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Department of the Treasury

# **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 2011 Open to Public

- Real	HEI IVEASURE CELLICO	The organization may have to use a copy of this feetan to called y	epering requi	CITICINO	114phéritáis
 A	For the 2011 c	alendar year, or tax year beginning , and ending			
В	Check if applicable	C Name of organization		D Employ	er Identification number
$\bar{\Box}$	Address change	SPHINX SHRINERS			
믐		Doing Business As		1 06-	0544940
Ш	Name change	Number and street (or P O box if mail is not delivered to street address)	Room/suite		one number
	Initial return				
$\overline{\sqcap}$	Tamusatad	P.O. BOX 310157		860	<del>-666-5449</del>
닏	Terminated	City or town, state or country, and ZIP + 4			
	Amended return	NEWINGTON CT 06131-0157		G Gross rece	expts \$ 1,625,631
П	Application pending	F Name and address of principal officer	1		affiliates? Yes X No
L.,	7 ppilodion ponding	JEAN P. MAHEU	H(a) Is this a (	group return for a	affiliates? Yes X No
		3066 BERLIN TURNPIKE	H(b) Are all at	filiates included	? Yes No
		NEWINGTON CT 06111	If "N	o," attach a list	(see instructions)
_	Tt status		1		
<u>-</u>	Tax-exempt status	501(c)(3)   X 501(c) ( 1 U ) ◀ (insert no )   4947(a)(1) or   527	┨		ar ▶ 0229
<u></u>			H(c) Group e	remption number	
<u>K</u>	Form of organization		ear of formation		M State of legal domicile CT
F	Part I Su	immary	<u> </u>		
	1 Bnefly de	scribe the organization's mission or most significant activities			
-	PHIL	ANTHROPIC FRATERNITY			
8					
ᇤ	İ				
Ĕ					
ૅ	2 Check the	s box ▶ ☐ If the organization discontinued its operations or disposed of more than 25%	of its net asset	9	
Ŏ	3 Number of	of voting members of the governing body (Part VI, line 1a)	07 110 1101 00001	ັ   3	7
ර	4 Number				<del></del>
Ę.	4 Number	of independent voting members of the governing body (Part VI, line 1b)		4	
Activities & Governance	5 Total nun	nber of individuals employed in calendar year 2011 (Part V, line 2a)		5	3
Ac	6 Total nun	nber of volunteers (estimate if necessary)		6	30
	7a Total unre	elated business revenue from Part VIII, column (C), line 12		7a	0
	b Net unrel	ated business taxable income from Form 990-T, line 34		7b	0
			Prior Ye	ar	Current Year
ø	8 Contribut	ions and grants (Part VIII, line 1h)	9	4,990	222,146
Revenue	9 Program	service revenue (Part VIII, line 2g)	10	8,416	14,348
Š	10 Investme	nt income (Part VIII, column (A), lines 3, 4, and 7d)		5,426	654,008
ď	11 Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		8,926	10,377
		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,758	900,879
_					
		nd similar amounts paid (Part IX, column (A), lines 1–3)		0	0
		paid to or for members (Part IX coump (A), line 4)		0	0
S	15 Salaries,	other compensation, employee benefits (Rah IX column (A), lines 5–10)		8,446	51,916
Expenses	16a Professio	nal fundraising fees (Patelix, column (A), line 11e)	2	3,470	0
9	b Total fund	draising expenses (Part IX columbil(மு) ျှိုးကို 25) இ 3,221			
ũ	17 Other ext	penses (Part IX, column (A), lines 11a-11d, 11f-24e)	27	2,274	308,476
		enses Add lines 13–17 (must equal Part X, column (A), line 25)		4,190	360,392
		less expenses Subtract line 18 from line 12		6,432	540,487
<u> </u>	g Revenue	iess expenses outstate the round that the	Beginning of Cu		End of Year
Net Assets or	Total ace	ets (Part X, line 16)		6,721	2,286,839
SSE	Total lish	Illities (Part X, line 26)			
¥ 5	1 Otal liab	· · · · · · · · · · · · · · · · · · ·		5,084	80,684
		s or fund balances Subtract line 21 from line 20	1,53	1,637	2,206,155
<u>_</u> F	Part•II <sup>®</sup> Si	gnature Block			
U	Inder penalties of I	perjury, I declare that I have examined this return, including accompanying schedules and statemen	its, and to the be	st of my know	wledge and belief, it is
tr	ue, coffect, and co	omplete Declaration of preparer (other than officer) is based on all information of which preparer ha	as any knowledg	е	1 .
		Xeves Proither		R/	13/12
Sig	an His	ignature of officer		Date	12/105
	= Ga./.	LEWIS BITHER RECOR	סשר		
He	12-12-1		JEK		<del></del>
		ype or pnnt name and title			
_	(C)	s preparer's name Preparer's signature	Date	Check	X if PTIN
Pai	<u>C.1.42.1</u>	S T. Costello, CPA	08/13	3/12 self-em	ployed P00606200
Pre	eparer Firm's name	ne Costello Company, LLC	T	Firm's EIN	42-1529165
Us	e Only	15 Wall St			
	Firm's add	. Uahman CM 06249		Phone no	860-228-2822
Mar		s this return with the preparer shown above? (see instructions)	<u>.</u> .	NOTION NO	X Yes No
		and the state of the property of the control of the			

