

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



0572		JAN	ES JENNINGS CAPS 02:00:07	p.m.	05-06-	2010 27 /50
03, 2	dan	# 1 1	Return of Organization Exempt From Income 1	Tax /	1812	OMB-No. 1545-0847
or, ı	<b>330</b>		Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except			(2008)
eparin	nent of the Tre Reverse Serv	esury	benefit trust or private foundation)  The organization may have to use a copy of this return to satisfy state reporting			Open to Public
				requirem	0.710.	Improduct
	r the 2008 can ck if applicable:		r, or tax year beginning and ending C. Name of organization Groot P	Ть	Emplo	ver identification number
1	ress change	use IRS	ANCE ALOHA TEMPLE AAONMS ? o facin	٦		,
ì	•	label,or	Doing Business As		51-	0159709
jNaz∩ ≀	ne change	print or L	Number and street (or P O box if mail is not delivered to street address)  Room/surte	Ε		one number
Int	al return	See	1611 KEWALO STREET	1		
Ten	mination	Spesific Instruc-	City or town, state or country, and ZIP + 4	G	Gross rece	iots \$ 45,664
Am	endad retum	tions.	HONOLULU HI 96822	$0 \bot \Box$		
ا م	olication pending	F Name	and address of principal officer.	H(	a) Istus:	a group return for
ויירי ו	anceuon parang	LE	e skinner	j.,	affiliate	
		45	-550 LOIHI STREET	l m	b) Are all include	
			NEOHE HI 96744			attach a list (see instructions)
Ta	ıx-exempt statı	us. X	501(c) ( 10 ) ◀ (insert no.) 4947(a)(1) or 527		_	ee Stmt 1
	ebsite: 🕨 🕻					exemption number > 0229
	pe of organization			tton 190	11	M State of legal domicile M.
T		ummar				
ı	•		ne organization's mission or most significant activities:			
	PHI	LANTH	OPIC FRATERNITY			
		his box I		ts assets.	1.1	7
		-	members of the governing body (Part VI, line 1a)		3	<u> 7</u>
	4 Number	r of Indep	endent voting members of the governing body (Part VI, line 1b)		4	7
	5 Total nu	mber of	employees (Part V, line 2a)		5	3
			volunteers (estimate if necessary)		6	0
	7a Total gr	ross unre	ated business revenue from Part VIII, line 12, column (C)		7a	
4	b Net unn	elated bu	siness taxable income from Form 990-T, line 34	Duran Mana	76	Course Vaca
ł	A A-4-16	. 41	A supplied (De AMIII) Non-Ab	Prior Year	555	Current Year 15,413
3 1			d grants (Part VIII, line 1h)		419	8,77
	_		revenue (Part VIII, line 2g)	- 0	511	1
			ne (Part VIII, column (A), lines 3, 4, and 7d)	20	792	17,129
1		•	Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		, 732	41,33
╁			add lines 8 through 11 (must equal Part VIII, column (A), line 12)	35	411	27,35
- [			ar amounts paid (Part IX, column (A), lines 1-3)			21,32V
			or for members (Part IX, column (A), line 4)			
<u>8</u>			ompensation, employee benefits (Part IX, column (A), lines 5–10)			<u> </u>
\$			draising fees (Part IX, column (A), line 11e)		<del></del>	<u> </u>
Expenses		-	expenses (Part IX, column (D), line 25)			6 22
۱"		•	(Part IX, column (A), lines 11a-11d, 11f-24f)		419	
- 1		-	Add lines 13-17 (must equal Part IX, column (A), line 25)		419	<del></del>
	19 Revenu	ue less ex	penses. Subtract line 18 from line 12		<u>, 858</u>	
Balances	00 T-4-1-	/D-	<del></del>	ginning of '		End of Year
盟			rt X, line 16)		<u>, 663</u>	95,13
Ē			Part X, line 26)	Q.F.	, 663	95,13
핕			nd balances. Subtract line 21 from line 20	65	, 003	33,13
<u> </u>			re Block		44	
	l l	Under pena and belief.	ties of persury, I, declare that I have examined this return, Including accompanying schedules and state t is true, correct, and complete Declaration of preparer (other than officer) is based on all information	ements, an of which pr	d to the b eparer he	iest of my knowledge is any knowledge
· · ·					15	lilio
ig		<b>—</b>	Le Aberro.		7/	4/10
ler	e   !	Signat	Te of officer		Dat	19
			Lee Skinner recorder			
		Туре	r print name and title			Preparer's identitying number
3- <sup>1</sup>	.	Preparer's	Date	Check if self-	٦	(see instructions)
Pai	al,	signature	F famo (mmy) 5/06/10	employe	<b>d</b> ▶	P00290849
	parer's	Eirmin ac-	James D. Jennings, CPA, Inc.		EIN	<b>▶ 43-195233</b>
US	3 <b>-</b>	rom's nam if self-emp	o (or yours) 1600 KAPIOLANI Blvd Ste 1000		Phon	e
		address, a	=) = m/l		no. I	

