



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



Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

Open to Public
Inspection

Form **990-EZ**

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

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
▶ *The organization may have to use a copy of this return to satisfy state reporting requirements*

Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending

C Name of organization
AAONMS ABDALLAH TEMPLE BUILDING ASSOCIATION
Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
5300 METCALF
City or town, state or country, and ZIP + 4
OVERLAND PARK, KS 66202

D Employer identification number
48-6134487

E Telephone number
913 362-5300

F Group Exemption Number

G Accounting method: Cash Accrual
Other (specify) ▶

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ N/A

J Tax-exempt status (check only one) — 501(c) (2) ◀ (insert no.) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 0.

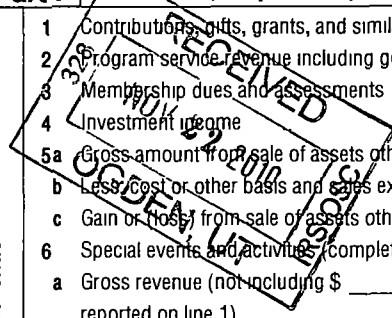
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)			
	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
	b Less: direct expenses other than fundraising expenses	6b	
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a Gross sales of inventory, less returns and allowances	7a	
	b Less: cost of goods sold	7b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8 Other revenue (describe ▶ _____)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	0.
Expenses	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	69,085.
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ▶ _____)	16	
	17 Total expenses. Add lines 10 through 16	17	69,085.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	<69,085.>
Net Assets	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	625,648.
	20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 1	20	14,190.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	570,753.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.
(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	149,317.	22 0.
23 Land and buildings	639,839.	23 570,753.
24 Other assets (describe ▶ _____)		24
25 Total assets	789,156.	25 570,753.
26 Total liabilities (describe ▶ <u>DUE TO TEMPLE FUND</u>)	163,508.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	625,648.	27 570,753.

ENVELOPE DATE NOV 15 2010 POSTMARK DATE

SCANNED DEC 17 2010



ANS

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)	Expenses <small>(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)</small>
What is the organization's primary exempt purpose? SEE STATEMENT 3	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title	
28 TITLE HOLDING COMPANY FOR BUILDING USED BY THE ABDALLAH SHRINE TEMPLE, A 501(C)(10) ORGANIZATION.	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 _____	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 _____	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (attach schedule)	
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)	32

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
CHRIS MURO, 5001 SOUTHRIDGE, ROELAND PARK, KS 66205	TREASURER 0.00	0.	0.	0.
GARY BENNETT 18320 WEST 117TH ST, OLATHE, KS 66061	POTENTATE 0.00	0.	0.	0.
DON BEST, 11808 WEST 128TH ST, OVERLAND PARK, KS 66213	CHIEF RABBAN 0.00	0.	0.	0.
MIKE GUILINGER 16278 S BURCH, OLATHE, KS 66062	HIGH PRIEST 0.00	0.	0.	0.
NICK TURNER 5213 MEADOWLARK DR, SHAWNEE, KS 66226	ASSISTANT RABBAN 0.00	0.	0.	0.
ELDON MASTERS 8615 W 61ST STREET, MERRIAM, KS 66202	ORIENTAL GUIDE 0.00	0.	0.	0.
FRED HOPE 32425 171ST ST, LEAVENWORTH, KS 66048	RECORDER 0.00	0.	0.	0.
MIKE TAVARES 25198 166TH ST, LEAVENWORTH, KS 66048	HIGH PRIEST 0.00	0.	0.	0.
KEVIN LARSON 12453 S ELLSWORTH, OLATHE, KS 66062	1ST CEREMONIAL MASTER 0.00	0.	0.	0.
JOE RICH 1522 S CEDAR, OTTAWA, KS 66067	DIRECTOR 0.00	0.	0.	0.
TIM WILLIAMS 2336 PIATT LANE, OLATHE, KS 6661	2ND CEREMONIAL MASTER 0.00	0.	0.	0.
FRANK SCHVENGER 12225 CARTER, OVERLAND PARK, KS 66213	MARSHAL 0.00	0.	0.	0.
JEFF JOHNSON 16413 W 139TH CIR, OLATHE, KS 66062	CAPTAIN OF THE GUARD 0.00	0.	0.	0.
JAMIE THORNTON, 7609 W 85TH ST, OVERLAND PARK, KS 66212	OUTER GUARD 0.00	0.	0.	0.
BENNIE SMITH 14275 S BLACKBOB RD, OLATHE, KS 66062	CHAPLAIN 0.00	0.	0.	0.

