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Amended

Short Form Return of Organization Exempt From Income Tax

Form **990-EZ**

Department of the Treasury Internal Revenue Service

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than $1 000 000 and total assets less than $2 500 000 at the end of the year may use this form

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

OMB No 1545 1150

2008

Open to Public Inspection

0806

A For the 2008 calendar year or tax year beginning July 1, 2007 2008 and ending June 30 20 08

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Termination
- ☑ Amended return
- ☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization
Hyksos Temple #123

Number and street (or P O box if mail is not delivered to street address) Room/suite
P O Box 0864

City or town state or country and ZIP + 4
Hixson TN 37343

D Employer identification number
23 7536560

E Telephone number
(423) 364 0618

F Group Exemption Number ▶

• *Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)*

G Accounting method ☑ Cash ☐ Accrual
Other (specify) ▶

I Website ▶

J Organization type (check only one)— ☑ 501(c) (8) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☑ if the organization is **not** required to attach Schedule B (Form 990 990 EZ or 990 PF)

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than $25 000 A return is not required but if the organization chooses to file a return be sure to file a complete return

L Add lines 5b 6b and 7b to line 9 to determine gross receipts If $1 000 000 or more file Form 990 instead of Form 990 EZ ▶ $ 30 450

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1	Contributions gifts grants and similar amounts received		1	27 680
	2	Program service revenue including government fees and contracts		2	0
	3	Membership dues and assessments		3	2 770
	4	Investment income		4	0
	5a	Gross amount from sale of assets other than inventory	5a 0		
	b	Less cost or other basis and sales expenses	5b 0		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		5c	0
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from **gaming,** check here ▶ ☐			
	a	Gross revenue (not including $ _____ of contributions reported on line 1)	6a 0		
	b	Less direct expenses other than fundraising expenses	6b 0		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	0
	7a	Gross sales of inventory less returns and allowances	7a 0		
	b	Less cost of goods sold	7b 0		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0
	8	Other revenue (describe ▶ _____)		8	0
	9	**Total revenue** Add lines 1 2 3 4 5c 6c 7c and 8 ▶		9	30 450
Expenses	10	Grants and similar amounts paid (attach schedule)		10	2,200
	11	Benefits paid to or for members		11	
	12	Salaries other compensation and employee benefits		12	
	13	Professional fees and other payments to independent contractors		13	15 016
	14	Occupancy rent utilities and maintenance		14	0
	15	Printing publications postage and shipping		15	396
	16	Other expenses (describe ▶ **travel supplies, national dues**)		16	8 565
	17	**Total expenses** Add lines 10 through 16 ▶		17	26,177
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	4 273
	19	Net assets or fund balances at beginning of year (from line 27 column (A)) (must agree with end of year figure reported on prior year s return)		19	23 822
	20	Other changes in net assets or fund balances (attach explanation)		20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶		21	28 095

Part II Balance Sheets If Total assets on line 25 column (B) are $2 500 000 or more file Form 990 instead of Form 990 EZ

(See the instructions for Part II)	(A) Beginning of year		(B) End of year
22 Cash savings and investments	23 822	22	28 095
23 Land and buildings		23	
24 Other assets (describe ▶ _____)		24	
25 **Total assets**	23,822	25	28 095
26 **Total liabilities** (describe ▶ _____)		26	
27 **Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	23 822	27	28 095

STATUTE UNIT RECEIVED FEB 22 2012 TPR BRANCH OGDEN

RECEIVED IRS FEB 16 2012 OSC OGDEN UT

SCANNED MAR 06 2012

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose? **Foster civic & educational programs for youth & elderly**

Describe what was achieved in carrying out the organization's exempt purposes In a clear and concise manner describe the services provided the number of persons benefited or other relevant information for each program title

Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts optional for others)

28	**Foster civic & economic programs for youth elderly and those suffering in Greater Chattanooga area Friendship Haven Nursing Home $500, Helping Hands $1 000,** (Grants $ **1 500**) If this amount includes foreign grants, check here ▶ ☐	28a	**1 500**
29	**Foster civic educational & economic programs for youth & those suffering in Greater Chattanooga NAACP ACT SO $500 Youth Associations $200** (Grants $ **700**) If this amount includes foreign grants, check here ▶ ☐	29a	**700**
30	(Grants $) If this amount includes foreign grants, check here ▶ ☐	30a	
31	Other program services (attach schedule) (Grants $) If this amount includes foreign grants check here ▶ ☐	31a	
32	**Total program service expenses** (add lines 28a through 31a) ▶	32	**2 200**

