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Form **990**Department of the Treasury
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No. 1545-0047

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning

and ending

Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending**C** Name of organization
**SHRINERS INTERNATIONAL, DBA C/O
KEM TEMPLE GROUP RETURN**

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
P.O. BOX 5268City or town, state or country, and ZIP + 4
GRAND FORKS, ND 58206**F** Name and address of principal officer: **THOMAS P. HANSON
SAME AS C ABOVE****D** Employer identification number**51-0171595****E** Telephone number
701-772-7125**G** Gross receipts \$ **237,791.****H(a)** Is this a group return for affiliates? **STMT 1**
☒ Yes ☐ No**H(b)** Are all affiliates included? ☐ Yes ☒ No
If "No," attach a list. (see instructions)**H(c)** Group exemption number **0229****I** Tax-exempt status: ☐ 501(c)(3) ☒ 501(c)(10) (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **HTTP://WWW.KEMSHRINERS.ORG****K** Form of organization: ☐ Corporation ☐ Trust ☐ Association ☒ Other **UNINC** **L** Year of formation: **1910** **M** State of legal domicile: **ND****Part I Summary**

Activities & Governance		Revenue		Expenses		Net Assets or Fund Balances	
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		7			
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5		0			
6	Total number of volunteers (estimate if necessary)	6		0			
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a		0.			
7b	Net unrelated business taxable income from Form 990-T, line 34	7b		0.			
8	Contributions and grants (Part VIII, line 1h)		Prior Year		Current Year		
9	Program service revenue (Part VIII, line 2g)		3,800.		3,664.		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		1,006.		2,320.		
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		13,561.		20,847.		
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		76,598.		105,722.		
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		94,965.		132,553.		
14	Benefits paid to or for members (Part IX, column (A), line 4)		0.		0.		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.		0.		
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.		0.		
16b	Total fundraising expenses (Part IX, column (D), line 25)		0.		0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		46,127.		33,934.		
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		46,127.		33,934.		
19	Revenue less expenses. Subtract line 18 from line 12		48,838.		98,619.		
20	Total assets (Part X, line 16)		Beginning of Current Year		End of Year		
21	Total liabilities (Part X, line 26)		482,721.		752,864.		
22	Net assets or fund balances. Subtract line 21 from line 20		0.		2,000.		
			482,721.		750,864.		

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		
	JAMES MCCONNELL, TREASURER				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	JANELLE MULROY				P00167925
	Firm's name	Firm's EIN			
	BRADY, MARTZ AND ASSOCIATES, P.C.	45-0310328			
	Firm's address	Phone no.			
	P.O. BOX 14296 GRAND FORKS, ND 58208-4296	701-775-4685			

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

27 62

FORM 990

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

STATEMENT 1

NAME OF ORGANIZATIONORGANIZATION'S ADDRESSEMPLOYER IDSHRINERS INTERNATIONAL DBA
MINOT SHRINE CLUB2524 BURDICK EXPY E. - MINOT,
ND 58701

23-7279182

*This should have read
the same as 2007 (see Attached)*

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization

SHRINERS INTERNATIONAL, DBA C/O
KEM TEMPLE GROUP RETURN

Employer identification number
51-0171595

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

UNINCORPORATED ASSOCIATION

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

MEMBERS/STOCKHOLDERS WHO PAY MEMBERSHIP DUES

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

BOARD OF DIRECTORS

FORM 990, PART VI, SECTION A, LINE 7B: MAJOR DECISIONS MAY REQUIRE

APPROVAL FROM A MAJORITY OF MEMBERS/STOCKHOLDERS

FORM 990, PART VI, SECTION B, LINE 11: THE GOVERNING BODY DOES NOT REVIEW

THE COMPLETED 990 PRIOR TO FILING; HOWEVER, ONE OR MORE OFFICERS PERFORMS A

CURSORY REVIEW PRIOR TO SIGNING THE FORM. IN ADDITION, IMPERIAL

HEADQUARTERS STAFF PERFORMS A COMPLIANCE REVIEW AFTER THE 990 IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C: COMPLIANCE WITH OUR CODE OF ETHICS

IS MONITORED AND ENFORCED BY OUR IMPERIAL COUNCIL BYLAWS SECTION 210.7.

FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION MAKES ITS FORM 990

AVAILABLE FOR PUBLIC INSPECTION UPON WRITTEN REQUEST.

FORM 990, PART VI, SECTION C, LINE 19: WE DO NOT MAKE OUR GOVERNING

DOCUMENTS, CONFLICT OF INTEREST POLICY OR FINANCIAL STATEMENTS AVAILABLE TO

THE PUBLIC.

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

Employer identification number
51-0171595

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

ADJUSTMENT TO CORRECT CARRYING VALUE OF LAND AND BUILDING 169,524.

FORM 990, PART XI, LINE 2C:

THE PROCESS FOR OVERSIGHT OF THE ANNUAL REVIEW OF THE ORGANIZATION'S
FINANCIAL STATEMENTS HAS NOT CHANGED FROM PRIOR YEAR'S PROCESS.