Part IV	<b>A</b>
U^ + 1\/	Checklist of Required Schedules
CALLE	CDECKISLOI REGUIREG SCHEGURS

	•		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		<u> </u>
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 98-197 If "Yes," complete Schedule C,			
	Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in temporanly restricted			
	endowments, permanent endowments, 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		•	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
þ	o The state of the			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Figure 10 that to the first the firs			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	b and the second of the total about			
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u>X</u>
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u>X</u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
ıza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
_	Schedule D, Parts XI, XII, and XIII	12a	х	
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if			
42	the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		<u> </u>
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
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			77
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any		ł	37
16	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15	-+	<u> </u>
10	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		- 1	37
17		_16		X
	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)			v
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	17		X
. •	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	40		v
19		18		X
	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	4.		v
20a	h in the state of	19		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		X
~	to the major organization and only of its addited infancial statements to this retuill?	20b		

Form	orm 990 (2011) SPHINX SHRINERS U6-	0544940	P	age 4
_Pa	Part IV Checklist of Required Schedules (continued)		T.	r
••	• • • • • • • • • • • • • • • • • • •		Yes	No
21		- 1	1	x
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	Linear Classes	+	^
22		Ornied States		x
22	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		+-	
23	·			
	organization's current and former officers, directors, trustees, key employees, and highest compe	23		x
24a	employees? If "Yes," complete Schedule J  4a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more		<del> </del>	
<b>24</b> a	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answ		Į.	<b> </b>
	through 24d and complete Schedule K. If "No," go to line 25	24a		х
b		<u> </u>	1	<del></del> -
	c Did the organization minest any proceeds of tax-exempt bonds beyond a temporary period except c Did the organization maintain an escrow account other than a refunding escrow at any time durin		+	$\vdash$
·	to defease any tax-exempt bonds?	240		
d		<del></del>	1	
25a		·	+	<del>                                     </del>
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	,	
b		<b>—</b>	+	
_	year, and that the transaction has not been reported on any of the organization's prior Forms 990	· · · · · · · · · · · · · · · · · · ·		
	If "Yes," complete Schedule L, Part I	255	.]	1
26	·	<b>——</b>		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete So	-		x
27				
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% co			ļ
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Scho	nedule L,		_
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Pa	art IV28a		X
b	b A family member of a current or former officer, director, trustee, or key employee? If "Yes," comp	plete		
	Schedule L, Part IV	288	,	X
С	c An entity of which a current or former officer, director, trustee, or key employee (or a family mem	iber thereof)		
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part I'	IV 28d	<u>:</u>	X
29	9 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Sc	chedule M 29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or questions.	jualified		
	conservation contributions? If "Yes," complete Schedule M	30		X
31	, , , , , , , , , , , , , , , , , , , ,	chedule N,		
	Part I	31		X
32	• • • • • • • • • • • • • • • • • • • •	ſes,"		
	complete Schedule N, Part II	32	1	X
33	, , , , , , , , , , , , , , , , , , , ,	Regulations		l
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	┿	X
34	, , , , , , , , , , , , , , , , , , , ,	, Parts II, III,		l
	IV, and V, line 1	34		X
35a	, , , , , , , , , , , , , , , , , , , ,		4	X
b	,,,,			
20	meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	351		X
36	, , , , , , , , , , , , , , , , , , , ,	1		
27	related organization? If "Yes," complete Schedule R, Part V, line 2	36	+	
37		I		
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule	e ĸ,		

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

Pa	art V Statements Regarding Other IRS Filings and Tax Compliance	<del>1</del> 1		· ·	ugu v
	<ul> <li>Check if Schedule O contains a response to any question in this Part V</li> </ul>		<u></u>		
		1 1	····	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and				.,
2-	reportable gaming (gambling) winnings to prize winners?	1 1	1c		X
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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns'				Ī
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	·	20		
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 auti	hority			
	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 Ac	counts			
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	n?	5b		Х
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				٦,
ь	organization solicit any contributions that were not tax deductible?		<u>6a</u>		X
U	If "Yes," did the organization include with every solicitation an express statement that such contributions gifts were not tax deductible?	or	64		
7	Organizations that may receive deductible contributions under section 170(c).		6b		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goo	nde			
	and services provided to the payor?	,43	7a	1	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		- 1 22		
	required to file Form 8282?		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contri		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		7 <del>f</del>		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	n file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting				
	<b>organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?				
9	Sponsoring organizations maintaining donor advised funds.		8		
a	Did the organization make any taxable distributions under section 4966?		9a	1	
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter.		32		
а	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.				
а	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 1	1 1	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.			<b></b>	
а	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	ļ <u>1</u>	
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			
С	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		
DAA			Fo	ա 990	(2011)

