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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

Open to Public Inspection

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Part II Signature Block Under penalty 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 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 and belief, it is signature. Paid Preparer's Signature D. LEE RECORDER PP. Type or print name and title Preparer's dentifying number (see instructions) Preparer's dentifying number (see instructions) N/A Preparer's dentifying number (see instructions)	Ž III	· · · · · · · · · · · · · · · · · · ·	m lina 20			
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. Signature of officer Preparer's McKenzie, Mangan & Cummings, PC Only Roberts, McKenzie, Mangan & Cummings, PC 4035 S. Fremont Springfield, M0 65804 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No			m illie zu		490,14	1. 322,002.
Sign Here Signature of officer Paid Preparer's signature of self employed, oddress, and ZIP + 4 May the IRS discuss this return with the preparer shown above? (see instructions) Date RECORDER PP. Date Check if self employed Preparer's identifying number (see instructions) N/A Preparer's identifying number (see instructions) N/A EIN N/A Phone no > (417) 883-5348	L at it	<u> </u>	· - · · · · · · · · · · · · · · · · · ·			
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Paid Preparer's signature			e RECO	ROER	P	
Paid Pre- parer's signature Firm's name (or yours if self employed)		Type or print name and title				
Preparer's signature Signa				Date		Preparer's identifying number (see instructions)
Pre- parer's Use Only Firm's name (or yours if self employed), address, and ZIP + 4 May the IRS discuss this return with the preparer shown above? (see instructions) N/A		Preparer's 7 10 1	/ 1/2	٠, ١	omployed ►	<u> </u>
Prim's name (or yours if self employed), address, and ZIP + 4 May the IRS discuss this return with the preparer shown above? (see instructions) Firm's name (or yours if self employed), address, and ZIP + 4 Firm's name (or yours if self employed),			~ con	6.48	1.10 1 '	N/A
Only yours if self employed), address, and ZIP + 4 1035 S. Fremont EIN ► N/A Springfield, MO 65804 Phone no ► (417) 883-5348 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No		Firm's name (or Roberts, McKenzie	Mangan & Cummir	nas. PC		<u> </u>
Address, and ZIP + 4 Springfield, MO 65804 Phone no ► (417) 883-5348 May the IRS discuss this return with the preparer shown above? (see instructions) X Yes No		Lucuse of colf	gaira Cumilli		= N - N/	Δ
May the IRS discuss this return with the preparer shown above? (see instructions)	Uniy	addrose and	04			
	May the !	·			Phone no	
BAA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. TEEA0113L 12/29/09 Form 990 (2009				<u> </u>		

		1-0150	331		Page 2
	rt III (Statement of Program Service Accomplishments	<u> </u>			
1	Briefly describe the organization's mission:				
	Fraternity with a philanthropic mission.				
2	Did the organization undertake any significant program services during the year which were not listed on the prior	_	1	<u>তি</u>	
	Form 990 or 990-EZ?	L.	Yes	X	No
_	If 'Yes,' describe these new services on Schedule O.	r	1	v	
3	5 5, 5 5	L	Yes	X	No
	If 'Yes,' describe these changes on Schedule O	Ct	501/	-1/21	
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expe and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations.	nses. Secu	rs. the t	otal	
	expenses, and revenue, if any, for each program service reported.		•		
4:	a (Code:) (Expenses \$ including grants of \$) (Rever	nue \$)
		·			
		-			
	L (Onder 1997) A Common	···- ¢			
41	b (Code:) (Expenses \$ including grants of \$) (Rever	nue \$			—)
					· -
					
	N N W	<u> </u>			
4	c (Code:) (Expenses \$ including grants of \$) (Rever	nue \$)
					
			-		
			. .		
		-			.
	100 Company (Parallel of Charles)				
40	d Other program services. (Describe in Schedule O)				
	(Expenses \$ including grants of \$) (Revenue \$				
	e Total program service expenses ►				

Form 990 (2009) · A.A.O.N.M.S., DBA c/o

[Part IV | Checklist of Required Schedules

			Yes	No
	<u> </u>		162	110_
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		Y
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X_ 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		Χ_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
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, 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		<u>x</u>
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	9		Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or 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, 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 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 			
•	 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 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 the organization's liability for uncertain tax positions under FIN 48? If Yes, 'complete Schedule D, Part X 		14-4-4-	
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		X
12/	AWas the organization included in consolidated, independent audited financial statement for the tax year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A X			-
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14 a	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
ı	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 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? If 'Yes,' complete Schedule G, Part III	19	х	
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u> </u>

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Part 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 1? If 'Yes,' complete Schedule I, Parts I and II.	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? <i>If 'Yes,' complete Schedule J</i>	23		_ X
24 a	a 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, and 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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
(Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24 c		
c	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
2 5 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25 a		·
t	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		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or 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 comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
ā	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28 a		<u>X</u>
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		Х
ď	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 direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28 c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Χ_
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		Х
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	Х	
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		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		Х
38	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	38_	Х	
ЗАА		Forn	990	(2009)

Statements Regarding Other IRS Filings and Tax Compliance Part V No Yes 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S 1a 0 Information Returns. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 1 c (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the 5 calendar year ending with or within the year covered by this return 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2h X 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 3 a Х this return? b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O 3Ь 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 X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5 b c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization X solicit any contributions that were not tax deductible? 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not X deductible? 6b 7 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 7 a X provided to the payor? Х b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? 7 b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file 7с d If 'Yes,' indicate the number of Forms 8282 filed during the year 7 d e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 e 71 f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7 g Х h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h 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 8 holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. 9 a a Did the organization make any taxable distributions under section 4966? 9b b Did the organization make any distribution to a donor, donor advisor, or related person? 10 Section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on Part VIII, line 12 10a 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 a Gross income from other members or shareholders. 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against 11 h 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 12b b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

BAA 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.

