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#### Form 990

#### **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)

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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	Address	change	use IRS label or		Doing	Busines	s As								23-7536492									
	Name ch	nange	print or	_	<b>Numb</b>	er and st	treet (or	P O box	x if mail is	not de	elivered	to stree	t addr	ess)		R	Room/suite E Telephone number							
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Г	art I Summary  1 Briefly describe the organization's mission or most significant activities																							
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8		PROMOTE CIVIL FRATERNAL CHARITABLE AND RECREATIONAL ACTIVITIES WITHIN THE COMMUNITY AND																						
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	3	Number of	fvoting	men	nber	rs of th	e gove	erning	body (	Part '	VI, line	e 1a)									3	· [		167
Se	4	Number of	f ındepe	nde	nt vo	oting m	nembe	rs of t	he gov	ernin	g bod	y (Pai	rt VI,	line 1	b).						4			
Activities &	5	Total num	ber of e	mplo	oyee	s (Par	t V, lın	e 2a)													5	,		
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⋖	7a	Total gross																			7a	\ <del> </del>		
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_	8	Contribution	ons and	orai	nts (	(Part V	'III line	1h) .											_	100	<u>n 2</u>			832
⊇ ຊຶ	9	Program s																		41		<del></del>		032
<b>∂</b> •	10	Investmen																			45			
e cuiu Revenue	11																							206
3		Other reve																		14				296
n	12	Total reve													12).	•	<del>  </del>		6	662	<u> </u>		53	128
		13 Grants and similar amounts paid (Part IX, column (A), lines 1-3).  14 Benefits paid to or for members (Part IX, column (A), line 4).																						
	14	Benefits pa	aid to or	tor	теп	nbers	(Part I	X, logic	imn (A)	), line	(4)	• • •	· lg		• • •	•	·							
Expenses	15	Salaries, o	ther cor	npe	nsat	tion, er	mploye	ee ber	effis/(F	Pan∯l)	ŒcΦl	010 (	^)∤(ÿ		-10) .	•	٠ 📖					<u> </u>		
	16a	Profession	ial fundr	aısır	ng fe	es (Pa	art IX,	cdium	<b>Ի-(A)-</b> -և	ne 1	1e) 🚤		ہے۔	<u> </u>	• • •	•	•							
	b	Total fund	raising e	xpe	nse	s (Parl	t IX, co	olumn	( <b>D)</b> (0	PER	M.	UT		172	244	ļ	L							
<i>ў</i> ш	17	Other expe	enses (F	Part	IX, c	column	າ (A), lı	n <del>es 1</del>	<del>1a-11d</del>	<del>, 11</del>	246	* * *		J		•				64			52	259
ก	18	Total expe	nses A	dd lı	ines	13–17	7 (mus	t equa	al Part I	X, co	lumn	(A), iu	ne 25	5)					6	64	63		52	259
	19	Revenue I	ess exp	ense	es S	Subtra	ct line	18 fro	m line 1	12.										10	62			869
Net Assests or Fund Balances																	Begin	ากเกg	of C	urrent	Year	r E	nd of Ye	ar
Net Assests or Fund Balances	20	Total asse	ts (Part	X, lu	ne 1	6)													4	83	76		44	123
t As	21	Total liabili	ities (Pa	rt X,	line	26).											. —		3	37	58		19	861
\$ 5	22	Net assets	or fund	bal	ance	es Sut	tract l	ne 21	from lu	ne 20	)			. <b></b> .						46				262
Pa	rt II		ature !					•														. •		
		Under penaltie and belief, it is				e that I h	ave exa	mined th	nis return	includ	ing acco	ompany	ing sch	hedules	and s	tat	ements, and	to th	ne bes	st of m	y kno	wledge		
		and belief, it is	s true con	ect/a	.naco .∽	mplete	Declarat	ion of p	peparer of	ther th	an office	es) is ba	ised or	n all info	ormatio	on	of which pre	eparer	r has	any kn	owle	edge /	/	
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May	the IRS	discuss this	return	with	the	nrenar	rer ehc	wn ah	10ve2		netruc	tione)								_	- [7	Y v		•••

