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DLN: 93493212000393

2012

OMB No 1545-0047

# Form **990**

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)

Open to Public

Internal						Inspection						
			endar year, or tax year beginning 01-01-2012 , 2012, and ending 12-3  C Name of organization	31-2012	D Employe	r identification number						
_	eck ıf a dress ch	applicable hange	Shriners International DBA Abou Ben Adhem Temple Group Return									
_	me cha	-	Doing Business As		51-0150	0331						
_	tial retu	-										
_	rminate		Number and street (or P O box if mail is not delivered to street address) Room/si 601 St Louis Street	ute	E Telephone	number						
_	nended		City or town, state or country, and ZIP + 4		(417)86	59-9164						
_			Springfield, MO 65806									
Ар	plication	n pending		1		eipts \$ 732,177						
			F Name and address of principal officer Schedule attached		this a group re filiates?	turn for ✓ Yes 🗆 No						
			601 St Louis Springfield, MO 65806									
			Springheid, MO 65606			ncluded?						
<b>r</b> Ta	ıx-exen	npt status	501(c)(3) ✓ 501(c) (10) ◀ (insert no )	1 5	"No," attach a	list (see instructions)						
ı w	ebsite	<b>e:►</b> N/A		1460	roun exemption	n number <b>►</b> 0229						
				11(3)								
K For	m or or	rganization	Corporation	L Year o	of formation 1940	M State of legal domicile MO						
Pa	rt I	Sum	mary									
			escribe the organization's mission or most significant activities									
a)	.	Fraternit	y with a philanthropic mission									
Governance												
Ě	ੵ			. <b></b>	250/							
Š	2	Cneck th	is box দ if the organization discontinued its operations or disposed	or more tha	IN 25% OF ITS NO	et assets						
	3	Number	of voting members of the governing body (Part VI, line 1a)			3 4						
ACTIVITIES &	4	Number	r of independent voting members of the governing body (Part VI, line 1b)									
<u> </u>	5	Total nur	of individuals employed in calendar year 2012 (Part V, line 2a)									
Ş	6	Total nur	mber of volunteers (estimate if necessary)			6						
	1		related business revenue from Part VIII, column (C), line 12		-	<b>7a</b> 0						
	Ь	Net unre	lated business taxable income from Form 990-T, line 34			<b>7b</b>						
		C t	hotens and another (Book) VIII has die		Prior Year	Current Year						
ā	8		butions and grants (Part VIII, line 1h)		191,35	6 146,991						
Ravenue	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)		2,72	-						
æ	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		232,67	-						
	12	Total r	evenue—add lines 8 through 11 (must equal Part VIII, column (A), lin	e								
	12		and similar amounts paid (Part IX, column (A), lines 1–3)		426,74	-						
	13 14		ts paid to or for members (Part IX, column (A), line 4)			0						
	15		es, other compensation, employee benefits (Part IX, column (A), lines	·								
8	13	5-10)				0						
Expenses	16a	Profes	sional fundraising fees (Part IX, column (A), line 11e)	A), line 11e)								
ਡੋ	Ь		ndraising expenses (Part IX, column (D), line 25) 🕒									
	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		460,50	-						
	18		expenses Add lines 13–17 (must equal Part IX, column (A), line 25)		460,50	· ·						
- 97 hr 97	19	Keven	ue less expenses Subtract line 18 from line 12	_	-33,75 ning of Current	·						
න් ක්රීම්					Year	End of Year						
Net Assets or Fand Balances	20		assets (Part X, line 16)		606,95	7 611,545						
2 E	21		iabilities (Part X, line 26)			0						
	22		sets or fund balances Subtract line 21 from line 20		606,95	7 611,545						
	rt II		ature Block	wing asks	dulac and state	monte and to the best of						
my k	nowle	dge and l	perjury, I declare that I have examined this return, including accompar pelief, it is true, correct, and complete Declaration of preparer (other t									
		as any kr										
		****	**		2012 07 17							
Sigr	,	I B	** ture of officer		2013-07-17 Date							
Her		R Tor	m Morris Administrator									
			or print name and title									
			rınt/Type preparer's name Preparer's signature [	Date	CHECK! II   D	TIN 01328523						
Paid		F	ırm's name ► Roberts McKenzie Mangan & Cummings PC		self-employed   Pt Firm's EIN ►							
Pre	pare	er 📙	ırm's address ► 4035 S Fremont									
	On				Phone no (417) 8	00 5040						

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

✓ Yes ☐ No

art IV	Checklist of	Required	Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		Νo
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		No
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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, 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		No
L <b>O</b>	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
1	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	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Yes	
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		No
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		No
.2a	Did the organization obtain separate, independent audited financial statements for the tax year?  If "Yes," complete Schedule D, Parts XI and XII	12a		Νo
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		No
.3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule $E$	13		No
.4a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
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? If "Yes," complete Schedule F, Parts I and IV	14b		No
.5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		No
<b>.6</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? If "Yes," complete Schedule F, Parts III and IV	16		No
.7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		No
8.	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
.9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	Yes	
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Par	t IV Checklist of Required Schedules (continued)			
21	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 $1^7$ If "Yes," complete Schedule I, Parts I and II	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		No
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part $I$	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		No
27	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? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			1
		28a		No
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νo
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
b	If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Yes	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	Yes	

r G I	Statements Regarding Other IRS Filings and Tax Compliance			_
	Check if Schedule O contains a response to any question in this Part V	-	 Yes	   No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable   1a   4		103	110
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0	•		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
_	gaming (gambling) winnings to prize winners?	<b>1</b> c	Yes	
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			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	1		İ
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Νo
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		Νo
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νo
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			
		5c		
	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 as charitable contributions?	6a	Yes	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	Yes	İ
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
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 required to			
	file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	-		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			
_		8		No
	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		No
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
LO	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a  Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	Is the organization licensed to issue qualified health plans in more than one state?  Note. See the instructions for additional information the organization must report on Schedule O	13a		No
	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			
C	Enter the amount of reserves on hand	ļ ļ		
1 <b>4</b> a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
h	If "Yes " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O	14h		