Form	990 (2011) SPHINX SHRINERS	06-0544940				Р	age 6
Pş	ert VI Governance, Management, and Disclosure For	each "Yes" response to lines 2 thi	ough	7b belo	w, and fe		
	"No" response to line 8a, 8b, or 10b below, descri	be the circumstances, processes,	or cha	anges in	Schedu	le	
	O. See instructions. Check if Schedule O contains	a response to any question in this	Part	VI		_	X
Sec	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body at the end of t	he tax year	1a	7			
	If there are material differences in voting rights among members of the go	verning body, or					
	if the governing body delegated broad authority to an executive committee	e or similar					
	committee, explain in Schedule O.			_			
b	Enter the number of voting members included in line 1a, above, who are i		1b	<u> </u>			
2	Did any officer, director, trustee, or key employee have a family relationsh	ip or a business relationship with					
_	any other officer, director, trustee, or key employee?				2		<u> </u>
3	Did the organization delegate control over management duties customani						
	supervision of officers, directors, or trustees, or key employees to a mana				3		<u> X</u>
4	Did the organization make any significant changes to its governing docum	•			4		X
5	Did the organization become aware during the year of a significant diversi	on of the organization's assets?			5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who have a second persons who have second persons and the second persons are second persons are second persons and the second persons are second persons and the second persons are seco	nad the power to elect or appoint			_	32	
_	one or more members of the governing body?				7a	X	
b	Are any governance decisions of the organization reserved to (or subject	to approval by) members,					**
8	stockholders, or persons other than the governing body?				7b		X
a	Did the organization contemporaneously document the meetings held or v The governing body?	vriπen actions undertaken during the year b	the to	ollowing.		v	
b	Each committee with authority to act on behalf of the governing body?				8a	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Se	otion A who connet he reached at			8b		
•	the organization's mailing address? If "Yes," provide the names and address				9		x
Sec	tion B. Policies (This Section B requests information about		al Re	Wenue (			
	The second of th	t pendes not required by the interi	101 110	venue (	Joue.)	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?				10a	103	X
b	If "Yes," did the organization have written policies and procedures governi	ng the activities of such chapters.			100		
	affiliates, and branches to ensure their operations are consistent with the				10b		
11a	Has the organization provided a complete copy of this Form 990 to all mei		form?		11a	х	
b	Describe in Schedule O the process, if any, used by the organization to re				- 110		
12a	Did the organization have a written conflict of interest policy? If "No," go to				12a	x	
b	Were officers, directors, or trustees, and key employees required to disclo	se annually interests that could give rise to	conflic	ts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compl						
	describe in Schedule O how this was done				12c	X	
13	Did the organization have a written whistleblower policy?				13		X
14	Did the organization have a written document retention and destruction po	licy?			14	X	
15	Did the process for determining compensation of the following persons inc	clude a review and approval by					
	independent persons, comparability data, and contemporaneous substant	nation of the deliberation and decision?					
а	The organization's CEO, Executive Director, or top management official				15a		X
b	Other officers or key employees of the organization				15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instru						
16a	Did the organization invest in, contribute assets to, or participate in a joint	venture or sımılar arrangement					
	with a taxable entity during the year?				16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring						
	participation in joint venture arrangements under applicable federal tax lav	v, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?	<del></del>			16b		
<u>5ec</u> 17	List the states with which a copy of this Form 200 is required to be filed.	Cm		•	<del></del>		
17 18	List the states with which a copy of this Form 990 is required to be filed Section 6104 requires an organization to make its Forms 1022 for 1024 if		/ <b>3</b> \-	- k-A			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if available for public inspection. Indicate how you made these available. Ch		(3)S 0I	ııy)			
	Own website Another's website W Upon request	сск ан шасарру					
19	Describe in Schedule O whether (and if so, how), the organization made if	s governing documents, conflict of interest	anlıcı -				
	and financial statements available to the public during the tax year	s governing documents, conflict of interest	JUIICY,				
20	State the name, physical address, and telephone number of the person w	no nossesses the books and records of the					
	organization LEWIS BITHER	3066 BERLIN TPKE.					
NE	EWINGTON	СТ 0613	1	R	60-66	6-5	440

# Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a 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 organ  (A)  Name and Title	(B) Average hours per	(d	(C) Position (do not check more than one box, unless person is both an					(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of		
	week (describe hours for related organizations in Schedule O)		ficer a			both st. Highest compensated employee	88)	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations		
(1) LEWIS BITHER RECORDER	12.00	x		x				2,500	0	O		
(2) Jean Moheu POTENTATE	10.00	x		x				_ 0	0	0		
(3) Howard A northrop, Lr. CHIEF RABBAN	3.00	x		x				0	0	0		
(4) William L. Greene TREASURER	3.00	x		x				o	0	0		
(5)					l							
(6)												
(7)												
(8)										<del></del>		
(9)												
(10)		-				1						
(11)												
(12)			-				-					
(13)												
(14)		<del> </del>	$\vdash$		-	-						

