to file Form 990-T and requesting an automatic 6-month extension – check this box and complete Part I only ... ☐*All other corporations (including 1120-C filers), partnerships, REMICS, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization	Employer identification number
	SCIMITAR TEMPLE A.A.O.N.M.S.	71-0002822
	Number, street, and room or suite number. If a P.O. box, see instructions.	
	1 SCIMITAR CIRCLE	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	LITTLE ROCK, AR 72209	

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-T (corporation)	07
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 (section 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of. ▶ GLENN GRIMES

Telephone No. ▶ 501-565-5992

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) 4000. 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.

INTERNAL REVENUE SERVICE
W & L FIELD ASSISTANCE
LITTLE ROCK, AR 72209
MAY 16 2011
RECEIVED
35403

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ ☒ calendar year 20 10 or
- ▶ tax year beginning _____, 20 _____, and ending _____, 20 _____.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a \$	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.	3b \$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.**BAA For Paperwork Reduction Act Notice, see Instructions.**Form **8868** (Rev. 1-2011)

Book Asset Detail 1/01/10 - 12/31/10

07/12/2011

- Page 1

FYE: 12/31/2010

Asset Id	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
Group: BUILDING											
1	BUILDING I-30 SOUTHWEST	1/01/86	1,263,564.17	0.00	0.00	866,443.92	36,101.83	902,545.75	361,018.42	S/L	35.0
2	KITCHEN ADDITION	4/30/87	18,702.83	0.00	0.00	12,112.38	534.37	12,646.75	6,056.08	S/L	35.0
3	Pavillion	4/01/91	90,745.86	0.00	0.00	68,059.32	3,629.83	71,689.15	19,056.71	S/L	25.0
4	Fence	5/31/91	11,893.72	0.00	0.00	11,893.72	0.00	11,893.72	0.00	S/L	15.0
5	Picnic Tables	8/23/91	3,752.59	0.00	0.00	3,752.59	0.00	3,752.59	0.00	S/L	10.0
6	BATHROOM REMODEL	7/15/94	1,658.00	0.00	0.00	1,284.95	82.90	1,367.85	290.15	S/L	20.0
7	OUTSIDE DOORS	12/18/97	9,029.00	0.00	0.00	5,417.40	451.45	5,868.85	3,160.15	S/L	20.0
	BUILDING		1,399,346.17	0.00c	0.00	968,964.28	40,800.38	1,009,764.66	389,581.51		
Group: FURNITURE AND FIXTURES											
10	FOLDING TABLE & CHAIRS	3/12/86	21,698.12	0.00	0.00	21,698.12	0.00	21,698.12	0.00	S/L	5.0
11	CARPETING & DRAPERIES	4/04/86	8,755.75	0.00	0.00	8,755.75	0.00	8,755.75	0.00	S/L	5.0
12	FURNISHINGS	4/21/86	1,376.50	0.00	0.00	1,376.50	0.00	1,376.50	0.00	S/L	5.0
13	OFFICE FURNITURE	8/25/86	9,004.55	0.00	0.00	9,004.55	0.00	9,004.55	0.00	S/L	5.0