23-7536492 Form 990 (2009) Page 2 Part III Statement of Program Service Accomplishments 1 Briefly describe the organization's mission FRATERNAL, CHARITABLE, PROMOTE CIVIL, COMMUNITY, AND RECREATIONAL ACTIVITIES WITHIN THE AND AMONG ITS MEMBERSHIP 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . . . . . . . X No If "Yes," describe these new services on Schedule O 3 Did the organization cease conducting, or make significant changes in how it conducts any program X No If "Yes," describe these changes on Schedule O 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 4a (Code including grants of \$ 4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ ) (Expenses \$ 4c (Code including grants of \$ ) (Revenue \$

) (Revenue \$

(Expenses \$

4d Other program services (Describe in Schedule O)

including grants of \$

Form 990 (2009)

P	art IV Checklist of Required Schedules			<del>ugu t</del>
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		-	
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,	$\Box$	_	_ <del></del>
	Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and	Ė		<u> </u>
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		Х
6	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	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			$\frac{\Lambda}{\Lambda}$
Ĭ	complete Schedule D, Part III	8		Х
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,"	. [		
	complete Schedule D, Part IV			37
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	9		<u>X</u>
10	· · · · · · · · · · · · · · · · · · ·		-	
11	If "Yes," complete Schedule D, Part V	10		Х
• •	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable	11		Х
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			i
_	Schedule D, Part VI	-		~
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	.		ı
_				
•	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		]	
_	· · · · · · · · · · · · · · · · · · ·	-		4.
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	l		
_			ŀ	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	- 1		
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
		ĺ		
12	Did the organization obtain a separate, independent audited financial statement for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12		X
12A	Was the organization included in a consolidated, independent audited financial statement for the tax year?  Yes No		Ì	
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			
13		13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
		14b		X
15	5 The second sec			
		15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
		16		X
17	Did the organization report more than \$15,000 of expenses for professional fundraising services on Part IX, column (A),		ĺ	
	line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,	$\neg \neg$		
	lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
		19		Х
20	Diddle annual and an annual and a second and	20		X
				-

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	rart IV Checklist of Required Schedules (continued)			age 4
Ŀ		Γ	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 19 If "Yes," complete Schedule I, Parts I and II	21		Х
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		Х
23	Did the organization answer "Yes" to Part VII, Section A, questions 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		Х
248	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 question 25	24a		Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		Λ
·	to defease any tax-exempt bonds?	24-		v
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		X
		24d		Λ
252	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			1,7
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Χ
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a			
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		<u>X</u>
26	,			
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties, directly or indirectly			
	(see Schedule L, Part IV instructions for definitions of "direct" and "indirect" and applicable filing thresholds,			
	conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	complete Schedule L, Part IV	28b		Χ
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	<del>ٿ</del>		
	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets If "Yes," complete	<del></del>		
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 32		
-	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	22		Х
34		33		
34				v
0.5	III, IV, and V, line 1	34		X
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		Χ
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		Х
37	3			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete			
	Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations for Part VI, lines 11 and 19?	38		Х

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Pa	art V Statements Regarding Other IRS Filings and Tax Compliance			age o
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			<b></b>
	US Information Returns Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	1		
	gaming (gambling) winnings to prize winners?	1c		
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 2a			
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns?	2b		Ĺ
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
	this return?	3a		_X
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, securities 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		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes," to question 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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6ь		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?.	7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year			
ө	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.			İ
	Did the supporting organization, or a donor advised fund maintained by a sponsoring organization,	٠ _		.,,
_	have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		
ь 10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		I
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			

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	tion A. Governing Body and Management			
			Yes	No
4-	Enter the number of voting members of the necessary heads.			
1a b	Enter the number of voting members of the governing body			
2	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			v
•	any other officer, director, trustee, or key employee?	2_		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	_		.,
	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
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	X	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	Χ	
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	X	
9	Is there any officer, director or 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	9a		Χ
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		Χ
b	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?	10b		
11	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	11		X
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			
	rise to conflicts?	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		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	l	X
b	Other officers or key employees of the organization?	15b	İ	X
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a	ľ	X
b	If "Yes," has the organization adopted a written policy or procedure requiring 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?	16b	ľ	
Sec	tion C. Disclosure	•	•	
17	List the states with which a copy of this Form 990 is required to be filed ▶ UT			
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			
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 ► JAMES MASON 9017746810			
	15 E MALLORY MEMPHIS, TN 38101			· <b></b>

Page 7

Foim 990 (2009)

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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