HONOLULU, BI

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

DAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

96814

Yes No Form 990 (2008)

Part III Statement of Program Service	e Accomplishme	ents (see instru	ctions)		
1 Briefly describe the organization's mission:					
PHILANTHROPIC FRATERNITY					
				<del></del> :	
Did the organization undertake any significant p the prior Form 990 or 990-EZ?	rogram services dunne	the year which we	re not listed on		☐ Yes 🏗 R
If "Yes," describe these new services on Schedi					☐ tes ि
3 Did the organization cease conducting, or make		how it conducte a	ov program		
services?	Significant changes if	now it conducts, a	ny program		Yes X i
If "Yes," describe these changes on Schedule C					□ 🖪 .
Describe the exempt purpose achievements for		on's three largest p	rogram services by ex	penses.	
Section 501(c)(3) and 501(c)(4) organizations a					
allocations to others, the total expenses, and re	venue, if any, for each	program service re	ported.		
	<del></del>	·-··			
a (Code ) (Expenses \$		grants of \$		(Revenue \$	•
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4d Other program services. (Describe in Schedule	(0)		<del></del>		
• -	uding grants of \$		) (Revenue \$		)
				<del></del>	

Form 990 (2008) ALOHA TEMPLE AAONMS 51-0159709 Page 3 Checklist of Required Schedules Yea 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 Is the organization required to complete Schedule B, Schedule of Contributors? X 2 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 X Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C. Part II 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete X R 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 X B Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X complete Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D. Part V 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable X 11 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 13 13 Did the organization maintain an office, employees, or agents outside of the U.S.? X Old the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S ? If "Yes," complete Schedule F, Part I X 15 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, Part II X 16 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, Part III Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 17 X 17 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 X Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 X Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 X 20 Did the organization report more than \$5,000 on Part IX, column (A), line 1? if "Yes," complete Schedule I, Parts I and II 21 21 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 X 22 23 Did the organization answer "Yes" to Part VII. Section A, questions 3, 4, or 5? If "Yes," complete X .... 23 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 questions 24b-24d and complete Schedule K. If "No," go to question 25. X b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? ..... 24d 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 **25**a b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I 25b 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 22 disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L. Part II 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or

substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

X

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51-0159709

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	·		Yes	No
8	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:		= ,	•
8	Have a direct business relationship with the organization (other than as an officer, director, trustee, or		• •	
	employee), or an indirect business relationship through ownership of more than 35% in another entity	1	,	,
	(individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,	- <sup>5,7</sup>	-	
	Part IV	28a	<u></u>	X
þ	Have a family member who had a direct or Indirect business relationship with the organization? If "Yes,"	1		Ì
	complete Schedule L, Part IV	28b	1	X
¢	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a		Ì	l
	professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
9	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
10	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		1	1
	conservation contributions? If "Yes," complete Schedule M	30	<u> </u>	X
11	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I '	31		X
32	Dio the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32	<u> </u>	X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		Г	
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33	<u> </u>	<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34	X	1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete		T	1
	Schedule R, Part V, line 2	35	<u> </u>	X
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	_38		1
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			ĺ
	<u>VI</u>	37	1	X

	390 (2008) ALOHA TEMPLE AAONMS 51-0159709		F	age 5
<u>Pe</u>	1 V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1098, Annual Summary and Transmittal of			l '
	U.S. Information Returns. Enter -O- if not applicable			٠,
Ь	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0		;	, ·
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	-	•	,
_	gaming (gambling) winnings to prize winners?	1c	X	<del></del>
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			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	<del>- 7</del>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	-	- *	
_	instructions)	5 \ -, -	7	, , , a
3 <b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	1	-	<u> </u>
_	this retum?	38		X
ь	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<b>├</b>
48	At any time during the calendar year, did the organization have an interest in, or a signature or other authority		l	
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			l
	account)?	4a	<b>—</b>	<del> X</del> −
Ь	If "Yes," enter the name of the foreign country		1.	1 :
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			. : : ;
_	and Financial Accounts.			<b>.</b>
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	├—	X
Ь	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	<b>├</b> —	X
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity	l _		Ì
_	Regarding Prohibited Tax Shelter Transaction?	5c	├	+
58	Did the organization solicit any contributions that were not tax deductible?	<u>6a</u>	├	<u> </u>
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	ļ		
_	gifts were not tax deductible?	6b	1	+
7	Organizations that may receive deductible contributions under section 170(c).	3,,,		
8	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than	ı		
_	\$75?	78	┼─	X
10	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			<b> </b> ₩
م	required to file Form 8282?	7c	╁╌╴	X
0	If "Yes," indicate the number of Forms 8282 filed during the year	┨╴.	,	
9	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		1.	*
a	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	78	╁──	X
,	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		┿	X
9	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	79	┼─	+
••	Charatimas C	7h	1	K
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section	<del>  '''</del>	<del>                                     </del>	+
٠	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			1
		8	Ī	1
9	organization, have excess business holdings at any time during the year?  Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	۲	†	<del>                                     </del>
a	Did the organization make any taxable distributions under section 4966?	9a	ľ	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	<del>                                     </del>	1
10	Section 501(c)(7) organizations. Enter:	1	1	1
9	Initiation fees and capital contributions included on Part VIII, line 12	Î,		1 '
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10b	٦,		
11	Section 501(c)(12) organizations. Enter:	<b>1</b> .	1.	
	Gross income from members or shareholders		1	1
b	Gross income from other sources (Do not net amounts due or paid to other sources against	7	1 -	·
	amounts due or received from them.)	_[		'
10-	Seeklan 4647/-1/1) non-exempt ehoritoble trueto is the organization filing Form 990 in lieu of Form 1041?	120	. [	1

