

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



Form **990-EZ**

Department of the Treasury Internal Revenue Service

Short Form 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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 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

2010

Open to Public Inspection

A	For the	e 2010 calendar year, or tax year beginning , 2010, and ending			, 20					
В	Check if ap	plicable	C Name of organization			D Employer identification number				
	Address c	hange	Moalem Shrine Temple #79	ine Temple #79						
Щ	Name cha	-	Number and street (or P O box, if mail is not delivered to street address) Room	n/suite	E Telep	E Telephone number				
닖	Initial retur		P O. Box 4183		1					
H		City or town, state or country, and ZIP + 4				Group Exemption				
Ħ		Tionaba Totalii					Number >			
G	Account	ing Method:	☐ Cash ☐ Accrual Other (specify) ▶	Н	Check I	eck ▶ ☑ if the organization is no				
i	Websit	*		'''			ach Schedule B			
J	Tax-exem	990, 990-EZ, or 990-PF).								
_	Check ▶		eck only one) — [] 501(c)(3)	epts are i						
	Form 99	0-EZ or Form	n 990 return is not required though Form 990-N (e-postcard) may be required (se	ee instru	ctions). E	But if tl	ne organization chooses			
			re to file a complete return.		•		_			
L	Add lines	5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if to	otal asset	s (Part II,					
lın	e 25, coli	umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ			► s				
	Part I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (s	see the	instruc	tions	s for Part I.)			
			the organization used Schedule O to respond to any question in thi							
	1		ons, gifts, grants, and similar amounts received			1	00 00			
	2	Program s	ervice revenue including government fees and contracts			2	00 00			
	3	-	nip dues and assessments			3	3510 00			
	4	Investmen	·			4	00 00			
	5a	Gross amo	ount from sale of assets other than inventory 5a		00 00					
	b		or other basis and sales-expenses		00 00	-32				
	С		ss្ត្រីត្រាំ ale of assets other than inventory (Subtract line 5b from line 5	a)		5c	00 00			
	6		nd-fundraising-events-	-,	•	Á				
	а	Gross-inc	ome from gaming (attach Schedule G if greater than			7"				
9	}	\$15,000	·JUL 1 2 2011 · 16 · · · · · · · · 6a]		00 00	*				
4	b	Gross inco		tribution	 1S	1				
Revenue		from fundi	raising events reported on line 1) (attach Schedule G if the							
_		sum of suc	ch gross income and contributions exceeds \$15,000) 6b		00 00	24.0				
	С	Less: direc	ct expenses from gaming and fundraising events 6c		00 00	* **				
	d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and 6b	and su	subtract					
	}	line 6c)				6d	00 00			
:	7a	Gross sale	es of inventory, less returns and allowances		00	<i>.</i>				
:	b	Less: cost	of goods sold		00	ath's				
•	С	Gross pro	fit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7с	00 00			
7	8	Other reve	nue (describe in Schedule O)			8	00 00			
_ د	9	Total reve	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		. ▶	9	3510 00			
Net Assets Expenses	10	Grants and	d similar amounts paid (list in Schedule O)			10	00 00			
	11	Benefits p	aid to or for members			11	540 00			
	ខ្ល 12		ther compensation, and employee benefits			12	00 00			
	13		nal fees and other payments to independent contractors			13	1800 00			
	14	Occupano	y, rent, utilities, and maintenance			14	900 00			
	Ĵ 15	Printing, publications, postage, and shipping				15	151 09			
	16					16	00 00			
	17	Total exp	enses. Add lines 10 through 16	<u></u>	. ▶	17	3391 09			
	18	Excess or	(deficit) for the year (Subtract line 17 from line 9)			18	118 91			
	រ្ត 19	Net assets	s or fund balances at beginning of year (from line 27, column (A)) (mu	ıst agre	e with		-			
Š	€		ar figure reported on prior year's return)			19	4778 12			
3	ថ្ន 20		nges in net assets or fund balances (explain in Schedule O)			20	00 00			
	21	21 Net assets or fund balances at end of year. Combine lines 18 through 20					4897 03			
F	or Paper	work Reduc	tion Act Notice, see the separate instructions. Cat. No. 1	06421			Form 990-EZ (2010)			

Cat. No 106421

For Paperwork Reduction Act Notice, see the separate instructions.