<u>sec</u>	tion A.	Governin	g Boay	and W	ianag	emen	it					_							
													1	1			, <u>-</u>	Yes	No
		number of vo	-		_	~	•	*					_ 1						
ŀ	b Enter the	number of vo	oting mei	mbers tha	at are i	ındeper	ndent						_ 1	b					
2	Did any o officer, d	officer, directo irector, truste	r, trustee e or key	employe	employ e?	yee hav	ve a fa	amıly r	relatio	onship	or a bu	ısıness ı	elatio	nship wi	th any o	ther	2		Х
3	Did the o	rganization de s, directors or	elegate c	ontrol ov	er man	nageme	ent dut a mai	ties cu	ustom	arily p	erforme	ed by or	under	the dire	ect supe	rvision	3		Х
4		rganization m						_		-	-						4	_	X
		prior Form 9	•	-				J											
5		rganization be			na the	vear o	f a ma	aterial	diver	sion of	f the or	oanizati	on's a	ssets?			5		Х
		organization			-	•						J					6	X	
		organization						er pers	sons	who m	ay elec	t one or	more	membe	ers of the	е	7a	Х	
1	•	decisions of th	ne anveri	nına hadv	, subje	ct to ar	ากเกษล	al hv. m	nemh	are et	ockhold	ers or	other	nersons'	2		7b	X	
	-		·	• •	•		•	•				•					7.5	<u>,, , , , , , , , , , , , , , , , , , ,</u>	
8	the follow	rganization co ving.	ontempor	aneously	/ docun	nent the	e mee	etings	neid	or writt	ten acti	ons und	ertake	en durinç	g the ye	ar by			
	•	rning body?															8a	X	
ł	Each con	nmittee with a	authority	to act on	behalf	of the	gover	rning b	body?	•							8b	X	
9	is there a	any officer, dir tion's mailing	rector or address?	trustee, o	or key (employ de the r	ee list	ted in	Part addre	VII, Se	ection A	, who c dule O	annot	be reac	hed at ti	he	9		Х
Sec		Policies											ot red	guired	by the	Intern	al		
Reve	enue Code)	•			•								•	-				
																		Yes	No
10 a	Does the	organization	have loc	al chapte	ers, bra	ınches,	or aff	filiates	s?								10a	Х	
ŧ	o If 'Yes,' o	ioes the organ	nization t	nave writt	ten pol	icies ar	nd pro	cedur	res go	vernin	ig the a	ctivities	of suc	:h chapt	ers, affil	iates,	10Ь	Х	
11		organization p											befor	e filina t	he form	7	11	**	X
		ın Schedule (•	• •		See S			ļ · · · ·		
		organization	•		-	-	_	-				. 01111 33			Ciicac	0	12a	Χ	
		ers, directors					-	-		-		interest	c that	could a	VA FISA		12.0	.,	
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•		organization O how this is				ly moni		nd enfo	orce o	complia	ance wi	th the p	olicy?	If 'Yes,	' describ	e in	12c	х	
13	Does the	organization	have a w	vritten wh	nstleblo	ower po	olicy?										13		X
14	Does the	organization	have a w	vritten do	cumen'	t retent	tion ar	nd des	structi	on pol	icy?						14	Χ	
15	Did the p	rocess for del	termining data, ar	, compen	sation	of the f	followi ubstar	ing pe	ersons	s includ	de a rev	new and	l appro	oval by	ndepen	dent			
ź		nization's CE	•		•						, DOI GINO	ana a	5015101	••			15a	;	Х
	_	icers of key e	-				_							•			15b		X
		line 15a or 1			-			e O. (S	See ir	nstructi	ions.)						100		-
16	a Did the o	rganization in	ivest in, d					•			•	r sımıla	r arrar	ngement	with a	laxable	16a		х
	-	•															104		
K	in joint ve	nas the organi enture arrange th respect to s	ements u	ınder app	olicable	federa	or pro	ocedur law, ar	nd tak	quiring ken ste	tne org eps to s	anizatio afeguar	n to e d the	valuate organiza	its particition's e	cipation xempt	16ь		
Sec		Disclosur																	
17	List the s	tates with whi	ich a cop	y of this	Form 9	990 is re	equire	ed to b	e file	d ►	None					•			
	Section 6	5104 requires n. Indicate ho	an organ	ization to	o make	ıts For	rms 10	023 (or	r 1024	- 4 if app	plicable), 990, a	and 99	0-T (501	(c)(3)s	only) ava	ılable f	or pul	olic
		website		Another's						reques	st								
19	Describe statemen	in Schedule (its available to	O whethe	r (and if	so, hoy See S	w) the d Sched	organı lule	ızatıon Ö	n mak	es its i	governi	ng docu	ments	, conflic	t of inte	rest polic	y, and	finan	cıal
20	State the	name, physicorris 601	cal addre	ss, and t	telepho	ne num	nber o	of the p	perso	n who	posses	ses the	books		cords of				
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Form 990 (2009)