14	KITCHEN EQUIPMENT	10/10/86	18,676.57	0.00	0.00	18,676.57	0.00	18,676.57	0.00	S/L	5.0
15	SOUND SYSTEM	10/17/86	1,858.08	0.00	0.00	1,858.08	0.00	1,858.08	0.00	S/L	5.0
17	PARAPHERNALIA	7/28/86	1,025.00	0.00	0.00	1,025.00	0.00	1,025.00	0.00	S/L	5.0
19	FLAGS	3/13/86	466.29	0.00	0.00	466.29	0.00	466.29	0.00	S/L	5.0
20	PRINTER STAND	7/23/86	150.00	0.00	0.00	150.00	0.00	150.00	0.00	S/L	5.0
21	VACUUM CLEANER	7/23/86	367.45	0.00	0.00	367.45	0.00	367.45	0.00	S/L	5.0
22	BINGO CARDS	8/28/86	817.32	0.00	0.00	817.32	0.00	817.32	0.00	S/L	5.0
24	CREDENZA	1/09/87	979.13	0.00	0.00	979.13	0.00	979.13	0.00	S/L	7.0
25	PLAQUES	4/03/87	2,200.00	0.00	0.00	2,200.00	0.00	2,200.00	0.00	S/L	7.0
26	PODIUM	6/29/87	335.00	0.00	0.00	335.00	0.00	335.00	0.00	S/L	7.0
27	USED SAFE	8/20/87	1,250.00	0.00	0.00	1,250.00	0.00	1,250.00	0.00	S/L	7.0
28	SIGN	7/15/87	6,133.19	0.00	0.00	6,133.19	0.00	6,133.19	0.00	S/L	7.0
31	Artwork	6/09/88	175.52	0.00	0.00	175.52	0.00	175.52	0.00	S/L	7.0
32	cherry desk/leather chair	7/06/88	1,325.63	0.00	0.00	1,325.63	0.00	1,325.63	0.00	S/L	7.0
33	Wolf Range	7/06/88	3,430.12	0.00	0.00	3,430.12	0.00	3,430.12	0.00	S/L	7.0
34	Univex Mixer	7/06/88	1,514.23	0.00	0.00	1,514.23	0.00	1,514.23	0.00	S/L	7.0
35	Conference Room Furniture	10/03/88	2,064.61	0.00	0.00	2,064.61	0.00	2,064.61	0.00	S/L	7.0
36	Fire alarm	10/03/88	500.00	0.00	0.00	500.00	0.00	500.00	0.00	S/L	7.0
37	Speakers, Cab & Amplifi	3/16/88	1,939.88	0.00	0.00	1,939.88	0.00	1,939.88	0.00	S/L	7.0
38	CARPET	5/23/89	1,528.73	0.00	0.00	1,528.73	0.00	1,528.73	0.00	S/L	7.0
40	46" Magnavox TV	7/19/90	3,059.35	0.00	0.00	3,059.35	0.00	3,059.35	0.00	S/L	7.0
41	Magnavox VCR	7/19/90	386.25	0.00	0.00	386.25	0.00	386.25	0.00	S/L	7.0
42	2-Door Refrigerator	9/04/90	2,008.70	0.00	0.00	2,008.70	0.00	2,008.70	0.00	S/L	7.0
44	CHEF 6 Steam Table	5/04/90	2,045.16	0.00	0.00	2,045.16	0.00	2,045.16	0.00	S/L	7.0
45	Microphone	7/09/90	200.00	0.00	0.00	200.00	0.00	200.00	0.00	S/L	7.0
46	Lobby furniture	11/15/91	8,473.98	0.00	0.00	8,473.98	0.00	8,473.98	0.00	S/L	7.0
47	Chandelier	12/02/91	4,133.22	0.00	0.00	4,133.22	0.00	4,133.22	0.00	S/L	15.0
48	Chair Lift	1/30/91	11,200.00	0.00	0.00	11,200.00	0.00	11,200.00	0.00	S/L	10.0
52	Harper Telephone System	6/02/92	2,682.87	0.00	0.00	2,682.87	0.00	2,682.87	0.00	S/L	7.0
54	STAGE DRAPERIES	12/06/93	9,671.03	0.00	0.00	9,671.03	0.00	9,671.03	0.00	S/L	10.0
55	SPOTLIGHTS	3/18/94	1,897.40	0.00	0.00	1,897.40	0.00	1,897.40	0.00	S/L	10.0
56	BANNER	3/04/94	424.00	0.00	0.00	424.00	0.00	424.00	0.00	S/L	10.0
57	DOORLOCKS	4/25/94	2,309.97	0.00	0.00	2,309.97	0.00	2,309.97	0.00	S/L	10.0

