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Form **990-EZ** (2010)

Part II Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II ☒

(See the instructions for Part II)

(See the instructions for Part II)													(A) Beginning of year		(B) End of year	
22	Cash, savings, and investments	.	.	.	.	.	.	.	.	.	.	.	3,863	22	3,731	
23	Land and buildings	.	.	.	.	.	.	.	.	.	.	.	74,166	23	72,628	
24	Other assets (describe in Schedule O)	.	.	.	.	.	.	.	.	.	.	.	0	24	0	
25	Total assets	.	.	.	.	.	.	.	.	.	.	.	78,029	25	76,359	
26	Total liabilities (describe in Schedule O)	.	.	.	.	.	.	.	.	.	.	.	18,203	26	12,180	
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	.	.	.	.	.	.	.	.	.	.	.	59,826	27	64,179	

Part III Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III ☐

Expenses

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

What is the organization's primary exempt purpose?

PROMOTE CIVIL, FRATERNAL, CHARTIABLE, AND RECREATIONAL ACTIVITIES WITHIN THE COMMUNITY AND AMONG THE MEMBERS

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

28 Various Charitable and recreational activities in the community We participate in health fairs, community parades, and neighborhood picnics (Grants \$ 26,529)		If this amount includes foreign grants, check here	☐	28a	3,616
29					
(Grants \$)		If this amount includes foreign grants, check here	☐	29a	
30					
(Grants \$)		If this amount includes foreign grants, check here	☐	30a	
31 Other program services (describe in Schedule O)					
(Grants \$)		If this amount includes foreign grants, check here	☐	31a	
32 Total program service expenses (add lines 28a through 31a)			☒	32	3,616

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

Check if the organization used Schedule O to respond to any question in this Part IV ☐

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

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

Check if the organization used Schedule O to respond to any question in this Part V ☐

			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		No
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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		No
b	If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)	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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶	37a	0	
b	Did the organization file Form 1120-POL for this year?	37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
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		
40a	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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its 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		No
41	List the states with which a copy of this return is filed ▶			
42a	The organization's books are in care of ▶ Kevin Dammond Telephone no ▶ (901) 246-5241 15 E MALLORY PO BOX 1894 Located at ▶ MEMPHIS, TN ZIP + 4 ▶ 381011894			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	Yes	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶	42c		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			
44a	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44a	Yes	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?	44c		No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		

		Yes	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
45a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' Form 990 and Schedule R must be completed instead of Form990-EZ		No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

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

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization If there is none, enter "None "

(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

50(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

51(d) Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

☒ Yes ☐ No

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

Sign Here	Signature of officer		2013-06-21 Date	
	Dwight Smith Illustrious Potentate Type or print name and title			
Paid Preparer's Use Only	Preparer's signature	Melissa Partee	Date	2013-06-21
	Check if self-employed		☒	
	Preparer's taxpayer identification number (See instructions)			
	Firm's name (or yours if self-employed), address, and ZIP + 4	EMP Accounting Services PO Box 3135 Memphis, TN 38173		EIN
	Phone no		(901) 730-6351	

May the IRS discuss this return with the preparer shown above? See instructions

☒ Yes ☐ No

2010

Open to Public Inspection

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization

MOOLAH TEMPLE NO 54 AEAONMS

Employer identification number

23-7536492

Identifier	Return Reference	Explanation
F99Z_P01_S00_L08	Form 990-EZ, Part I, Line 8	Description,Amount^refunds,560^Total,560^
F99Z_P01_S00_L16	Form 990-EZ, Part I, Line 16	Description,Amount^Imperial Council Expenses,12489 Refunds,515 Tribute,232 Bank Errors,878 Temple Activities,1030^Total,15144^
F99Z_P02_S00_L26	Form 990-EZ, Part II, Line 26	Description,EOY Amount^Mortgage,12180^Total,12180^

Additional Data

Software ID: 10000077
Software Version: v1.00
EIN: 23-7536492
Name: MOOLAH TEMPLE NO 54 AEAONMS

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Andre Spates 15 E MALLORY PO BOX 1894 MEMPHIS,TN 381011894	Illustrious Potentate 20	0	0	0
Timothy Anderson 15 E MALLORY PO BOX 1894 MEMPHIS,TN 381011894	Chief Rabban 20	0	0	0
Dwight Smith 15 E MALLORY PO BOX 1894 MEMPHIS,TN 381011894	Assistant Rabban 20	0	0	0
Mike Hill 15 E MALLORY PO BOX 1894 MEMPHIS,TN 381011894	High Priest and Prophet 10	0	0	0
Willie Carpenter 15 E MALLORY PO BOX 1894 MEMPHIS,TN 381011894	Oriental Guide 10	0	0	0
Willie Tabor Sr 15 E MALLORY PO BOX 1894 MEMPHIS,TN 381011894	Treasurer 10	0	0	0
James Mason 15 E MALLORY PO BOX 1894 MEMPHIS,TN 381011894	Recorder 10	0	0	0
Vitner Clark 15 E MALLORY PO BOX 1894 MEMPHIS,TN 381011894	First Ceremonial Master 5	0	0	0
Kimsey Lovell 15 E MALLORY PO BOX 1894 MEMPHIS,TN 381011894	Second Ceremonial Master 5	0	0	0
Rickey Brandon 15 E MALLORY PO BOX 1894 MEMPHIS,TN 381011894	Captain of the Guard 5	0	0	0
Edward Sample Jr 15 E MALLORY PO BOX 1894 MEMPHIS,TN 381011894	Outer Guard 5	0	0	0
Christopher Bradley 15 E MALLORY PO BOX 1894 MEMPHIS,TN 381011894	Marshall 5	0	0	0