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . .

Form 990 (2008) ALOHA TEMPLE AAONMS 51-0159709 Page 6 Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.) Section A. Governing Body and Management No\_ Yes For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Enter the number of voting members of the governing body b Enter the number of voting members that are independent 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? 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? Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? X Did the organization become aware during the year of a material diversion of the organization's assets? Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a Are any decisions of the governing body subject to approval by members, stockholders, or other persons? X 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: The governing body? 88 Each committee with authority to act on behalf of the governing body? ... 8b Does the organization have local chapters, branches, or affiliates? X 9а If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 9b Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations 10 must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 11 is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's malling address? If "Yes," provide the names and addresses in Schedule O X Section B. Policies No Does the organization have a written conflict of interest policy? If "No," go to line 13 12a Are officers, directors or trustees, and key employees required to disclose annually interests that could give 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c Does the organization have a written whistleblower policy? X 13 13 Does the organization have a written document retention and destruction policy? 14 14 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: a The organization's CEO, Executive Director, or top management official? Other officers or key employees of the organization? 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? 168 b If "Yes," has the organization adopted a written policy or procedure regulring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > HI 17 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. Own website Another's website X Upon request

Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest

State the name, physical address, and telephone number of the person who possesses the books and records of the

policy, and financial statements available to the public.

organization: LEK SKINNER

45-550 LOIHI ST.

Form 990 (2008)

KANEOHE

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Form 990 (2008) ALOHA TEMPLE AAONMS

51-0159709

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Part VIL: Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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.

Name and Tile  Average hours part week  Average hours part week  Page 1	Check this box if the org	anization did not comp	ensate	ап	y offi	cer,	direc	tor,	trustee, or key employee.		
Name and This house park week   Carly   Set   On   Carly   Car	- · ·		Port	tion f			hai e	nntu)			(F) Estimated
PETER A LARSON POTENTATE 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		hours per							compensation from the organization	compensation from related organizations	amount of other compensation from the organization and related
POTENTATE 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		DAY	+	_	<u> </u>	_	<u> </u>				
RICHARD CHO CHIEF RABBAN 5 0 0 0 CHIEF RABBAN 5 0 0 0 0 MILLIAM R. CALIEDO ASSISTANT RA 5 0 0 0 0 THOMAS SANTIAGO GIGE PRIEST 5 0 0 0 0 GILDO S. SORIANO GUIDE 5 0 0 0 0 GARY LIGGITT TREASURER 10 0 0 0 ALLEN LEE SKINNER RECORDER 40 0 0 0									o	စ	0
WILLIAM R. CALIEDO ASSISTANT RA 5 0 0 0 0 THOMAS SANTIAGO HIGH PRIEST 5 0 0 0 0 GILDO S. SORIANO GUIDE 5 0 0 0 0 GARY LIGGITT TREASURER 10 0 0 0 0 ALLEN LEE SRINNER RECORDER 40 0 0 0 0	RICHARD CHO		T	Γ	T	Γ					
ASSISTANT RA 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			<u> </u>	lacksquare	L	L	┺	<u> </u>	0	0	0
THOMAS SANTAGO  HIGH PRIEST 5 0 0 0 0 (  GILDO S. SORIANO  GUIDE 5 0 0 0 (  GARY LIGGIT:  TREASURER 10 0 0 0 (  ALLEN LEE SKINNER  RECORDER 40 0 0 0 (									1	ი	o
#IGH PRIEST 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			+	╁╌	╁	╁╴	十	╁╌			
GUIDE 5 0 0 0 G GARY LIGGIT! TREASURER 10 0 0 0 ALLEN LEE SKINNER RECORDER 40 0 0 0						1	<u> </u>	L	0	0	0
GARY LIGGIT! TREASURER 10 0 0 0 ALLEN LEE SKINNER RECORDER 40 0 0 0				Π				Γ			
TREASURER 10 0 0 ( ALLEN LEE SKINNER RECORDER 40 0 0 (		5	╁	╁	╀	╀	┿	╀		<u>U</u>	
ALLEN LEE SKINNER RECORDER 40 0 0 0		10					1		0	o	d
	ALLEN LEE SK	INNER	十			Т	T	Γ			
	RECORDER	40	+	$\bot$	-	╀	╀	↓_	0	0	C
						$\downarrow$	_				
			$\perp$	$\perp$		1	$\perp$	_			
	,				$\perp$	$\downarrow$	$\perp$	1			ļ
											- 000