Book Asset Detail 1/01/10 - 12/31/10

07/12/2011

- Page 2

FYE: 12/31/2010

Asset #	d	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
Group: FURNITURE AND FIXTURES (continued)												
59		Security system	10/11/95	1,272.00	0.00	0.00	1,272.00	0.00	1,272.00	0.00	S/L	7.0
60		DISPLAY CASE	2/15/96	500.00	0.00	0.00	500.00	0.00	500.00	0.00	S/L	7.0
61		WASTE KING DISPOSAL	12/01/97	499.57	0.00	0.00	499.57	0.00	499.57	0.00	S/L	7.0
62		Lawn Equipment	8/27/97	3,816.50	0.00	0.00	3,816.50	0.00	3,816.50	0.00	S/L	7.0
63		Computers	2/08/99	7,376.06	0.00	0.00	7,376.06	0.00	7,376.06	0.00	S/L	7.0
64		Air Conditioner	5/18/99	2,956.54	0.00	0.00	2,956.54	0.00	2,956.54	0.00	S/L	7.0
65		ICE MAKER	10/29/99	1,278.06	0.00	0.00	1,278.06	0.00	1,278.06	0.00	S/L	7.0
66		ICE MACHINE	11/15/00	1,572.77	0.00	0.00	1,572.77	0.00	1,572.77	0.00	S/L	7.0
67		BALLROOM CARPET	6/21/00	9,998.13	0.00	0.00	9,998.13	0.00	9,998.13	0.00	S/L	7.0
68		10 TABLES AND 100 CHAIRS	1/25/00	5,546.63	0.00	0.00	5,546.63	0.00	5,546.63	0.00	S/L	7.0
69		PORTRAITS DIVAN	1/21/00	1,862.72	0.00	0.00	1,862.72	0.00	1,862.72	0.00	S/L	7.0
70		PRINTER	6/30/00	659.00	0.00	0.00	659.00	0.00	659.00	0.00	S/L	7.0
71		Round tables	1/23/01	5,530.11	0.00	0.00	5,530.11	0.00	5,530.11	0.00	S/L	7.0
72		12 1/2 TON AIR CONDITIONER	2/02/01	6,776.55	0.00	0.00	6,776.55	0.00	6,776.55	0.00	S/L	7.0
73		4 TON AIR CONDITIONER	2/12/01	2,559.00	0.00	0.00	2,559.00	0.00	2,559.00	0.00	S/L	7.0
74		VACUUM CLEANER	2/14/01	1,897.93	0.00	0.00	1,897.93	0.00	1,897.93	0.00	S/L	7.0
75		FREEZER	6/19/01	2,541.94	0.00	0.00	2,541.94	0.00	2,541.94	0.00	S/L	7.0
76		COPIER	7/06/01	8,905.55	0.00	0.00	8,905.55	0.00	8,905.55	0.00	S/L	7.0
77		OFFICE CHAIR	3/07/01	138.60	0.00	0.00	138.60	0.00	138.60	0.00	S/L	7.0
78		FLOOR POLISHER	6/05/01	1,064.12	0.00	0.00	1,064.12	0.00	1,064.12	0.00	S/L	7.0
79				0.00	0.00	0.00	0.00	0.00	0.00	0.00	S/L	0.0
96		CARRIER HVAC UNIT	6/12/02	6,555.25	0.00	0.00	6,555.25	0.00	6,555.25	0.00	S/L	7.0
97		CARPETING	4/08/03	2,510.16	0.00	0.00	2,510.16	0.00	2,510.16	0.00	S/L	5.0
98		KOOL VENT METAL CANOPIES	4/14/03	1,150.00	0.00	0.00	1,150.00	0.00	1,150.00	0.00	S/L	5.0
99		AIR CONDITIONER	6/16/03	1,012.93	0.00	0.00	1,012.93	0.00	1,012.93	0.00	S/L	5.0
101		A/C DINING ROOM	1/09/04	6,818.06	0.00	0.00	5,844.06	974.00	6,818.06	0.00	S/L	7.0
102		SECURITY SYSTEM	8/02/04	1,820.40	0.00	0.00	1,408.66	260.06	1,668.72	151.68	S/L	7.0
103		ICE MAKER	1/05/05	598.11	0.00	0.00	427.20	85.44	512.64	85.47	S/L	7.0
104		ICE MAKER	1/13/05	299.94	0.00	0.00	214.25	42.85	257.10	42.84	S/L	7.0
105		2 FURNACES	1/20/05	3,043.44	0.00	0.00	2,137.67	434.78	2,572.45	470.99	S/L	7.0
106		10 TABLES AND CHAIRS	3/02/05	4,564.36	0.00	0.00	3,151.58	652.05	3,803.63	760.73	S/L	7.0
107		POWER LAWNMOWER	6/06/05	6,556.50	0.00	0.00	4,292.94	936.64	5,229.58	1,326.92	S/L	7.0
108		AIR CONDITIONER	6/20/05	3,509.00	0.00	0.00	2,255.80	501.29	2,757.09	751.91	S/L	7.0
109		SECURITY SYSTEM	9/17/05	1,512.00	0.00	0.00	918.00	216.00	1,134.00	378.00	S/L	7.0
110		COMPUTER MONITOR	6/27/06	225.74	0.00	0.00	139.21	45.15	184.36	41.38	S/L	5.0
111		LAWN MOWER	11/27/06	750.35	0.00	0.00	375.17	107.19	482.36	267.99	S/L	7.0
113		AIR CONDITIONER	10/16/06	10,196.00	0.00	0.00	6,457.47	2,039.20	8,496.67	1,699.33	S/L	5.0
114		VENT A HOOD	11/03/06	2,946.32	0.00	0.00	1,865.99	589.26	2,455.25	491.07	S/L	5.0
115		5 TON TRANE UNIT FOR CONF	2/19/07	5,149.35	0.00	0.00	2,084.26	735.62	2,819.88	2,329.47	S/L	7.0
116		CARPET - LADIES LOUNGE	4/11/07	2,251.94	0.00	0.00	884.70	321.71	1,206.41	1,045.53	S/L	7.0
117		AIR CONDITIONER GATE LOCK	8/22/07	985.00	0.00	0.00	328.32	140.71	469.03	515.97	S/L	7.0
118		AIR CONDITIONER CONDENSE	9/19/07	1,550.00	0.00	0.00	498.22	221.43	719.65	830.35	S/L	7.0
119		COMPAQ COMPUTER	9/28/07	643.39	0.00	0.00	289.53	128.68	418.21	225.18	S/L	5.0
122		CHAIR LIFT PHONE	8/05/08	838.50	0.00	0.00	169.70	119.79	289.49	549.01	S/L	7.0
123		MOWER, BLOWER, TIMMER SA	9/09/08	1,167.46	0.00	0.00	222.37	166.78	389.15	778.31	S/L	7.0
124		DETECTION SYSTEM	10/08/08	715.14	0.00	0.00	127.70	102.16	229.86	485.28	S/L	7.0
126		UPSTAIRS ICE MAKER	9/08/09	2,213.73	0.00	0.00	105.42	316.25	421.67	1,792.06	S/L	7.0
127		J D Power Lawn Sweeper	4/01/09	3,145.10	0.00	0.00	336.98	449.30	786.28	2,358.82	S/L	7.0
128		TELEVISION	5/01/10	800.00	0.00c	0.00	0.00	76.19	76.19	723.81	S/L	7.0

