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Form **990-EZ****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)

- 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.

OMB No 1545-1150

2009**Open to Public Inspection**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 JOPPA TEMPLE**

Number and street (or P.O. box, if mail is not delivered to street address): **13280 New Hwy 67**

Room/suite: _____

City, town, or country: **Biloxi** State: **MS** ZIP + 4: **39532**

D Employer identification number: **64-0601740**

E Telephone number: **(228) 392-9345**

F Group Exemption Number: **0229**

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

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: ► **NA**

J Tax-exempt status (check only one)— ☒ 501(c) (10) ◀ (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. ► \$ **179,649**

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	32,957
2 Program service revenue including government fees and contracts	2	
3 Membership dues and assessments	3	42,750
4 Investment income	4	24,859
5a Gross amount from sale of assets other than inventory	5a	0
b Less cost or other basis and sales expenses	5b	0
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
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 \$ 0 of contributions reported on line 1)	6a	79,083
b Less direct expenses other than fundraising expenses	6b	42,214
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	36,869
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	0
8 Other revenue (describe ► _____)	8	0
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	137,435
10 Grants and similar amounts paid (attach schedule)	10	0
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	3,600
14 Occupancy, rent, utilities, and maintenance	14	64,036
15 Printing, publications, postage, and shipping	15	
16 Other expenses (describe ► See Attached Statement)	16	72,419
17 Total expenses. Add lines 10 through 16	17	140,055
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-2,620
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	480,769
20 Other changes in net assets or fund balances (attach explanation)	20	1,187
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	479,336

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	263,600	206,159
23 Land and buildings	304,689	268,762
24 Other assets (describe ► Hospital Van)	0	4,415
25 Total assets	568,289	479,336
26 Total liabilities (describe ► See Attached Statement)	87,520	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	480,769	479,336

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.
(HTA)Form **990-EZ** (2009)

65 INE

ENVELOPE
POSTMARK DATE MAY 14 2010

SCANNED JUL 1 2010

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28a	0
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29a	0
-----	---

30a	0
-----	---

31a	0
-----	---

32	0
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ons to t plans & nsation	(e) Expense account and other allowances
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0	0
0	0

0	0
0	0

0	0
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0	0

Form **990-EZ** (2009)[illegible]

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	
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		
b Did the organization file Form 1120-POL for this year?	37b	
38 a 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	0
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
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	
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 ▶		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶		
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 ▶ MS		
42 a The organization's books are in care of ▶ James Graham III Telephone no ▶ (228) 392-9349		
Located at ▶ 13280 New Hwy 76 City Biloxi ST MS ZIP + 4 ▶ 39532		
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)?	42b	X
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 ?	42c	X
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

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. **Yes** **No**
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. **46** **47**
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48**
- 49 a** Did the organization make any transfers to an exempt non-charitable related organization? **49a** **X**
- b** If "Yes," was the related organization a section 527 organization? **49b** **X**
- 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."

(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
Name <u>None</u> Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>00</u>	<u>0</u>	<u>0</u>	<u>0</u>

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
Name <u>None</u> Str _____		
City <u>ST</u> ZIP _____		
Name _____ Str _____		
City <u>ST</u> ZIP _____		
Name _____ Str _____		
City <u>ST</u> ZIP _____		
Name _____ Str _____		
City <u>ST</u> ZIP _____		

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

Sign Here	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.			
	<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> </div> <div style="width: 20%; text-align: right;"> 5/11/2010 Date </div> </div>	<div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> James A. Graham III - Recorder Type or print name and title </div> <div style="width: 20%;"></div> </div>		
Paid Preparer's Use Only	Preparer's signature	Date 5/5/2010	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions) 587-80-2436
	Firm's name (or yours if self-employed), address, and ZIP + 4 Tax Prep and Audit Service (Rodney Evans) PO Box 219, Mchenry, MS 39561		EIN ▶	Phone no (228) 861-8920

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

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 Form 990 or Form 990-EZ. ▶ See separate instructions.

2009

**Open To Public
Inspection**

AAONMS JOPPA TEMPLE

64-0601740

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17
Form 990-EZ filers are not required to complete this part

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- | | |
|---|--|
| a <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ 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.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
Total				0	0	0

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

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.

