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Department of the Treasury
. Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047 2009

Open to Public Inspection

A	For the 2009	calendar ye	ar, or tax year beginn	Ing	, an	d ending				
В	Check it applicable		C Name of organization	_					D Employ	yer identification number
	Address change	use IRS		ANCIENT	ARABIC ORI	ER-SPHINX	TEMPL	E		•
Ē	Name change	label or print or	Doing Business As						06-	0544940
	•	type.	Number and street (or P	O box if mail is not d	lelivered to street addre	ss)		Room/suite	E Telepho	one number
	Initial return	See	P.O. BOX 3	10157					860	-666-5449
	Termination	Specific Instruc-	City or town, state of	r country, and ZIP	+ 4				G Gross recei	pts \$ 473,860
	Amended return	tions.	NEWINGTON		CT 0	6131-0157				<u> </u>
一	Application pendi	F Name	and address of principa	l officer					H(a) is this a	a group return for
<u></u>	Application pendi		VID MCDONO	UGH					affiliate	
		30	66 BERLIN '	TURNPIKE	E				H(b) Are all a include	affiliates 🗂
		NE	WINGTON		CT 06	5111				attach a list (see instructions)
1	Tax-exempt st	tatus X	501(c) (10)	◀ (insert no)	4947(a)(1) or	527	•		1	,,
J	Website:		PHINXSHRIN						H(c) Group	exemption number > 0229
ĸ	Type of organiza	ation X Corr	poration Trust	Association	Other		L	Year of formation		M State of legal domicile CT
F	art I	Summar	у							
	1 Briefly	describe th	e organization's miss	sion or most sig	nificant activities					
	PH	ILANTHE	OPIC FRATERN	ITY						
en ë										
Ç E										
№	2 Check	k this box	if the organizati	on discontinued	lits operations or	disposed of mo	re than 25%	of its net asset	S	
20	3 Numb	er of voting	members of the gove		-	·			3	7
M S			endent voting membe		•	l, line 1b)			4	7
SCANNED ACTIVITIES & GOVERNANCE	5 Total	number of e	mployees (Part V, lin	e 2a)		•			5	4
وق	6 Total	number of v	olunteers (estimate it	f necessary)					6	
	7a Total	gross unrela	ated business revenu	e from Part VIII	, column (C), line	12			7a	
0	b Net ur	nrelated bus	iness taxable income	from Form 990	D-T, line 34				7b	0
e s								Prior Ye		Current Year
010 Revenue	8 Contri		grants (Part VIII, line	•					5,914	58,878
25	9 Program service revenue (Part VIII, line 2g)									369,543
ڰۣ	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)									38,137
	11 Other	revenue (Pa	art VIII, column (A), li	nes 5, 6d, 8c, 9	c, 10c, and 11e)				0,162	7,302
	12 Total	<u>revenue – a</u>	dd lines 8 through 11	(must equal Pa	art VIII, column (A	A), line 12)			2,820	473,860
	13 Grants	s and simila	2	8,422						
	14 Benef	fits paid to o	r for members (Part I	X, column (A), I	ine 4)					
8			mpensation, employe	•	. ,,,	lines 5-10)			2,959	28,371
sesued	16a Profes	ssional fund	raising fees (Part IX,	column (A), line	e 11e)			3	0,983	34,042
Exp	1	_	expenses (Part IX, co		•	34,04	12			
ш	17 Other	expenses (Part IX, column (A),	nes 115 Eq	世代プロロ				8,278	407,929
	18 Total	expenses A	Add lines 13–17 (mus	t equaliPattik	dolumn (A) Hine	· · ·			0,642	470,342
	19 Rever	nue less exp	enses Subtract line	18 from line 12		<u>ي</u>			2,178	3,518
Assets or	20 Total	aaaata (Da nt	V I.a. 40\	급 JUN	0 6 2010	IRS-O		Beginning of Cu		End of Year
Asse Rala	20 Total	assets (Part	art X, line 16)	"	_	<u>윤</u>			1,966 9,002	1,588,687
Set Set	21		balances Subtract	- ACD		_{			2,964	78,949 1,509,738
,, <u>u</u>		Signatur					· · · · · · · · · · · · · · · · · · ·	1,65	2,904	1,309,136
	1.		es of perjury, I declare t	hat I have every	ad this ration, include	d-20 0000000000000			4- 45- 54-6	
		and belief	is true, correct, and com	plete Deola ation	of preparer (9ther)	han officer) is base	ed on all inform	nation of which pre	parer has any	knowledge /
Sig	an l	► X.	1000	4 15-	KITh.	25/			161	29/2010
He	_	Sugnatur	e of officer		200,0					0 1/0010
			WIS BITHER				RECOR	DER	Date	
			print name and title							
				1111	-/(<u> </u>	Data	7 25-1	.5	Preparer's identifying number
Pa	171	Preparer's signature	CUADI TO	wu f)	Date	Check self-	(T)	(see instructions)
Pre	eparer's –	- Silature	COS			TTC	106/2	8/10 employ		P00606200
	e Only	Firm's name	1 = 1	TELLO CO	MPANI,	LLC			EIN ►	42-1529165
		if self-employ address, and	,		06248				Phone	060_220.2020
Mar			ZIP + 4 HEB			·			no 🕨	860-228-2822

