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# Form 990-EZ

Department of the Treasury Internal Revenue Service

# Short Form 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)

Sponsoning 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 \$500,000 and total assets less than \$1,250,000 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

2009

**Open to Public** Inspection

	A F	For the 2009 calendar year, or tax year beginning July 1, 2008 , 2009, and		and ending	Ju	ne 30	, 20 09					
	B Check if applicable Address change			Name of organization	"			D Employ	yer ideni	tification number		
Na Na			label or 1''	yksos Temple #123	mple #123				23-7536560			
15.	=	Name cha	nge print or N	lumber and street (or PO box,	ıf mail is not delivered to street	address)	Room/suite	E Telephone number				
150		'nıtıal retur Ferminate	Lati In	.O. Box 0864					423 364-0618			
5 .		Specific City or town, state or country, and ZIP + 4						F Group	Exemp	otion		
10.77	=	Application		ixson, TN 37343					er ▶			
\{ -\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	_	• Sect			empt charitable trusts mu	et attach	G Accou			☐ Cash ☐ Accrual		
5.5 5.5		- 0001		leted Schedule A (Form 9		ot attacn		(specify)		_ Ouon		
- J-7			· · · · · · · · · · · · · · · · · · ·					H Check ▶ ☑ if the organization is not				
	I Website: ▶ required to at							attach Schedule B (Form 990,				
				one) - 7 501(c) ( 8 ) 4	◀ (insert no.)	or	_	Z, or 990-		saule B (Form 550,		
احد					·		<del></del>			+ba= \$05,000 A		
		Check ▶	•	• • • •	supporting organization an	_	•	-				
M. S.					organization chooses to file				te retur	57,437		
35		art I			if \$500,000 or more, file Form  Net Assets or Fund				tions f			
• .,									. 1			
		1	_	grants, and similar amor				· ·	1	53,062		
		2	-	enue including governm				· ·	2	4.075		
		3	•					· ·  _	3	4,375		
		4	Investment income					· · .	4			
		5a			n inventory			0				
		b			s	_5b		0	F			
,	e.	С			inventory (Subtract line 5				5c	0		
:	ž	6	Special events and activit	ies (complete applicable parts	of Schedule G). If any amount is	from <b>gam</b> i	ing, check here		-			
$(\cdot)$	ĕ	а	Gross revenue (not i	including \$	of contribution	s , ,		1.				
[1]	Revenue		reported on line 1) .			6a		0				
		b	Less: direct expense	es other than fundraisinç	g expenses	6b		0				
11.		С	Net income or (loss)	from special events and	d activities (Subtract line	6b from I	ine 6a)		6c	0		
-		7a	Gross sales of inven	ntory, less returns and all	lowances	7a		0				
		b	Less: cost of goods	sold		7b		0				
(5		С	Gross profit or (loss)	•	(Subtract line 7b from lin	ne 7a) .			7c	0		
- ÇĞ		8	Other revenue (desc						8	0		
		9			7c, and 8				9	57,437		
		10							10	10,486		
		11	Grants and similar amounts paid (attach schedule)						11	0		
	Ś	12	Salaries, other compensation, and employee benefits					· · · -	12	0		
	Expenses	13	Professional fees and other payments to independent contractors					-	13	21,223		
	<u>e</u>	14							14	0		
	$\overline{\Sigma}$	15			g			F-	15	4,541		
		16	<del>-</del> ' '		es, national dues, and conf			<b></b>	16	12,296		
		17	•					· ⊢	17	48,546		
		18	Excess or (deficit) fo	or the year (Subtract line	17 from line 9)	· · ·	• • • •		18	8,891		
	ets	19			of year (from line 27, col			a with	- 1	0,001		
	SS				eturn)				19	28,095		
	Net Assets	200	• •		•			<b>⊢</b>	20	20,033		
		20	-		es (attach explanation) .			<u> </u>		26.006		
	Ð	21	Release Shoots	balances at end of year.	Combine lines 18 through	n 20 .			21 <u></u>	36,986		
		Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file For (See the instructions for Part II.) (A) Beg					ginning of y	(B) End of year				
		·						· · ·		<del>,</del>		
	22						·	28	095 22			
	23								23			
	24	Ot	ner assets (describe l	<b>-</b>	<del></del>		_)		24			
	25						·	28	095 25			
	26		tal liabilities (describ				_)		0 26	-		
	27	' Ne	t assets or fund bal	ances (line 27 of column	n (B) must agree with line	e 21) .	.	28	095 27	36,986		

