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## Return of Organization Exempt From Income Tax

2009

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

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

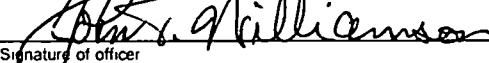
<b>B</b> Check if applicable		<b>C</b> ANCIENT ARABIC ORDER OF THE NOBLES - JERUSALEM TEMPLE P. O. BOX 712 DESTREHAN, LA 70047-0712	<b>D</b> Employer identification number 72-0118850
<input type="checkbox"/> Address change	<b>Please use IRS label or print or type</b>	<b>E</b> Telephone number (985) 725-1716	
<input type="checkbox"/> Name change	<b>See specific instructions.</b>	<b>F</b> Gross receipts \$ 499,851.	
<input type="checkbox"/> Initial return		<b>G</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Termination		<b>H</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'No' attach a list (see instructions)	
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending		<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c) (10) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	<b>J</b> Website: ► N/A
		<b>K</b> Form of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input checked="" type="checkbox"/> Other ► Uninc As <b>L</b> Year of formation 1888 <b>M</b> State of legal domicile LA	<b>H</b> Group exemption number ► 0229

## Part I Summary

<b>Activities &amp; Governance</b>	1 Briefly describe the organization's mission or most significant activities <u>FRATERNITY WITH A PHILANTHROPIC MISSION</u>		
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets	3	7
	3 Number of voting members of the governing body (Part VI, line 1a)	4	0
	4 Number of independent voting members of the governing body (Part VI, line 1b)	5	4
	5 Total number of employees (Part V, line 2a)	6	30
	6 Total number of volunteers (estimate if necessary)	7a	0.
	7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7b	0.
	b Net unrelated business taxable income from Form 990-T, line 34		
<b>Revenue</b>	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	146,079.	59,730.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	107,874.	103,114.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	39,546.	35,240.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	117,460.	125,267.
		410,959.	323,351.
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,800.	
	14 Benefits paid to or for members (Part IX, column (A), line 4)	46,030.	43,380.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		
	16a Professional fundraising fees (Part IX, column (A), line 14e) b Total fundraising expenses (Part IX, column (D), line 25)		
	17 Other expenses (Part IX, column (A), lines 11a-14d, 24f)	339,372.	354,094.
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	389,202.	397,474.
19 Revenue less expenses Subtract line 18 from line 12	21,757.	-74,123.	
<b>Expenses</b>	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	2,845,818.	2,737,700.
	22 Net assets or fund balances Subtract line 21 from line 20	123,284.	106,249.
		2,722,534.	2,631,451.
<b>Net Assets or Fund Balances</b>	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	2,845,818.	2,737,700.
	22 Net assets or fund balances Subtract line 21 from line 20	123,284.	106,249.
		2,722,534.	2,631,451.

## Part II Signature Block

SCANNED DEC 10 2010

<b>Sign Here</b>	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		
	► 	Date 11-11-10	RECODER
	Signature of officer John Williamson	Date 11-11-10	
	Type or print name and title JOHN WILLIAMSON		

<b>Paid Preparer's Use Only</b>	Preparer's signature ► Anthony L. Terranova Jr.	Date 11/10/2010	Check if self-employed ► <input type="checkbox"/>	Preparer's identifying number (see instructions) N/A
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► Jeanne S. Duhe', CPA, LLC ► 5036 Yale Street, Suite 201 Metairie, LA 70006	EIN ► N/A	Phone no ► (504) 780-8027	

May the IRS discuss this return with the preparer shown above? (see instructions)

 Yes  No

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

TEEA0113L 12/29/09 Form 990 (2009)

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**Part III Statement of Program Service Accomplishments**1 Briefly describe the organization's missionFRATERNITY WITH A PHILANTHROPIC MISSION2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes  No

If 'Yes,' describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes  No

If 'Yes,' describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported4a (Code       ) (Expenses \$                  including grants of \$                 ) (Revenue \$       103,114.      )Nothing reported, Part IX, line 25, Col B; Therefore, no expenses reported here.Initiation Fees and Membership Dues: Billed to members in the Fall for the upcomming year. Fosters brotherhood & fellowship.4b (Code       ) (Expenses \$                  including grants of \$                 ) (Revenue \$                 )4c (Code       ) (Expenses \$                  including grants of \$                 ) (Revenue \$                 )4d Other program services (Describe in Schedule O.)(Expenses \$                  including grants of \$                 ) (Revenue \$                 )4e Total program service expenses ►