X Check this box if the organization (A)	(B)				C)			(D)	(F)	
Name and Title	Average hours per week	P or director	nstitutional trustee	_	Key emptoyee	that employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
ANDRE D SPATES ILLUS POTENTATE	20			Х						
TIMOTHY ANDERSON CHIEF RABBAN	20			Х					<u>.</u> ,	
RICO POLK ASST RABBAN	12			х						
DWIGHT SMITH HIGH PRIEST AND PROPHET	5			Х						
MIKE HILL ORIENTAL GUIDE	5			Х						
JAMES MASON RECORDER	30			Х						
WILLIE I TABOR SR TREASURER	30			Х						
OTIS BURNETT DEPT OF THE OASIS	1			Х						
CLIFTON DRAKE DEPUTY OF THE DESERT	1			Х						
	_							_		

Form 990 (2009)

Part VII	Section A. Officers,	Directors	, Trust	tees	, Ke	y E	mploy	ees	, and Highest Compens	pensated Employees (continued)							
	(A)	(B)			(	C)			(D)	(E)		(F)					
	Name and Title	Average		ition i		k all ti	nat apply	<del>'</del>	Reportable	Reportable	E	stimated					
		hours per	유	İnst	Officer	<u>₹</u>	BE	ᅙ	compensation	compensation	а	mount of					
		week	dividual	Ē	ह	) è	Highest α employee	Former	from	from related		other					
			Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee		the organization	organizations (W-2/1099-MISC)		npensation from the	n				
		1	l ste	Ę		8	npe		(W-2/1099-MISC)	(**-210394#130)	1	ganization	n				
•		Ì	8	S S			l sag		, , , , , , , , , , , , , , , , , , ,		1	nd related					
					i		8				οη	ganization	ns				
<del></del>			<del>                                     </del>	-	$\vdash$	├──		$\vdash$			<u> </u>						
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				L.	ļ	<u> </u>											
													-				
				$\vdash$		-	_		-								
1b Total		• • • • •		• •	• •	• •	•	<b>•</b>									
	nber of individuals (includin							ve)	who received more than	\$100,000 in reportable of	compensa	ition fro	m the				
organizat	tion ►																
												Yes	No				
	rganization list any former								- ·			`					
	e on line 1a? If "Yes," comp										• •   3	$\sqcup \sqcup$	X				
-	ndividual listed on line 1a, is								•			1					
	ization and related organiz	_							•			1					
	1										4	$\sqcup$	<u>X</u>				
	person listed on line 1a rece								<del>-</del>								
	rendered to the organizatio	n' if 'Yes,	<u>" comp</u>	olete	Sci	nea	ile J fo	or su	ich person	• • • • • • • • • • • • • • • • • • • •	. 5		X				
	dependent Contractors			d	400					then \$400,000 of							
	e this table for your five high ation from the organization		msate	a III	uep	enue	sni coi	mac	dois that received more	man \$100,000 or							
	(A									(B)		(C)					
	Name and busin								Descr	aption of services		pensation	1				
<u>,                                     </u>																	
,																	
<del>, _</del>	<del> </del>																
	nber of independent contra 0,000 incompensation from				ot li	mite	d to th	ose	listed above) who receiv	ed more							
	o,ooo moompensadon nom	are organ															

Form 990 (2009)

Page 9 Part VIII Statement of Revenue (D) Revenue excluded from (A) (B) Related or (C) Unrelated business Total revenue exempt function tax under sections 512, 513, or 514 revenue 1a Federated campaigns . . . . . 1a 18492 b Membership dues . . . . . . . 1b c Fundraising events . . . . . . 1c Contributions, gifts, d Related organizations . . . . 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above . . . . . . 10340 g Noncash contributions included in lines 1a-1f \$ 28832 h Total Add lines 1a-1f . . . . . . . . . . . . **Business Code** Program Service f All other program service revenue . . . . 3 Investment income (including dividends, interest and Income from investment of tax-exempt bond proceeds (ı) Real 6a Gross Rents . . . . . . b Less rental expenses. . c Rental income or (loss) . 7a Gross amount from sales [ (i) Secunties of assets other than inventory . . . . . . . . b Less cost or other basis and sales expenses . . . c Gain or (loss).... 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 . . . . . . . . . a 24118 b Less direct expenses . . . . . . . . b c Net income or (loss) from fundraising events . . . . . . 24118 24118 9a Gross income from gaming activities See Part IV, line 19 . . . . . . . . . a b Less direct expenses . . . . . . b c Net income or (loss) from gaming activities \_ . . . . . ▶ 10a Gross sales of inventory, less returns and allowances . . . . . . . a b Less cost of goods sold . . . . . . b c Net income or (loss) from sales of inventory . . . . . Miscellaneous Revenue **Business Code** 11a IRS REFUND 178 178 178 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 53128 24296