Par	Balance Sheets. (s	see the instructions f	for Part II.) O to respond to any ques	etion in this Par	+ II		
	Oncon in the organiza	ation about comedule	o to respond to any ques		Beginning of year		B) End of year
22	Cash, savings, and investm	nents			3 - 7	22	,_,
23	Land and buildings				· · · · · · · · · · · · · · · · · · ·	23	
24	Other assets (describe in S					24	
25	Total assets	•				25	
26	Total liabilities (describe in	n Schedule O)				26	
27_	Net assets or fund balance					27	
Par			olishments (see the instru				Expenses
			O to respond to any ques	stion in this Par	t III 🖂		ured for section)(3) and 501(c)(4)
	t is the organization's primary						izations and section
	ribe what was achieved in carryi ervices provided, the number of p						(a)(1) trusts, optional
	ervices provided, the number of	persons benefited, and o	nther relevant information for e	ach program title	·	for ot	hers)
28							
				••			
	(Grants \$	\ If this amount	includes foreign grants, ch			20-	
29						28a	
29							

	(Grants \$) If this amount	includes foreign grants, ch	eck here	. • □	29a	
30			9 9 9				

	(Grants \$) If this amount i	includes foreign grants, ch	eck here	▶ □	30a	
31	Other program services (des	•					
	(Grants \$) If this amount	includes foreign grants, ch	eck here	🕨 🗌	31a	
	Total program service expe	enses (add lines 28a ti	hrough 31a)	<u> </u>	<u> ▶</u>	32	
Par			Employees. List each one e			ınstruc	tions for Part IV.)
Par	Check if the organiz	ation used Schedule	O to respond to any ques (b) Title and average	stion in this Par	t IV	ns to	(e) Expense
Par		ation used Schedule	O to respond to any ques	stion in this Par	t IV	ns to plans &	(e) Expense
Par	Check if the organiz	ation used Schedule	O to respond to any ques (b) Title and average hours per week	(c) Compensation (lf not paid,	t IV	ns to plans &	(e) Expense account and
Par	Check if the organiz	ation used Schedule	O to respond to any ques (b) Title and average hours per week	(c) Compensation (lf not paid,	t IV	ns to plans &	(e) Expense account and
Par	Check if the organiz	ation used Schedule	O to respond to any ques (b) Title and average hours per week	(c) Compensation (lf not paid,	t IV	ns to plans &	(e) Expense account and
Par	Check if the organiz	ation used Schedule	O to respond to any ques (b) Title and average hours per week	(c) Compensation (lf not paid,	t IV	ns to plans &	(e) Expense account and
Par	Check if the organiz	ation used Schedule	O to respond to any ques (b) Title and average hours per week	(c) Compensation (lf not paid,	t IV	ns to plans &	(e) Expense account and
Par	Check if the organiz	ation used Schedule	O to respond to any ques (b) Title and average hours per week	(c) Compensation (lf not paid,	t IV	ns to plans &	(e) Expense account and
——————————————————————————————————————	Check if the organiz	ation used Schedule	O to respond to any ques (b) Title and average hours per week	(c) Compensation (lf not paid,	t IV	ns to plans &	(e) Expense account and
	Check if the organiz	ation used Schedule	O to respond to any ques (b) Title and average hours per week	(c) Compensation (lf not paid,	t IV	ns to plans &	(e) Expense account and
Par	Check if the organiz	ation used Schedule	O to respond to any ques (b) Title and average hours per week	(c) Compensation (lf not paid,	t IV	ns to plans &	(e) Expense account and
Par	Check if the organiz	ation used Schedule	O to respond to any ques (b) Title and average hours per week	(c) Compensation (lf not paid,	t IV	ns to plans &	(e) Expense account and
Par	Check if the organiz	ation used Schedule	O to respond to any ques (b) Title and average hours per week	(c) Compensation (lf not paid,	t IV	ns to plans &	(e) Expense account and
Par	Check if the organiz	ation used Schedule	O to respond to any ques (b) Title and average hours per week	(c) Compensation (lf not paid,	t IV	ns to plans &	(e) Expense account and
Par	Check if the organiz	ation used Schedule	O to respond to any ques (b) Title and average hours per week	(c) Compensation (lf not paid,	t IV	ns to plans &	(e) Expense account and
Par	Check if the organiz	ation used Schedule	O to respond to any ques (b) Title and average hours per week	(c) Compensation (lf not paid,	t IV	ns to plans &	(e) Expense account and
Par	Check if the organiz	ation used Schedule	O to respond to any ques (b) Title and average hours per week	(c) Compensation (lf not paid,	t IV	ns to plans &	(e) Expense account and
	Check if the organiz	ation used Schedule	O to respond to any ques (b) Title and average hours per week	(c) Compensation (lf not paid,	t IV	ns to plans &	(e) Expense account and
——————————————————————————————————————	Check if the organiz	ation used Schedule	O to respond to any ques (b) Title and average hours per week	(c) Compensation (lf not paid,	t IV	ns to plans &	(e) Expense account and
	Check if the organiz	ation used Schedule	O to respond to any ques (b) Title and average hours per week	(c) Compensation (lf not paid,	t IV	ns to plans &	(e) Expense account and
Par	Check if the organiz	ation used Schedule	O to respond to any ques (b) Title and average hours per week	(c) Compensation (lf not paid,	t IV	ns to plans &	(e) Expense account and
Par	Check if the organiz	ation used Schedule	O to respond to any ques (b) Title and average hours per week	(c) Compensation (lf not paid,	t IV	ns to plans &	(e) Expense account and
Par	Check if the organiz	ation used Schedule	O to respond to any ques (b) Title and average hours per week	(c) Compensation (lf not paid,	t IV	ns to plans &	(e) Expense account and
Par	Check if the organiz	ation used Schedule	O to respond to any ques (b) Title and average hours per week	(c) Compensation (lf not paid,	t IV	ns to plans &	(e) Expense account and
Par	Check if the organiz	ation used Schedule	O to respond to any ques (b) Title and average hours per week	(c) Compensation (lf not paid,	t IV	ns to plans &	(e) Expense account and