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1	X
2 Is the organization required to complete Schedule B, Schedule of Contributors?	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	3	X
4 <b>Section 501(c)(3) organizations</b> Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4	
5 <b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations</b> 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	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8	X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9	X
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, VII, VIII, IX, or X as applicable	11	X
• Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI		
• Did the organization report an amount for investments— other 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		
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
12A Was 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
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15	X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17	X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19	X
20 Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20	X

**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? If 'Yes,' complete Schedule J	23	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, 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	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b	
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 committee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	28a	X
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b	X
b	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28c	X
c	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	29	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	30	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	31	X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	32	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	33	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	34	X
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	35	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	36	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	37	X
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	38	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O		

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	1a	0	
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 (gambling) winnings to prize winners?	1c		
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	4	
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)</i>	2b	X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X	
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O	3b		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X	
b If 'Yes,' enter the name of the foreign country ► See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X	
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X	
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?	5c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	X	
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b	X	
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7b		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X	
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d		
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	X	
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	X	
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
a Did the organization make any taxable distributions under section 4966?	9a		
b Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
<b>10 Section 501(c)(7) organizations.</b> 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		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
a Gross income from other members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a		
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year.	12b		

**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.

### Section A. Governing Body and Management

1a Enter the number of voting members of the governing body      **1a**      7  
 b Enter the number of voting members that are independent      **1b**

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?      **2**      X

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?      **3**      X

4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?      **4**      X

5 Did the organization become aware during the year of a material diversion of the organization's assets?      **5**

6 Does the organization have members or stockholders? See Schedule O      **6**      X

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? See Schedule O      **7a**      X  
 b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? See Sch O      **7b**      X

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following  
 a The governing body?      **8a**      X  
 b Each committee with authority to act on behalf of the governing body?      **8b**      X

9 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O      **9**      X

### Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)

10a Does the organization have local chapters, branches, or affiliates?  
 b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?      **10a**      X  
**10b**      X

11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?      **11**      X

11A Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O

12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13  
 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?      **12a**      X  
 c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done See Schedule O      **12b**      X  
**12c**      X

13 Does the organization have a written whistleblower policy?      **13**      X

14 Does the organization have a written document retention and destruction policy?      **14**      X

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  
 a The organization's CEO, Executive Director, or top management official      **15a**      X  
 b Other officers of key employees of the organization  
 If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions)      **15b**      X

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  
 b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?      **16a**      X  
**16b**

### Section C. Disclosures

17 List the states with which a copy of this Form 990 is required to be filed ► **LA**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply  
 Own website       Another's website       Upon request

19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Schedule O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization  
 ► **MANAGEMENT 1940 ORMOND BLVD. DESTREHAN LA 70047 (985) 725-1716**

## **Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees. See instructions for definition of 'key 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.

Check this box if the organization did not compensate any current officer, director, or trustee.

**Part VII** **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont.)**

**1 b Total**

0. 0

0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ► 0

	Yes	No
3		X
4		X
5		X

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**Section B. Independent Contractors**

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

## Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns.	1a			
	b Membership dues	1b	34,264.		
	c Fundraising events	1c	6,803.		
	d Related organizations	1d	18,663.		
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f			
	g Noncash contribns included in lns 1a-1f		\$ 709.		
<b>h Total. Add lines 1a-1f</b>			59,730.		
PROGRAM SERVICE REVENUE	2a Initiation Fees & Dues	Business Code 900099	103,114.	103,114.	
	b				
	c				
	d				
	e				
	f All other program service revenue				
	<b>g Total. Add lines 2a-2f</b>			103,114.	
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)		35,240.		35,240.
	4 Income from investment of tax-exempt bond proceeds				
	5 Royalties				
	6a Gross Rents	(i) Real 91,866.			
	b Less rental expenses	(ii) Personal 12,840.			
	c Rental income or (loss)		79,026.		
	d Net rental income or (loss)				79,026.
7a Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
b Less cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss)					
8a Gross income from fundraising events (not including \$ 6,803. of contributions reported on line 1c).					
See Part IV, line 18	a 153,362.				
b Less: direct expenses	b 137,437.				
c Net income or (loss) from fundraising events		15,925.		15,925.	
9a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances	a 21,481.				
b Less cost of goods sold	b 26,223.				
c Net income or (loss) from sales of inventory		-4,742.		-4,742.	
Miscellaneous Revenue	Business Code				
11a MISCELLANEOUS	900099	35,058.	35,058.		
b					
c					
d All other revenue					
e Total. Add lines 11a-11d		35,058.			
<b>12 Total revenue. See instructions</b>		323,351.	138,172.	0.	125,449.