Part	III Statement of Program Service Accomp		Expenses			
What	is the organization's primary exempt purpose?	(Required for section				
	escribe what was achieved in carrying out the organization's exempt purposes. In a clear and concise					)(3) and 501(c)(4) iizations and section
	er, describe the services provided, the number of	f persons benefited, and o	other relevant info	mation for		a)(1) trusts, optional
each	for ot	hers.)				
28	Foster educational programs for youth in the Greater	Chattanooga area				
	Opportunity grants totaling \$500 to ten first year colle	ege students				
	(Grants \$ 5,000) If this amount ii	ncludes foreign grants, ch	eck here	. ▶ 🗆	28a	5,000
29	Foster civic & economic programs for youth, elderly a					
	Friendship Haven Nursing Home \$1,500; Toys for pati	0				
	Helping Hands \$1,000; Chattanooga Area Food Bank	\$500; Toys for sickle cell an	emia patients \$396			
		ncludes foreign grants, che			29a	4,296
	Foster civic, educational & economic programs for yo					<del></del>
	Chattanooga, Girls Choir \$250; Bethlehem Center \$20	· · · · · · · · · · · · · · · · · · ·				
	Grand Girls Assembly \$100					
		ncludes foreign grants, che	eck hére	▶ □	30a	1,190
	Other program services (attach schedule)		CONTION	. ,		.,
	,	ncludes foreign grants, ch	ock horo		31a	
	Total program service expenses (add lines 28a th	arough 31a)	SCK HEIG	· •	32	10,486
Part				ted (See the		•
	List of Gillocito, Billocitors, Tradicous, and Italy	(b) Title and average	(c) Compensation	(d) Contributio		(e) Expense
	(a) Name and address	hours per week	(If not paid,	employee benefit	plans &	account and
Davi I		devoted to position	enter -0)	deferred comper	isation	other allowances
	_ewis	Illustrious Potentate				
	Upshaw Drive Chattanooga, TN 37416		0		0	0
	n Gardner	Chief Rabban				_
	Champion Road Chattanooga, TN 37416		0		0	0
	ım Fain	Asst. Rabban				
	Briarcliff Way Chattanooga, TN 37406		0		0	0
	ım Gibbs	Recorder				
6586	Sandswitch Rd. Hixson, TN 37343	110001401	0		0	0
John	Dodds	Treasurer				
4103	Middlewoode Dr Chattanooga, TN 37411	Treasurer	0		0	0
	·					
	****					
	·					
		<del></del>				<del></del>

Form 99	0-EZ (2009)		Р	age 3
Part	Other Information (Note the statement requirements in the instructions for Part V.)			
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	Yes	No
34	Were any changes made to the organizing or governing documents? 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 why the organization did not report the income on Form 990-T.		's */	
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
ь 36	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	35b 36		✓
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions.   Did the organization file Form 1120-POL for this year?	37b	with Income	
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	1 4	<b>✓</b>
39 a	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9	, ;	\$ - \$ \$ ,* }'	_#
b 40a	Gross receipts, included on line 9, for public use of club facilities			* *
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b		
С	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		3 .	
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization	ı	- 1-2 - 1-2 - 1-2 - 1-2 - 1-2	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
е	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		 <b>√</b>
41	List the states with which a copy of this return is filed. ▶			
42a	The standard by A402 Middleward De Chemone TN		8-494! 411	<del></del>
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority	37	***	
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		<i></i>
	If "Yes," enter the name of the foreign country: ▶		· .	3 %
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	,		· · ·
С	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		<u>√</u> 
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •		<b>▶</b> □
			Yes	No
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		<b>√</b>

Part V	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 an	17(a)(1) nonexempt char	exempt charitab itable trusts mus	le trusts only. A t answer questio	II sec ns 46	tion 5–49b	)	
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition					Yes	No	
	candidates for public office? If "Yes," complete Schedule C, Part I [							
	Did the organization engage in lobbying activities				47	:	<u> </u>	
	ls the organization a school as described in sectio		•		48			
	Did the organization make any transfers to an ex		ed organization? .		49a 49b		<del></del>	
	If "Yes," was the related organization a section 527 organization?							
	complete this table for the organization's five his employees) who each received more than \$100,0						з кеу	
	employees) who each received more than \$100,0	(b) Title and average	(c) Compensation	(d) Contributions to		Ехреп	se	
	(a) Name and address of each employee paid more than \$100,000	hours per week devoted to position		employee benefit plans & deferred compensation		count a		
	· · · · · · · · · · · · · · · · · · ·	devoted to position			Othor	41101110		
	,							
					<u> </u>			
	Total number of other employees paid over \$100		<u> </u>					
	(a) Name and address of each independent contractor	paid more than \$100,000	<b>(b)</b> Typ	pe of service	(c) Co	mpensa	ition	
d	Total number of other independent contractors e	each receiving over \$100,0	000▶	<u> </u>				
	Under penalties of perjury, I declare that I have examine and belief, it is true, correct, and complete pectaration	ed this return, including accompal of preparer (other than officer) is	nying schedules and sta based on all information	tements, and to the best of which preparer has	st of my any kno	/ knowl owledg	edge e	
Sign Here	Signature of officer	5		2-10-1.	2			
	William Gibbs, Recorder Type or print name and title							
Paid Prepare	Preparer's signature	Date	Check if self- employed ▶ □	Preparer's identifying nur	nber (Se	e instruc	tions)	
Use On			Eil Ph	one no 🕨			<del></del>	
May th	e IRS discuss this return with the preparer show	n above? See instructions			Yes		No	
.vicey til	5 C C.Socoo and fotom with the property show	. appro. God mondolono		Fo			(2009)	

#### SCHEDULE O (Form 990)

## **Supplemental Information to Form 990**

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

► Attach to Form 990.

2009
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Hyksos Temple #123

Employer identification number 23 7536560