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 organizations'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 employees.'
- 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)	(B)			(0				(D)	(E)	(F)	
Name and Title	Average hours					hat app		Reportable	Reportable	Estimated amount of other	
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W 2/1099 MISC)	Reportable compensation from related organizations (W 2/1099 MISC)	arrount of their compensation from the organization and related organizations	
Schedule attached									-		
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TEEA0107L 11/10/09

(A)	(B)	ney 	Er			ees	, ar	(D)	mpensated En (E)	npioye	ees (c (F)	ont.
Name and Title	1	(c) Position (check all that apply					pply)	1	Reportable		Estimated	4
realle and received	hours per week			Officer	_	Highest compensated employee		compensation from the organization (W 2/1099 MISC)	compensation from related organizations (W 2/1099 MISC)	C	nount of olompensation from the organization and relate organization and relate organization	ther ion on ed
							i					
												-
1 b Total			•					0.	0			0
2 Total number of individuals (including but not limited	to thos	e lis	ted	abo	ve)	who	rec	eived more than \$	100,000 in reporta	ible con	npensat	tion
from the organization 0												
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or truste	e, k	еу е	emp	loye	e, o	r hig	hest compensate	d employee	3	Yes	No X
For any individual listed on line 1a, is the sum of report the organization and related organizations greater to individual.	oortable	com	nper 0? /	ısatı f 'Ye	on a	and o	othe o <i>lete</i>	r compensation fr Schedule J for si	om uch	4		x
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sch	ompensa	ation	fro	m a	ny L	inrel	ated	l organization for	services	5		X
Section B. Independent Contractors	reduie 3	101	3001	i pe	301							<u> </u>
Complete this table for your five highest compensation from the organization	ed indep	end	ent	con	raci	tors	that	received more th	an \$100,000 of			
(A) Name and business addres	ss							(B Description) of Services	Com	(C) pensatio	on_
						_						
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		ımıte	ed to	o the	ose	liste	d at	oove) who receive	d more than			

FO	t VIII Statement of Nevenue				
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S	1a Federated campaigns 1a				
ST	b Membership dues 1b				
N S	· · · · · · · · · · · · · · · · · · ·				
S, C	c Fundraising events 1c				
ÄÄ	d Related organizations 1d				
S, G	e Government grants (contributions) 1 e				
N S	A All all and a second and a second				
支포	f All other contributions, gifts, grants, and similar amounts not included above				
<u>F</u> O	g Noncash contribus included in lns 1a-1f. \$				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS					
	h Total. Add lines 1a-1f				
- ₽	Business Code				
.XE	2a Membership dues & assess 900099	443,937.	443,937.		
2	b				
32	c	'			
8	d				
Σ					-
Ϋ́Α	f All other program service revenue				
PROGRAM SERVICE REVENUE	· · ·	442 027			
_	g Total. Add liftes 24-21	443,937.			
	3 Investment income (including dividends, interest and other similar amounts)	26 021			26 021
	other similar amounts)	36,821.			36,821.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	(i) Real (ii) Personal				
	6a Gross Rents				
	b Less. rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss)	1			
	u Net remai income or (1055)		· · · · · · · · · · · · · · · · · · ·		
	/a Gross amount from sales of				
	assets other than inventory				
	b Less: cost or other basis				
	and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss)				
J.	8a Gross income from fundraising events (not including \$			·	
	of contributions reported on line 1c).				
اي					
8	See Part IV, line 18 a 124,109.				
OTHER REVEN	b Less. direct expenses. b 74,702.				
١	c Net income or (loss) from fundraising events	49,407.			49,407.
	9a Gross income from gaming activities See Part IV, line 19 a 218,712.				
	b Less. direct expenses. b 193,709.				
		25 002			25 002
	c Net income or (loss) from gaming activities	25,003.			25,003.
	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				
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	555,168.	443,937.	0.	111,231.
ı		,	, , .		,,

Part IX. Statement of Functional Expenses

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).

	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	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				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	0.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits.				
10	Payroll taxes				
11	Fees for services (non-employees)				
	Management			-	
	b Legal				
	Accounting				
	Lobbying Prof fundraising svcs. See Part IV, In 17				 -
	Investment management fees			<u> </u>	
	Other				
_	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance .			ļ	
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	Social Act./Entertainment	233,326.	. <u> </u>		
b	Administrative	132,273.	-		
c	Bldg Operations & Maintenance	65,140.	·		
	Office Supplies and Expenses	36,558.	· · · · · · · · · · · · · · · · · · ·		<u></u>
	Donation to related org.	26,331.			
	All other expenses	34,999.	····		
	Total functional expenses Add lines 1 through 24f	528,627.			
26	Joint costs. Check here ► if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
BAA					Form 990 (2009)