For: 990 (2008)

05-06-2010 Form 990'(2008) ALOHA TEMPLE AAONMS 51-0159709 Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) **Part VII** (F) (A) (B) (C) (D) (E) Position (check all that apply) Name and title Average Reportable Reportable Estimated compensation hours per compensation amount of Individual trustee or director Officer Institutional trustee key employee week from from related other compensation the organizations organization (W-2/1099-MISC) from the organization (W-2/1099-MISC) and related organizations .. .. .. . . . . . . . . . . . 1b Total ▶ Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization > 0 Yes No Did the organization list any former officer, director or trustee, key employee, or highest compensated 3 employee on line 1a? If "Yes," complete Schedule J for such individual 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 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

Total number of independent contractors (including those in 1) who received more than \$100,000 in

compensation from the organization

¢

_		(2008) ALOHA TEMPLI			51-0159709	)	Page 9
Pa	nt VI	1 (1 m ) (1 m) (1		(A) Total revenue	(B) Related or exempt function nevenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512,513, or 514
Contributions, gifts, grants and other similar amounts	b c d o f	Federated campaigns  Membership dues  11  Fundraising events  12  Related organizations  Government grants (contributions)  At other contributions, grits, grants, and similar amounts not included above  Noncash contributions included in lines 1e-1f.  Total. Add fines 1a-1f	15,413		GYOLD TO THE TOTAL THE TOT		
	<del>''</del> -	Total Add siles 1a-11	Buan. Code			最高 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1. 5.00
Program Service Revenue	<b>2</b> a		DAIL COOK	6,695			
æ	b	MEMBERSHIP DUES AND 1	PERS	2,080			<del> </del>
8	¢		***************************************				<del></del>
₹	d						
틆	8						
ᅙ	f	All other program service revenue	ue				
_		Total Add lines 2a-2f		8,775	4、通過電視機(利用	to buy a filter of the	
	4	Investment income (including di other similar amounts)	<b>&gt;</b>	17	17		
}	5	Royalties	<u> </u>				
	•	(I) Real	(ii) Personal				
ļ		Gross Rents	<del></del>				
	b	Less' rental exps	<del> </del>				
	4	Rental inc or (loss)	<del></del>			g iffilialismus.	
	<b>d</b> 78	Gross amount from (i) Securities	6) Ohn	. म राज्यसम्बद्धः स	Summer servers come		<del> </del>
		Sales of assets	(ii) Other	The state of the s			
	h	cities than inventory Less cost or other					
i	•	basis & sales exps					
	æ	Gain or (loss)					
- [		Net gain or (loss)		_ Constant Contract Configuration	Asi ng2ia -usafit.	ត្រី មិន្ន្រី។ °′ ។ ។	
		Gross income from fundraising event	· · · · · · · · · · · · · · · · · · ·		au au Au en ar la		
9	-	(not including \$	)				
		of contributions reported on line 1c)	-				
٩		See Part IV, line 18	a14,066				Part Street
Other Reven	ь	Less. direct expenses	b 4,330				
ਰੈ		Net income or (loss) from fundra		0 736	9,736	Periodic Security in the second	
		Gross income from garning activities.		the Ball Fre Walter		r jejoje, i jejos	
		See Part IV, line 19	a				
i	ь	Less: direct expenses	ь				Harian Andrews
		Net income or (loss) from garnir	ng activities	-			<u> </u>
	10a	Gross sales of inventory, less		A Face Contract To		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		returns and allowances	a			TO SEE THE SEE	
		Less: cost of goods sold	b				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Net income or (loss) from sales	of inventory	<u> </u>			
		Miscalianeous Revenue		· 建制工工会工工工			
	11a	OTHER REVENUE		7,393			<u> </u>
	b				ļ		
	C	****		ļ	<b></b>		<del></del>
	d	All other revenue	<u>L</u>	<del> </del>		<u> </u>	<b></b>
;	9			7,393	Faller, The Phase Com-	Talk or a	
	12	Total Revenue. Add lines 1h, 2		,, ,,			.] .
	L _	9c, 10c, and 11e	<u></u> •	41,334	25,921		Form <b>990</b> (2008