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

Se	ection A. Governing Body and Management		-	
-			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6	Yes	
7a	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?	7a	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal R	evenu	ie Cod	e.)
			Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
	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?	10b	Yes	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶			

- - Own website Another's website V Upon request Other (explain in Schedule O)
- 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
- $State\ the\ name,\ physical\ address,\ and\ telephone\ number\ of\ the\ person\ who\ possesses\ the\ books\ and\ records\ of\ the\ organization$ ►Tom Morris 601 St Louis St Springfield, MO (417) 869-9164

#### 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) A verage hours per week (list any hours for related organizations below dotted line)	person is both an officer and a director/trustee)			ess er e)	(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	
(1) R Tom Morris	0 00		x				0	0	0
Administrator (2) Schedule attached	0 00								
Rajah	0 00			Х			0	0	0
									Form <b>990</b> (2012)

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

	<b>(A)</b> Name and Title	(B) Average hours per week (list any hours	(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-		(F) Estima imount o compens from t	ited f other sation
		for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	_	Highest compensated employee	Former			2/1099-MISC		rganızatı relate organıza	ed
	Cub Tabal													
1b c d	Total from continuation sheet  Total (add lines 1b and 1c)  Total number of individuals (in	<u></u>						► ►	ho receive	ud more th	an			
	\$100,000 of reportable compe	-											Yes	No
3	Did the organization list any <b>fo</b> on line 1a? <i>If</i> " <i>Yes," complete</i> S					key •	emplo	yee, •	, or highes	t compen	sated employee	3	1.00	No
4	For any individual listed on line organization and related organ individual											4		No
5	Did any person listed on line 1 services rendered to the organ										or individual for	5		No
<u> </u>	ection B. Independent Co	ntractors												
1	Complete this table for your five compensation from the organization from the organizati	ve highest comp											tax year	
	N	(A) Name and business	address							Des	(B) cription of services		( <b>C</b> Comper	
2	Total number of independent co	ntractors (inclu	ding but	not	lımıt	ed to	thos:	e list	ted above)	who rece	ıved more than			

\$100,000 of compensation from the organization  $\blacktriangleright 0$ 

	Check if Schedule O contains a response to any question	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512,513, or 514
2 <u>42</u> 1a					
	· —				
, A B					
e jijî					
e e e	All other contributions, gifts, grants, and <b>1f</b> similar amounts not included above				
and Other Similar Amounts	Noncash contributions included in lines				
e la	Total. Add lines 1a-1f	0			
	Business Code				
ਤੂੰ ਜ਼ਿੰ	Membership dues & assess 900099	146,991	146,991		
85. S≥ P					
မီ၌ င					
도   d					
Program Service Revenue  to g e e f	All other program service revenue				
§   .					
- g 3	Total. Add lines 2a-2f	146,991			
	and other similar amounts)	2,257			2,25
4	Income from investment of tax-exempt bond proceeds	0			
5	Royalties	o o			
6a					
b	Less rental expenses				
c	Rental income or (loss)				
d	Net rental income or (loss)	0			
72	(i) Securities (ii) Other				
,	from sales of assets other				
h	than inventory Less cost or				
	other basis and sales expenses				
c					
d 8a	Net gain or (loss)	0			
, b	events (not including  \$ of contributions reported on line 1c)				
	See Part IV, line 18				
Ь	Less direct expenses <b>b</b> 150,451				
, c	Net income or (loss) from fundraising events	298,595			298,595
98					
	See Part IV, line 19 a 133,883				
ь					
C	Net income or (loss) from gaming activities	26,083			26,083
10a	Gross sales of inventory, less returns and allowances .				
b	Less cost of goods sold <b>b</b>				
С	Net income or (loss) from sales of inventory	0			
11a	Miscellaneous Revenue Business Code				
b					
d	All other revenue				
е	Total. Add lines 11a-11d	0			
12	Total revenue. See Instructions	473,926	146,991		326,93

	990 (2012)				Page <b>1</b>
	on 501(c)(3) and 501(c)(4) organizations must complete all columns All	other organizat	ione must comi	olete column (Δ )	
Jectic	Check if Schedule O contains a response to any question in this Pa				<del>.</del>
Do no	ot include amounts reported on lines 6b,		(B)	(c)	(D)
	o, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to governments and organizations		expenses	general expenses	expenses
•	in the United States See Part IV, line 21	0			
2	Grants and other assistance to individuals in the United States See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and				
	key employees	0			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section $401(k)$ and $403(b)$ employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	0			
11	Fees for services (non-employees)				
а	Management	0			
b	Legal	0			
-	Accounting	0			
d	Lobbying	0			
		0			
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	0			
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	0			
13	Office expenses	0			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	0			
 17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0			
20	Interest	0			
20 21	Payments to affiliates	0			
	·	0			
22	Depreciation, depletion, and amortization				
23	Insurance	0			
24	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)				
а	Donation to charities	36,192			
b	Social Act /Entertainment	87,027			
c	Administrative	123,783			
d	Bldg O perations & Maintenance	155,357			
e	All other expenses	66,979			
25	Total functional expenses. Add lines 1 through 24e	469,338		0	
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)	707,530			