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

Form **990** (2009)

4d	Other program services (Describe in Sc	chedule O)		· · · · · · · · · · · · · · · · · · ·
	(Expenses \$	including grants of \$) (Revenue \$)
4e	Total program service expenses ▶	362,701	· · · · · · · · · · · · · · · · · · ·	
				Form 990 (2009)
-				

	attis Office dured Schedules	 				
4	In the ergopization described in section E04/a)/2) or 4047/a)/4) (attention a section for a 10 15 10/a - 7				Yes	No
. 1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"					.
2	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?			1		X
3				2		
J	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
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			3		
•	Schedule C, Part II					
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			4		
•	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III			_		
6				5	-	\vdash
0	Did the organization maintain any donor advised funds or any similar funds or accounts where 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					
7				6	-	X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"					
^	complete Schedule D, Part III			_ 8		X
9	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,"			_		
4.0	complete Schedule D, Part IV			9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or					.,
4.4	quasi-endowments? If "Yes," complete Schedule D, Part V			10		X
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,				32	
	VII, VIII, IX, or X as applicable			11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete					
	Schedule D, Part VI					
•	Did the organization report an amount for investments—other secunties 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					
•	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					
•	Did the organization report an amount for other assets related 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					
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X					
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses					
40	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X					
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				37	
404	Schedule D, Parts XI, XII, and XIII			12	X	<u> </u>
1ZA	Was the organization included in consolidated, independent audited financial statements for the tax year?	Ye				
42	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?			14a		
Ь	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			ا بيدا		.
4 5	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I			14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any					v
46	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II			15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			4.0		.
17	to individuals located outside the United States? If "Yes," complete Schedule F, Part III			16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		į		v	
10	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		i	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on					v
10	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II			18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			4.		v
20	If "Yes," complete Schedule G, Part III			19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H			20	990	(2009)
				LOIL	・シフひ	(2009)

	1990 (2009) ANCIENT ARABIC ORDER-SPHINX TEMPLE 06-0544940		P	age 4
Pa	art IV Checklist of Required Schedules (continued)			
	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations			
	in the United States on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and I!	_21		X
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		X
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		X
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		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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	į l	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	1250		
	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		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or	230		
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	96		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	_ 26		Λ
• '				
	substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III			v
28		27		X
20	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)			47
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	, and a second s			77
_	Schedule L, Part IV	28b		Х
С	, and a second of the second o			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
•	Part IV	28c		<u> </u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	l		
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		_X
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		X
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		X
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		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35		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	36		

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,

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

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

X Form **990** (2009)

	Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
、1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
_	U.S. Information Returns Enter -0- if not applicable Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1a. 0 1b. 0			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			.
2a	gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W. 3. Transmittel of Wass and Tax.	1c		X
20	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 2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	x	ŀ
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see	20		
	instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
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, secunties account, or other financial			
	account)?	4a		X
b	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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding			
_	Prohibited Tax Shelter Transaction?	5c		
6a	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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	١		
7	gifts were not tax deductible?	6b		
a	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?			
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	-/6		
•	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	10		
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		
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		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
_ b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter		1	
a h	Initiation fees and capital contributions included on Part VIII, line 12 Gross recents, included on Form 990, Part VIII, line 12 for public use of club facilities.			
ь 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter.		1	
ii a			1	
b	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against		I	
~	amounts due or received from them)		1	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	ŧ	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		$\neg \neg$	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Form	990	(2009)

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

Sec	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent 1b 7			
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		X
3	Did the organization delegate control over management duties customanly performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		Х
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		х
Sec	ction B. Policies (This Section B requests information about policies not required by the Internal			
	/enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	1.52	-	
-	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	1.02		
	form?	11	х	
11a				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	1		
_	nse to conflicts?	12b	x	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			_
	describe in Schedule O how this is done	12c		x
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	x	
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	150		х
b	Other officers or key employees of the organization	15a 15b		X
J	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	150		<u> </u>
16a				
IVa	with a taxable entity during the year?	460	•	х
ь		16a		
D	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
		461	1	Ī
500	the organization's exempt status with respect to such arrangements?	16b		<u> </u>
17	List the states with which a copy of this Form 990 is required to be filed CT Section 5404 required on accompation to grade the Forms 4003 (or 4004 if problem) 000, and 000 T (504(a)(3)) and 0			
18	Section 6104 requires an organization to make its Forms 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			
46	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization LEWIS BITHER 3066 BERLIN TPKE.	260 66	<i>c</i> -	440
N	EWINGTON CT 06131	360-66	σ-3	447

Part VII 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. Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average	Pos	ition ()) checl	C) k all t	hat ap	ply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director		Officer			Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
LEWIS BITHER	05.00	1,,						2 500	0	-
RECORDER DAVID MCDONOUGH	25.00	X	<u> </u>	X	\vdash			2,500	0	
POTENTATE	35.00	x		x				o	0	
RAYMOND BASLEY	33.00	 								
CHIEF RABBAN	25.00	x		x				0	0	
GEORGE LINCOLN									-	
TREASURER	10.00	X		X		╢		0	0	
		-	┝		_	╁				
									i	
			_		_	\sqcup				
		-		<u> </u>	-	╁┈┤				
					\vdash					
		┝	_	_	<u> </u>	\vdash				
			-			\vdash			<u> </u>	
			1							Form 990 (20

Part \	(A)	(B)	1003	, 10		() ()	yoos	, aii	d Highest Compensated E (D)	1	(E)	
•	Name and Title	Average hours per week	ndividual trustee or director	_			a Highest co	_		(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensatio from the organizatio	on
			trustee	il trustee		yee	Highest compensated employee		(0. 2.00060)		and related organization	l
							_					
			_									
								_				
				<u> </u>	· · · ·			_				
	, <u>, , , , , , , , , , , , , , , , , , </u>					 						
							<u> </u>	<u> </u>				
		<u></u>						 				
	 				_							
												
												-
1b To								<u> </u>	2,500			
	etal number of individuals (incontrable compensation from t				ose	liste	d abo	ve)	who received more than \$1	00,000 in		
3 Di	d the organization list any for aployee on line 1a? If "Yes," o	mer officer, direc	tor o	or tru	stee,	, key	emp	loye	ee, or highest compensated		Ye 3	s No
4 Fo	or any individual listed on line e organization and related org	1a, is the sum of	repo	ortab	le co	mpe	ensat	ion a				
5 Di	dividual d any person listed on line 1a rvices rendered to the organi										5	X X
Section	n B. Independent Contracto	ors										
1 Co	omplete this table for your five mpensation from the organiz	ation	sate	d inc	depe	nder	t cor	ntrac				
	Name and	(A) business address						_	Descrip	(B) tion of services	(C Comper) isation
-			-				_	-				
							•					
							_	-				
									,			
	tal number of independent co ore than \$100,000 in compen						to th	ose	listed above) who received		0	
DAA											Form 99	2009

