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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****B** Check if applicable

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

**C** Name of organization

ZAMORA SHRINERS

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

Doing Business As

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

3521 RATLIFF ROAD

Room/suite

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

IRONDALE, AL 35210

**F** Name and address of principal officer: FRED SLANEY

SAME AS C ABOVE

**D** Employer identification number

63-0233840

**E** Telephone number

205.854.2477

**G** Gross receipts \$

755,538.

**H(a)** Is this a group return

for affiliates?

☐ Yes☒ No**H(b)** Are all affiliates included?☐ Yes☐ No

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

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☐ 501(c)(3) ☒ 501(c)(10) (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ N/A**K** Form of organization☐ Corporation☒ Trust☐ Association☒ Other ▶ UNICO**L** Year of formation 1890**M** State of legal domicile AL**Part I Summary**

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities: <b>FRATERNITY WITH A PHILANTHROPIC MISSION.</b>		
	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	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	7
	6 Total number of volunteers (estimate if necessary)	6	0
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	149,559.	175,383.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	30,394.	50,842.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	74,951.	60,068.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	361,509.	308,860.
		616,413.	595,153.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	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)	130,623.	144,503.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
<b>Expenses</b>	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	566,544.	563,965.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	697,167.	708,468.
	19 Revenue less expenses. Subtract line 18 from line 12	<80,754.>	<113,315.>
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	4,506,255.	4,126,453.
	22 Net assets or fund balances. Subtract line 21 from line 20	103,892.	145,674.
	4,402,363.	3,980,779.	

**Part II Signature Block**

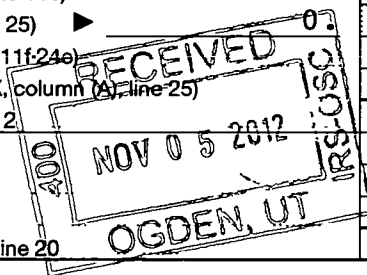
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

<b>Sign Here</b>	Signature of officer	Date
	FRED SLANEY, RECORDER Type or print name and title	1 Nov 2012
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature
	RONNIE L SHELL	10/31/12
	Firm's name ▶ CARR RIGGS & INGRAM LLC	Check <input type="checkbox"/> if self-employed
	Firm's address ▶ 4502 HIGHWAY 20 EAST SUITE A NICEVILLE, FL 32578	PTIN P00143532
		Firm's EIN ▶ 72-1396621
		Phone no 850.897.4333

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

☒ Yes ☐ No

SCANNED NOV 29 2012



**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:**FRATERNITY WITH A PHILANTHROPIC MISSION****2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 \$ 692,282. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
**FRATERNAL, SOCIAL AND RECREATIONAL ACTIVITIES FOR BENEFIT OF MEMBERS****4b** (Code \_\_\_\_\_) (Expenses \$ 49,854. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
**CHARITABLE - USES VANS TO SHUTTLE PATIENTS AND THEIR FAMILY MEMBERS TO AND FROM SHRINERS HOSPITALS FOR CHILDREN****4c** (Code \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)**4d** Other program services (Describe in Schedule O.)

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

**4e** Total program service expenses **742,136.**

## ZAMORA SHRINERS

Form 990 (2011)

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

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**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?		X
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i>		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
<b>9</b> Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		X
<b>b</b> 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 foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Form 990 (2011)

## ZAMORA SHRINERS

Form 990 (2011)

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

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
<b>22</b> Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		
<b>b</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? <i>If "Yes," complete Schedule L, Part I</i>		
<b>26</b> Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

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

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

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	<b>1a</b> 0		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b>		
<b>2a</b> 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	<b>2a</b> 7		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<b>2b</b>	X	
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>3b</b>		
<b>4a</b> 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)?	<b>4a</b>		X
<b>b</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.			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> 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?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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?	<b>7a</b>	X	
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>	X	
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		X
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		X
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 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?	<b>8</b>		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>		
<b>b</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	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>		

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**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

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

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O	9													
<b>b</b> Enter the number of voting members included in line 1a, above, who are independent		0												
<b>2</b> 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
<b>3</b> 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
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?														X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?														X
<b>6</b> Did the organization have members or stockholders?													X	
<b>7a</b> Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?													X	
<b>b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?													X	
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following														
<b>a</b> The governing body?													X	
<b>b</b> Each committee with authority to act on behalf of the governing body?													X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O														X

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

	10a	10b	11a	11b	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates?															X
<b>b</b> If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?															
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?														X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.															
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13														X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?														X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done														X	
<b>13</b> Did the organization have a written whistleblower policy?														X	
<b>14</b> Did the organization have a written document retention and destruction policy?														X	
<b>15</b> 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?															
<b>a</b> The organization's CEO, Executive Director, or top management official															X
<b>b</b> Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).															X
<b>16a</b> 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>b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?															