	(A). Name and title	(B) Average hours per week (describe hours for related organizations	(d bo off	(C) Position (do not check more than one box, unless person is both a officer and a director/trustee or director that the property of the control of the con					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)		(F) Estima amoun othe compens from t organize	ited it of ir sation he ation	
		in Schedule O)	Individual trustee or director	Institutional trustee		Кеу етріоуев	Highest compensated employee	Former				organiza		
(15)														
(16)														
(17)														
(18)														
(19)														
(20)	20)													
(21)										<u>.</u>				
(22)														
(23)														
(24)						_								
(25)														<del></del>
1b	Sub-total	<u>L., </u>						<b>&gt;</b>	2,500					
с <u>d</u>	Total from continuation shee Total (add lines 1b and 1c)	ets to Part VII, S	ectio	n A				<b>▶</b>	2,500					
2	Total number of individuals (increportable compensation from			to th	ose l	isted	d abo	ve)	who received more than \$10	00,000 in				
3	Did the organization list any for	mer officer, direc	ctor,	or tru	ustee	, ke	v em	plov	ee, or highest compensated		-		Yes	No
4	employee on line 1a? If "Yes," of For any individual listed on line	complete Schedu 1a, is the sum of	le J f repo	for su ortab	uch i le co	ndıvı	dual ensat	ion :	and other compensation from			3		X
5	organization and related organi individual	-							•			4	:	x
	Did any person listed on line 1a for services rendered to the org	anization? If "Ye	s," co	ompl	ete S	Sche	dule	J fo	or such person			5	:	<u>x</u>
1	tion B. Independent Contractor Complete this table for your five compensation from the organiz	e highest comper	sate	d inc	iepe	nder	nt cor	ntrac	ctors that received more than	n \$100,000 of			·	
		(A) business address	прсп	Jane	<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	uic	Calc			(B) tion of services		Co	(C) mpensa	tion
2	Total number of independent correceived more than \$100,000 or								listed above) who	0				

₽ŧ	irt V	III Statement of Reve	nue					
		•			(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tex under sections
S 50	1a	Federated campaigns	140			revenue	<del></del>	512, 513, or 514
Program Service Revenue Contributions, Giffs, Grants Program Service Revenue	la L	, ,	1a 1b	93,509			Ī	
٩	D	Membership dues	-	93,309			1	
ξĀ	C	Fundraising events	1c			1	1	
<u> 2</u>	a	Related organizations	1d		1		1	
Sig	e		1e	<del></del> _			1	
e iti	1	All other contributions, gifts, grants, and similar amounts not included above					1	
뜔				128,637		1	1	
ag a	g		1f \$	39,900			1	
<u>ਹ</u> ਫ	h	Total. Add lines 1a-1f		<u> </u>	222,146			
Ē				Busn. Code	1		1	
eve	2a	LUNCH SALES			14,348			14,348
ě	b							
ξ	С							
S	d							
ä	е							
ξ	f	All other program service rever	iue					
<u>-</u>	g	Total. Add lines 2a-2f		<b>•</b>	14,348			
	3	Investment income (including d	ıvıdends,	ınterest,				
		and other similar amounts)		▶ _	49,840			49,840
	4	Income from investment of tax-	exempt b	ond proceeds 🕨 📘				
	5	Royalties		<b>&gt;</b>				
		(ı) Real		(ii) Personal				77.
	6a	Gross rents			1		1	
	b	Less rental exps						
	С	Rental inc or (loss)		•				
	d	Net rental income or (loss)		<b>•</b>		1	Ī	
	7a	Gross amount from (i) Securities		(II) Other				
		sales of assets other than inventory 328	920	1,000,000			I	
	b	Less cost or other			1	[	1	
		basis & sales exps 274	846	449,906			1	
	С		074	550,094			1	
	đ	Net gain or (loss)	•		604,168	604,168	Ī	
	8a	Gross income from fundraising even	ıts 🗀			333,233		
nue		(not including \$			1		1	
ě.		of contributions reported on line 1c).			1		1	
Other Reve		See Part IV, line 18	a				I	
the	b	Less direct expenses	ь				I	
Ó		Net income or (loss) from fundr	aısına eve	ents			†	
		Gross income from gaming activities		-				
		See Part IV, line 19	а		1		1	
	b	Less direct expenses	ь				1	
		Net income or (loss) from gami	na activitie	es Þ	Ţ	ĺ	†	
		Gross sales of inventory, less						
		returns and allowances	а					
	b	Less cost of goods sold	ъ <u></u> –				I	
		Net income or (loss) from sales	~	ory	†	1	ŧ	
		Miscellaneous Revenue	3	Busn Code			· ···· · · · · · · · · · · · · · · · ·	,
	11a	RENTAL INCOME			10,377	İ	Ŧ	10,377
	b				20,511	<del></del>		10,377
	c					- , <u> </u>		<del></del> -
	d	All other revenue					· · · · · · ·	
	e	Total. Add lines 11a-11d		<b>•</b>	10,377			······································
	12	Total revenue. See instructions	s		900,879	604,168	o	74,565