<u> Pa</u>	nt V	III Staten	nent of Reve	nue						
•	•						(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
SS	12	Federated cam	naigne	1a				revenue		512, 513, or 514
Contributions, gifts, grants and other similar amounts	h	Membership di	. •	1b						
ρĒ	٥	Fundraising ev		1c						
ifts	ہ	Related organi		1d						
ej. Fig	u e	Government grants (1e						
jon	•	All other contribution		16						
FE	•	and similar amounts		1f		58,878				
d d	_ ~		ns included in lines 1a-		 \$	30,070				
ŞĒ	9	Total. Add line		"	Ψ		58,878			
	- "	Total. Add life	5 Ta-11			Busn. Code	30,070			
Program Service Revenue	2a	COMMINITY	IY EVENTS			Busn. Code	259,133			259,133
Še	b		HIP DUES				95,768	95,768		239,133
Se F	C	LUNCH SA					14,642	93,700		14,642
ΘŽ	d	LUNCH SA	ALLES			<u> </u>	14,042	<u>.</u>		14,642
SE	<u> </u>									
grai	•	All other progra								
P.O.		Total. Add line	am service rever	iue			260 E42			
_	_9					<u> </u>	369,543		· · · · · · · · · · · · · · · · · · ·	
	3		ome (including d	Mideric	is, interes	i, and	38,137			20 127
		other similar ar	•				30,137			38,137
	4	Royalties	vestment of tax-	exemp	t bona pre	oceeds				
	5	Royallies	(ı) Real	_	(u) [Pamanal		:		
	6-	Crass Basts	(i) Real		(11) F	Personal				
	6a	Gross Rents								
	b	Less rental exps								
	C	Rental inc or (loss)					:			
	d 7a	Net rental incor Gross amount from [011		, , , , , , , , , , , , , , , , , , , ,		
		sales of assets	(i) Secunties		(11)	Other				
	_	other than inventory								
	b	Less cost or other								
		basis & sales exps	-		-					
	С	Gain or (loss)			L				İ	
	d	Net gain or (los	•							 ,
9	8a		m fundraising ever	its						
enr		(not including \$		i						
8			eported on line 1c)							
Other Revenue		See Part IV, line		а						
)th	b	Less direct exp		b					 	
	С		(loss) from fundr	- 4	events	<u> </u>				
	9a		m gaming activities	3 .						
		See Part IV, line		а						
		Less direct exp		b						
			(loss) from gamı	ng acti	vities		· · · · · · · · · · · · · · · · · · ·			
	10a	Gross sales of	=							
		returns and allo		а						
		Less cost of ge		b						
	С		(loss) from sales		entory					
		Misce	ellaneous Revenue			Busn. Code			#	
	11a	RENTAL IN	COME				7,302			7,302
	b									
	C					ļ				
	d	All other revenu						~ · · · · · · · · · · · · · · · · · · ·		
	0	Total. Add line:				▶	7,302			
لــــــــــــــــــــــــــــــــــــــ	12	Total Revenue	 See instruction 	<u>ıs</u>			473,860	95,768	0	319,214

Part IX Statement of Functional Expenses

Form 990 (2009)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	All other organizations must	<u></u>			<u> </u>
	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to governments and			1	
_	organizations in the U.S. See Part IV, line 21				······································
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				······································
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U S See Part IV, lines 15 and 16			······	
4	Benefits paid to or for members				
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		1		
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	25,710	23,210	2,500	
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroli taxes	2,661	2,470	191	
11	Fees for services (non-employees)				
а	Management				
b	Legal	2,185		2,185	
C	Accounting	8,120		8,120	
d	Lobbying		,		
θ	Professional fundraising services. See Part IV, line 17	34,042			34,042
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	5,480		5,480	
14	Information technology				
15	Royalties				
16	Occupancy	126,088	116,741	9,347	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	24,665	24,665		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	42,373		42,373	
24	Other expenses Itemize expenses not	I I		1	
	covered above (Expenses grouped together			1	
	and labeled miscellaneous may not exceed	!		1	
	5% of total expenses shown on line 25 below)				
а	FEES AND TRANSPORT. COSTS	85,584	85,584		
b	CEREMONIALS	33,354	33,354		
С	DUES AND SUBSCRIPTIONS	19,260	19,260		
d	TRANSPORTATION PROGRAM	11,692	11,692		
θ	VISITATION	9,080	9,080		
f	All other expenses	40,048	36,645	3,403	
25	Total functional expenses. Add lines 1 through 24f	470,342	362,701	73,599	34,042
26	Joint costs. Check here ▶ ☐ If following	•		* · · · · · · · · · · · · · · · · · · ·	•
	SOP 98-2 Complete this line only if the		1		
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation				
DAA			<u> </u>	· · · · · · · · · · · · · · · · · · ·	Form 990 (2009)