Part IX

Statement of Functional Expenses

### Form 990'(2008) · ALOHA TEMPLE ARONMS

51-0159709

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

		74		(A), (C), EN	
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	poriooo	expenses	general expenses	expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	27,350			
2	Grants and other assistance to individuals in				
_	the U.S. See Part IV, line 22			The state of the s	
9				r multige	
3	Grants and other assistance to governments,			The state of the s	
	organizations, and individuals outside the				國體 시간 사람이
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			Tangara mg	
5	Compensation of current officers, directors,				· · · · · · · · · · · · · · · · · · ·
	trustees, and key employees				
6	Compensation not included above, to disqualified				
•					
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages			·	
8	Pension plan contributions (include section 401(k)				
	and section 403/b) ampliques contributions)				
9	Other employee hanofite				
10	Payroll tayon				<del></del>
11					
	Fees for services (non-employees):		]		
8	Management		ļ <u>.</u> .		
ь	Legal				
C	Accounting				L
đ	Lobbying				
8	Professional fundraising services. See Part IV line 17		है। विक्री कार्य		
f	Investment management fees			<del></del>	<u> </u>
g	Other	·········		——————————————————————————————————————	<del></del>
12	Advantaging and promotion	326	<del></del>	<del></del>	
	Advertising and promotion				
13	Office expenses	589		<u> </u>	
14	Information technology				
15	Royalties			<u></u>	
16	Occupancy	800			
17	Travel		1		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	į	<u> </u>		
19	Conferences, conventions, and meetings	877			
20	Internet	<u></u>	<del></del>	-	<del></del>
21		<del></del>	<del> </del>	<del> </del>	<del> </del>
	Payments to affillates	2 252		ļ	<del> </del>
22	Depreciation, depletion, and amortization	2,072		ļ	ļ
23	Insurance				<u> </u>
		图 - 4 直线运动道量	[[編集] [[編集]] [[		
24	Other expenses Itemize expenses not				
	covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed				F
	5% of total expenses shown on line 25 below.		新野型 基础程序。		<b>:</b>
8	SOCIAL ACTIVITIES & MEALS	4,553		† <del></del>	<del></del>
<u> </u>	MEMBERS RELATIONS	200		<del></del>	<del>                                     </del>
_	REFUNDS			<del> </del>	<del> </del>
C		-3,179	<u> </u>	<del> </del>	<del> </del>
d			<del> </del>	<del> </del>	
a					
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24	33,588			
26	Joint Costs. Check here I if following				
	SOP 98-2. Complete this line only if the				
	organization reported in column (B) joint costs	1			
	from a combined educational campaign and				
	fundraising solicitation	<u> </u>	<u> </u>	<u> </u>	<u> </u>

Form 990 (2008) ALOGA TEMPLE ARONMS

51-0159709

Page 11

P	υX	Balance Sheet			Tage 11
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing	13,150	1	12,078
	2	Savings and temporary cash investments	38,470	2	48,626
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	-
	5	Receivables from current and former officers, directors, trustees, key			
		employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disquallfied persons (as defined under section			nelings and the state of the st
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
		Part II of Schedule L		6	
its	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
¥	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost basis 10a 28,386			· · · · · · · · · · · · · · · · · · ·
	Þ	Less: accumulated depreciation. Complete			<b>建筑设置沿线</b>
		Part VI of Schedule D 20,097	10,361	10c	8,289
	11	Investments—publicly traded securities	23,682		26,143
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, Ime 11		15	<del></del> -
	16	Total assets. Add lines 1 through 15 (must equal line 34)	85,663		95,136
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	<del></del>
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
<u>e</u>	21	Escrow account liability. Complete Part IV of Schedule D		21	
≣	22	Payables to current and former officers, directors, trustees, key		55,7	
Liabilities		employees, highest compensated employees, and disqualified			
Ī		persons Complete Part II of Schedule I	Learth and all a attaces treather of blind ha	22	Control to the Section of the Control of the Contro
	23	Secured mortgages and notes payable to unrelated third parties	·- ·-·	23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D	· · · · · · · · · · · · · · · · · · ·	25	
	26	Total Rabilities. Add lines 17 through 25		26	
9		Organizations that follow SFAS 117, check here ▶ X and	The the state of t	tibe (let)	Land Color of the Land of the As
lances		complete lines 27 through 29, and lines 33 and 34.			
<u>a</u>	27	Unrestricted net assets	85,663	27	95,136
ã	28	Temporarily restricted net assets		28	33/230
ğ	29	Permanently restricted net assets		29	
Fund	-	Organizations that do not follow SFAS 117, check here ▶		변환	
F		and complete lines 30 through 34.		ES	
Assets or	30	Capital stock or trust principal, or current funds		30	Particle (Mana) [LES VILLER
5	31	Pald-In or capital surplus, or land, building, or equipment fund		31	<del></del>
883	32	Retained earnings, endowment, accumulated income, or other funds	<del></del>	32	
~	33	Total not copate or final belongs	85,663		95,136
¥ et	34	W A 141 1 1990 A	85,663	_	95,136
	art		05,005	1 34	33,230
4 1 9	91 L A	Therroad Statements and Reporting			
1	۸.	counting method used to prepare the Form 990: Cash X Accrual	Other		Yes No
		ere the organization's financial statements compiled or reviewed by an independent accordance to the organization's financial statements qualified by an independent accordance.	untant?	• • • •	1   1
		ere the organization's financial statements audited by an independent accountant?	Dr. for anomiet of	• • • • •	2b   A
		Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility			
_		e audit, review, or compilation of its financial statements and selection of an independent			2c
3		a result of a federal award, was the organization required to undergo an audit or audits a			
		a Single Audit Act and OMB Circular A-133?			3a
	<u> 11 '</u>	Yes," did the organization undergo the required audit or audits?	<del></del>		, 3b
					Form <b>990</b> (2008