**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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	39,955.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	3,425.			
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	12,275.			
d Lobbying				
e Prof fundraising svcs See Part IV, ln 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	19,397.			
14 Information technology				
15 Royalties				
16 Occupancy	46,974.			
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	6,385.			
20 Interest				
21 Payments to affiliates	20,590.			
22 Depreciation, depletion, and amortization	44,955.			
23 Insurance	39,666.			
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 <u>SEE SCHEDULE O</u>	150,265.			
b <u>Printing and Publications</u>	13,587.			
c _____				
d _____				
e _____				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	397,474.			
26 Joint costs. Check here <input type="checkbox"/> 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				

## Part X Balance Sheet

		(A) Beginning of year		(B) End of year
1	Cash – non-interest-bearing	205,412.	1	135,994.
2	Savings and temporary cash investments	790,556.	2	853,685.
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net	13,637.	4	23,124.
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	
7	Notes and loans receivable, net		7	
8	Inventories for sale or use	5,354.	8	6,229.
9	Prepaid expenses and deferred charges	751.	9	751.
10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	1,817,891.		
b	Less accumulated depreciation.	686,899.	10c	1,130,992.
11	Investments – publicly-traded securities	702,214.	11	586,925.
12	Investments – other securities See Part IV, line 11		12	
13	Investments – program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	<b>Total assets</b> Add lines 1 through 15 (must equal line 34)	2,845,818.	16	2,737,700.
17	Accounts payable and accrued expenses	24,588.	17	23,351.
18	Grants payable		18	
19	Deferred revenue	98,696.	19	82,898.
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 of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities Complete Part X of Schedule D		25	
26	<b>Total liabilities</b> Add lines 17 through 25	123,284.	26	106,249.
NET ASSETS	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
27	Unrestricted net assets	2,668,990.	27	2,575,083.
28	Temporarily restricted net assets	53,544.	28	56,368.
29	Permanently restricted net assets		29	
ORG FUND	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
BALANCE	30 Capital stock or trust principal, or current funds		30	
5	31 Paid-in or capital surplus, or land, building, and equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	2,722,534.	33	2,631,451.
	34 Total liabilities and net assets/fund balances.	2,845,818.	34	2,737,700.

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Form 990 (2009)

**Part XI Financial Statements and Reporting**

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	<input type="checkbox"/> 2a <input checked="" type="checkbox"/>	<input type="checkbox"/>
2b Were the organization's financial statements audited by an independent accountant?	<input type="checkbox"/> 2b	<input checked="" type="checkbox"/>
2c 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?	<input type="checkbox"/> 2c <input checked="" type="checkbox"/>	<input type="checkbox"/>
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O		
2d 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	<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	<input type="checkbox"/> 3a	<input checked="" type="checkbox"/>
3b 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	<input type="checkbox"/> 3b	<input type="checkbox"/>

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Form 990 (2009)

**SCHEDULE D**  
**(Form 990)**Department of the Treasury  
Internal Revenue Service**Supplemental Financial Statements**

OMB No 1545-0047

**2009**Open to Public  
Inspection

Name of the organization

ANCIENT ARABIC ORDER OF THE NOBLES -  
JERUSALEM TEMPLE

Employer identification number

72-0118850

**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.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 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?  Yes  No6 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?  Yes  No**Part II Conservation Easements** Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 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

2 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
b Total acreage restricted by conservation easements	2b
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 year ► \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ► \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easement it holds?  Yes  No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ► \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

8 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)?  Yes  No

9 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 ► \$ \_\_\_\_\_

2 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 ► \$ \_\_\_\_\_



**Part VII Investments—Other Securities** See Form 990, Part X, line 12. **N/A**

(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		
Total. (Column (b) must equal Form 990 Part X, col (B) line 12)		