**Section C. Disclosure**

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

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **ZAMORA SHRINERS - 205.956.3636**  
**3521 RATLIFF ROAD, IRONDALE, AL 35210**

**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 organization nor any related organization compensated any current officer, director, or trustee.

[illegible]



## ZAMORA SHRINERS

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

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
<b>1b Sub-total</b>								13,000.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								13,000.	0.	0.

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

- 3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

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

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## ZAMORA SHRINERS

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**Part VIII** Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a Federated campaigns	1a					
	b Membership dues	1b	171,933.				
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	3,450.				
	g Noncash contributions included in lines 1a-1f \$						
	h <b>Total.</b> Add lines 1a-1f			175,383.			
<b>Program Service Revenue</b>	2 a <b>SHRINERS FEZ SALES</b>	Business Code	448000	6,238.	6,238.		
	b						
	c						
	d						
	e						
	f All other program service revenue	722210	44,604.	44,604.			
	g <b>Total.</b> Add lines 2a-2f			50,842.			
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)			60,068.			60,068.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	96,381.				
	b Less: rental expenses	(ii) Personal	13,390.				
	c Rental income or (loss)		82,991.				
	d Net rental income or (loss)			82,991.	82,991.		
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
	b Less: cost or other basis and sales expenses	(ii) Other					
	c Gain or (loss)						
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a	348898.				
	b Less: direct expenses	b	145276.				
	c Net income or (loss) from fundraising events			203,622.		203,622.	
	9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a	22,071.					
b Less: cost of goods sold	b	1,719.					
c Net income or (loss) from sales of inventory			20,352.	20,352.			
Miscellaneous Revenue			Business Code				
11 a <b>MISCELLANEOUS INCOME</b>		900099	1,895.	1,895.			
b							
c							
d All other revenue							
e <b>Total.</b> Add lines 11a-11d			1,895.				
12 <b>Total revenue.</b> See instructions			595,153.	156,080.	0.	263,690.	

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## ZAMORA SHRINERS

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**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>				
<b>1</b> Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
<b>2</b> Grants and other assistance to individuals in the United States. See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	13,000.	13,000.		
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages	111,372.	111,372.		
<b>8</b> Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	3,600.		3,600.	
<b>9</b> Other employee benefits	3,945.	3,945.		
<b>10</b> Payroll taxes	12,586.		12,586.	
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	26,665.	26,665.		
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees				
<b>g</b> Other				
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	48,933.	48,933.		
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy	177,785.	177,785.		
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	33,461.	33,461.		
<b>23</b> Insurance	71,666.	71,666.		
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> <u>HOSPITAL TRANSPORTATION</u>	49,854.	49,854.		
<b>b</b> <u>PROMOTION AND PUBLICITY</u>	25,334.	25,334.		
<b>c</b> <u>SOCIAL ACTIVITIES</u>	24,091.	24,091.		
<b>d</b> <u>VISITATIONS AND PILGRIM</u>	19,523.	19,523.		
<b>e</b> All other expenses	86,653.	86,653.		
<b>25</b> Total functional expenses. Add lines 1 through 24e	708,468.	692,282.	16,186.	0.
<b>26</b> 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)

## ZAMORA SHRINERS

Form 990 (2011)