#### SCHEDULE D' (Form 990)

Department of the Treasury Internal Revenue Service

## Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public particular

me of the o	rganization		Employer Identification number
	TEMPLE AAONMS		51-0159709
Pert I	Organizations Maintaining Donor Advised Fu the organization answered "Yes" to Form 990,	nds or Other Similar Funds o Part IV, line 6.	r Accounts. Complete if
		(a) Donor advised funds	(b) Funds and other accounts
	umber at end of year		
2 Aggreg	ate contributions to (during year)		
3 Aggreg	pate grants from (during year)		
	pate value at end of year		
	organization inform all donors and donor advisors in writing that		
	are the organization's property, subject to the organization's exc		Yes L No
	organization Inform all grantees, donors, and donor advisors in		
	nty for charitable purposes and not for the benefit of the donor of	or donor advisor or other	п., п.,
Part II	nissible private benefit?	and the second of the second o	Yes No
			orm 990, Part IV, line 7.
1 1	e(s) of conservation easements held by the organization (checleservation of land for public use (e.g., recreation or pleasure)		
F-3	otection of natural habitat	Preservation of an historically Preservation of certified historical	•
	eservation of open space	Preservation of certified histor	nc structure
	ete lines 2a-2d if the organization held a qualified conservation	contribution in the form of a community	
	last day of the tax year.	commodication the form of a conservati	on easement
• • • • • • • • • • • • • • • • • • • •			Held at the End of the Ye
a Total n	number of consensation excements		
b Total a	number of conservation easements		l I
	er of conservation easements on a certified historic structure inc	duded in (a)	
d Numbe	er of conservation easements included in (c) acquired after 8/17	100	الما
	er of conservation easements modified, transferred, released, e		
	kable year	adinguisited, or terminated by the organ	iizalidii during
	er of states where property subject to conservation easement is	located .	
	the organization have a written policy regarding the periodic mo		
	ement of the conservation easements it holds?	• .	∏ Yes ∏ No
	•••• • ••••		, ,,,,, 🗀
	or volunteer hours devoted to monitoring, inspecting, and enforce		
	nt of expenses incurred in monitoring, inspecting, and enforcing		
	each conservation easement reported on line 2(d) above satisfy	•	∏ Yes ∏ No
	i(4)(B)(I) and section 170(h)(4)(B)(ii)?  1 XIV, describe how the organization reports conservation easer		
	> sheet, and include, if applicable, the text of the footnote to the		
	ganization's accounting for conservation easements.	e organización s mianiciai statements tr	at describes
	Organizations Maintaining Collections of Art	, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" t	o Form 990, Part IV, line B.	
1a Ifthe d	organization elected, as permitted under SFAS 116, not to repo	rt in its revenue statement and balance	sheet works of
	storical treasures, or other similar assets held for public exhibiti		
provid	e, 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, to report in	its revenue statement and balance sh	eet works of art,
histori	ical treasures, or other similar assets held for public exhibition,	education, or research in furtherance o	f public service,
	le the following amounts relating to these items:		•
•			<b>▶</b> \$
• • •			
	organization received or held works of art, historical treasures,	or other similar assets for financial cair	n, provide the
	ing amounts required to be reported under SFAS 116 relating to		-•
	nues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$_
b Asset	s included in Form 990, Part X		· · · <b>&gt;</b> \$_
			<b></b>