**Part VIII Investments—Program Related (See Form 990, Part X, line 13)**

N/A

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/A

**Total. (Column (b) must equal Form 990, Part X, col (B), line 15)**

**Part X Other Liabilities (See Form 990, Part X, line 25)**

(a) Description of Liability	(b) Amount
Federal Income Taxes	

Total (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

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 and 9	

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** N/A

1 Total revenue, gains, and other support per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a Net unrealized gains on investments	2a
b Donated services and use of facilities	2b
c Recoveries of prior year grants	2c
d Other (Describe in Part XIV)	2d
e Add lines 2a through 2d	2e
3 Subtract line 2e from line 1	3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a Investments expenses not included on Form 990, Part VIII, line 7b	4a
b Other (Describe in Part XIV)	4b
c Add lines 4a and 4b	4c
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return** N/A

1 Total expenses and losses per audited financial statements	1
2 Amounts included on line 1 but not on Form 990, Part IX, line 25	
a Donated services and use of facilities	2a
b Prior year adjustments	2b
c Other losses	2c
d Other (Describe in Part XIV)	2d
e 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:	
a Investments expenses not included on Form 990, Part VIII, line 7b	4a
b Other (Describe in Part XIV)	4b
c Add lines 4a and 4b	4c
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

**Part V, Line 4 - Intended Uses Of Endowment Fund**

Unrestricted: The Board designated or quasi-endowment is used at management's discretion to run the daily operations of the temple.

Temporarily Restricted: The term endowment is utilized to provide free transportation to and from Shriner's Hospitals for the patients and their families.

**Part XIV Supplemental Information (continued)**



**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.

REVENUE		(a) Event #1 SHRINE CIRCUS (event type)	(b) Event #2 VARIOUS FRATRN (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
	1 Gross receipts	149,259.	10,906.		160,165.
	2 Less Charitable contributions	6,803.			6,803.
	3 Gross income (line 1 minus line 2)	142,456.	10,906.		153,362.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	9,000.			9,000.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	122,177.	6,260.		128,437.
	10 Direct expense summary Add lines 4- through 9 in column (d)				► 137,437.
	11 Net income summary Combine lines 3, column (d) and line 10				► 15,925.

**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.

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	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)				►
	8 Net gaming income summary. Combine lines 1, column (d) and line 7				►

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

-----

YES	NO
9a	

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

b If 'Yes,' explain

-----

10a
-----

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?

11
12

13 Indicate the percentage of gaming activity operated in.

- a The organization's facility
- b An outside facility

	YES	NO
13a	%	
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 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 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 ► \$ \_\_\_\_\_

Description of services provided: ► \_\_\_\_\_

 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 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 ► \$ \_\_\_\_\_

## 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. ► See separate instructions.

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

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Inspection

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**Part I** **Identification of Disregarded Entities** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 33.)

**Part II** **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.)

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
IMPERIAL COUNCIL OF A.A.O.N.M.S. OF N.A.	-----	-----	-----	-----	-----
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**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.)

**Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered 'Yes' in Form 990 Part IV)

Part IV  
Line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

**Part V Transactions With Related Organizations** (Complete if the organization answered 'Yes' to Form 990, Part IV, line 34, 35, or 36.)

Note	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule	Yes	No
1	During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts I-IV:		
a	Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties <b>(iv)</b> rent from a controlled entity	1a	X
b	Gift, grant, or capital contribution to other organization(s)	1b	X
c	Gift, grant, or capital contribution from other organization(s)	1c	X
d	Loans or loan guarantees to or for other organization(s)	1d	X
e	Loans or loan guarantees by other organization(s)	1e	X
f	Sale of assets to other organization(s)	1f	X
g	Purchase of assets from other organization(s)	1g	X
h	Exchange of assets	1h	X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i	X
j	Lease of facilities, equipment, or other assets from other organization(s)	1j	X
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k	X
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l	X
m	Sharing of facilities, equipment, mailing lists, or other assets	1m	X
n	Sharing of paid employees	1n	X
o	Reimbursement paid to other organization for expenses	1o	X
p	Reimbursement paid by other organization for expenses	1p	X
q	Other transfer of cash or property to other organization(s)	1q	X
r	Other transfer of cash or property from other organization(s)	1r	X
2	If the answer to any of the above is 'Yes,' see the instructions for information on who must complete this line, including covered relationships and transaction thresholds		
(1)	IMPERIAL COUNCIL OF A.A.O.N.M.S. OF N.A.	k	20,590.
(2)			
(3)			
(4)			
(5)			
(6)			