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**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing	170,466.	<b>1</b>	249,273.
	<b>2</b> Savings and temporary cash investments	394,744.	<b>2</b>	416,786.
	<b>3</b> Pledges and grants receivable, net		<b>3</b>	
	<b>4</b> Accounts receivable, net	8,983.	<b>4</b>	4,637.
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> 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)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net		<b>7</b>	
	<b>8</b> Inventories for sale or use	6,674.	<b>8</b>	13,295.
	<b>9</b> Prepaid expenses and deferred charges	832.	<b>9</b>	6,004.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 898,489.		
	<b>b</b> Less: accumulated depreciation	<b>10b</b> 485,528.	<b>10c</b>	412,961.
	<b>11</b> Investments - publicly traded securities		<b>11</b>	
	<b>12</b> Investments - other securities. See Part IV, line 11	1,390,888.	<b>12</b>	1,011,602.
	<b>13</b> Investments - program-related. See Part IV, line 11		<b>13</b>	
	<b>14</b> Intangible assets		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11	2,220,586.	<b>15</b>	2,011,895.
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	4,506,255.	<b>16</b>	4,126,453.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses	45,765.	<b>17</b>	47,905.
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue	58,127.	<b>19</b>	97,769.
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25	103,892.	<b>26</b>	145,674.
	<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>X</b> <b>and complete lines 27 through 29, and lines 33 and 34.</b>		
<b>27</b> Unrestricted net assets		4,306,403.	<b>27</b>	3,884,819.
<b>28</b> Temporarily restricted net assets		95,960.	<b>28</b>	95,960.
<b>29</b> Permanently restricted net assets			<b>29</b>	
<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>				
<b>30</b> Capital stock or trust principal, or current funds			<b>30</b>	
<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund			<b>31</b>	
<b>32</b> Retained earnings, endowment, accumulated income, or other funds			<b>32</b>	
<b>33</b> <b>Total net assets or fund balances</b>		4,402,363.	<b>33</b>	3,980,779.
<b>34</b> <b>Total liabilities and net assets/fund balances</b>	4,506,255.	<b>34</b>	4,126,453.	

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**Part XI Reconciliation of Net Assets**

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

☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	595,153.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	708,468.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	<113,315.>
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	4,402,363.
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	<308,269.>
<b>6</b>	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	3,980,779.

**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
<b>2a</b>	X	
<b>2b</b>		X
<b>2c</b>	X	
<b>3a</b>		X
<b>3b</b>		

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 **ZAMORA SHRINERS**  
**F/N/A A.A.O.N.M.S. ZAMORA TEMPLE**Employer identification number  
**63-0233840****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

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

## ZAMORA SHRINERS

Schedule D (Form 990) 2011

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**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 the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

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

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

- 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 current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ► \_\_\_\_\_ %  
 b Permanent endowment ► \_\_\_\_\_ %  
 c Temporarily restricted endowment ► \_\_\_\_\_ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

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

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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 property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		465,013.	95,314.	369,699.
c Leasehold improvements				
d Equipment		304,188.	291,904.	12,284.
e Other		129,288.	98,310.	30,978.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				412,961.

Schedule D (Form 990) 2011

## ZAMORA SHRINERS

Schedule D (Form 990) 2011

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

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**Part VII Investments - Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) ZAMORA TRUSTEES		
(B) INVESTMENT FUND		
(C) (PERPETUAL CARE)	1,011,602.	COST
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	1,011,602.	

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

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

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

(a) Description	(b) Book value
(1) ZAMORA SHRINERS ASSOCIATION - NET ASSETS	1,992,621.
(2) ZAMORA SHRINERS HOLDING CORPORATION - NET ASSETS	19,274.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	2,011,895.

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

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

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under

132053  
01-23-12

Schedule D (Form 990) 2011



63-0233840 Page 4

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

2011

## Open To Public Inspection

Name of the organization	ZAMORA SHRINERS F/N/A A.A.O.N.M.S. ZAMORA TEMPLE	Employer identification number	63-0233840
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## Part 1

**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

- 2 a** 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 col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

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

**ZAMORA SHRINERS**

Schedule G (Form 990 or 990-EZ) 2011 **F/N/A A.A.O.N.M.S. ZAMORA TEMPLE**

**63-0233840 Page 2**

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GUN GIVEAWAY (event type)	COUNTRY CASH (event type)	3 (total number)	
Revenue	1 Gross receipts	119,757.	126,457.	102,684.	348,898.
	2 Less: Charitable contributions				
	3 Gross income (line 1 minus line 2)	119,757.	126,457.	102,684.	348,898.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	63,756.	51,995.	29,525.	145,276.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				( 145,276 )
	11 Net income summary. Combine line 3, column (d), and line 10				203,622.

**Part III Gaming.** Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

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

9 Enter the state(s) in which the organization operates gaming activities: \_\_\_\_\_

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

b If "No," explain: \_\_\_\_\_

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

b If "Yes," explain: \_\_\_\_\_

**ZAMORA SHRINERS**

Schedule G (Form 990 or 990-EZ) 2011 **F/N/A A.A.O.N.M.S. ZAMORA TEMPLE**

**63-0233840** Page **3**

- 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:
- |                                      |            |   |
|--------------------------------------|------------|---|
| <b>a</b> The organization's facility | <b>13a</b> | % |
| <b>b</b> An outside facility         | <b>13b</b> | % |
- 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 contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party ▶ \$ \_\_\_\_\_

**c** If "Yes," enter name and address of the third party:

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16** Gaming manager information:

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer      ☐ Employee      ☐ Independent contractor

**17** Mandatory distributions:

**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

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

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

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

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

OMB No 1545-0047

**2011**  
**Open to Public**  
**Inspection**

Name of the organization

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

Employer identification number  
63-0233840

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

UNICORPORATED ASSOCIATION

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

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

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

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

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

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

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

Schedule O (Form 990 or 990-EZ) (2011)

132211  
01-23-12

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

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

NET UNREALIZED LOSSES ON INVESTMENTS: -105,742.