		(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing	167,442.	1	177,625.
2	Savings and temporary cash investments	147,248.	2	160,004.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1))			
	and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
S 7 S 8 T 5	Notes and loans receivable, net.		7	
Ē 8	Inventories for sale or use .	27,550.	8	35,683.
s 9	Prepaid expenses and deferred charges		9	_
10:	a Land, buildings, and equipment. cost or other basis. 10a 323,472.		-	
	Complete Part VI of Schedule D	110 000		100 400
l	b Less accumulated depreciation. 10b 193,976.	112,969.	10c	129,496.
11	Investments — publicly-traded securities	40.000	11	0.5.504
12	Investments – other securities. See Part IV, line 11	40,932.	12	26,631.
13	Investments – program-related. See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets. See Part IV, line 11		15	
16	Total assets Add lines 1 through 15 (must equal line 34)	496,141.	16	529,439.
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
. 19	Deferred revenue		19	
1 20	Tax-exempt bond liabilities		20	
∯ 21	Escrow or custodial account liability. Complete Part IV of Schedule D	·	21	
22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
Ė	of Schedule L	· · · · · · · · · · · · · · · · · · ·	22	····
s 23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	6 757
25	Other liabilities. Complete Part X of Schedule D	0.	25	6,757. 6,757.
26 N	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here ► and complete lines	0.	26	0,131.
Ř	27 through 29 and lines 33 and 34.			
A 27	Unrestricted net assets		27	
Š 28	Temporarily restricted net assets.		28	
š 28 29	Permanently restricted net assets		29	
R	Organizations that do not follow SFAS 117, check here ► X and complete			
E	lines 30 through 34.			
F 30	Capital stock or trust principal, or current funds.	•	30	
В 31	Paid-in or capital surplus, or land, building, and equipment fund		31	
Î 32	Retained earnings, endowment, accumulated income, or other funds	496,141.	32	522,682.
A 32 C 33 E 34	Total net assets or fund balances.	496,141.	33	522,682.
F 1	Total liabilities and net assets/fund balances.	496,141.	34	529,439.

BAA

Form **990** (2009)

Form 990 (2009) A.A.O.N.M.S., DBA C/

51-0150331

Page 12

Pa	t XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990 $\ \square$ Cash $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$			
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
ı	Were the organization's financial statements audited by an independent accountant?	2b	L	Х
•	c If 'Yes' to line 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		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
(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.			
	Separate basis Consolidated basis Both consolidated and separate basis			1
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		x
1	o 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.	3b		

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Form 990 (2009)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

 Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
 ► Attach to Form 990.
 ► See separate instructions 2009

Open to Public Inspection

Name of the organization Employer Identification number A.A.O.N.M.S., DBA c/o Abou Ben Adhem Temple Group Return 51-0150331 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? No Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or for any other purpose conferring impermissible private benefit?? Part II Conservation Easements Complete if the organization answered 'Yes' to Form 990, Part IV, Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Year a Total number of conservation easements 2a 2b b Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds? No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 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, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, 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 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990. Part VIII. line 1 b Assets included in Form 990, Part X

•								
Schedule D (Form 990) 2009 A.A.	O.N.M.S.,	DBA	c/o		51-	0150331		Page 2
Part III Organizations Mainta	ining Coll	ections	of Art, Hist	orical Treasures,	or Other Simila	r Assets (contir_	iued)
3 Using the organization's acquisiti items (check all that apply).	on accession	and othe	r records, chec	k any of the following	that are a significan	t use of its c	ollection	1
a Public exhibition			d Loan	or exchange programs				
b Scholarly research			e Other					
c Preservation for future gener	ations			•		•		
4 Provide a description of the orga Part XIV.	nızatıon's coll	ections a	nd explain how	they further the organ	lization's exempt pu	rpose in		
5 During the year, did the organiza assets to be sold to raise funds r						Yes		No
Part IV Escrow and Custodia 9, or reported an amount					ered 'Yes' to Fo	orm 990, F	art IV	, line
	_	·						
1 a Is the organization an agent, trus included on Form 990, Part X?					ner assets not	Yes		No
b If 'Yes,' explain the arrangement	in Part XIV a	ind compi	lete the followir	ng table.				
a Dagunayan balansa					1.	Amoun	it	
c Beginning balance d Additions during the year					1c			
e Distributions during the year					1e			
f Ending balance					1f			
2a Did the organization include an a	mount on For	m 990 P	lart Y line 212			Yes		No
•		111 990, 1	art A, iiile 21			1 es	L	
b If 'Yes,' explain the arrangement Part V Endowment Funds Co		rganiza	ation answe	red 'Yes' to Form	990 Part IV Jin	ne 10		
Turt V (Endowment) unus oc	(a) Current		(b) Prior year		1.	ı	Four year	s hark
1 a Beginning of year balance	(a) ourion	,,,,,	(2) 11101 3001	(0) 1110 30410 24	CK (a) THIOD Journ	Luck (C)	rour your	
b Contributions						<u>-</u>	***************************************	***********

c Net Investment earnings, gains, and losses								
d Grants or scholarships				***************************************		·····		******
 Other expenditures for facilities and programs 							······································	·····
f Administrative expenses							~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
g End of year balance						<u>†</u>		
2 Provide the estimated percentage	-	end balar						
a Board designated or quasi-endov			%					
b Permanent endowment ►								
c Term endowment ►								
3a Are there endowment funds not a organization by.	n the possess	sion of the	e organization t	that are held and admi	nistered for the		Yes	No
(i) unrelated organizations						3a(i)		
(ii) related organizations						3a(ii)		
b If 'Yes' to 3a(n), are the related of	rganizations l	listed as i	required on Scl	hedule R?		3b		
4 Describe in Part XIV the intended								
Part VI Investments—Land, E	Buildings, a	and Equ	uipment. Se	e Form 990, Part	X, line 10.			
Description of investment	t 		or other basis vestment)	(b) Cost or other basis (other)	(c) Accumulate Depreciation	d (d)	Book Va	alue
1 a Land		1			[1		

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, Inne 10.