Page 10

#### Part IX Statement of Functional Expenses

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

All other organizations must complete co	lumn (A) but are not	required to complet	e columns (B), (C), and (	D).
Do not include amounts reported on lines 6b,	(A)	(B) Program Service	(C) Management and	(D) Fundraising
7b, 8b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses
Grants and other assistance to governments and				
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		<del></del>		
4 Benefits paid to or for members		<del></del>		********* <u>*****</u>
5 Compensation of current officers, directors,				
trustees, and key employees		<del></del> .		
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) employer contributions)		.,		
9 Other employee benefits		<u>-</u> -		· —
10 Payroll taxes				
11 Fees for services (non-employees)				_ <del>_</del>
a Management				<u>.                                    </u>
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	500		500	<del></del>
12 Advertising and promotion	495		495	
13 Office expenses	1202		1202	
14 Information technology				
15 Royalties				
<b>16</b> Occupancy	12731		12731	
17 Travel				
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	~~		-	
20 Interest	194		194	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1268		1268	
23 Insurance	100	<u>.</u>	100	
24 Other expenses Itemize expenses not		~		
covered above (Expenses grouped together				
and labeled miscellaneous may not exceed				
5% of total expenses shown on line 25 below )				
a COUNCIL AND MEMBERSHIP FEES	12924	**************************************	12924	<del></del>
b SUPPLIES	17244		12723	17244
c TEMPLE EXPENSE	1592		1592	
d HONORARIUMS AND DONATIONS	2834	-	2834	· <del>.</del>
e REFUND	1000		1000	
f All other expenses	175	<del></del>	175	
25 Total functional expenses. Add lines 1 through 24f	52259		35015	17244
26 Joint Costs. Check here	32239		33013	1/244
Complete this line only if the organization reported				
in column (B) joint costs from a combined	ļ			
educational campaign and fundraising solicitation				Form 990 (2009)

Form 990 (2009

Part >	( Balance Sheet	<del></del>		Page 11
		(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing	14292	1	12286
2	Savings and temporary cash investments	1324	2	405
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			· · · · · · · · · · · · · · · · · · ·
- 1	employees, and highest compensated employees. Complete Part II of Schedule L.		5	
6	Receivables from other disqualified persons (as defined under section	·····		
- 1	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete		1	
	Part II of Schedule L	6		
g 7	Notes and loans receivable, net		7	
Stess 8	Inventories for sale or use		8	
<b>^</b>   9	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment cost or other basis   10a   35958		1	······
	Complete Part VI of Schedule D		1	
t	Less accumulated depreciation	32760	10c	31432
	Investments—publicly traded securities		11	
	Investments—other securities See Part IV, line 11		12	<del></del>
	Investments—program-related See Part IV, line 11	J-,	13	
14	F	<del>,</del>	14	
15	Other assets See Part IV, line 11		15	
,	Total assets. Add lines 1 through 15 (must equal line 34)	48376	16	44123
	Accounts payable and accrued expenses	10370	17	11125
	Grants payable		18	
19	. · · · · · · · · · · · · · · · · · · ·		19	<del></del>
. •	Tax-exempt bond liabilities		20	V
	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	Payables to current and former officers, directors, trustees, key		<del>  •••</del> +	·····
Sejiities 22	employees, highest compensated employees, and disqualified		1 1	
-5	persons Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties	33758	23	19861
	Unsecured notes and loans payable to unrelated third parties	33730	24	1,0001
	Other liabilities Complete Part X of Schedule D		25	<del></del>
- 1	Total liabilities. Add lines 17 through 25	33758	26	19861
<del>  -</del>	Organizations that follow SFAS 117, check here ▶ and	33730	20	1,70,01
- [	complete lines 27 through 29, and lines 33 and 34.		1	
.   27	Unrestricted net assets		27	
28			28	
alage 29	Permanently restricted net assets		29	
בן בי	Organizations that do not follow SFAS 117, check here ► X	<del></del>	25	
표	and complete lines 30 through 34.			
Net Assets or Fund Balances 2 2 2 3 2 3 2 3 2 3 3 3 3 3 3 3 3 3 3	Capital stock or trust principal, or current funds		1 20	
8 24	Paid-in or capital surplus, or land, building, or equipment fund		30	
Ž 21	Retained earnings, endowment, accumulated income, or other funds	14618	31	24262
	<b>_</b>		32	24262
	Total net assets or fund balances	14618	33	
	2009 TAXSLAYER	48376	34	44123 Form 990 (2009