PRIOR PERIOD ADJUSTMENTS: -202,527.

TOTAL TO FORM 990, PART XI, LINE 5 -308,269.

FORM 990, PART XI, LINE 2C

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

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Related Organizations and Unrelated Partnerships**

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

OMB No. 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

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

Employer identification number  
**63-0233840**

**Part I 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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
IMPERIAL COUNCIL, SHRINERS INTERNATIONAL 2900 ROCKEY POINT DRIVE TAMPA, FL 33607-1460	INTERNATIONAL HEADQUARTERS OF SHRINE CLUBS IN NORTH AMERICA	FLORIDA					X
OTHER ALABAMA SHRINE CLUBS - 51-0158547 3521 RATLIFF ROAD IRONDALE, AL 35210	GROUP RETURN OF AFFILIATED SHRINE CLUBS	ALABAMA	501(C)(11)				X
ZAMORA SHRINERS HOLDING CORPORATION - 63-0438924, 3521 RATLIFF ROAD, IRONDALE, AL 35210	PARK AND LOUNGE OPERATED FOR ZAMORA SHRINE MEMBERS RECREATION, ENTERTAINMENT						X
ZAMORA SHRINERS ASSOCIATION - 63-0948290 3521 RATLIFF ROAD IRONDALE, AL 35210	TITLE HOLDING CORPORATION FOR REAL PROPERTY OWNED, UTILIZED BY ZAMORA SHRINE	ALABAMA	501(C)(7)				X
		ALABAMA	501(C)(2)				X

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

Schedule R (Form 990) 2011

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

**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.)

[illegible]



**ZAMORA SHRINERS**

Schedule R (Form 990) 2011 **F/N/A A.A.O.N.M.S. ZAMORA TEMPLE**

**63-0233840**

Page **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?

**a** Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

**b** Gift, grant, or capital contribution to related organization(s)

**c** Gift, grant, or capital contribution from related organization(s)

**d** Loans or loan guarantees to or for related organization(s)

**e** Loans or loan guarantees by related organization(s)

**f** Sale of assets to related organization(s)

**g** Purchase of assets from related organization(s)

**h** Exchange of assets with related organization(s)

**i** Lease of facilities, equipment, or other assets to related organization(s)

**j** Lease of facilities, equipment, or other assets from related organization(s)

**k** Performance of services or membership or fundraising solicitations for related organization(s)

**l** Performance of services or membership or fundraising solicitations by related organization(s)

**m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

**n** Sharing of paid employees with related organization(s)

**o** Reimbursement paid to related organization(s) for expenses

**p** Reimbursement paid by related organization(s) for expenses

**q** Other transfer of cash or property to related organization(s)

**r** Other transfer of cash or property from related organization(s)

**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)	(b)	(c)	(d)
Name of other organization	Transaction type (a-r)	Amount involved	Method of determining amount involved
(1) OTHER ALABAMA SHRINE CLUBS	R	0.	
(2)			
(3)			
(4)			
(5)			
(6)			



**Part VII** Supplemental Information

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

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

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

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

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	ZAMORA SHRINERS	<input checked="" type="checkbox"/> 63-0233840
	F/N/A A.A.O.N.M.S. ZAMORA TEMPLE	Social security number (SSN)
	Number, street, and room or suite no. If a P.O. box, see instructions.	<input type="checkbox"/>
	3521 RATLIFF ROAD	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
	IRONDALE, AL 35210	

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

01

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

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

**ZAMORA SHRINERS**

- The books are in the care of ☒ 3521 RATLIFF ROAD - IRONDALE, AL 35210

Telephone No. ☒ 205.956.3636

FAX No. ☐

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until NOVEMBER 15, 2012.