**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

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Schedule R (Form 990) (2009)

**SCHEDULE O**  
(Form 990)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990**

OMB No 1545-0047

**2009****Open to Public  
Inspection**

Name of the organization **ANCIENT ARABIC ORDER OF THE NOBLES - JERUSALEM TEMPLE** Employer identification number **72-0118850**

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

**Part IX, line 24f, "All Other Expenses"**

Miscellaneous \$18,964, Entertainment and Socials \$27,182, Visitations and Pilgrimages \$33,005, Hospital Patient Transportation \$44,720, Promotion \$6,579, Charity and Welfare \$16,910, Units and Clubs \$2,905 (Total \$150,265)

**Part XI, Line 1, Accounting Method**

The Temple has always filed using the Accrual Method of Accounting.

**Form 990, Part VI, Line 6 - Explanation of Classes of Members or Shareholder****FRATERNAL ORGANIZATION****Form 990, Part VI, Line 7a - How Members or Shareholders Elect Governing Body**

BY BALLOT AT ANNUAL ELECTIONS

**Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders****OPERATIONS OF THE ORGANIZATION****Form 990, Part VI, Line 11 - Form 990 Review Process**

The governing body does not review the completed 990 prior to filing; however, one or more officers performs a cursory review prior to signing the form. In addition, Imperial Headquarters Staff performs a compliance review after the 990 is filed.

**Form 990, Part VI, Line 12c - Explanation of Monitoring and Enforcement of Conflicts**

Our conflict of interest policy is part of the "Shrine Code of Ethics". Compliance with our code of ethics is monitored and enforced by our Imperial Council bylaws Section 210.7

**Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available**

"We do not make our governing documents, conflict of interest policy, or financial statements available to the public. Our 990's are available for public inspection upon written request."

Name of the organization

ANCIENT ARABIC ORDER OF THE NOBLES -  
JERUSALEM TEMPLE

Employer identification number

72-0118850

Application for Extension of Time To File an  
Exempt Organization Return

OMB No 1545-1709

Department of the Treasury  
Internal Revenue Service

► 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  X
- 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](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization <b>ANCIENT ARABIC ORDER OF THE NOBLES - JERUSALEM TEMPLE</b>	Employer identification number <b>72-0118850</b>
File by the due date for filing your return. See instructions	Number, street, and room or suite number. If a P O box, see instructions <b>P. O. BOX 712</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions <b>DESTREHAN, LA 70047-0712</b>	

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

<input checked="" 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 (section 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input 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 books are in the care of ► **MANAGEMENT**

Telephone No ► (985) 725-1716 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 8/15, 20 10, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 20 09 or
- tax year beginning       , 20       , and ending       , 20

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 \$ <u>0.</u>
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 \$ <u>0.</u>
c <b>Balance Due.</b> 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 \$ <u>0.</u>

**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

**BAA For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form 8868 (Rev 4-2009)

- 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).

<b>Type or print</b>  File by the extended due date for filing the return. See instructions	Name of Exempt Organization  <b>ANCIENT ARABIC ORDER OF THE NOBLES - JERUSALEM TEMPLE</b>	Employer identification number  <b>72-0118850</b>
	Number, street, and room or suite number. If a P O box, see instructions  <b>Jeanne S. Duhe', CPA, LLC 5036 Yale Street, Suite 201</b>	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions  <b>Metairie, LA 70006</b>	

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

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

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

- The books are in care of ► **MANAGEMENT**  
Telephone No ► **(985) 725-1716** 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 11/15, 20 10
- 5 For calendar year 2009, or other tax year beginning , 20 , and ending , 20
- 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 respectfully requests additional time to gather information necessary to file a complete and accurate tax return.

<b>8a</b> 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	<b>8a</b> \$ <input type="text"/>
<b>b</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	<b>8b</b> \$ <input type="text"/>
<b>c Balance Due.</b> 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 instrs	<b>8c</b> \$ <input type="text"/>

**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 ►

Title ► **RECORDER**

Date ►

**BAA**

FIFZ0502L 03/11/09

Form 8868 (Rev 4-2009)

ANCIENT ARABIC ORDER OF THE NOBLES - JERUSALEM TEMPLE  
 STATEMENT OF REVENUE AND  
 STATEMENT OF FUNCTIONAL EXPENSES  
 DECEMBER 31 2009