Part X Balance Sheet

		Check if Schedule O contains a response to any question in this P			(A) Beginning of year		( <b>B</b> ) End of year
	1	Cash—non-interest-bearing			191,254	1	211,158
	2	Savings and temporary cash investments			192,153	2	167,295
	3	Pledges and grants receivable, net				3	0
	4	Accounts receivable, net				4	0
	5	Loans and other receivables from current and former officers, directly employees, and highest compensated employees. Complete Part Schedule L		trustees, key		5	0
Assets	6	Loans and other receivables from other disqualified persons (as 4958(f)(1)), persons described in section 4958(c)(3)(B), and co and sponsoring organizations of section $501(c)(9)$ voluntary emporganizations (see instructions) Complete Part II of Schedule L	ing employers		6	0	
	7	Notes and loans receivable, net				7	0
⋖	8	Inventories for sale or use			27,733	8	22,558
	9	Prepaid expenses and deferred charges			900	9	9,548
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	172,076			, , , , , , , , , , , , , , , , , , ,
	b	Less accumulated depreciation	10b	35,000	142,529	10c	137,076
	11	Investments—publicly traded securities	•			11	0
	12	Investments—other securities See Part IV, line 11			52,388	12	63,910
	13	Investments—program-related See Part IV, line 11				13	0
	14	Intangible assets				14	0
	15	Other assets See Part IV, line 11				15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)			606,957	16	611,545
	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue		•		19	
	20	Tax-exempt bond liabilities				20	
co.	21	Escrow or custodial account liability Complete Part IV of Sched	ule D			21	
ilities	22	Loans and other payables to current and former officers, director key employees, highest compensated employees, and disqualifie		ees,			
Liabili		persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third parties				23	
	24	Unsecured notes and loans payable to unrelated third parties .				24	
	25	Other liabilities (including federal income tax, payables to relate and other liabilities not included on lines 17-24) Complete Part	X of So	hedule		25	
	26	D			0	26	0
	20	Organizations that follow SFAS 117 (ASC 958), check here				20	0
φ		lines 27 through 29, and lines 33 and 34.	and CC	mpiece			
	27	Unrestricted net assets		•		27	
<u>ខ</u> ស្គ	28	Temporarily restricted net assets				28	
<u>-</u>	29	Permanently restricted net assets		•		29	
r Fund Balance		Organizations that do not follow SFAS 117 (ASC 958), check her complete lines 30 through 34.	e ► ▽	and			
Š	30	Capital stock or trust principal, or current funds				30	
ě	31	Paid-in or capital surplus, or land, building or equipment fund .				31	
Assets	32	Retained earnings, endowment, accumulated income, or other fur			606,957	32	611,545
ž	33	Total net assets or fund balances			606,957	33	611,545
Z	34	Total liabilities and net assets/fund balances			606,957	34	611,545

Par	t XI	Reconcilliation of Net Assets			<u> </u>	
		Check if Schedule O contains a response to any question in this Part XI	· ·		• •	<u>୮</u>
1	Total	revenue (must equal Part VIII, column (A ), line 12)	1		2	173,926
2	Total	expenses (must equal Part IX, column (A), line 25)	2		4	169,338
3	Rever	ue less expenses Subtract line 2 from line 1	3			4,588
4	Neta	ssets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		e	06,957
5	Netu	nrealized gains (losses) on investments	5			
6		ed services and use of facilities	6			
7	Inves	tment expenses	7			
8		period adjustments	8			
9		changes in net assets or fund balances (explain in Schedule O)	9			
	colum		10		6	11,545
Par	t XII	Financial Statements and Reporting				_
		Check if Schedule O contains a response to any question in this Part XII				.
					Yes	No
1		organization changed its method of accounting from a prior year or checked "Other," explain in ule O				
2a	Were	the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
		,' check a box below to indicate whether the financial statements for the year were compiled or revieurate basis, consolidated basis, or both	wed on			
	Γs	eparate basis				
b	Were	the organization's financial statements audited by an independent accountant?		2b		No
		,' check a box below to indicate whether the financial statements for the year were audited on a sepa consolidated basis, or both	rate			
	Γs	eparate basis				1
C		s," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh review, or compilation of its financial statements and selection of an independent accountant?	t of the	2c		
	If the Sched	organization changed either its oversight process or selection process during the tax year, explain in ule O	1			Ti.
За		esult of a federal award, was the organization required to undergo an audit or audits as set forth in th Audit Act and OMB Circular A-133?	9	За		No
b		s," did the organization undergo the required audit or audits? If the organization did not undergo the r or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3ь		