Part 2	K Balance Sheet			-	<u>_</u>
•			(A) Beginning of year		(B) End of year
1	Cash—non-interest bearing	L	280,658	1	164,267
2	Savings and temporary cash investments	L		2	4,448
3	Pledges and grants receivable, net			3	
4	Accounts receivable, net		8,892	4	······································
5	Receivables from current and former officers, directors, true	stees, key			
	employees, and highest compensated employees. Complete	te Part II of		1	
	Schedule L			5	
6	Receivables from other disqualified persons (as defined un	der section		I	
	4958(f)(1)) and persons described in section 4958(c)(3)(B)	Complete		1	
۱ م	Part II of Schedule L			6	
7 8	Notes and loans receivable, net			7	
2 8	Inventories for sale or use		7,421	8	2,435
9 ا	Prepaid expenses and deferred charges	,	2,948	9	2,317
10a	Land, buildings, and equipment cost or			1	
	other basis Complete Part VI of Schedule D	10a 1,246,789		-	
b	Less accumulated depreciation	10b 649,178	588,476	10c	597,611
11	Investments—publicly traded securities	L	833,571	11	817,609
12	Investments—other securities See Part IV, line 11	L		12	
13	Investments—program-related See Part IV, line 11		13		
14	Intangible assets		14		
15	Other assets See Part IV, line 11	L		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)		1,721,966	16	1,588,687
17	Accounts payable and accrued expenses	L	3,325	17	5,259
18	Grants payable	L		18	
19	Deferred revenue	L	65,677	19	73,690
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability Complete Part IV of Se	chedule D		21	
21 22 28 29 20 20	Payables to current and former officers, directors, trustees,	key		I	
2	employees, highest compensated employees, and disqualit	fied		1	
ן נֿ	persons Complete Part II of Schedule L	L		22	
23	Secured mortgages and notes payable to unrelated third pa	arties		23	
24	Unsecured notes and loans payable to unrelated third partic	es		24	
25	Other liabilities Complete Part X of Schedule D	L		25	
26	Total liabilities. Add lines 17 through 25		69,002	26	78,949
2 2	Organizations that follow SFAS 117, check here ▶ 🗓	and		ı	
፤	complete lines 27 through 29, and lines 33 and 34.			1	
[27	Unrestricted net assets	_	1,577,761	27	1,419,050
28	Temporarily restricted net assets	<u> </u>	75,203	28	90,688
29	Permanently restricted net assets	, , <u>, , , , , , , , , , , , , , , , , </u>		29	
2	Organizations that do not follow SFAS 117, check here			I	
5	and complete lines 30 through 34.			1	
30	Capital stock or trust principal, or current funds	Ļ		30	
31	Paid-in or capital surplus, or land, building, or equipment fu			31	
g 32	Retained earnings, endowment, accumulated income, or of	ther funds	4 650 054	32	4 500 500
27 28 29 30 31 32 33 34 33 34	Total net assets or fund balances	Ļ	1,652,964	33	1,509,738
Z 34	Total liabilities and net assets/fund balances		1,721,966	34	1,588,687

Form **990** (2009)