# 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)

	Check if Schedule O contains a response	to any question in this Part	IX		
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C)	(D)
7b	, 8b, 9b, and 10b of Part VIII.	Total expenses	expenses	Management and general expenses	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				
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 salanes and wages	46,056	16,569	29,487	
8	Pension plan accruals and contributions (include				<u>-</u> ·
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	5,860	4,778	1,082	<del>-</del>
11	Fees for services (non-employees)				
а	Management				
b	Legal	8,500		8,500	*
С	Accounting	6,095		6,095	
d	Lobbying			<u> </u>	
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				<del></del>
g	Other				
12	Advertising and promotion				
13	Office expenses	6,824	3,237	3,587	
14	Information technology				· · · · · · · · · · · · · · · · · · ·
15	Royalties				<del>-</del>
16	Occupancy	142,301	142,301		<del>.</del>
17	Travel	8,853	5,853	3,000	<del></del> .
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				
22	Depreciation, depletion, and amortization	19,335	19,335		
23	Insurance	17,307		17,307	
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e If			1	
	line 24e amount exceeds 10% of line 25, column			1	
	(A) amount, list line 24e expenses on Schedule O.)			1	
а	DUES AND SUBSCRIPTIONS	23,361	22,013	1,348	
b	SUPPLIES	13,581	2,054	8,306	3,221
С	CEREMONIALS	11,833	11,833		
d	VISITATION	10,596	10,596		
е	All other expenses	39,890	33,985	5,905	
25	Total functional expenses. Add lines 1 through 24e	360,392	272,554	84,617	3,221
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)	_			
Α Λ					

	art )	Balance Sheet		(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing		188,108	1	77,376
	2	Savings and temporary cash investments		4,757	2	8,482
	3	Pledges and grants receivable, net	-	2,,0.	3	
	4	Accounts receivable, net	-	17,152	4	8,482
	5	Receivables from current and former officers, directors, true	etaas kay	27,202		0,302
	ľ	employees, and highest compensated employees Comple	· •			
		Schedule L	terait ii oi	ĺ	5	
	6	Receivables from other disqualified persons (as defined ur	ider section		-	
	ľ	4958(f)(1)), persons described in section 4958(c)(3)(B), an				
		employers and sponsoring organizations of section 501(c)(				
w		employees' beneficiary organizations (see instructions)	5) Voluntary		ا ۽	; 
Assets	,	Notes and loans receivable, net			6 7	
Ass	7	Inventories for sale or use	-	3,590		
_	8		-	3,390	8	22,564
	9	Prepaid expenses and deferred charges	· 1		9	22,364
	Toa	Land, buildings, and equipment cost or	1 130 606		1	
		other basis. Complete Part VI of Schedule D	10a 1,139,696	E00 001		404 000
		Less accumulated depreciation	10b 654,803	590,281	10c	484,893
	11	Investments—publicly traded secunties	<u> </u>	812,833	11	1,685,042
	12	Investments—other securities See Part IV, line 11	<u> </u> -		12	
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets	į.		14	· · · · · · · · · · · · · · · · · · ·
	15	Other assets See Part IV, line 11	<u> </u>	4 64 6 504	15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		1,616,721	16	2,286,839
	17	Accounts payable and accrued expenses	_	11,931	17	1,380
	18	Grants payable	_		18	
	19	Deferred revenue	_	73,153	19	79,304
	20	Tax-exempt bond liabilities	<u> </u>		20	
	21	Escrow or custodial account liability Complete Part IV of S			21	
ies	22	Payables to current and former officers, directors, trustees	· · · · · · · · · · · · · · · · · · ·		1	!
Ħ		employees, highest compensated employees, and disquali	fied persons		I	
Liabilities		Complete Part II of Schedule L	<u> </u>		22	
_	23	Secured mortgages and notes payable to unrelated third pa			23	
	24	Unsecured notes and loans payable to unrelated third parti			24	
	25	Other liabilities (including federal income tax, payables to re				
		parties, and other liabilities not included on lines 17-24) Co	omplete Part X			
		of Schedule D	_		25	
	26	Total liabilities. Add lines 17 through 25		85,084	26	80,684
		Organizations that follow SFAS 117, check here ▶ X	and complete		I	
ő		lines 27 through 29, and lines 33 and 34.			I	:
<u>la</u>	27	Unrestricted net assets	_	1,438,889	27	2,137,506
ã	28	Temporarily restricted net assets	_	92,748	28	68,649
핕	29	•			29	······
Ē		Organizations that do not follow SFAS 117, check here		I		
Net Assets or Fund Balances	]	complete lines 30 through 34.			1	3
set	30	Capital stock or trust principal, or current funds	L		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fu	<del></del>		31	
Net	32	Retained earnings, endowment, accumulated income, or o	ther funds		32	
_	33	Total net assets or fund balances		1,531,637	33	2,206,155
	34	Total liabilities and net assets/fund balances		1,616,721	34	2,286,839