DLN: 93493212000393

OMB No 1545-0047

**SCHEDULE D** (Form 990)

Department of the Treasury

► 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

**Supplemental Financial Statements** 

Open to Public

Interna	al Revenue Service		m 990. ► See separate instructions.	120	Inspection	
	me of the organ			Employer iden	tification number	
	riners International D ou Ben Adhem Temp			51-0150331		
Pa		izations Maintaining Donor Adv			<b>unts.</b> Complete ıf	the
	organi	zation answered "Yes" to Form 990	`	1 (1) = 1		
1	Total number a	at and of year	(a) Donor advised funds	(b) Funds	and other accounts	
2		tributions to (during year)				
3	33 3	nts from (during year)				
4		ue at end of year				
5	Did the organiz	zation inform all donors and donor adviso organization's property, subject to the or		nor advised	┌ Yes ┌	No
6	used only for c conferring imp	zation inform all grantees, donors, and do haritable purposes and not for the benef ermissible private benefit?	it of the donor or donor advisor, or for a	any other purpose	☐ Yes ☐	No
Pa	rt III Conse	rvation Easements. Complete if	the organization answered "Yes"	to Form 990, Pa	art IV, line 7.	
2	Preservation Protection Preservation Complete lines	conservation easements held by the organ of land for public use (e g , recreation of natural habitat on of open space s 2a through 2d if the organization held a he last day of the tax year	or education)  Preservation of a Preservation of a	certified historic	structure	
		ne last day or the tax year		Held a	t the End of the Yea	
а	Total number o	of conservation easements		2a		
b	Total acreage	restricted by conservation easements		2b		
c	Number of con	servation easements on a certified histo	oric structure included in (a)	2c		
d		servation easements included in (c) acq ure listed in the National Register	uired after 8/17/06, and not on a	2d		
3	Number of con the tax year ►	servation easements modified, transferr	ed, released, extinguished, or terminat	ed by the organiza	ation during	
4	Number of stat	tes where property subject to conservati	ion easement is located ►			
5		nization have a written policy regarding t f the conservation easements it holds?	the periodic monitoring, inspection, har	ndling of violations		No
6	Staff and volur	nteer hours devoted to monitoring, inspe	cting, and enforcing conservation ease	ments during the	year	
7		enses incurred in monitoring, inspecting	, and enforcing conservation easement	ts during the year		
8	Does each cor	nservation easement reported on line 2(c 70(h)(4)(B)(ii)?	d) above satisfy the requirements of se	ction 170(h)(4)(B		No
9	balance sheet,	escribe how the organization reports cor , and include, if applicable, the text of the on's accounting for conservation easeme	e footnote to the organization's financia			
Pai	rt IIII Organ	izations Maintaining Collection	s of Art, Historical Treasures,	or Other Simi	ilar Assets.	
		ete if the organization answered "Y				
1a	works of art, h	tion elected, as permitted under SFAS 1 istorical treasures, or other similar asse de, in Part XIII, the text of the footnote t	ts held for public exhibition, education,	, or research ın fur		
b	works of art, hi	tion elected, as permitted under SFAS 1 istorical treasures, or other similar asse de the following amounts relating to thes	ts held for public exhibition, education,			
	(i) Revenues i	ncluded in Form 990, Part VIII, line 1		<b>►</b> \$_		
	(ii) Assets inc	luded in Form 990, Part X		<b>►</b> \$_		
2	_	tion received or held works of art, histori ints required to be reported under SFAS	•		provide the	
а	Dovonuos incli	udad in Form 990 Part VIII line 1		<b>b.</b> #		

**b** Assets included in Form 990, Part X

Part	Organizations Maintaining Co	llections of Art	:, His	<u>tori</u>	<u>cal T</u>	reasu	res, or C	)the	<u>r Similar A</u>	sset	<b>S</b> (co.	ntınued)
3	Using the organization's acquisition, access collection items (check all that apply)	ion, and other recoi	ds, ch	neck	any of	the follo	owing that	are a	significant us	se of it	:s	
а	Public exhibition		d	Γ	Loar	orexch	nange prog	rams				
b	Scholarly research		e	Γ	Othe	er						
c	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ıın hov	w the	/ furth	er the o	rganızatıoı	n's ex	cempt purpose	e in		
5	During the year, did the organization solicit of								nılar	_		_
	assets to be sold to raise funds rather than t		<u> </u>							<u> </u>	es	No
Par	Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	ed "Y	es" to Form	990,		
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other intermo	edıary	for c	ontrib	utions o	r other as:	sets	not	<b>┌</b> ¥	es	┌ No
b	If "Yes," explain the arrangement in Part XII	I and complete the	follov	ving t	able		г		r -			
							-		ρ	moun	t	
C	Beginning balance						-	1c				
d	Additions during the year						}	1d				
e	Distributions during the year						}	1e				
f	Ending balance							1f		_		_
2a	Did the organization include an amount on Fo	orm 990, Part X, lin	e 21?							┌ Y	es	□ No
ь	If "Yes," explain the arrangement in Part XII											J
Pa	rt V Endowment Funds. Complete	f the organizatio (a)Current year		were Prior					t IV, line 10 Three years back		our vo	ars back
1a	Beginning of year balance	(a)Current year	(D	PHOL	/eai	D (C)  W	vo years bac	K (u)	Tillee years back	(e)	our ye	ars back
b	Contributions							+				
c	Net investment earnings, gains, and losses							+		+		
_						-		+		_		
d	Grants or scholarships					-		+				
е	Other expenditures for facilities and programs											
f	Administrative expenses											
g	End of year balance											
2	Provide the estimated percentage of the curr	rent year end balan	ce (lın	e 1g	colur	nn (a)) h	eld as					
а	Board designated or quasi-endowment 🕨											
ь	Permanent endowment ►											
c	Temporarily restricted endowment ▶											
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%										
За	Are there endowment funds not in the posses	ssion of the organiz	ation	that a	re he	ld and a	dmınıstere	d for	the	_		
	organization by								_		Yes	No
	(i) unrelated organizations			•	•			•		a(i) a(ii)		
ь	(ii) related organizations				· ·			•		3b		
4	Describe in Part XIII the intended uses of the	•						•				
Par	t VI Land, Buildings, and Equipme					10.						
	Description of property					or other estment)	(b)Cost or basis (oth		(c) Accumula depreciation		( <b>d)</b> Bo	ok value
1a	and											
b	Buildings						17	2,076	35	,000		137,076
C	_easehold improvements											
	Equipment		•									
				<u> </u>	<u> </u>	407.11			<u> </u>			10-
Tota	<b>l.</b> Add lines 1a through 1e <i>(Column (d) must e</i>	qual Form 990, Part	x, colu	ımn (ı	3), line	e 10(c).)			🕨			137,076