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

3Ь

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047
2009

Open to Public Inspection
Employer identification number

A	NCIENT ARABIC ORDER-SPHINX TEMPLE		06-0544940
Pa	Organizations Maintaining Donor Advised Funthe organization answered "Yes" to Form 990, P	ds or Other Similar Funds or A Part IV, line 6.	ccounts. Complete if
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (dunng year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing that the		
	funds are the organization's property, subject to the organization's exclusi	•	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in wi	• •	
	used only for charitable purposes and not for the benefit of the donor or d	onor advisor, or for any other	
	purpose conferring impermissible private benefit?		Yes No
	Conservation Easements. Complete if the orga		1 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check al		
	Preservation of land for public use (e g , recreation or pleasure)	Preservation of an historically imp	
	Protection of natural habitat	Preservation of certified historic s	tructure
_	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conserva easement on the last day of the tax year	ition contribution in the form of a conserva	tion
	casement on the last day of the tax year		Held at the End of the Tay Year
а	Total number of conservation easements		Held at the End of the Tax Year
b			2a
c	Number of conservation easements on a certified historic structure include	ed in (a)	20
	Number of conservation easements included in (c) acquired after 8/17/06	• •	2d
3	Number of conservation easements modified, transferred, released, extin		L-T-5-A
J	the taxable year	guished, or terminated by the organization	during
4	Number of states where property subject to conservation easement is loc	ated >	
5	Does the organization have a written policy regarding the periodic monitor		
	violations, and enforcement of the conservation easements it holds?	mig, mopeonom, namaning of	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	conservation easements during the year	
	>	,	
7	Amount of expenses incurred in monitoring, inspecting, and enforcing cor	servation easements during the year	
	▶ \$	•	
8	Does each conservation easement reported on line 2(d) above satisfy the	requirements of section	
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?		Yes No
9	In Part XIV, describe how the organization reports conservation easemen	its in its revenue and expense statement, a	and
	balance sheet, and include, if applicable, the text of the footnote to the organization	ganization's financial statements that desc	nbes
	the organization's accounting for conservation easements		
Pa	Organizations Maintaining Collections of Art, I Complete if the organization answered "Yes" to		Similar Assets.
1a	If the organization elected, as permitted under SFAS 116, not to report in	its revenue statement and balance sheet	works of
	art, historical treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pu	blic service,
	provide, in Part XIV, the text of the footnote to its financial statements that	t describes these items	
b	If the organization elected, as permitted under SFAS 116, to report in its r	evenue statement and balance sheet work	ks of art,
	historical treasures, or other similar assets held for public exhibition, educ	cation, or research in furtherance of public	service,
	provide the following amounts relating to these items		
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical treasures, or ot	her sımılar assets for financıal gaın, provid	le the
	following amounts required to be reported under SFAS 116 relating to the	se items	
а	Revenues included in Form 990, Part VIII, line 1		<pre>> \$</pre>
b	Assets included in Form 990, Part X		▶ \$