-om	n 990 (2011	) SPHINX SHRINERS	06 <u>-0544</u> 940			Pa	ge <b>12</b>
Pa	art XI	Reconciliation of Net Assets					
	•	Check if Schedule O contains a response to any	question in this Part XI				$\Box$
1	Total reve	enue (must equal Part VIII, column (A), line 12)		1	9	00.	879
2		enses (must equal Part IX, column (A), line 25)		2			392
3	•	less expenses Subtract line 2 from line 1		3			487
4		s or fund balances at beginning of year (must equal Part	X. line 33. column (A))	4	1,5		
5		anges in net assets or fund balances (explain in Schedule		5			031
6	Net asset	is or fund balances at end of year Combine lines 3, 4, ar	nd 5 (must equal Part X, line 33,				
	column (E		, ,	6	2,2	06,	155
Pa	art XII	Financial Statements and Reporting		-			
		Check if Schedule O contains a response to any	question in this Part XII				
1		ng method used to prepare the Form 990.  Cash anization changed its method of accounting from a prior you				Yes	No
2a	Were the	organization's financial statements compiled or reviewed	by an independent accountant?		2a		х
b		organization's financial statements audited by an indepe			2b		X
С		line 2a or 2b, does the organization have a committee ti					
		dit, review, or compilation of its financial statements and			2c	•	
	If the orga	anization changed either its oversight process or selectio O	n process during the tax year, explain in				
d	If "Yes" to	line 2a or 2b, check a box below to indicate whether the	financial statements for the year were				
3a	Sepa As a resu	a separate basis, consolidated basis, or both rate basis Consolidated basis Both consolit of a federal award, was the organization required to une Audit Act and OMB Circular A-133?	lidated and separate basis dergo an audit or audits as set forth in		3a		
b	-	lid the organization undergo the required audit or audits?	If the organization did not undergo the		Ja		<del>                                     </del>
		audit or audits, explain why in Schedule O and describe			36		

Form **990** (2011)

## 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, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization

Employer identification number

SI	PHINX SHRINERS	06	i-0!	544940				
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				
4	Total number at end of year	(4,2513)		,				
1	•	<del></del>						
2	Aggregate contributions to (during year) Aggregate grants from (during year)							
3								
4	Aggregate value at end of year	the enough hold in dense advised						
5	Did the organization inform all donors and donor advisors in writing that			□ vee □ Ne				
_	funds are the organization's property, subject to the organization's exclu	•		Yes No				
6	Did the organization inform all grantees, donors, and donor advisors in v	•						
	only for charitable purposes and not for the benefit of the donor or donor	advisor, or for any other purpose		□ v <sub>22</sub> □ v <sub>2</sub>				
Đ.	conferring impermissible private benefit?  tt If Conservation Easements. Complete if the organization	inization enswered "Yes" to Form 000	Dod	Yes No				
			Part	IV, line 7.				
1	Purpose(s) of conservation easements held by the organization (check a							
	Preservation of land for public use (e.g., recreation or education)	Preservation of an historically importan		area				
	Protection of natural habitat	Preservation of a certified historic struc	ture					
_	Preservation of open space	and an artist to a set of a second second						
2	Complete lines 2a through 2d if the organization held a qualified consen- easement on the last day of the tax year	vation contribution in the form of a conservation						
	easement on the last day of the tax year	r	<u>-</u>	Hald at the Fact of the Tan Van-				
_	Total assessment assessment assessment	<u> -</u>		Held at the End of the Tax Year				
a	Total number of conservation easements	}-	2a					
b	Total acreage restricted by conservation easements	4-4:- (-)	2b					
C	Number of conservation easements on a certified historic structure inclu	` ′	2c					
a	d Number of conservation easements included in (c) acquired after 8/17/06, and not on a							
	historic structure listed in the National Register							
3	Number of conservation easements modified, transferred, released, extr	nguished, or terminated by the organization during	ig the					
	tax year >	and a d						
4	Number of states where property subject to conservation easement is to							
5	Does the organization have a written policy regarding the periodic monit	oring, inspection, handling of		П., П.,				
_	violations, and enforcement of the conservation easements it holds?			Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforci	ng conservation easements during the year						
_								
7	Amount of expenses incurred in monitoring, inspecting, and enforcing co	onservation easements during the year						
	> \$	470(1)(1)						
8	Does each conservation easement reported on line 2(d) above satisfy the	ne requirements of section 170(h)(4)(B)		□ vaa □ Na				
	(i) and section 170(h)(4)(B)(ii)?			Yes No				
9								
	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							
IJ.	organizations Maintaining Collections of Art,	Historical Treasures or Other Simil	ar A	eeste				
• •	Complete if the organization answered "Yes" to f		ui /					
12	If the organization elected, as permitted under SFAS 116 (ASC 958), no			<del></del>				
	works of art, historical treasures, or other similar assets held for public e	•						
	public service, provide, in Part XIV, the text of the footnote to its financia		•					
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to		et .					
~	works of art, historical treasures, or other similar assets held for public e	·						
	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) r	<b>.</b>						
а	Revenues included in Form 990, Part VIII, line 1	g to those helling	•	\$				
a L	Accepts included in Form 900. Bort Y			•				