		(a) Event #1 Paper Sale (event type)	(b) Event #2 Kitchen Income (event type)	(c) Other events 7 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	3,644	4,606	70,833	79,083
	2 Less: Charitable contributions	0	0	0	0
	3 Gross income (line 1 minus line 2)	3,644	4,606	70,833	79,083
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	0	0	0
	6 Rent/facility costs	0	0	0	0
	7 Food and beverages	0	0	0	0
	8 Entertainment	0	0	0	0
	9 Other direct expenses	0	732	41,482	42,214
	10 Direct expense summary Add lines 4 through 9 in column (d)				(42,214)
	11 Net income summary Combine line 3, column (d), and line 10				36,869

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 bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				0
Direct Expenses	2 Cash prizes				0
	3 Noncash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses				0
	6 Volunteer labor	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	<input type="checkbox"/> Yes _____% <input type="checkbox"/> No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				(0)
	8 Net gaming income summary Combine line 1, column d, and line 7				0

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states?

b If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

	Yes	No
9a		
10a		
11		
12		

		Yes	No
13	Indicate the percentage of gaming activity operated in		
a	The organization's facility	13a	%
b	An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
Name ►			
Address ►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b	If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$		
c	If "Yes," enter name and address of the third party.		
Name ►			
Address ►			
16	Gaming manager information		
Name ►			
Gaming manager compensation ► \$ 0			
Description of services provided ►			
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor			
17	Mandatory distributions		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$		

Department of the Treasury
Internal Revenue Service

Name of the organization

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

2009

Open to Public Inspection

AAONMS JOPPA TEMPLE

Employer identification number

64-0601740

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
(HTA)

Schedule O (Form 990) 2009

Part I, Line 16 (990-EZ) - Other Expenses

72,419

1	Travel	1	
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	
6	Depreciation	6	0
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	
11	Telephone	11	
12	Unrelated business income taxes	12	0
13	Recorder	13	1,800
14	Bookkeeping	14	11,968
15	Taxes	15	20
16	Printing	16	332
17	Postage	17	1,021
18	Office Equip Maint	18	586
19	Office Supplies	19	1,978
20	Phone	20	6,724
21	Dues and Subscriptions	21	470
22	Bank Charges	22	875
23	Unit Fraternal Expense	23	
24	Unit Transfer Expense	24	
25	Misc Unit Expense	25	
26	Utilities	26	
27	Insurance	27	2,911
28	Building Maint	28	
29	Ceremonial Expense	29	2,401
30	Social Events	30	5,873
31	Visitations Expense	31	2,854
32	Promotions	32	5,468
33	Charity & Welfare	33	3,803
34	Members Relations	34	198
35	Transporation Expense	35	14,340
36	Imperial Council per Capital Due	36	8,513
37	Web Page	37	284

Part I, Line 20 (990-EZ) - Other Changes in Net Assets or Fund Balances

1,187

Description		Amount	
1	Deffered Revenue Liability	1	1,187
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	

Part II, Line 24 (990-EZ) - Other Assets

04,415

	Description	Beginning	End
1	Hospital Van	0	4,415
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			
16			
17			
18			
19			
20			

Part II, Line 26 (990-EZ) - Liabilities

87,520

0

Description		Beginning	End
1	Deferred Revenue	31,720	0
2	Bond Payable	55,800	0
3			
4			
5			
6			
7			
8			
9			
10			

Part III, Line 31 (990-EZ) - Other Program Services

	Program Service Expenses
Cheese Sale	
Provided transportation for children and their families to Shriners Hospitals as needed	
We will continue to provide this free service indefinitely	
(Grants and allocations \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0
Kitchen income	
Provided transportation for children and their families to Shriners Hospitals as needed	
We will continue to provide this free service indefinitely	
(Grants and allocations \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0
Onion Sale	
Provided transportation for children and their families to Shriners Hospitals as needed	
We will continue to provide this free service indefinitely	
(Grants and allocations \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0
Sock Hop	
Provided transportation for children and their families to Shriners Hospitals as needed	
We will continue to provide this free service indefinitely	
(Grants and allocations \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0
Steak Night	
Provided transportation for children and their families to Shriners Hospitals as needed	
We will continue to provide this free service indefinitely	
(Grants and allocations \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0
Car show	
Provided transportation for children and their families to Shriners Hospitals as needed	
We will continue to provide this free service indefinitely	
(Grants and allocations \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0
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(Grants and allocations \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0
(Grants and allocations \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0
Total 0	Total 0