Fo	m 990 (2009)		Pag	je 12
F	art XI Financial Statements and Reporting			
_		Γ	Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			
	audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		_
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both	2d		
	separate basis consolidated basis both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		ĺ	
	the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits?	3b		
QI	IA © 2009 TAXSLAYER	For	m 990	(2009)

#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

**Public Charity Status and Public Support** 

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No. 1545-0047

Open to Public Inspection

MOOLAH TEMPLE NO 54 A E A O N M S

Employer identification number

1	MOC	LAH TEMPLE NO	54 A E A	ONMS						23	-75	364	92
Pa	irt l	Reason for Public	<b>Charity Status</b>	s (All organizations	must co	mplete i	this part.	) See i	nstruc	tions			
Th	e org	anization is not a private fou	ndation because it	is (For lines 1 through	11, check	only one t	oox)						
1		A church, convention of chu	rches, or association	on of churches describe	d in section	n 170(b)	(1)(A)(i).						
2	$\overline{\Box}$	A school described in section											
3	$\Box$	A hospital or a cooperative h		,	section 17	0(b)(1)(A)	viii).						
	_	A medical research organiza						(4 \/ <b>A</b> \/ (iii)	Enter	the ho	enital'e	: name	
•		city, and state	ation operated in ot	onjunionom white a moophi	21 00001100	a 300ti	OII 17 O(D)	( ' )( ^ )( '')	,. L.IIIOI		opilar s	, manne	•
_		An organization operated for	r the benefit of a co	allege or university owns	d or opera	ted by a		ntal wait	docorib				-
J	ш			onege of university owner	o or opera	ited by a s	governine	intai utiit i	uescrib	eu m s	ection	,	
_	_	170(b)(1)(A)(iv). (Complete	•				• • • •						
6 -	_	A federal, state, or local gov	-										
7	M	An organization that normal		antial part of its support	from a gov	ernmenta	ii unit or tr	om tne g	enera!	public	escrit	ped in	
_	section 170(b)(1)(A)(vi). (Complete Part II )												
8	Ш	A community trust described	• •										
9	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross												
		receipts from activities relate	•	<u> </u>	•		•						
		support from gross investme	ent income and unr	related business taxable	income (le	ess sectio	n 511 tax)	from bu	sinesse	es			
	acquired by the organization after June 30, 1975 section 509(a)(2). (Complete Part III )												
10	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).												
11	An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the												
	purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section												
	509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h												
	a ☐ Type I b ☐ Type II c ☐ Type III-Functionally integrated d ☐ Type III-Other												
•	e 🔲 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified												
	persons other than foundation managers and other than one or more publicly supported organizations described in section												
	509(a)(1) or section 509(a)(2)												
f		If the organization received	•	ation from the IRS that it	ıs a Type I	. Type II d	or Type III	supportii	na				
		organization, check this box			* *	* -							
ç	,	Since August 17, 2006, has										• •	ч
٠	,	following persons?		, <b>3</b>		,							
		(i) A person who directly or	indirectly controls	either alone or togethe	r with ners	ons desci	nhed in (ii)					Yes	No
		and (iii) below, the gove	-		-					Г	44~4.\	103	110
		(ii) A family member of a pe								_ <b>⊢</b>	11g(ı)		
		(iii) A 35% controlled entity									11g(II)	<del>                                     </del>	
		Provide the following information	=	,, ,,	• • • • •	• • • • •	• • • • •	• • • •	• • • •	• ∟	11g(ııı)	l l	
	<u> </u>	Frovide the following informa-	ation about the sup	ported organization(s)			1		r		Т		
		(i) Name of Supported	(ii) EIN	(iii) Type of organization	(IV) Is the o	manization	(v) Did yo	u notify	(91)	Is the	(vii)	Amount o	.f
		Organization	<b>(,</b> =	(described on lines 1–9	in col (i) lis	_	the organi		1	zation in	1 ' '	support	•
				above or IRC section	governing o	document?	∞l (ı) of yo	ur support?					
				(see instructions))		ı	ļ	<u> </u>	in the	US?	4		
		<del> </del>			Yes	No	Yes	No	Yes	No	ļ		
		<del></del>	<b> </b>		<u> </u>		<b> </b>	<u> </u>			<u> </u>		
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	(Complete only if you checked the bo	ox on line 5, 7, c	or 8 of Part I)				
Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not		Į.				
	include any "unusual grants ")		102349	83701	66957	53128	<u>306135</u>
2	Tax revenues levied for the organ-		ì				
	ization's benefit and either paid to or					ļ	
	expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge		}				
4	Total. Add lines 1 through 3		102349	83701	66957	53128	306135
5	The portion of total contributions by						
	each person (other than a governmen-						
	tal unit or publicly supported organi-			j			
	zation) included on line 1 that exceeds						
	2% of the amount shown on line 11, column (f)	u.					
6	Public support. Subtract line 5 from line 4						306135
Sec	tion B. Total Support				_		
Cale	ndar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4	-	102349	83701	66957	53128	306135
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
9	Net income from unrelated business						
	activities, whether or not the business						
	is regularly carried on						
	Other income Do not include gain or	-					
	loss from the sale of capital assets						
	(Explain in Part IV )					1	
	Total Support (Add lines 7 through 10)		1				306135
	Gross receipts from related activities, etc. (see in	structions)				12	
	First Five Years: If the Form 990 is for the organ						<del></del>
	organization, check this box and stop here						▶ □
	tion C. Computation of Public Support Percen						
14	Public support percentage for 2009 (line 6 colu		y line 11 column (	(f))		14100.000	) %
15	Public support percentage from 2008 Schedule		-		, , , , , , , , , , , , , , , , , , ,		%
16a	33 1/3% support test - 2009. If the organization	n did not check	the box on line 13	3, and line 14 is	33 1/3% or more	e, check this box	
	and stop here The organization qualifies as a	publicly suppor	ted organization				▶ 🏻
b	33 1/3% support test - 2008. If the organization						· <del></del>
	box and stop here The organization qualifies	as a publicly su	pported organizat	ion			▶ □
17a							_
	is 10% or more, and if the organization meets t	he "facts-and-ci	rcumstances" tes	t, check this box	and stop here	Explain	
	in Part IV how the organization meets the "facts						nızatıon▶ □
b	10% facts-and-circumstances test - 2008. If						
	15 is 10% or more, and if the organization mee	_		•			
	in Part IV how the organization meets the "facts				•	*	nızatıon▶ □
18	Private foundation If the organization did not			•	•	• • •	_
	© 2009 TAXSLAYER					Schedule A (Form !	
						•	•