Description of investment

(a) Cost or other basis (investment)

1 a Land

b Buildings

c Leasehold improvements
d Equipment
e Other

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

(c) Accumulated Depreciation

(d) Book Value

129, 496.

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Schedule **D** (Form 990) 2009

Schedule D (Form 990) 2009 A.A.O.N.M.S., DBA	c/o		51-0150331	Page 3
Part VII Investments—Other Securities See Fo	<u>orm 990, Part X, l</u> i	ine 12.		
(a) Description of security or category (including name of security)	(b) Book value		(c) Method of valuation Cost or end-of-year market value	
Financial derivatives				
Closely-held equity interests				
Other Investments	26,631.	Cost		
			-	
	·			
	-			
Total (Column (b) must equal Form 990 Part X, col. (B) line 12.)	26,631.			
Part VIII Investments-Program Related (See			N/A	
(a) Description of investment type	(b) Book value		(c) Method of valuation	
	(2) 23311 12133		Cost or end-of-year market value	
	_			
Total (Column (b) must equal Form 990, Part X, Col (B) line 13.) ►				
Part IX Other Assets (See Form 990, Part X,	line 15) N/I	Α		
(a) De	scription		(b) Boo	ok value
	·			
Total. (Column (b) must equal Form 990, Part X, col.(B), lir	ne 15)		>	
Part X Other Liabilities (See Form 990, Part				
(a) Description of Liability	(b) Amount			
Federal Income Taxes				
Other liabilities	6,7	57.		
	-			
	_			
		_		
Total (Column (b) must equal Form 990, Part X, col. (B) line 25)	6,7	57		
2. FIN 48 Footnote. In Part XIV, provide the text of the footr			statements that reports the organization	'e habilibi
for uncertain tax positions under FIN 48.	iote to the organization	i a mianitial :	material matreports the organization	is nability

Page 3

Sche	dule D (Form 990) 2009 A.A.O.N.M.S., DBA c/o	51-01!	50331 Page 4
Par			N/A
1	Total revenue (Form 990, Part VIII,column (A), line 12)		
2	Total expenses (Form 990, Part IX, column (A), line 25)		
3	Excess or (deficit) for the year. Subtract line 2 from line 1.		
4	Net unrealized gains (losses) on investments		
5	Donated services and use of facilities		
6	Investment expenses		
7	Prior period adjustments		
8	Other (Describe in Part XIV).		
9	Total adjustments (net) Add lines 4 through 8		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 a	and 9	
	XII Reconciliation of Revenue per Audited Financial Statemen		n N/A
	Total revenue, gains, and other support per audited financial statements	1	
	Amounts included on line 1 but not on Form 990, Part VIII, line 12.		
	Net unrealized gains on investments	2a	
	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
	Other (Describe in Part XIV).	2d	
	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1.		
	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
	Other (Describe in Part XIV).	4b	
	Add lines 4a and 4b	4c]
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
	t XIII Reconciliation of Expenses per Audited Financial Statements	With Expenses per Return	N/A
	Total expenses and losses per audited financial statements	1	1
	Amounts included on line 1 but not on Form 990, Part IX, line 25.	——————————————————————————————————————	
	Donated services and use of facilities	2a	
_	Prior year adjustments	2b	
	Other losses	2c	
	Other (Describe in Part XIV)	2d	
	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
٦,	Investments expenses not included on Form 990, Part VIII, line 7b	4a	
	Other (Describe in Part XIV)	4b	
	Add lines 4a and 4b	4c	1
	Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	5	
	t XIV Supplemental Information		<u> </u>
line 4	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part I, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d an mation	t III, lines 1a and 4, Part IV, lines 1 d 4b. Also complete this part to pr	lb and 2b, Part V, ovide any additional
			
			·
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Part XIV Supplemental Information (continued)	51-0150331	Page 5
Part XIV Supplemental Information (continued)	· · · · · · · · · · · · · · · · · · ·	
		
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		. – – – –

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545 0047 2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 Form990 or Form 990-EZ. ► See separate instructions.

Employer identification number Name of the organization A.A.O.N.M.S., DBA c/o 51-0150331 Abou Ben Adhem Temple Group Return Fundraising Activities. Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990EZ filers are not required to complete this part Part I Indicate whether the organization raised funds through any of the following activities. Check all that apply. Solicitation of non-government grants Mail solicitations Solicitation of government grants Internet and email solicitations Special fundraising events Phone solicitations In-person solicitations 2a Did the organization have 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? Yes X No **b** 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. (v) Amount paid to (vi) Amount paid to (or retained by) (III) Did fundraiser (iv) Gross receipts from activity (or retained by) (i) Name of individual (ii) Activity have custody or control fundraiser listed in or entity (fundraiser) of contributions? col (i) organization Yes No 0. Total List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration 3 or licensing