Federal ID	72-0118850			
PART VIII		TOTAL		
LINE		JERUSALEM	GRAND	
		TEMPLE	UNITS	TOTAL
1b	CONTRIBUTIONS	34,264		34,264
1c	FUNDRAISING EVENTS	6,803		6,803
1d	RELATED ORGANIZATIONS	18,663		18,663
2a	MEMBERSHIP DUES	96,100	7,014	103,114
3	INVESTMENT INCOME	34,792	448	35,240
6a	GROSS RENTS	91,866		91,866
6b	RENT EXPENSES	(12,840)		(12,840)
	FUNDRAISING EVENTS			
8a	GROSS REVENUE	142,456	10,906	153,362
8b	DIRECT EXPENSES	(131,177)	(6,260)	(137,437)
10a	GROSS SALES OF INVENTORY	21,481		21,481
10b	COST OF GOODS SOLD	(26,223)		(26,223)
11	OTHER REVENUE	14,168	20,890	35,058
12	TOTAL REVENUE	290,353	32,998	323,351
	UNREALIZED GAINS OR LOSS ON INVST	(16,961)	0	(16,961)
PART IX				
2	ASSISTANCE TO INDIVIDUALS	0		0
7	OTHER SALARIES AND WAGES	39,955		39,955
10	PAYROLL TAXES	3,425		3,425
11c	ACCOUNTING FEES	12,275		12,275
13	OFFICE EXPENSE	17,017	2,380	19,397
16	OCCUPANCY	46,974		46,974
19	CONFERENCES, COVEN, MEETINGS	4,696	1,689	6,385
21	PAYMENTS TO AFFILIATES	20,590		20,590
22	DEPRECIATION	44,954		44,954
23	INSURANCE	39,666		39,666
24	OTHER EXPENSES	119,432	44,420	163,852
25	TOTAL	348,984	48,489	397,473
	LINE 24 - OTHER EXPENSES			
	MISCELLANEOUS	3,326	15,638	18,964
	PRINTING & PUBLICATIONS	13,587		13,587
	ENTERTAINMENT AND SOCIALS	13,075	14,107	27,182
	VISITATIONS AND PILGRIMAGES	33,005		33,005
	HOSPITAL PATIENT TRANSPORTATION	44,720		44,720
	PROMOTION	6,579		6,579
	CHARITY AND WELFARE	2,235	14,675	16,910
	UNITS AND CLUBS	2,905		2,905
24	TOTAL - OTHER EXPENSES	119,432	44,420	163,852

ANCIENT ARABIC ORDER OF THE NOBLES - JERUSALEM TEMPLE  
 BALANCE SHEET  
 DECEMBER 31, 2009

Federal ID 72-0118850		TOTAL		
LINE	ASSETS	JERUSALEM	TEMPLE	GRAND
			UNITS	TOTAL
1	CASH - NON-INTEREST-BEARING	88,080	47,914	135,994
2	SAVINGS AND TEMPORARY CASH INVESTMENTS	843,136	10,549	853,685
4	ACCOUNTS RECEIVABLE	23,124		23,124
8	INVENTORIES FOR SALE OR USE	6,229		6,229
9	PREPAID EXPENSES	751		751
10a	LAND, BUILDINGS AND EQUIPMENT	1,811,941	5,950	1,817,891
10b	(LESS) ACCUMULATED DEPRECIATION	(686,726)	(173)	(686,899)
11	INVESTMENTS - SECURITIES	586,925		586,925
16	TOTAL ASSETS	2,673,460	64,240	2,737,700
	LIABILITIES			
17	ACCOUNTS PAYABLE & ACCRUED EXPENSES	23,351		23,351
19	DEFERRED REVENUE	82,898		82,898
26	TOTAL LIABILITIES	106,249		106,249
	NET ASSETS			
27	UNRESTRICTED	11,826	58,463	70,289
27	UNRESTRICTED - TRUSTEES RESERVE	576,154		576,154
27	UNRESTRICTED - TRUSTEES NEW BUILDING FUND	810,092		810,092
27	UNRESTRICTED - LAND BUILD AND EQUIPT	1,112,771	5,777	1,118,548
28	TEMPORARILY RESTRICTED	56,368		56,368
33	TOTAL NET ASSETS	2,567,211	64,240	2,631,451
34	TOTAL LIABILITIES AND NET ASSETS	2,673,460	64,240	2,737,700