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	12.	- 5
(a) Description of security or category	(b)Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market value	
(1)Financial derivatives			
(2)Closely-held equity interests Other			
Other			
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	63,910		
Part VIII Investments—Program Related. Se	e 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	
((,	•		
Part IX Other Assets. See Form 990, Part X, II		425	
(a) Descri	ption	(b) Book value	
	<b>-</b> .		
Total. (Column (b) must equal Form 990, Part X, col.(B) line 1.			
Part X Other Liabilities. See Form 990, Part 1  (a) Description of liability	x, line 25. (b) Book value	1	
<del></del>	(b) Book value	-	
Federal income taxes		-	
		-	
		1	
		-	
		1	
		_	
	1	-	
		1	
		_	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25 )			
2 Fin 48 (ASC 740) Footnote In Part XIII provide the te	vt of the feetnets to the orga	anization's financial statements that reports the	

j Par	Reconciliation of Revenue per Audited Financial Statements with Revenue per Retur	<u>n</u>
1	Total revenue, gains, and other support per audited financial statements	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
а	Net unrealized gains on investments	
b	Donated services and use of facilities	
c	Recoveries of prior year grants	
d	Other (Describe in Part XIII )	
e	Add lines <b>2a</b> through <b>2d</b>	
3	Subtract line <b>2e</b> from line <b>1</b>	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	
b	Other (Describe in Part XIII )	
C	Add lines <b>4a</b> and <b>4b</b>	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	
Part	t XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret	urn
1	Total expenses and losses per audited financial statements	
2	A mounts included on line 1 but not on Form 990, Part IX, line 25	
а	Donated services and use of facilities	
b	Prior year adjustments	
C	Other losses	
d	Other (Describe in Part XIII )	
e	Add lines 2a through 2d	
3	Subtract line <b>2e</b> from line <b>1</b>	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII )	
C	Add lines <b>4a</b> and <b>4b</b>	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	
Part	t XIII Supplemental Information	
Com	nplete 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, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

Identifier Return Reference Explanation

SCHEDULE G

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

DLN: 93493212000393

OMB No 1545-0047

**Fundraising or Gaming Activities** 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. Form 990-EZ filers are not required to complete this part.

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

**Supplemental Information Regarding** 

Open to Public Inspection

Name of the organization **Employer identification number** Shriners International DBA Abou Ben Adhem Temple Group Return 51-0150331 Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Indicate whether the organization raised funds through any of the following activities. Check all that apply e Solicitation of non-government grants Mail solicitations Internet and email solicitations f Solicitation of government grants Phone solicitations g ☐ Special fundraising events In-person solicitations 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? **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 (ii) Activity (iii) Did (iv) Gross receipts (v) A mount paid to (vi) Amount paid to ındıvıdual fundraiser have from activity (or retained by) (or retained by) or entity (fundraiser) custody or fundraiser listed in organization control of col (i) contributions? Yes No List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Sche	dule	e G (Form 990 or 990-EZ) 2012				Page 2
Pai	rt II	Fundraising Events. Con more than \$15,000 of funda events with gross receipts of the second seconds.	aising event contribut			
			(a) Event #1  Club Fundraisers  (event type)	(b) Event #2  Fishing tournament (event type)	(c) O ther events  2 (total number)	(d) Total events (add col (a) through col (c))
₽	1	Gross receipts	377,46	1 39,640	31,945	449,046
Revenue	2	Less Contributions				
<u>~</u>	3	Gross income (line 1 minus line 2)	377,46	1 39,640	31,945	449,046
	4	Cash prizes				
မှာ	5	Noncash prizes				
Expenses	6	Rent/facility costs				
ğ	7	Food and beverages .				
Direct	8	Entertainment				
ā	9	Other direct expenses .	118,12	4 16,21!	16,112	150,451
	10	Direct expense summary Add lii	nes 4 through 9 in colum	n (d)		(150,451)
	11	Net income summary Combine I	ine 3, column (d), and lin	e 10		298,595
Par	t II	Gaming. Complete if the o \$15,000 on Form 990-EZ, li		"Yes" to Form 990, Pa	art IV, line 19, or repo	rted more than
Revenue		\$15,000 OH TOHN 550 EZ, II	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Rei	1	Gross revenue	133,883			133,883
Ses	2	Cash prizes	107,800			107,800
penses	3	Non-cash prizes				
Direct B	4	Rent/facility costs				
占	5	Other direct expenses				
	6	Volunteer labor	✓ Yes100 000 % No	┌ Yes	✓ Yes	
	7	Direct expense summary Add line	es 2 through 5 ın column	(d)		107,800
	8	Net gaming income summary Con	nbine lines 1 and 7 in col	umn (d)	<u> ►</u>	26,083
9 a b	Is	ter the state(s) in which the organiz the organization licensed to operate 'No," explain	e gaming activities in eac	th of these states?		
10a b		re any of the organization's gaming	licenses revoked, suspe	nded or terminated during		· · □ Yes □ No