5 For calendar year 2011, or other tax year beginning                     , and ending                     .

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return  
☐ Change in accounting period

7 State in detail why you need the extension

**ADDITIONAL TIME IS NECESSARY TO GATHER THIRD PARTY INFORMATION REQUIRED FOR PREPARATION OF A COMPLETE TAX RETURN.**

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

**Signature and Verification must be completed for Part II only.**

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

Signature ☐

Title ☐ RECORDER

Date ☐

Form 8868 (Rev. 1-2012)

Zamora Shrine  
F/N/A.A.A.O.N.M.S. Zamora Temple  
EIN 63-0233840  
Shrine and Units Financial Data  
12/31/2011

Balance Sheet and Changes in Net Assets

	Cash - Non-Interest Bearing	Savings/ Temporary Cash Investments	Accounts Receivable	Inventories	Prepaid Expenses	Investments	Buildings and Equipment	Accum Depreciation	Other Assets	Accts Payable/ Accrued Expenses	Deferred Revenue	NET ASSETS	Total Revenue	Total Expenses	(Excess) Deficit for Year
												12/31/2010	12/31/2011		
Shrine	212,523 01	416,786 17	4,637 30	13,295 49	6,003 70	1,011,601 82	885,551 09	(472,898 69) (2,511 25)	2,011,895 00	(47,904 74)	(97,769 00)	(4,361,915 88)	(3,845,249 12)	777,415 99	(107,382 19)
PV Adjustment															
Units															
Convertible	1,493 88											(756 06)	(1,493 88)	433 47	304 35
Arab Patrol	256 73											(415 06)	(256 73)	397 33	(158 33)
Clowns	2,321 42						1,550 00	(1,271 41)				(2,301 29)	(2,600 01)	5,716 34	441 79
Communications	6,346 32						6,360 00	(4,940 95)				(1,986 67)	(7,765 37)	23,693 24	(6,129 45)
Director Staff	-											(1,688 96)	-	7,469 56	(551 39)
Dune Buggies	642 94											(1,497 44)	(642 94)	7,409 11	(854 50)
Flying Fezes															
Greeters	2,844 15											(5,439 67)	(2,844 15)	11,285 52	(2,296 52)
Ham Radio														3,392 22	(236 38)
Hillbilly	771 68											(1,298 60)	(771 68)	779 72	55 46
Photo Unit	3,332 67						2,408 00	(1,870 72)				(3,332 67)		499 40	(499 40)
Zamora Legend	4,769 93											(4,601 24)	(5,307 21)	7,395 12	1,820 88
Midflits															
Mobile Nobles	778 44											(1,686 85)	(1,363 07)	415 00	(90 00)
Motor Corp	9,843 51						2,620 00	(2,035 42)				(5,316 00)	(9,843 51)	12,899 15	7,997 85
Parade	2,201 13											(2,964 46)	(2,201 13)	2,313 35	(763 35)
Provost Guard	480 21											(930 21)	(480 21)	450 00	(450 00)
Riders	-											(4,417 28)	-	4,417 28	(4,417 28)
Knights of Messa															
Skat Kats	50 17											(466 01)	(50 17)	1,073 81	(415 81)
Ramblers	510 00												(510 00)	100 00	510 00
Trail Blazers	107 20											(309 95)	(107 20)	1,297 75	(202 75)
	36,750 38	-	-	-	-	-	12,938 00	(12,629 75)	-	-	-	(40,447 60)	(39,569 86)	91,437 37	(5,334 83)
	249,273 39	416,786 17	4,637 30	13,295 49	6,003 70	1,011,601 82	898,489 09	(485,528 44)	2,011,895 00	(47,904 74)	(97,769 00)	(4,402,363 48)	(3,884,819 00)	869,853 36	(113,317 02)

Unrestricted - Temple  
Temporarily Restricted - Temple  
Unrestricted - Units

(4,285,955 88)	(3,749,289 12)
(95,960 00)	(95,960 00)
(4,361,915 88)	(3,845,249 12)
(40,447 60)	(39,569 86)
(4,402,363 48)	(3,884,819 00)

**Zamora Shriners**  
**F/N/A.A.O.N.M.S. Zamora Temple**  
**EIN 63-0233840**  
**Shrine and Units Financial Data**  
**12/31/2011**