Part IV List of Officers Directors Trustees, and Key Employees List each one even if not compensated (See the instructions for Part IV)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid enter 0)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Roy Lewis **3740 Upshaw Drive Chattanooga TN 37416**	**Illustrious Potentate**	**0**	**0**	**0**
Levan Gardner **5801 Champion Road Chattanooga TN 37416**	**Chief Rabban**	**0**	**0**	**0**
William Fain **3719 Briarcliff Way Chattanooga TN 37406**	**Asst Rabban**	**0**	**0**	**0**
William Gibbs **6586 Sandswitch Rd Hixson, TN 37343**	**Recorder**	**0**	**0**	**0**
John Dodds **4103 Middlewoode Dr Chattanooga TN 37411**	**Treasurer**	**0**	**0**	**0**

Part V Other Information (Note the statement requirements in the instructions for Part VI)

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If Yes attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If Yes attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities such as those reported on lines 2 6a and 7a (among others) but **not** reported on Form 990 T attach a statement explaining your reason for not reporting the income on Form 990 T			
a	Did the organization have unrelated business gross income of $1 000 or more or section 6033(e) notice reporting and proxy tax requirements?	35a		✓
b	If Yes has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation dissolution termination or substantial contraction during the year? If Yes complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures direct or indirect as described in the instructions ▶ 37a 0			
b	Did the organization file **Form 1120 POL** for this year?	37b		
38a	Did the organization borrow from or make any loans to any officer director trustee or key employee **or** were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		✓
b	If Yes complete Schedule L Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts included on line 9 for public use of club facilities 39b			
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ section 4912 ▶ _____ section 4955 ▶ _____			
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If Yes complete Schedule L Part I	40b		
c	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912 4955 and 4958 ▶ _____			
d	Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations At any time during the tax year was the organization a party to a prohibited tax shelter transaction? If Yes complete Form 8886 T	40e		✓
41	List the states with which a copy of this return is filed ▶ _____			
42a	The books are in care of ▶ **John Dodds** Telephone no ▶ (**423**) **698-4949** Located at ▶ **4103 Middlewoode Dr Chattanooga TN** ZIP + 4 ▶ **37411**			
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)? If Yes enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for **Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts**	42b		✓
c	At any time during the calendar year did the organization maintain an office outside of the U S ? If Yes enter the name of the foreign country ▶ _____	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 EZ in lieu of **Form 1041**—Check here ▶ ☐ and enter the amount of tax exempt interest received or accrued during the tax year ▶ 43			
44	Did the organization maintain any donor advised funds? If Yes Form 990 must be completed instead of Form 990 EZ	44		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If Yes Form 990 must be completed instead of Form 990 EZ	45		✓

Part VI **Section 501(c)(3) organizations only** All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51

		Yes	No
46	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		
47	Did the organization engage in lobbying activities? If Yes complete Schedule C Part II		
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If Yes complete Schedule E		
49a	Did the organization make any transfers to an exempt non charitable related organization?		
b	If Yes was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers directors trustees and key employees) who each received more than $100 000 of compensation from the organization If there is none enter None

(a) Name and address of each employee paid more than $100 000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over $100 000 ▶				

51 Complete this table for the five highest compensated independent contractors who each received more than $100 000 of compensation from the organization If there is none enter None

(a) Name and address of each independent contractor paid more than $100 000	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over $100 000 ▶		

Sign Here

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

▶ William Gibbs Signature of officer Date 2-10-12

▶ **William Gibbs, Recorder**
Type or print name and title

Paid Preparer's Use Only

Preparer s signature ▶	Date	Check if self employed ▶ ☐	Preparer s Identifying Number (See instructions)
Firm s name (or yours if self employed) address and ZIP + 4 ▶		EIN ▶	
		Phone no ▶ ( )	

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990 To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information

OMB No 1545 0047

2008

Open to Public Inspection

Name of the organization	Employer identification number
Hyksos Temple #123	23 7536560

A Amended Return Parts I II and II were amended and Schedule O was added 2008 was our initial return The previously filed return didn t reconcile to our total cash and savings balances on hand There were also some classification issues we wanted to correct retroactively Additionally we expanded the descriptions of our exempt purpose and program accomplishments