Sched	ule D (Form 990) 2008 ALOHA TEMPI	LE AAONMS			51-015	9709		Pag	<del>10</del> 2
	fili Organizations Maintaining C	ollections of Art, I	Historical Treas	ures, or	Other S	imilar Asse	ets (conti	nued)	
	Using the organization's accession and other relations (check all that apply):						_		
а	Public exhibition	d $\prod$ Loan o	r exchange program	ıs					
ь	Scholarly research	e Other							
C	Preservation for future generations				<del>-</del>				
- '	Provide a description of the organization's collection	otions and avaluan how t	hav further the array	nization's s	vennt nu	nose in			
	Part XIV.	·	,			pose iii			
	During the year, did the organization solicit or re assets to be sold to raise funds rather than to b	e maintained as part of t	the organization's co	dlection?	*****	1624 - 94 - 1	Yes	N	<u>•</u>
	Trust, Escrow and Custodia Part IV, line 9, or reported an	amount on Form	990, Part X, line	21.		ed Yes to		J, 	
1a	Is the organization an agent, trustee, custodian	or other intermediary fo	r contributions or oth	ner assets	not		г		
							∐ Yes	∐_ N	lo
b	If "Yes," explain the arrangement in Part XIV an	d complete the following	g table:						
							Amo	TUJI	
C	Beginning balance								
đ	Additions during the year								
9	Distributions during the year					10			_
1						. [1]			_
<b>2a</b>	Did the organization include an amount on Forr	n 990, Part X, line 21?	.,				Yes	□ \	lo
	If "Yes," explain the arrangement in Part XIV.								
, Pa	rt. 🗤 Endowment Funds. Comple	te if organization a	nswered "Yes"						
		(a) Current year	(b) Prior year		ears back	(d) Three years		our years t	ACK.
1a	Beginning of year balance					Partie Barry		registers.	
ь	Contributions			にはいる。	is is a few	Harden !			c 4,0
c	Investment earnings or losses		the second state of the second			<b>基础</b> : 郭冲:			r , 1
đ	Grants or scholarships					和計場理器		in the relate	33 <u>(</u> )
æ	Other expenditures for facilities								: d
	and programs			はは		理解なり思想			
f	Administrative expenses					<b>经验</b> 对电影性			8771
g	End of year balance		中國計劃整備	阿斯斯斯	是過過		"得代"。	1000	41,50,74
2	Provide the estimated percentage of the year of	and balance held as:							
8	Board designated or quasi-endowment								
b	<u> </u>								
C	Term endowment ▶ %								
3a	Are there endowment funds not in the possess	ion of the organization t	hat are held and adr	ministered	for the				
	organization by:	. 0.						Yes	No
	(i) unrelated organizations						(3a	())	
	/III related accompations				• • • • • • • • • • • • • • • • • • • •	••• •• • • •	38		
ь	If "Yes" to 3a(ii), are the related organizations	sted as required on Sci	hedule R?				3	$\overline{}$	
4	Describe in Part XIV the intended uses of the			•• •	• • • • • • • • • • • • • • • • • • • •		–		
. ipi	if Vi Investments—Land, Buildir			30. Part	X. line 1	0.		· · · · · · · · · · · · · · · · · · ·	
A	Description of investment	(a) Cost or other basis	(b) Cost or o	ther		preclation	(d) B	ook value	
		(investment)	basis (othe				ļ		
1a	Land					marting and secular			
b	Buildings						<u></u>		
c	Leasehold improvements								
	Equipment								
	Other		28	3,386		20,097			289
	d. Add lines 1a-1e. (Column (d) should equal Fo	orm 980 Part X column				<b></b>		8.	<b>28</b> 9

Part VIII Investme				51-0159709	Page Page
	nts-Other Securities.	See Form 990,	Part X, line 12.		
	scription of security or category		(b) Book value	(c) Method of v	aluation:
	ncluding name of security)			Cost or end-of-year	market value
ancial derivatives and oth	per financial products			<del></del>	
sely-held equity interests	,	· · · · /			
· ·		· · · · · · ·	<del></del>	<del></del>	
<sup>18</sup>					
				<del> </del>	
<b></b> -					
		<b>.</b> [			
					<u> </u>
		· <b>-</b>			
tal (Column (h) should s	qual Form 990, Part X, col. (B)	(ine 12.)			a F
			Dort V line 12	ATTREE, T. C. T. C. Alem, p. 6, 37 steens	
	ents-Program Related.	See Form 990		(2) Mark and and	
(a) (	Description of investment type		(b) Book value	(c) Method of	
			<del> </del>	Cost or end-of-year	market varue
<del></del>			<del></del>		<u> </u>
	<del></del>			<del></del>	
<del></del>	<del></del>		<del></del>		
				<del></del>	
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	equal Form 990, Part X, col. (B)				
Part IX. Other A	seets. See Form 990, Pa		<u></u>	<del></del>	(h) Casterates
		(a) Description			(b) Book value
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otal. (Column (h) should	equal Form 990. Part X col. (R	Uina 15 \			
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	iabilities. See Form 990				
Part X Other Li			D. (b) Amount	A Secretary Control of the Control o	
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Part X: Other Li	iabilities. See Form 990	, Part X, line 25			

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Sche	tude D (Form 990) 2008 ALOHA TEMPLE AAONMS 51	<u>-0159709</u>	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Stat	ements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), fine 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Denoted engines and use of facilities		
8	Investment company		
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	T-1.1 U 1		
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9		
	rt XII Reconciliation of Revenue per Audited Financial Statements With Reve		
	Takah sayang malan and akkan sayah sayah 10° 11 sayah		
2			
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments  2a		
b	Donated services and use of facilities 2b		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)	<del></del>   ·	
6	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	- - - 	
8	Investment expenses not included on Form 990, Part VIII, line 7b	<u></u>	
ь	Other (Describe in Part XIV)		
¢	Add lines 4s and 4b		<del></del>
	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12.)	<u></u>	
	art XIII Reconciliation of Expenses per Audited Financial Statements With Exp	enses per Return	
1	Total expenses and losses per audited financial statements	1   1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities 2a		
þ	Prior year adjustments		
C	Losses reported on Form 990, Part IX, line 25		
d			
0		28	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIV)		
C	Add lines 4a and 4b	4c	
6	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	
	art XIV : Supplemental Information		
Con	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	t IV, lines 1b	
and	2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.		
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(Form 990)