**AAONMS ABDALLAH TEMPLE BUILDING
ASSOCIATION**

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

		Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/A	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N	36		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a _____ 0.			
b Did the organization file Form 1120-POL for this year?	37b		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	N/A	
39 Section 501(c)(7) organizations. Enter:			
a Initiation fees and capital contributions included on line 9	39a	N/A	
b Gross receipts, included on line 9, for public use of club facilities	39b	N/A	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ <u>N/A</u> ; section 4912 ▶ <u>N/A</u> ; section 4955 ▶ <u>N/A</u>			
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N/A	
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ <u>N/A</u>			
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ <u>N/A</u>			
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41 List the states with which a copy of this return is filed. ▶ <u>NONE</u>			
42a The organization's books are in care of ▶ <u>THE ORGANIZATION</u> Telephone no. ▶ <u>913 362-5300</u> Located at ▶ <u>5300 METCALF, OVERLAND PARK, KS</u> ZIP + 4 ▶ <u>66202</u>			
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			
If "Yes," enter the name of the foreign country: ▶ _____			
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c At any time during the calendar year, did the organization maintain an office outside of the U.S.?			
If "Yes," enter the name of the foreign country: ▶ _____			
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 _____ N/A			
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45		X

AAONMS ABDALLAH TEMPLE BUILDING
ASSOCIATION

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E
- 49a Did the organization make any transfers to an exempt non-charitable related organization?
b If "Yes," was the related organization a section 527 organization?
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		
47		
48		
49a		
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				

f Total number of other employees paid over \$100,000 ▶ _____

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
N/A		

d Total number of other independent contractors each receiving over \$100,000 ▶ _____

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here: *Donald S. Best* Signature of officer Date: *Nov. 15, 2010*

Donald S. Best, Potentate Type or print name and title

Paid Preparer's Use Only: Preparer's signature: *Cheryl L Hayward CPA* Date: *11/12/10* Check if self employed: Preparer's identifying number (See instr.): _____

Firm's name (or yours if self-employed), address, and ZIP + 4: **BERBERICH TRAHAN & CO., P.A.**
3630 SW BURLINGAME ROAD
TOPEKA, KANSAS 66611-2050

EIN: _____ Phone no.: **(785) 234-3427**

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

TITLE HOLDING COMPANY FOR BUILDING USED BY THE ABDALLAH SHRINE TEMPLE, A
501(C)(10) ORGANIZATION.

FORM 990-EZ

INFORMATION REGARDING TRANSFERS
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

STATEMENT 2

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL
BENEFIT CONTRACT? [] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? [] YES [X] NO

TITLE HOLDING COMPANY FOR BUILDING USED BY THE ABDALLAH SHRINE TEMPLE, A
501(C)(10) ORGANIZATION



Print



Export

Name: AAONMS Abdallah Temple
Building
FEIN: 48-6134487

IRS Center: OGDEN
Refund: \$0.00

e-Postmark: 5/12/2010 9:10:45 AM
Notification:

Return History			
DCN	DATE	TYPE OF ACTIVITY	UPDATED BY
	05/06/2010	Upload Started	
	05/06/2010	Ready to Release by Customer	
	05/11/2010	Released for Transmission - Validation in Progress	759926
	05/11/2010	Ready to transmit - Validation Complete	
	05/11/2010	Transmitted to FD	
	05/11/2010	Rejected by FD	
	05/12/2010	Upload Started	
	05/12/2010	Ready to Release by Customer	
	05/12/2010	Released for Transmission - Validation in Progress	759926
	05/12/2010	Ready to transmit - Validation Complete	
	05/12/2010	Transmitted to FD	
	05/12/2010	Accepted by FD	

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ File a separate application for each return

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
 - If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)
- Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print	Name of Exempt Organization AAONMS ABDALLAH TEMPLE BUILDING ASSOCIATION	Employer identification number 48-6134487
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 5300 METCALF	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions OVERLAND PARK, KS 66202	

Check type of return to be filed (file a separate application for each return)

- | | | |
|---|--|------------------------------------|
| <input type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

THE ORGANIZATION

- The books are in the care of ▶ **5300 METCALF - OVERLAND PARK, KS 66202**
Telephone No ▶ **913 362-5300** FAX No ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2010**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2009** or
▶ tax year beginning _____, and ending _____

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	3c	\$	N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II			Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).		
Type or print <small>File by the extended due date for filing the return See instructions</small>	Name of Exempt Organization		Employer identification number		
	AAONMS ABDALLAH TEMPLE BUILDING ASSOCIATION		48-6134487		
	Number, street, and room or suite no. If a P.O. box, see instructions		For IRS use only		
5300 METCALF					
City, town or post office, state, and ZIP code For a foreign address, see instructions.					
OVERLAND PARK, KS 66202					

Check type of return to be filed (File a separate application for each return):

Form 990
 Form 990-EZ
 Form 990-T (sec 401(a) or 408(a) trust)
 Form 1041-A
 Form 5227
 Form 8870
 Form 990-BL
 Form 990-PF
 Form 990-T (trust other than above)
 Form 4720
 Form 6069

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

THE ORGANIZATION

• The books are in the care of **5300 METCALF - OVERLAND PARK, KS 66202**
 Telephone No. **913 362-5300** FAX No _____

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for _____

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2010**

5 For calendar year **2009**, or other tax year beginning _____, and ending _____

6 If this tax year is for less than 12 months, check reason Initial return Final return Change in accounting period

7 State in detail why you need the extension _____

TAXPAYER REQUESTS ADDITIONAL TIME TO COMPILE THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$
c Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$ N/A

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Cheryl B Hayward Title CPA Date 7/20/10