Schedule G (Form 990 or 990-EZ) 2009 A.A.O.N.M.S., DBA c/o 51-0150331 Page 2 Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000. (d) Total Events (Add col. (a) through col. (c)) (c) Other Events (a) Event #1 (b) Event #2 Fishing tourna Golf tournamen (total number) REVENU (event type) (event type) 37,564 32,542 54,003. 124,109. 1 Gross receipts 2 Less, Charitable contributions. 54,003. 124,109. 37,564 32,542. 3 Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes DIRECT 6 Rent/facility costs 7 Food and beverages EXPENSES 8 Entertainment 74,702. 13,850. 34,143. 26,709. 9 Other direct expenses 74.702. 10 Direct expense summary. Add lines 4- through 9 in column (d) 49,407. Net income summary. Combine lines 3, column (d) and line 10 Part III Gaming. Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (a) Bingo (b) Pull tabs/Instant (c) Other gaming (d) Total gaming REVENUE (Add col. (a) through col. (c)) bingo/progressive bingo 218,712 218,712. 1 Gross revenue DIPENSES T 136,249 136,249. 2 Cash prizes 3 Non-cash prizes 4 Rent/facility costs 57,460 57,460. 5 Other direct expenses 0% X Yes 100% 0% Yes Yes 6 Volunteer labor No No No 193,709. 7 Direct expense summary. Add lines 2 through 5 in column (d) 25,003. 8 Net gaming income summary Combine lines 1, column (d) and line 7 YES NO 9 Enter the state(s) in which the organization operates gaming activities. MO Х a Is the organization licensed to operate gaming activities in each of these states? 9a b If 'No,' explain 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? 10a Х b If 'Yes,' explain.

11

X

administer charitable gaming?

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to

Does the organization operate gaming activities with nonmembers?

Schedule G (Form 990 or 990-EZ) 2009 A.A.O.N.M.S., DBA C/O 5	1-0150331	Р	age 3
		YES	NO
13 Indicate the percentage of gaming activity operated in.			
	100.0%		
b An outside facility	 %		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and	records.		
Name: ► <u>Henry Garcia, Treas, Pomme de Terre</u>			
Address. ► RR 2 Box 1557, Wheatland, MO 65779			
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue: b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the of gaming revenue retained by the third party \$ c If 'Yes,' enter name and address of the third party:			X
Name. ►			
Address. •			
16 Gaming manager information			•
Name. ► Conrad A Pitz, Pomme de Terre S.C.			· :
Gaming manager compensation ► \$			
Description of services provided. Chairman - manage bingo & order supplies	·		•
X Director/officer Employee Independent contractor			
17 Mandatory distributions			
a is the organization required under state law to make charitable distributions from the gaming proceeds to reta state gaming license?	17a		X
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or s	pent in the		
organization's own exempt activities during the tax year. 🕨 \$			
BAA TEEA3703L 02/05/10 Schedule	G (Form 990 or 9	990-EZ)	2009

SCHEDULE O' (Form 990)

Supplemental Information to Form 990

OMB No 1545 0047

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

Name of the organization A.A.O.N.M.S., DBA c/o	Employer identification number 51-0150331
Abou Ben Adhem Temple Group Return	51-0130331
Form 990, Part VI, Line 11 - Form 990 Review Process	
Part VI, Line 10, "Process review for 990": The governing body	does_not_review_the
completed 990 prior to filing; however, one or more officers pe	rform a cursory
review_prior_to_signing_the_form In_addition,_Imperial_Headqu	arters Staff performs
a compliance review after the 990 is filed	.
Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Co	nflicts
Part VI, Line 12c, Our conflict of interest policy is part of t	he "Shrine Code of
Ethics." Compliance with our code of ethics is monitored and e	enforced_by_our
Imperial Council by-laws Section 210.7.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available	
Part VI, Line 19, "We do not make our governing documents, conf	lict of interest
policy, or financial statements available to the public. Our	90's are available
for public inspection upon written request."	
	.

Schedule 0 (Form 990) 2009	Page 2
Name of the organization A.A.O.N.M.S., DBA c/o Abou Ben Adhem Temple Group Return	Employer identification number 51-0150331
About Ben Mariem Temple Gloup Metalin	
	
	

SCHEDULE R (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

Complete if the organization answered 'Yes' to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 Attach to Form 990.

2009

OMB No 1545 0047

Open to Public Inspection

Employer identification number

(F)
Direct controlling
entity (F) t controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) N/A Direct 51-0150331 (E)
Public charity status (if section 501(c)(3)) (E) End-of-year assets Part I Identification of Disregarded Entities (Complete of the organization answered 'Yes' to Form 990, Part IV, line 33.) **(D)** Exempt Code section (**D)** Total income (C)
Legal domicile (state or foreign country) (C)
Legal domicile (state or foreign country) (B) Primary activity (B) Primary activity DBA c/o Abou Ben Adhem Temple Group Return 1111111 (A) Name, address, and EIN of related organization (A) Name, address, and EIN of disregarded entity <u>Ben Adhem Shrine Temple</u> A.A.O.N.M.S. Part Abou

Schedule R (Form 990) (2009)

TEEA5001L 02/05/10

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

51-0150331 Schedule R (Form 990) 2009 A.A.O.N.M.S., DBA c/o Abou Ben Adhem Temple Group Return

(J) General or managing partner? Yes Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) (H)
Disproportionate
allocations? Yes No (G) Share of end-of-year assets (F) Share of total income (E)
Predominant
income (related,
unrelated, excluded
from tax under
sections 512-514) (D) Direct controlling entity (C)
Legal
domicile
(state or
foreign (B) Primary Activity (A)
Name, address, and EIN of related organization Part III

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete of the organization answered 'Yes' to Form 990, Part IV, Inc. 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	Taxable as a Co	rporation or Trustreated as a co	ust (Complet	e if the organ trust during th	ization answered "	res' to Form 990,	Part IV,
(A) Name, address, and ElN of related organization	(B) Primary Activity	(B) (C) (D) (E) (E) (E) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C	(D) Direct ontrolling entity	(E) Type of entity (C corp, S corp, or trust)	Share of total income Share of end-of-year assets	(G) Share of end-of-year assets	(H) Percentage ownership
	,	-					
	.						
			-				
	 -						
ВАА		TEEA5002L 02/05/10	01/10			Schedule R (Form 990) (2009)	990) (2009)

Page 3

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Yes

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22,831.