Does	the organiza	tion operate gaming	activities with nonmembers?				Yes V No
.2	Is the organ	ıızatıon a grantor, beı	neficiary or trustee of a trust o	r a member	of a partnership or other er	itity	
	formed to ac	lmınıster charıtable ç	gaming?				Γ <sub>Yes</sub> Γ <sub>No</sub>
.3	Indicate the	percentage of gamır	ng activity operated in				
а	The organiza	ation's facility				. 13a	100 000 %
b	An outside f	acılıty				. 13b	
L <b>4</b>	Enter the na	me and address of th	ne person who prepares the or	ganızatıon's	gaming/special events boo	ks and record	s
	Name 🟲	Dennis Bayers					
	Address 🟲	RR 1 Box 1411 Wheatland, MO 6	5779				
l5a			ntract with a third party from w				
	revenue? .						. ┌ <sub>Yes</sub> ┌ No
b	If "Yes," ent	ter the amount of gar	ning revenue received by the o	rganızatıon	<b>▶</b> \$	_ and the	
	amount of ga	amıng revenue retaın	ed by the third party 🟲 \$				
c	If "Yes," ent	ter name and address	of the third party				
	Name 🟲						
	Address 🟲						
.6	Gaming mar	nager information					
	Name 🟲						
	Gaming mar	nager compensation <b>l</b>	<b>&gt;</b> \$				
	Description	of services provided	► Volunteer-manage bingo 8	k order supp	blies		
	Director,	/officer	Employee	Г	_ Independent contractor		
.7	Mandatory o	listributions					
а	Is the organ	iization required unde	er state law to make charitable	distribution	ns from the gaming proceed	s to	
	retain the st	ate gaming license?					res ro No
b	Enter the an	nount of distributions	required under state law disti	nbuted to ot	ther exempt organizations o	rspent	
			activities during the tax year				
Par	colur	mns (III) and (v), a	<b>mation.</b> Complete this pa and Part III, lines 9, 9b, 10 ditional information (see ii	)b, 15b, 15	5c, 16, and 17b, as appl		
	I de	entifier	Return Reference		Exp	lanation	
			·				

OMB No 1545-0047

2042

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Shriners International DBA

Abou Ben Adhem Temple Group Return

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Name of the organization

**Employer identification number** 

51-0150331

ldentifier	Return Reference	Explanation
Form 990, Part IX, Line 24e	Form 990, Part IX, Line 24e Other Expenses	Promotion & Publicity Column (A) - Total = \$25517, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e	Form 990, Part IX, Line 24e Other Expenses	Office Supplies and Expenses Column (A) - Total = \$10390, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e	Form 990, Part IX, Line 24e Other Expenses	Member Relations Column (A) - Total = \$7444, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part IX, Line 24e	Form 990, Part IX, Line 24e Other Expenses	Donation to related org Column (A) - Total = \$23628, Column (B) - Program Services = \$0, Column (C) - Management & General = \$0, Column (D) - Fundraising = \$0
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Part VI, Line 19, "We do not make our governing documents, conflict of interest policy, or financial statements available to the public Our 990's are available for public inspection upon written request."
Form 990, Part VI, Line 12c	Form 990, Part VI, Line 12c Explanation of Monitoring and Enforcement of Conflicts	Part VI, Line 12c, Our conflict of interest policy is part of the "Shrine Code of Ethics" Compliance with our code of ethics is monitored and enforced by our Shriners International by-laws Section 210 7
Form 990, Part VI, Line 11b	Form 990, Part VI, Line 11b Form 990 Review Process	Part VI, Line 10, "Process review for 990" The governing body does not review the completed 990 prior to filing, however, one or more officers perform a cursory review prior to signing the form. In addition, Shriners International Staff performs a compliance review after the 990 is filed.
		Client Note 1 - Schedule of Club Rajah's Club RajahBarry County Shrine Club Kelly LakinBarton County Shrine Club Donald L Rives Carthage County Shrine Club Larry D Tetzlaff Christian County Shrine Club James R Gustason Dallas County Shrine Club Marty Miller Greene County Shrine Club Emmitt C Wigginton HOST Shrine Club Kevin J Pow ell Joplin Shrine Club Justin R Dimetroff Laclede County Shrine Club Christopher S Hough Lake Ozark Shrine Club Ronald E Wiles Lake Stockton Shrine Club Steven Hornbeck Law rence County Shrine Club William E Bentley Neosho Shrine Club Gerald D Hughes Neveda Shrine Club Norman Radde North Shores Shrine Club Jon F Chevalier Pomme-de-Terre Shrine Club Michael W Leuthen Pulaski Co-Ft Wood Shrine Club Jacob J Weber Scenic Rivers Shrine Club Bryon Dailey Shell Knob Shrine Club Jason W Brinton South Central Shrine Club Terry L Lew is Stone County Shrine Club Allen R Berkstresser Taney County Shrine Club John W Ervin

DLN: 93493212000393

OMB No 1545-0047

Open to Public Inspection

## **Related Organizations and Unrelated Partnerships**

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

Department of the Treasury Internal Revenue Service

(Form 990)

**SCHEDULE R** 

Name of the organization Shriners International DBA Abou Ben Adhem Temple Group Return **Employer identification number** 