MOOLAH TEMPLE NO 54 A E	A O N M	S			23-75	36492
Schedule A (Form 990 or 990-EZ) 2009						Page 3
Part III Support Schedule for Organizations De	escribed in Sec	tion 509(a)(2)				
Part III   Support Schedule for Organizations Described in Section 509(a)(2)						
Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2005	( <b>b</b> ) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Gifts, grants, contributions, and						
membership fees received (Do not				1		
ınclude any "unusual grants ")						
2 Gross receipts from admissions, merchandise						
• •		Ì	)	1		
• •				[		
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amount on line 13 for the year	ı	ļ	:	ļ ļ		ļ
c Add lines 7a and 7b					-	
8 Public Support (Subtract line 7c from line 6).						
Section B. Total Support		•				
	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b>						
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·-			•			
· ·	l					
13 Total support. (Add lines 9, 10c, 11		· ·				
and 12)				]		
14 First five years. If the Form 990 is for the organi	zation's first, se	cond, third, four	th, or fifth tax yea	er as a section 50	1(c)(3)	
organization, check this box and stop here			•			▶ □
Section C. Computation of Public Support Percen		· · · · ·	-			
15 Public support percentage for 2009 (line 8 colum	n (f) divided by	line 13 column (	n)	15		%
16 Public support percentage from 2008 Schedule	A, Part III, line 1	<u>5</u>	<u> </u>	16		%
Section D. Computation of Investment Income Pe	rcentage					
17 Investment income percentage for 2009 (line 10	c column (f) divi	ded by line 13, o	column (f))	17		%
18 Investment income percentage from 2008 Scheo	dule A, Part III, I	ne 17		18		%
19a 33 1/3% support tests - 2009. If the organizatio						
not more than 33 1/3%, check this box and stop			· -			_
b 33 1/3% support tests - 2008. If the organization						
is not more than 33 1/3%, check this box and ste	op here. The or	ganızatıon qualıf	es as a publicly	supported organ	ızatıon	▶ 🛮