51-0150331

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered 'Yes' to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total asset or gross revenue) that was not a related organization. See Instructions regarding exclusion for certain investment partnerships.

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	Are all partners section 501(c)(3) organizations?	(E) Share of end-of-year assets	(F) Disproportionate allocations?	(G) Code V-UBI amount in box 20 of Schedule K-1 Form (1068)	(H) - General or managing partner?	al or
			Yes No		Yes No	(200)	Yes	શ
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ВАА		TEEA5004L 02/05/10				Schedule R (Form 990) (2009)	n 990) (2	(6002

		Lake of		Pulaski Co	Shell		
	Joplin	the Ozarks	Тепте	Fort Wood	Knob	All	m
	Shrine Club	Shrine Club		Shrine Club		Others	Total
RIN	23-7324705	23-7324713	43-1729219	23-7324714	43-1265079		
Cash	14,829 16	31,961 00	19,386 00	5,408 23	20,645 00	85,395 61	177,625 00
	14,829 10	39,566 00	19,380 00	17,124 54	20,043 00	103,313 22	160,003 76
Savings		39,300 00	8,901 00	24,846 00	1,936 00	0 00	35,683 00
Inventory	11 006 03	5,000 00	3,301 00	24,040 00	10,544 00	0 00	26,630 83
Investments (Other assets)	11,086 83					91,347 00	323,472 18
Land, buildings, equip Accum depreciation	130,851 18	40,270 00 (35,000 00)			61,004 00	(32,75400)	(193,976 16)
Accum depreciation	(126,222 16)	(33,000 00)				(32,73400)	(175,570 10)
Total	30,545 01	81,797 00	28,287 00	47,378 77	94,129 00	247,301 83	529,438 61
Reserves					6,757 00	0 00	6,757 00
Net assets beginning	26,769 51	72,016 00	38,746 00	49,267 39	68,833 00	240,508 89	496,140 79
Excess revenue over exp	3,775 50	9,781 00	(10,459 00)			6,792 94	26,540 82
•	•						
Net assets ending	30,545 01	81,797 00	28,287 00	41,378 77	87,372 00	247,301 83	522,681 61
Revenue							
Dues & Assessments	36,633 05	10,710 00	13,154 00	287,454 30	26,448 00	69,537 68	443,937 03
Investment Income	3,486 88	951 00	133 00	29,801 87	123 00	2,325 00	36 , 820 <i>7</i> 5
Fundraising	7,200 00	21,691 00	219,365 00	2,849 88	37,564 00	54,151 13	342,821 01
m	47.010.02	72 252 00	222 (62 00	220 106 05	64 125 00	104 012 01	022 570 70
Total	47,319 93	33,352 00	232,652 00	320,106 05	64,135 00	126,013 81	823,578 <i>7</i> 9
Disbursements							
Fundraising	1,398 00	5,539 00	201,792 00	27,917 22	18,826 35	12,938 99	268,411 56
Administrative	36,636 24	2,290 00	22,004 00	49,488 40	(5,508 33)	27,363 17	132,273 48
Social Activities/Entertainment		5,145 00	635 00	174,841 92	11,588 00	37,200 12	233,326 17
Bldg Operations & Maintenand		3,143 00	11,173 00	31,274 36	2,162 00	19,600 23	65,139 65
Donations to Charities	330 00	431 00	1,000 00	3,500 00	2,000 00	15,229 67	22,160 67
Member Relations		131 00	35 00	576 19	2,000 00	598 77	1,209 96
Office Supplies & Expenses	664 00	3,460 00	2,868 00	25,896 58	1,009 33	2,659 62	36,557 53
Promotion & Publicity	004 00	4,706 00	2,604 00	23,070 30	1,251 00	3,066 84	11,627 84
Donation to ABA Temple		1,700 00	1,000 00	8,500 00	4,050 00	9,281 11	22,831 11
Donation to Bldg Assoc		2,000 00	1,000 00	0,200 00	.,020 00	1,500 00	3,500 00
&		2,000			•	.,	2,222
Total	43,544 43	23,571 00	243,111 00	321,994 67	35,378 35	129,438 52	797,037 97
Excess revenue over exp	3,775 50	9,781 00	(10,459 00)	(1,888 62)	18,539 00	6,792 94	26,540 82
Clubs - All Others column	EIN						
Ватту	23-7324760						
Barton	87-0700690						
Carthage	23-7324708						
Christain	23-7324704						
Dallas	43-1561745						
Greene County	23-7324718						
H-O-S-T	23-7324707						
Laclede	43-6209756						
Lake Stockton	23-7324717						
Lawrence	23-7324709						
Neosho	23-7324712						
Neveda	23-7324715						
North Shore	43-1265078						
Scenic River	87-0700542						
South Central	23-7324711						
Stone	43-1298232						
Taney	23-7324716						
Top of the Ozarks	23-7324710						