51-0150331

Part 1 Identification of Disregarded Entities (Complete	if the organization	answered "Yes" to	o Form 990, Pa	art IV, line 33.)		
(a) Name, address, and EIN (ıf applıcable) of dısregarded entıty	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	<b>(f)</b> Direct controlling entity	
Part II Identification of Related Tax-Exempt Organizat	ions (Complete if	the organization a	nswered "Yes'	' to Form 990, P	art IV, line 34 because it had	one

To preserve and maintain the Shine Mosque building Building title holding org for Abou Ben Adhem Temple	MO	501(c)(3)	7	N/A	Yes	No No
the Shine Mosque building  Building title holding org for		501(c)(3)	7	N/A		No
Building title holding org for	МО			N/A		
	МО				1	1
	МО					
	1	501(c)(2)				No
				N/A		
Fraternity with a	MO	501(c)(10)			Yes	
Alliantrophic Prission				N/A		
Fr	,	raternity with a MO	raternity with a MO 501(c)(10)	raternity with a MO 501(c)(10)	N/A N/A naternity with a MO 501(c)(10)	raternity with a MO 501(c)(10)  Yes

(a) Name, address, and EIN o related organization	f	<b>(b)</b> Primary activit	(c) Legal domicile (state or foreign country)	entity	(e) Predominant Income(related, unrelated, excluded from tax under sections 512-	(f) Share of total income	(g) Share of end-of-yea assets	(h Disprop r allocat	ortionate	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	mana part	ral or	(k) Percenta ownersh
					514)			Yes	No		Yes	No	
V Identification of Related Or line 34 because it had one or r	ganizations Taxa nore related organi	ble as a Corpo	ration is a cor	or Trust ( poration or	Complete if trust during	the organı the tax ye	zatıon ar ar.)	iswere	d "Ye	s" to Form	990,	Part	:IV,
(a) Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)		(d) Direct controlling entity (C corp, S corp, or trust)			total Share e of	(g) e of end- year ssets		<b>(h)</b> ercentage wnership	Section (b) conti	(13)	
											Yes		No

	Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule					Yes	No						
<b>1</b> D	uring the tax year, did the orgranization engage in any of the following transactions with one or more re	elated organizations lis	sted in Parts II-IV?										
а	Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				1a		No						
b	Gift, grant, or capital contribution to related organization(s)				1b	Yes							
c	Gift, grant, or capital contribution from related organization(s)				1c		No						
d	Loans or loan guarantees to or for related organization(s)				1d		No						
e	Loans or loan guarantees by related organization(s)				1e		No						
f	Dividends from related organization(s)				1f		No						
g	Sale of assets to related organization(s)				<b>1</b> g		No						
h	Purchase of assets from related organization(s)				1h		No						
i	Exchange of assets with related organization(s)				1i		No						
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		No						
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		No						
ı	Performance of services or membership or fundraising solicitations for related organization(s)				11		No						
m	m Performance of services or membership or fundraising solicitations by related organization(s)												
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  1n													
0	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  Sharing of paid employees with related organization(s)  10												
р	Reimbursement paid to related organization(s) for expenses				1р		No						
q	Reimbursement paid by related organization(s) for expenses				1q		No						
r	Other transfer of cash or property to related organization(s)				1r		No						
s	Other transfer of cash or property from related organization(s)				1s		No						
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete												
	(a) Name of other organization	<b>(b)</b> Transaction type (a-s)	(c) Amount involved	(d) Method of determining amo	ount ir	ivolved							
<b>1)</b> S	nine Preservation Association	b	5,688										
<b>2)</b> S	nrine Building Association	b	7,000										
2 \ A	pou Ben Adhem Shrine Temple	b	16 620										
A ر د	очи вен жинетн этипе теттрие	U	16,629			_							

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross)

revenue) that was not a related organization See instructions re	garding exclu	sion for ce		nent	partnerships				`	,		-	
<b>(a)</b> Name, address, and EIN of entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512- 514)	org	(e) all partners section 501(c)(3) anizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtiona allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
			514)	Yes	No			Yes	No		Yes	No	
												1	

### Part VII Supplemental Information

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

Identifier Return Reference Explanation

Additional Data Return to Form

**Software ID:** 12000229

**Software Version:** 2012v2.0

**EIN:** 51-0150331

Name: Shriners International DBA

Abou Ben Adhem Temple Group Return

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### TY 2012 Affiliate Listing