	•						
	110011000000000000000000000000000000000	ABIC ORDER-SE			06-05		Page 2
Pa	rt III Organizations Maintaining (Collections of Art, H	storical Treas	sures, c	or Other S	Similar Asse	ts (continued)
3	Using the organization's acquisition, accession, collection items (check all that apply).	and other records, check a	ny of the following	that are a	a significant i	use of its	
а	Public exhibition	d Loan or	exchange progran	าร			
ь	Scholarly research	e Other	0.0				
С	Preservation for future generations						-
4	Provide a description of the organization's collect	ctions and explain how they	further the organiz	ation's e	xempt purpo	se ın	
5	During the year, did the organization solicit or re assets to be sold to raise funds rather than to be	ceive donations of art, histo	incal treasures, or	other sim	nılar		□ v □ N-
Ps	ert IV Escrow and Custodial Arrai				newered "	Vee" to Form	Yes No
* 1	IV, line 9, or reported an amo		_	ation ai	isweieu	res to roin	1 990, Fait
1a	Is the organization an agent, trustee, custodian			assets n	not		
	included on Form 990, Part X?	or other intermediary for con	inibations of other	a33013 11	101		Yes No
h	If "Yes," explain the arrangement in Part XIV and	d complete the following tab	le.				163 NO
	in res, explain the arrangement in rait XIV and	a complete the lonowing tab	iic				Amount
_	Personal balance						Aillouit
	Beginning balance					1c	
	Additions during the year					1d	
_	Distributions during the year					10	
f	•					1f	
	Did the organization include an amount on Form	i 990, Part X, line 21?					Yes No
	If "Yes," explain the arrangement in Part XIV						
Ha	ert V Endowment Funds. Comple			1		· · · · · · · · · · · · · · · · · · ·	
		(a) Current year	(b) Pnor year	(c) Two	years back	(d) Three years b	pack (e) Four years back
1a	Beginning of year balance			<u> </u>			
þ	Contributions						
C	Net investment earnings, gains,			l			
	and losses			<u> </u>			
d	Grants or scholarships						
0	Other expenditures for facilities						
	and programs						
f	Administrative expenses						
g	End of year balance			1			
2	Provide the estimated percentage of the year er	nd halance held as		<u>. </u>	 		
	Board designated or quasi-endowment ▶	%					
	Permanent endowment ▶ %	¹⁰					
	Term endowment ▶ %						
					11		
Ja	Are there endowment funds not in the possession	on or the organization that a	re neid and admin	isterea 10	rtne		[v] n
	organization by						Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations						3a(ii)
b	If "Yes" to 3a(II), are the related organizations lis						3b
4	Describe in Part XIV the intended uses of the or						
Pa	ert VI Investments—Land, Buildin					·	
	Description of investment	(a) Cost or other basis	(b) Cost or ot			umulated	(d) Book value
		(investment)	basis (other		depre	eciation	
1a	Land		449	,906			449,906
b	Buildings						
С	Leasehold improvements		403	,721		277,818	125,903
d	Equipment		282	,813		282,813	
е	Other			,349		88,547	21,802
_							

Schedule D (Form 990) 2009

21,802 597,611

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

ANCIENT ARABIC ORDER-SPHINX TEMPLE

06-0544940

Page 3

Schedule D (Form 990) 2009

	dule D (Form 990) 2009 ANCIENT ARABIC ORDER-SPHINX				Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 t	o Audit	ed Financial Staten	nents	
1	'Total revenue (Form 990, Part VIII, column (A), line 12)			1	473,860
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	470,342
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	3,518
4	Net unrealized gains (losses) on investments			4	<u> </u>
5	Donated services and use of facilities			5	
6	Investment expenses			6	
7	Pnor period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add lines 4 through 8			9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			10	3,518
	Reconciliation of Revenue per Audited Financial Statem	ents W	ith Revenue per Re	turn	450 060
1	Total revenue, gains, and other support per audited financial statements			1 1	473,860
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 _ 1	1		
a	Net unrealized gains on investments	2a		4	
þ	Donated services and use of facilities	2b		-	
C	Recoveries of prior year grants	_2c		- 1	
d	Other (Describe in Part XIV.)	_2d		-	
θ	Add lines 2a through 2d			2e	450 060
3	Subtract line 2e from line 1	1 1	ſ	3	473,860
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		- 1	
b	,	4b		- .	
	Add lines 4a and 4b			4c	472 060
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) art XIII Reconciliation of Expenses per Audited Financial Stater		Vish Francisco	5	473,860
1		ments v	vitn Expenses per i	Return	470,342
_	Total expenses and losses per audited financial statements			1	470,342
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	امما			
a	Donated services and use of facilities	2a		-	
	• •	2b		-	
C		2c 2d		-	
d e	Other (Describe in Part XIV.) Add lines 2a through 2d			ا ہے ا	
3	Subtract line 2e from line 1			2e 3	470,342
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		3	470,342
-		45			
	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV)	_4a		-	
	Add lines 4a and 4b	4b		1,1	
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			4c 5	470,342
	ert XIV Supplemental Information		**********	1 3 1	170,512
			At Dort IV Junes 1h		 -
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lin Bb, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lin				
	art to provide any additional information	ies zu anu	40 Also complete		
ınə p	art to provide any additional information				
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		- - -			