Part	Check if the organization used Schedule O to respond to any question in this Part V			
	energy and any discourse of the respect to any question in anotative.	<u> </u>	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		
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		
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.			**
а	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		
ь 36	If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?	35b 36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a	11/2	si 1	12.
þ	Did the organization file Form 1120-POL for this year?	37b		
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		
	If "Yes," complete Schedule L, Part II and enter the total amount involved		. 4	et /
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			
a b	Gross receipts, included on line 9, for public use of club facilities			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		* .5° ,
	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		, 9	
	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		
С	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	À		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	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	,	
41	List the states with which a copy of this return is filed. ▶			
42a	The organization's books are in care of ► Located at ► ZIP + 4 ►		· • · ·	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority		<u> </u>	T
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	404	Yes	No
	account)?	42b		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			ĺ.,
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	****	
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			
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	<u>. 63</u>	1.10
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	44a		
c d	Did the organization receive any payments for indoor tanning services during the year?	44c	(
	explanation in Schedule O	44d		

,	•							
Form 99	00-EZ (2010)							age 4
45	Is any related organization a controlled entity of	the organization within the	meaning of	section	n 512(b)(13)?	45	Yes	No
а	Did the organization receive any payment from of meaning of section 512(b)(13)? If "Yes," Form	or engage in any transaction 990 and Schedule R may	n with a con need to be	trolled comp	entity within the leted instead of		Ŷ	
46	Did the organization engage, directly or indirectly		ivities on be	half of	or in opposition	45a	·	
Part		section 4947(a)(1) none	xempt cha	ritabl	e trusts only. A	46 Il sec	tion	<u> </u>
	501(c)(3) organizations and section 494 and 52, and complete the tables for lin	es 50 and 51.			·	ns 4	7–491	b
	Check if the organization used Schedule	O to respond to any ques	stion in this	Part V	<u> </u>	• •	· .	
47	Did the organization engage in lobbying activities	s? If "Yes," complete Sche	dule C. Part	11 .		47	Yes	NO
48	Is the organization a school as described in section				E	48		
49a	Did the organization make any transfers to an ex	<u>-</u>	-			49a		
_ b	If "Yes," was the related organization a section 5					49b	L	
50	Complete this table for the organization's five his							
	(a) Name and address of each employee paid more than \$100,000					(e) Expense account and		
f 51	Total number of other employees paid over \$100 Complete this table for the organization's five \$100,000 of compensation from the organization	highest compensated inde		ntracto	ors who each rec	eived	more	thai
	(a) Name and address of each independent contractor		- T	(b) Typ	e of service	(c) Co	mpens	ation
			_					
	•				1			
					-			
								-
	Total number of other independent contractors	agab raggiung aver \$100.0	00					
52	Total number of other independent contractors of the organization complete Schedule A? Not nonexempt charitable trusts must attach a comp	e: All section 501(c)(3) orga				Yes		No
Under (penalties of perjury, I declare that I have examined this return, in prect, and complete Declaration of preparer (other than officer)	cluding accompanying schedules	and statements	, and to	the best of my knowled			
C:	Milliam B. Br.N	L			7/2/11			
Sign Here	Signature of officer WILLIAM D. BROOKS RECORDER Date							
	Type or print name and title							

Preparer's signature

Print/Type preparer's name

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

Firm's name

Firm's address ▶

Paid

Preparer Use Only Date

► ☐ Yes ☐ No

PTIN

Check I if self-employed

Firm's EIN ▶

Phone no.