P	ert III Organizations Maintainir	ng Collections of	Art, Hi	storical Tr	easures, d	or Other	Similar Ass	sets (continued)	
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other records	, check a	ny of the follow	ving that are a	significan	t use of its		
а	Public exhibition	d 🗍	Loan or	exchange prog	grams				
b	Scholarly research	е 🗍	Other						
С	Preservation for future generations	_							
4	Provide a description of the organization's co	ollections and explain	how they	further the org	anization's e	xempt purp	ose in Part		
	XIV								
5	During the year, did the organization solicit of	or receive donations of	fart, histo	rical treasures	, or other sim	ıılar			_
	assets to be sold to raise funds rather than t	o be maintained as pa	art of the o	organization's o	collection?			Yes	No
P	art IV Escrow and Custodial A				ization ans	swered "	Yes" to Forn	n 990, Part IV,	
	line 9, or reported an amou	unt on Form 990,	Part X,	line 21.			<del> </del>		
1a	Is the organization an agent, trustee, custod	ian or other intermedia	ary for cor	ntributions or o	ther assets n	ot			_
	included on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIV	and complete the foll	owing tab	le					
	_							Amount	
C	• •						1c		
đ	Additions during the year						1d		
e	Distributions during the year						1e		
70	Ending balance	' 000 D-4V I	240				1f		<del></del>
	Did the organization include an amount on F	•	217					∐ Yes L	No
	If "Yes," explain the arrangement in Part XIV art V Endowment Funds. Com		zation a	answered "V	/es" to For	m 000 E	Port IV line :		-
	Endownent unds. Com	(a) Current year	1	b) Pnor year	(c) Two yea		(d) Three years		back
1a	Beginning of year balance	(u) Guiron your	<del>  '</del>	by i noi year	(6) 1 #0 986	als Dack	(u) Thee years	Dack (e) Foul years	Dack
b	Contributions		†						
c	Net investment earnings, gains, and	<del></del> -	<del> </del>						
_	losses								
d	Grants or scholarships			-					************
е									
	programs								
f	Administrative expenses				· · · · ·				
g	End of year balance								•••••
2	Provide the estimated percentage of the cur	rent year end balance	(line 1g, c	column (a)) he	id as				
а	Board designated or quasi-endowment ▶	%							
b	Permanent endowment ▶ %								
C	Temporanly restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c sho								
3a	3a Are there endowment funds not in the possession of the organization that are held and administered for the								
	organization by Yes No								
	(i) unrelated organizations 3a(i)								
	(ii) related organizations 3a(ii)								
b	If "Yes" to 3a(ii), are the related organization							_3b	<u> </u>
- <del>4</del>	Describe in Part XIV the intended uses of the lart VI Land, Buildings, and Equ				40		<del>-</del>		
_ f ¢	Land, Buildings, and Equ Description of property					4.1.		T	
	Description of property	(a) Cost or other (investment)		(b) Cost or o			ccumulated preciation	(d) Book value	
19	Land	\anabaniani,			24,953	de	p. 00141011	224,	052
	Buildings				27,333		•••••	224,	<del>,,,,</del>
	Leasehold improvements			6	42,521		431,784	210,	727
	Equipment	-			22,172	-	122,172	210,	
	Other				50,050	,	100,847		203
	I. Add lines 1a through 1e (Column (d) must e	equal Form 990, Part 2	X, column	(B), line 10(c)	<u> </u>		<u> </u>	484,	
					<del></del>		<del></del>	·	

Part VII	Investments—Other Securities. See Form	990, Part X, line 12.		rage e
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-yea	
(1) Financial de	nvatives			
(2) Closely-held				
(3) Other	• •			
(A)				
(B)				<u> </u>
(C)				<u> </u>
(D)				
(E)				
(F)				
(G)				
(H)				
<u>(I)</u>				
	(b) must equal Form 990, Part X, col (B) line 12.)	<b>•</b>		
Part VIII	Investments—Program Related. See Form	990, Part X, line 13.		
	(a) Description of investment type	(b) Book value	(c) Method of Cost or end-of-yea	
(1)				
(2)				
(3)				
(4)			· ·	
(5)				
(6)				-
			·	
(8)				
(9)			<u>.</u>	
(10)				
	(b) must equal Form 990, Part X, col (B) line 13)	<b>&gt;</b>	- 1 P	
Part IX	Other Assets. See Form 990, Part X, line 15		<del></del>	
	(a) Description			(b) Book value
(1)				
(2)		······································		
(3)				
(4)				
(5)	<del>-</del>			
(6)				
(7)		-	····	
(8)				<u> </u>
<u>(9)</u> (10)				
	(b) must equal Form 990, Part X, col (B) line 15)			
Part X	Other Liabilities. See Form 990, Part X, line	25		
1.	(a) Description of liability	(b) Book value		
	come taxes	(1, 553, 153,		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
	(b) must equal Form 990, Part X, col (B) line 25)	<b>•</b>		
	740) Footnote. In Part XIV, provide the text of the footnot		atements that reports the	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>