ABOU BEN ADHEM TEMPLE UNITS AND CLUBS DIRECTORY 2009

CLUBS

Barry County Shrine Club Rajah	George Patton	417-235-7115
Barton County Shrine Club Rajah	Ed Belcher	417-214-5388
Carthage Shrine Club Rajah	Don Rives	417-394-2863
Christian County Shrine Club Rajah	Don Champagne	417-725-0867
Dallas County Shrine Club Rajah	James Stewart	417-752-0001
Greene County Shrine Club Rajah	Steve Kessler	417-742-4794
Host Shrine Club Rajah	Christopher Haddock	417-256-7913
Joplin Shrine Club Rajah	Bradley Roam	417-862-0044
Laclede County Shrine Club Rajah	Ronald Martin	417-532-7330
Lake of the Ozarks Shrine Club Rajah	Jeffrey Morgan	573-964-6017
Lake Stockton Shrine Club Rajah	Mark Freeze	417-637-2307
Lawrence County Shrine Club Rajah	Gene Messenger	417-466-3131
Neosho Shrine Club Rajah	Dan Wood	417-451-4709
Nevada Shrine Club Rajah	Norman Radde	417-262-2235
North Shore Shrine Club Rajah	C. Larry Banner	573-392-3210
Pomme De Terre Shrine Club Rajah	Gary Ping	417-399-4838
Pulaski County-Fort Wood Shrine Club Rajah	Tony Dye	573-774-6276
Scenic Rivers Shrine Club Rajah	Marshall Buffington	573-226-3505
Shell Knob Shrine Club Rajah	Bob Cannon	417-858-3390
South Central Shrine Club Rajah	Richard Ferranto	573-729-3709
Stone County Shrine Club Rajah	Ross Anderson	417-739-5793
Taney County Shrine Club Rajah	Shawn Mayr	417-230-1222
Top of the Ozarks Shrine Club Rajah	Charles Hagen	417-634-5352

Form **8868** (Rev April 2009)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545 1709

Department of the Treasury

Internal Revenue	Service		File a sepa	rate application for ea	ich return.			
If you are	filing for an A	Automatic 3-Month E	xtension, compl	ete only Part I and ch	eck this box			► X
If you are	filing for an A	Additional (Not Auto	matic) 3-Month E	Extension, complete o	nly Part II (on pa	age 2 of this f	orm)	
Do not comp	lete Part II uni	<i>less</i> you have alread	y been granted a	an automatic 3-month	extension on a	previously file	d Form 8868	
Part I	Automatic	3-Month Extens	ion of Time.	Only submit origi	nal (no copie	s needed).	,	
				, ,	` '	,		
A corporation	required to fi	le Form 990-T and r	equesting an aut	omatic 6-month exten	ision – check th	is box and co	mplete Part I	only -
All other corp income tax re		uding 1120-C filers),	partnerships, RE	EMICS, and trusts mu	st use Form 700	4 to request a	an extension (of time to file
returns noted the additional Form 990-T.	l below (6 mor l (not automat Instead, you r	nths for a corporation ic) 3-month extension	n required to file in or (2) you file completed and:	orm 8868 if you want a Form 990-T). Howeve Forms 990-BL, 6069, signed page 2 (Part II) & Nonprofits.	er, you cannot fil or 8870, group r	e Form 8868 eturns, or a c	electronically omposite or (if (1) you want consolidated
	Name of Exempt	Organization					Employer ident	ification number
Type or	AAON	M.S., DBA c/	n					
print		Adhem Temple		turn			51-01503	331
File by the due date for		and room or suite number				•		
filing your return See	601 St.	Louis Street						
instructions		t office, state, and ZIP coo	le For a foreign addre	ess, see instructions		_		
	Springfi	eld, MO 6580	6					
Check type o		filed (file a separate		each return):				
X Form 990		` [Form 990-T (co	•		Form 472	0	
Form 990-BL Form 990-T (section 401(a) or 408(a) trust) Form 5227						7		
Form 990-EZ Form 990-T (trust other than above) Form 6069								
\vdash	Form 990-PF Form 1041-A Form 8870							
If the orgaIf this is for check this	anization does or a Group Re s box ► X	eturn, enter the orga . If it is for part of th	nization's four di	FAX No ► less in the United Stat git Group Exemption I this box ► and a	Number (GEN)	<u>0229</u> . If		
	sion will cover	··-· · · · · · · · · · · · · · · · · ·						
untıl _ The ext ► X	8/15	_, 20 <u>10</u> _, to file he organization's ref 20 <u>09</u> _ or	the exempt orga	on required to file Form nization return for the and ending	•			
2 If this ta	ax year is for t	ess than 12 months	, check reason:	Initial return	Final retu	rn C	hange in acc	ounting period
3a If this a nonrefu	pplication is foundable credits	or Form 990-BL, 990 s. See instructions	-PF, 990-T, 4720), or 6069, enter the te		any	3a \$	0.
		or Form 990-PF or 9 for year overpaymen		refundable credits and redit	estimated tax p	oayments	3ь\$	0.
deposit	Due. Subtractions	pon or, if required, t	y using EFTPS	payment with this form (Electronic Federal Ta	x Payment Syst	em).	3c \$	0.
Caution. If yo payment insti		o make an electronic	fund withdrawa	I with this Form 8868,	see Form 8453-	EO and Form	8879-EO for	
BAA For Priv	vacy Act and	Paperwork Reduction	n Act Notice. se	e instructions.			Form	8868 (Rev. 4-2009)