Book Asset Detail 1/01/10 - 12/31/10

FYE: 12/31/2010

Asset #	d t	Property Description	Date In Service	Book Cost	Book Sec 179 Exp c	Book Sal Value	Book Prior Depreciation	Book Current Depreciation	Book End Depr	Book Net Book Value	Book Method	Book Period
Group: FURNITURE AND FIXTURES (continued)												
FURNITURE AND FIXTURES												
				276,343.55	0.00c	0.00	248,578.92	9,662.53	258,241.45	18,102.10		
Group: Group 3												
16		STATUES	1/20/98	7,430.71	0.00	0.00	3,541.99	297.23	3,839.22	3,591.49	S/L	25.0
81		Shrubby	1/01/89	15,704.56	0.00	0.00	15,704.56	0.00	15,704.56	0.00	S/L	20.0
82		SHRUBBERY	3/15/89	16,775.00	0.00	0.00	16,775.00	0.00	16,775.00	0.00	S/L	20.0
83		Parking Lot Addition	9/05/90	480.00	0.00	0.00	464.00	16.00	480.00	0.00	S/L	20.0
84		Parking Lot Addition	8/31/90	4,714.06	0.00	0.00	4,556.87	157.19	4,714.06	0.00	S/L	20.0
85		Parking Lot Addition	8/31/90	6,077.55	0.00	0.00	5,875.01	202.54	6,077.55	0.00	S/L	20.0
86		Parking Lot Addition	2/20/90	150.00	0.00	0.00	148.75	1.25	150.00	0.00	S/L	20.0
87		Parking Lot Addition	8/01/90	500.00	0.00	0.00	485.42	14.58	500.00	0.00	S/L	20.0
88		Culvert	8/09/90	192.53	0.00	0.00	186.98	5.55	192.53	0.00	S/L	20.0
89		Parking Lot Addition	8/21/90	960.00	0.00	0.00	928.00	32.00	960.00	0.00	S/L	20.0
90		Curb & gutter	8/17/90	2,823.05	0.00	0.00	2,728.90	94.15	2,823.05	0.00	S/L	20.0
91		Parking Lot Addition	8/30/90	3,633.00	0.00	0.00	3,511.90	121.10	3,633.00	0.00	S/L	20.0
92		Parking Lot Addition	11/12/90	743.95	0.00	0.00	713.00	30.95	743.95	0.00	S/L	20.0
93		FRENCH DRAIN PKG LOT	1/31/97	8,500.00	0.00	0.00	5,489.58	425.00	5,914.58	2,585.42	S/L	20.0
94		STATUES	12/31/97	9,664.47	0.00	0.00	4,638.96	386.58	5,025.54	4,638.93	S/L	25.0
95		WOOD FENCING	10/28/98	4,486.47	0.00	0.00	3,339.95	299.10	3,639.05	847.42	S/L	15.0
100		FLOWER BEDS	10/20/03	909.96	0.00	0.00	801.61	108.35	909.96	0.00	S/L	7.0
120		GAS LINES	12/26/07	14,997.00	0.00	0.00	1,499.70	749.85	2,249.55	12,747.45	S/L	20.0
121		GAS LINES	6/06/08	5,000.00	0.00	0.00	395.83	250.00	645.83	4,354.17	S/L	20.0
125		TRAILER	4/16/09	225.00	0.00	0.00	21.43	32.14	53.57	171.43	S/L	7.0
Group 3				103,967.31	0.00c	0.00	71,807.44	3,223.56	75,031.00	28,936.31		
Grand Total				1,779,657.03	0.00c	0.00	1,289,350.64	53,686.47	1,343,037.11	436,619.92		