Name: Shriners International DBA

Abou Ben Adhem Temple Group Return

**EIN:** 51-0150331

**Software ID:** 12000229

**Software Version:** 2012v2.0

### TY 2012 Affiliate Listing

Name	Address	EIN	Name control
Shriners Intl DBA Taney Co SC	PO Box 1434 Hollister, MO 65653	23-7324716	SHRI
Shriners Intl DBA Stone Co SC	478 Logslide Lampe, MO 65681	43-1298232	SHRI
ShrinersIntlDBASouthCentralSC	PO Box 713 Rolla, MO 65401	23-7324711	SHRI
Shriners Intl DBA ShellKnobSC	PO Box 301 Shell Knob, MO 65747	43-1265079	SHRI
ShrinersIntlDBAScenicRiversSC	Rt 2 Box 2298 Birchtree, MO 65438	87-0700542	SHRI
Shrıners Intl DBAPulaskı FtWdSC	PO Box 133 Waynesville, MO 65583	23-7324714	SHRI
ShrinersIntlDBAPommeDeTerreSC	PO Box 315 Hermitage, MO 65668	43-1229219	SHRI
Shriners IntlDBANorthShoresSC	PO Box 69 Tuscumbia, MO 65082	43-1265078	SHRI
Shriners Intl DBA Neveda SC	223 W Park Ave Scheel City, MO 64783	23-7324715	SHRI
Shriners Intl DBA Neosho SC	PO Box 501 Neosho, MO 64853	23-7324712	SHRI
Shriners IntlDBA LawrenceCoSC	PO Box 301 Mt Vernon, MO 65712	23-7324709	SHRI
ShrinersIntlDBALakeStocktonSC	2601 Tower Drive Bolivar, MO 65613	23-7324717	SHRI
Shriners Intl DBA LakeOzarkSC	1010 Fontana Lane Linn Creek, MO 65052	23-7324713	SHRI
Shriners Intl DBA LacledeCoSC	601 St Louis Street Springfield, MO 65806	43-6209756	SHRI
Shriners Intl DBA Joplin SC	1040 S Joplin Ave Joplin, MO 64801	23-7324705	SHRI
Shriners Intl DBA Host SC	807 Oakwood Wes Plains, MO 65775	23-7324707	SHRI
Shriners Intl DBA Greene CoSC	601 St Louis Street Springfield, MO 65806	23-7324718	SHRI
Shriners Intl DBA Dallas CoSC	PO Box 1843 Buffalo, MO 65622	43-1561745	SHRI
Shriners IntlDBAChristianCoSC	Elks Lodge Ozark, MO 65721	23-7324704	SHRI
Shriners Intl DBA Carthage SC	PO Box 85 Carthage, MO 64836	23-7324708	SHRI

### TY 2012 Affiliate Listing

1 Lott Aimate Libring			
Name	Address	EIN	Name control
Shriners Intl DBA Barton CoSC	346 NW 80th Lane Lamar, MO 64759	87-0700690	SHRI
Shriners Intl DBA Barry Co SC	PO Box 283 Monett, MO 65708	23-7324706	SHRI

Abou Ben Adhem Group Renum Scheciule of Clubs EIN 51-0150331 December 31, 2012

Page	43-1229219 Ponnse de Terre Shrue Club Michael W Leuther, Rajah P O Box 315 Hernatege, MO 65668	23-7324714 Pulasis County Fort Wood Strine Club Jacob J Weber Rajah P O Box 133 Waynerville, MO 64583	43-126-5079 Shell Knob Shrune Club Jason W Branon, Rajah 601 St. Louis St Springfield MO 65806	23-7724711 South Central MO Shrine Club Terry L. Lewas, Rapih 601 St. Louis St Springfield MO 658800	23-7324708 Carthage Shrine Club Larry D Tractaff Rajab 601 Si Lours St Springfield MO 65806	All Others (heted on page 2)	Total
Cash Savings Inventory Prepaid expenses	19 613 90	32,783 % 19 078 26 19,057 43	44,868 51	12 472 37 8 000 00	8 950 67 44 41   30	92,469 46 95,805 27 0 00 9 548 00	211 157 97 167 294 83 22,557 43 9 548 00
Investments (Uner assets) Land, buildings, equip Accum depreciation			79,639 27			63,910 00 92,437 00 (35,000 00)	63 910 00 172 076 27 (35 000 00)
Total	23,113 00	70 919 65	124 507 78	20 472 37	53 361 97	319,16973	611 544 50
Reserves Net assets beginning Fxcess revenue over exp	29,536.00 (6.423.00)	68,031 34 2,888 31	109 028 16	19 738 29 734 08	47,617.58	0.00 333.005.23 (13.835.50)	0 00 606,956 60 4.587 90
Net assets ending	23 113 60	59 616 <sup>'</sup> 02	124,507.78	20,472.37	76   9E ES	319 169 73	611,544 50
Revenue	50 50						
Luces of Assessments	14 150 00	76.46	41,258 08	8,125 07	21,827.75	61 650 58	146 991 48
Fundraismy	136,446 00	38 306 862	75 619 61 17 619 61	15 570 00	907 50	1,712 37 92 965 91	2 256 92 58 <b>2</b> 92 <b>8</b> 56
Other moome						00 0	800
Total	150 617 00	298,383 34	80,898 40	23,714 01	22,235 25	156 328 86	732,176 %
Disbursements Fundraisme Administrative	116 599 00	67 391 48	16,21532	6,345 99		\$1 697 35	258 251 14
Social Activities/Entertainment	2,775 00	8 509 48	25.618.14	3,620 95	14,804 41	24,586 97 31 699 01	121 782 87 87 027 00
Bldg Operations & Maintenance	2,937 00	132,594 61	10 003 89	2 809 29	1,686 45	5,325 66	155,356.90
Lonations to Charibes Member Relations	00000	1,350 00	3 313 00	4 375 00		26 153 60	36,191.60
Office Supplies & Expenses	731 00	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3,157.77	272 90		6 228 15	75 88E,01
Donation to ABA Temple  Donation to Bldg Assoc		3 400 00 2 000 00 2 000 00	7 220 50	3,250 00		11,240 62 2,758 00 5,000 00	25,516.91 16.628.50 7,000.00
Total	157 040 00	295,495 03	65 418 88	22,979 93	16,490.86	170 164 36	727,589 06
Excess revenue over exp	(6 423 00)	2 888 31	15,479.62	734 08	5 744 39	(11,835 50)	4 587 90