Schedule A	(Form 990 or 990-E∠) 2009	Page <b>4</b>
Part IV	Supplemental Information. Complete this part to provide the explanation required by Part II, line 10,	
	Part II, line 17a or 17b, or Part III, line 12 Provide any other additional information. See instructions	
	, , , , , , , , , , , , , , , , , , , ,	
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# Schedule G (Form 990 of 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

See separate instructions.

2009 Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Inspection

Employer identification number

MOOLAH TEMPLE NO 5	54 A E A (	Мис	S			23-7536492
rt I Fundraising Activitie	-			answered "Yes"	to Form 990, Part	
	·-			<u> </u>	<del></del>	
Indicate whether the organization	raised funds thro	-	_			
Mail solicitations				of non-government	=	
Internet and email solicitation	\$			of government gran	ts	
Phone solicitations		g⊠	Special tuni	draising events		
☐ In-person solicitations						
Did the organization have a writte	n or oral agrooms	nt with any	individual (i	noludina officere di	rootoro truotoco	
or key employees listed in Form 9	=			=		es No
or not omployed install in a cities	00, 1 271 111, 01 21	,			9 00.1.000	
If "Yes," list the ten highest paid in	idividuals or entitie	es (fundrais	ers) pursua	nt to agreements ur	nder which the fundrais	erıs
to be compensated at least \$5,00		-		=		
(i) Name of individual	(II) Activity	(III) Did fun	draiser have	(IV) Gross receipts	(v) Amount paid to	(vi) Amount paid to
or entity (fundraiser)			r control of	from activity	(or retained by) fundraiser listed in col (i)	(or retained by) organization
		Yes	No			
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List all states in which the organiz	ation is registered	d or licensed	to solicit fu	nds or has been no	tified it is exempt from	registration or licensing
					. <b></b>	

Schedule G (Form 990 or 990-EZ) 2009

7	art II	-		swered "Yes" to Form 990, Pa nts with gross receipts greate		
_		more than \$10,000 cm	(a) Event #1  JOINT BALL	(b) Event #2  MARCHING UNIT	(c) Other Events	(d) Total Events (Add col (a) through col (c))
2		0	(event type)	(event type)	(total number)	
5	1 2	Gross receipts  Less Charitable contributions	8840	4333	10945	24118
	3	Gross revenue (line 1 minus line 2)	8840	4333	10945	24118
	4	Cash prizes				,
5	5	Non-cash prizes				-
	6	Rent/facility costs				
5	7 8	Food and beverages .  Entertainment				
	9	Other direct expenses.				
);		Net income summary Co	ombine lines 3 and 10 in colu	umn (d)		( ) 24118 000 on Form 990-EZ, line 6a
2			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
•	1	Gross revenue				
2	2	Cash prizes				
	3	Non-cash prizes		_		
5	4	Rent/facility costs		· · · · · · · · ·		
	<u> </u>	Other direct expenses  Volunteer labor	☐ Yes%	☐ Yes%	☐ Yes%	- - -
	7	Direct expense summary	Add lines 2 through 5 in col	umn (d)		( )
	8_	Net gaming income sum	mary Combine lines 1 and 7	ın column (d)	<u>.</u>	Yes No
	a Ist		e organization operates gam o operate gaming activities ir		••••••	
C			's gaming licenses revoked,	suspended or terminated dur	ing the tax year?	10a
	b If "	Yes," Explain	• • • • • • • • • • • • • • • • • • • •			
1	ls t	he organization a grantor,	beneficiary or trustee of a tru	ist or a member of a partners		
	for	med to administer charitat	pie gaming?	<u></u>		12