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

any additional information

Part XI, Line 8 - Reconciliation of Changes - Other

Book / Tax Depreciation Difference

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

c Add lines 4a and 4b

\$ 19,335

Part XIII, Line 4b - Expense Amounts Included on Return - Other

Book / Tax Depreciation Difference \$ 19,335

<u>19,335</u>

360,392

Part XIV Supplemental Information (continued)

# SCHEDULE M (Form 990)

# **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30

Attach to Form 990.

OMB No 1545-0047

Open To Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

SPHINX SHRINERS

Employer Identification number

	SPHINX SH	IKTNEK	.5	<del></del>		06-054494	<u> </u>		
Pa	Types of Property	r		(4)					
		(a) Check if applicable	(b)  Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d)  Method of determining  noncash contribution amou	nts		
1	Art—Works of art			Tom 555, Full Vin, and Tg					
2	Art—Historical treasures					<del></del>			
3	Art—Fractional interests	-				·			
4	Books and publications		······································						
5	Clothing and household								
	goods								
6	Cars and other vehicles	X	1	39,900	NADA	FMV			
7	Boats and planes								
8	Intellectual property								
9	Securities—Publicly traded					· · · · · · · · · · · · · · · · · · ·			
10	Securities—Closely held stock								
11	Securities—Partnership, LLC,								
	or trust interests					- <del></del>			
12	Securities—Miscellaneous								
13	Qualified conservation								
	contribution—Historic								
14	structures Qualified conservation					<del>-</del>			
14	contribution—Other								
15	Real estate—Residential		<u> </u>						
16	Real estate—Commercial								
17	Real estate—Other								
18	Collectibles								
19	Food inventory			<del></del> -					
20	Drugs and medical supplies					<del></del>			
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts		<u>-</u> -						
25	Other ► ( )					·			
26	Other ► (								
27	Other (			<del>-</del>		<del></del>			
28	Other ►(	<u> </u>		<u></u>					
29	Number of Forms 8283 received by the								
	which the organization completed For	m 8283, P	aπ IV, Donee Acknowled	gement	29	<del> </del>	_	Yes	N.
30a	Dunng the year, did the organization	roceive by	contribution any proporty	reported in Bort Lines 1. 2	O that			res	No
Jua	it must hold for at least three years fro	-	- · · · · ·						
	used for exempt purposes for the ent			, and which is not required t	.o be		30a	1	x
ь	If "Yes," describe the arrangement in	_	periour				30a		-
31	Does the organization have a gift acc		licy that requires the revi	ew of any non-standard					
	contributions?			I I I I I I I I I I I I I I I I			31		х
32a	Does the organization hire or use thin	d parties oi	related organizations to	solicit, process, or sell nond	ash				
	contributions?						32a		x
b	If "Yes," describe in Part II								
33	If the organization did not report an ai	mount in co	olumn (c) for a type of pro	perty for which column (a) i	s checked,				
	describe in Part II							l	<u>.</u>

Schedule M (Form 990) (2011) Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, Part II and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

### SCHEDULE O (Form 990 or 990-EZ)

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 Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

#### SPHINX SHRINERS

**Employer identification number** 06-0544940

Form 990, Part VI, Line 7a - Election of Members and Their Rights The Organization interviews prospective memebers and the board votes to accept or not.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 Directors receive copy of 990 prior to its board meeting. At board meeting the board directors discuss 990 with Treasurer prior to filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Outside bookkeeping company reviews transactions on an on-going basis and reviews any possible of conflicts of interest with management.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation PUBLIC NOTICE IN NEWSPAPER

Form 990, Part IX, Line 24e - Other Expenses

Description	Amo	unt
SOCIAL	\$	9,340
PUBLICITY/RELATIONS	\$	6,375
TRANSPORTATION PROGRAM	\$	6,314
TELEPHONE	\$	3,996
LICENSES AND PERMITS	\$	3,864
PAYROLL PROCESSING FEES	\$	2,696
PERSONAL PROPERTY TAX	\$	2,341
FEZZES & BADGES, PARAPHOR	\$	2,300

Name of the organization SPHINX SHRINERS	 	Employer Identification number 06-0544940
CREDIT CARD AND BANK FEES	\$ 1,345	
SHRINERS HOSPITAL	\$ 1,200	
MISCELLANEOUS EXPENSE	\$ 119	