Part

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Page 2 T Form 990, Part IV, line 22. Not. (1) Description of non-cash assistance	Iditional information.		
ttion answered "Yes" on Fo (e) Method of valuation (book, FMV, appraisal, other)	line 2, and any other ad		
omplete if the organiza  (d) Amount of	on required in Part I,		
e United States. Co s needed. (c) Amount of cash grant	to provide the information		
TEMPLE AACKMS  Belstance to Individuals in thoo orm 990) if additional space is tecipients  (b) Number of recipients	omplete this part to		
Grants and Other A Grants and Other A Use Schedule I-1 (F)	Supplemental Information. Complete this part to provide the information required in Part i, line 2, and any other additional information.		
Part III	Partie	: : :	

SCHEDULE O

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

ALOHA TEMPLE AAONMS

Employer identification number 51-0159709

05-06-2010

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SCHEDULE R (Form 990)	Related Orga	nizations and Unrelated Partnerships	inrelated Partn	erships		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service	Attach to Form 990. To be completed by e	organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.  P See separate instructions.	vered "Yes" to Form 99 tructions.	10, Part IV, line 33, 34, 3	5, 36, or 37.	Open to Public
Name of the organization ALOHA	ia temple aaonas		c		Emptoye 51-01	Employer identification number 51-0159709
Part   Identification	Identification of Disregarded Entities					
Матв, асфл	(A) Nama, 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 o	identification of Related Tax-Exempt Organizations					
	(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charlty status (If section 501(c)(3))	(F) Direct controlling entity
ANCIENT ARABIC ORDER 1611 KEWALO STREET HONOLULU	R OF THE NOBLES 99-0032855 HI 96822	FRATERNITY	HI	501(C)		
r Privacy Act and Peparuark Rev	For Privacy Act and Peparuark Reduction Act Notice, see the Instructions for Form 990.	90.			Scha	Schodulo D (Form 000) 2000

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Tra	Note Complete line 1 # any entity is listed in Parts II. III, or IV.	During the tax year, did the organization engage in any of the following transact	Booms of (N interset (ii) spallithes (iii) rovalines (iv) rent from a controlled entit		GIR, grant, or capital contribution to unier organization(s)	Gift, grant, or capital contribution from other organization(s)	d I cans or loan milarantees to or for other organization(s)		Loans or loan guarantees by other organization(s)		Sale of assets to other organization(s)	Purchase of assets from other organization(s)	Exchange of assets	ease of facilities equipment or other assets to other organization(s)			Lease of facilities, equipment, or other assets from other organization(s)	Performance of services or membership or fundraising solicitations for other o	Performance of services or membership or fundraising solicitations by other or	m Sharing of facilities, equipment, mailing lists, or other assets	Sharing of paid employees	į		Heimbursement paid to other organization for expenses	<ul> <li>Reimbursement paid by other organization for expenses</li> </ul>		q Other transfer of cash or property to other organization(s)	Other transfer of cash or property from other organization(s)	If the answer to any of the above is 169, see the libituditals to information of who may										
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ALOHA TEMPLE AAONMS Schedule R (Form 990) 2008

51-0159709

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JAMES JENNINGS CAPS

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 regarding exclusion for certain investment partnerships. Unrelated Organizations Taxable as a Partnership Part VI

Schedule R (Form 990) 2008 General or managing partner? Ē 88 Code V—UBI amount in box 20 of Schedule K-1 (Form 1085) 9 (F) Disproportionale allocations? 옷 Yes (E)
Share of
end-of-year
assets (D)
Are all partners
section
501(c)(3)
organizations? Yes No (C)
Legal domicite
(state or foreign
country) Primary activity : : : ............. : : : : Name, address, and EIN of entity : : : : : : : : : :

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05-06-2010

9430572	JAMES JENNINGS CAPS	02:19:32 p.m. 05-06-2010 50 /50
5/6/2010 10:11 AM	EIN 99-6015725 23-7322951 23-7322953 23-7322933	
Federal Statements	Statement 1 - Form 990, Page 1, Line H(b) - Affiliated Group Return Information  Address 355 AOLOA STREET, M-107 P.O. BOX 1462 P.O. BOX 179 P.O. BOX 330323	
ALOHATEMPL ALOHA TEMPLE AAONMS 51-0159709 FYE: 12/31/2008	Business Name AIEA SHRINE CLUB KAUAI SHRINE CLUB KONA SHRINE CLUB MAUI SHRINE CLUB	