**Support and Revenues**

	Dues and Assmnts	Initiation Fees	Investment Income	Social Activities	Contribs Received	Fraternal Meetings & Visitations	Other Revenues	Fund Raising	(Gain)/Loss on Disposal of Assets	Total Revenue
<b>Shrine</b>	134,098.00	3,450.00	59,567.88	43,316.61	-	-	124,831.94	304,769.37	-	<b>670,033.80</b>
<b>Units</b>										
Convertible								737.82		<b>737.82</b>
Arab Patrol	150.00						5.00	84.00		<b>239.00</b>
Clowns	730.00							5,428.13		<b>6,158.13</b>
Communications	17,563.79									<b>17,563.79</b>
Director Staff	880.00			946.00			1,633.33	3,458.84		<b>6,918.17</b>
Dune Buggies	5,975.22					340.92		238.47		<b>6,554.61</b>
Flying Fezes										<b>-</b>
Greeters	5,675.00							3,314.00		<b>8,989.00</b>
Ham Radio								3,155.84		<b>3,155.84</b>
Hillbilly	600.00							235.18		<b>835.18</b>
Photo Unit										<b>-</b>
Zamora Legend	880.00		500.00					7,836.00		<b>9,216.00</b>
Mobile Nobles	325.00									<b>325.00</b>
Motor Cords	2,600.00							18,297.00		<b>20,897.00</b>
Parade	751.00						114.00	685.00		<b>1,550.00</b>
Provost Guard										<b>-</b>
Riders										<b>-</b>
Skat Kats	610.00							658.00		<b>658.00</b>
Ramblers										<b>610.00</b>
Trail Blazers	1,095.00									<b>1,095.00</b>
	37,835.01	-	500.00	946.00	-	340.92	1,752.33	44,128.28	-	<b>85,502.54</b>
	<b>171,933.01</b>	<b>3,450.00</b>	<b>60,067.88</b>	<b>44,262.61</b>	<b>-</b>	<b>340.92</b>	<b>126,584.27</b>	<b>348,897.65</b>	<b>-</b>	<b>755,536.34</b>

Zamora Shriners  
F/N/A A O N M S Zamora Temple  
EIN 63-0233840  
Shrine and Units Financial Data  
12/31/2011

Expenses	Compensation of Officers	Other Salaries and Wages	Pension Plan	Payroll Taxes	Office Expense	Accounting Fees	Postage and Shipping	Equipment Rental and Maintenance	Insurance	Vehicle Expense	Garbage and Trash Removal	Business Sessions and Ceremonials	Units and Clubs	Bank Service Charges	Hospital Transportation Fund	TOTAL EXPENSES
Shrine	13,000.08	111,372.45	3,600.00	12,585.58	40,962.80	26,665.01			71,665.62						49,854.29	329,705.83
	13,000.08	111,372.45	3,600.00	12,585.58	40,962.80	26,665.01			71,665.62						49,854.29	329,705.83
Building Operations & Maintenance																
Shrine	1,241.50			177,785.17	23,509.92	15,821.27	6,118.10				127,639.11		62,133.84	36,419.83	Transfers to Temple	450,668.74
Tax Adjustment														(2,958.58)		(2,958.58)
Units																
Convertible						433.47										433.47
Arab Patrol						224.33		33.00			125.00		15.00			397.33
Clowns	1,729.34				350.00		1,065.00	694.00			1,578.00		23,683.24		300.00	5,716.34
Communications																
Director Staff	136.9						1,023.89				1,775.21	1,479.66	3,053.90			23,683.24
Dune Buggies		1,319.90	1,789.35			2,446.41		276.00			1,477.45	100.00				7,469.56
Flying Fezes																7,409.11
Greeters	712	59.90	58.00		425.00		5,421.00			2,572.00	742.00		1,295.62			11,285.52
Ham Radio													3,392.22			3,392.22
Hillbilly			79.72				700.00									775.72
Photo Unit							499.40									499.40
Zamora Legend			264.00		1,048.95	597.62	1,694.06	400.00	65.00	600.00	1,525.49				1,200.00	7,395.12
Mobile Nobles							240.00	175								415.00
Motor Cords	125	500.00					4,908.35	1,029.45	292.00	3,000.00	3,336.35	481.35				12,899.15
Parade		50.00	165.00				50.00	720.00		245.00	360.00		100.00			2,313.35
Provost Guard													4,417.28			450.00
Riders																4,417.28
Skat Kats							1,073.81						100.00			1,073.81
Ramblers																100.00
Trail Blazers	2,703.24	1,929.80	2,356.07			3,701.83	1,297.75	3,327.45	357.00	6,417.00	11,219.50	2,061.01	36,067.26		1,500.00	91,437.37
					1,823.95		17,973.26									
	3,944.74	1,929.80	2,356.07	177,785.17	25,333.87	19,523.10	24,091.36	3,327.45	357.00	6,417.00	138,858.61	2,061.01	98,201.10		1,500.00	868,453.36