Sche	dule	D (F	orm 9	990)	200	9	AI	NC.	LEI	N.T.	<u>A</u>	KAL	<u>310</u>	<u> </u>	RL	ER	<u>- S</u>	PH	IN	K T	EM	PLI	£	0	5-0	544	194	10						Page 5
Sche	irt X	IV	Sı	qqı	lem	en	tal	Info	orm	atio	on i	(cor	ntine	ued	l)																			
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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, Ilnes 17, 18, or 19. or if the organization entered more than \$15,000 on Form \$90-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

OMB No 1545-0047

Open To Public mspection

Name of the organization Employer Identification number ANCIENT ARABIC ORDER-SPHINX TEMPLE 06-0544940 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Part I Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events In-person solicitations 2a 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? 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 (iii) Did fund-(v) Amount paid to (i) Name of individual (ii) Activity (iv) Gross receipts (vi) Amount paid to raiser have or entity (fundraiser) from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? No Yes

Total

P	art l		vents. Complet ,000 on Form 9								eporte	d
			(a) Event	t #1		(b) Event #2		(c) Other	events	(d) To	etal events	
Revenue	1 2	Gross receipts Less Chantable	(even typ			(croint type)		(10111111111111111111111111111111111111				
	3	contributions Gross revenue (line 1 minus line 2)									_	
	4	Cash prizes			ļ			· · · -				
	5	Noncash prizes	 			·····						
enses	6	Rent/facility costs										_
Direct Expenses	7	Food and beverages					_					
۵	8	Entertainment			1							
	10	Other direct expenses	Add lines 4 through	o Que column (۹)				•			
	11	Direct expense summary Net income summary Co	mbine line 3, colum	n (d), and line	10				•			
P	art i		plete if the orga on Form 990-E2		swer	ed "Yes" to For	m 990, F	art IV, line	19, or repo	rted mor	е	
Revenue			(a) Bing			(b) Pull tabs/instar bingo/progressive bil		(c) Other g	jaming	(d) Total col (a) th		
Rev	1	Gross revenue										
ses	2	Cash prizes										
t Expenses	3	Noncash prizes										
Direct	4	Rent/facility costs										
	5	Other direct expenses	Yes	%	 	Yes	%	Yes	%		••••••	***************************************
	6	Volunteer labor	No		<u> </u>	No		No				<u></u>
	7	Direct expense summary	Add lines 2 through	n 5 in column (d)				•	(
	8	Net gaming income sumr	nary Combine line 1	1, column d, ar	nd line	7			>		Yes	No
9 a		ter the state(s) in which the		9	a	No						
b		No," Explain	, , ,									
10a b		ere any of the organization' Yes," Explain·		10)a	<u> </u>						
44			a annua catuata		0							
11 12	ls i	es the organization operate the organization a grantor, med to administer chantab	beneficiary or truste			ber of a partnership	or other er	itity			2	
DAA								S	chedule G (F			2) 2009

che	dule G (Form 990 or 990-EZ) 2009 ANCIENT ARABIC ORDER-SPHINX TEMP	LE	06-054494	0	Р	age 3
			1		Yes	No
3 a b 4	Indicate the percentage of gaming activity operated in The organization's facility An outside facility Provide the name and address of the person who prepares the organization's gaming/special events books and records	13a 13b	1			
	Name ►					
	Address ▶					
5a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?			15a		
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party	and	the			
	Name ►					
	Address ►					
6	Gaming manager information				,	,
	Name ▶					
	Gaming manager compensation ▶ \$					
	Description of services provided ▶					
	Director/officer Employee Independent contractor					
7 a	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to					
	retain the state gaming license?			17a		
b	Enter the amount of distributions required under state law distributed to other exempt organizations or spent					

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

Department of the Treasury Internal Revenue Service Name of the organization

ANCIENT ARABIC ORDER-SPHINX TEMPLE

Employer Identification number

06-0544940

FORM 990, PART III, LINE 4D - ALL OTHER ACHIEVEMENTS SOCIAL BENEFITS TO MEMBERS AND TO THE COMMUNITY

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990

DIRECTORS RECEIVE COPY OF 990 PRIOR TO ITS BOARD MEETING. AT BOARD MEETING

THE BOARD DIRECTORS DISCUSS 990 WITH TREASURER PRIOR TO FILING.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION PUBLIC NOTICE IN NEWSPAPER