SCI	nedule G (Form 990 or 990-EZ) 2009			Page 3
			Ye	s No
13	Indicate the percentage of gaming activity operated in			
	The organization's facility	용		
b	An outside facility	용		
14	Provide the name and address of the person who prepares the organization's gaming/special events books			
	and records			
	Name ▶			
	Address ▶ ,			
15	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	1	5a	
t	b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount			1
	of gaming revenue retained by the third party ▶ \$			
c	c If "Yes," enter name and address			
	Name ▶			
	Address ▶ ,			
16	Gaming manager information			
	Name ▶			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	Director/officer Employee Independent contractor			
	Mandatory distributions			
ē	a Is the organization required under state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?	1	7a	<b></b>
k	b Enter the amount of distributions required under state law distributed to other exempt organizations or spent			
	in the organization's own exempt activities during the tax year ▶\$			
A.	IA @ 2000 TAYELAYED	C 006		

QNA © 2009 TAXSLAYER

Schedule G (Form 990 or 990-EZ) 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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization Employer identification number MOOLAH TEMPLE NO 54 A E A O N M S 23-7536492 PART VI, SECTION A, LINE 10 - BECAUSE ITS APPROVED BY THE AUDIT COMMITTEE BEFORE GOING TO THE TAX PREPARER PART VI, SECTION C, LINE 19 - BY REQUEST

Schedule O (Form 990) 2009	Page 2				
MOOLAH TEMPLE NO 54 A E A O N M S	23-7536492				
	*****				
	••••				
Name of the organization Employer identification number					

# SUPPORTING STATEMENTS FOR FORM 990 MOOLAH TEMPLE NO 54 A E A O N M S 23-7536492

## \*\*\*\* SCHEDULE of Other Expenses:

Description IRS		PROGRAM SERVICES	MANAGEMENT AND GENERAL 175	FUNDRAISING
<del></del>				
Total Other Expenses	175		175	

## **Depreciation and Amortization**

(Including Information on Listed Property)

OMB No 1545-0172

Department of the Treasury Internal Revenue Service

► See separate instructions. ► Attach to your tax return.

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3						<del></del>	<b>3</b> \$800,000
4						<u> </u>	4
5		-				· .	
							5
5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0 If married filling separately, see instructions.  5 (a) Description of property  (b) Cost (business use only)  7 Listed property. Enter the amount from line 29							
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Par	t III   MACRS De	preciation (D	o not include listed	property) (See ins	tructions)		
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18			-			· —	
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	Section	on B - Assets Pl	aced in Service Dur	ing 2009 Tax Year	Using the Ge	neral Depreciation S	System
(a) (	Classification of property		(business/investment use	(d) Recovery	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						<del></del>
b	5-year property	1					
С	7-year property	1		·			
d	10-year property	1					
е	15-year property	Ì					
f	20-year property	Ī	-				
g	25-year property	1		25 yrs		S/L	
h	Residential rental		,	0.5	MM	S/L	
	property			27.5 yrs	MM	S/L	
i	Nonresidential real			39 yrs	MM	S/L	
	property				MM	S/L	
	Section	on C - Assets Pl	aced in Service Dur	ing 2009 Tax Year	Using the Alt	ernative Depreciation	on System
20a	Class life					S/L	
b	12-year	Ì		12 yrs		S/L	
С	40-year			40 yrs	MM	S/L	
Par		See instructions	)	. , –	<del>-</del>		
21	Listed property Ente						21
22	Total Add amounts					<del></del>	
	and on the appropriat						1268
			•	•			
23	For assets shown about	ove and placed II	n service during the c	current year, enter th	ne l		
23	For assets shown about portion of the basis at						

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		Cost	1					Lıfe		ADS	Next
Description	Date	or other		Bonus		Accum	Method	or	Deprec	Deprec	Year's
of Property	Acquired	Basis	Sec 179	Deprec	Basis	Deprec	Used	Rate	for 2009	for 2009	Deprec
TEMPLE RENOVATION	05/31/06	33758			33758	2273	MACRS	39.0	866	866	866
TABLES AND CHAIRS	01/15/07	1200			1200	465	MACRS	7.0	210	210	150
COMPUTER	01/15/07	1000			1000	<del></del>	MACRS	5.0	192	192	115
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