

## 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



<sub>'...</sub> 990-EZ

# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public.
 ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A	For the	2013 calenda	ar year, or tax year beginning	July 1	, 2013,	and ending	<u>J</u>	une 30	, 20	14
В	Check if ap	plicable	C Name of organization				D Empl	oyer idei	ntification numb	er
닏	Address cl	hange	Hyksos Temple # 123				12.	<u> </u>	5365	<u> 200 </u>
	Name cha	*	Number and street (or P O box, if mail is not	delivered to street	address)	Room/suite	E Telep	hone nur	mber	
一	Initial retur	IP O. Box 0864				1	423	-364-0618		
H	Terminated	City or town, state or province, country, and ZIP or foreign postal code					F Grou	p Exem	ption	
Ħ	Amended return Application pending Hixson, TN 37343						Number ▶			
								▶ <b>7</b> if	the organizatio	n is not
	Website	-	hyksostemple123.net	"	· ·				ch Schedule B	
			eck only one) — 501(c)(3) 501(c) (	8 \ ◀ (insert no	1	r	•		EZ, or 990-PF	١.
		organization		Association		Fraternal O		,		
			7b, to line 9 to determine gross receipts.						<del></del>	
			w) are \$500,000 or more, file Form 990 in	•	•			<b>▶</b> &		
	art I		e, Expenses, and Changes in N				a instruc	tions	for Part I)	
L	arti		the organization used Schedule O							[7]
	T-4				any question		<del>' · ·</del>	1	• • • •	<u>. ∠</u>
	1		ons, gifts, grants, and similar amount							10,728
	2	-	ervice revenue including governmen	trees and conti	acis		• •	2		
	3		ip dues and assessments				• • •	3		
	4	Investment						4		
	5a		ount from sale of assets other than in	•						
	b		or other basis and sales expenses $% \left( 1\right) =\left( 1\right) \left( 1\right$			<u> </u>				
	C		ss) from sale of assets other than inv	rentory (Subtrac	t line 5b from	line 5a) .		5c		
	6	_	nd fundraising events							
_	a	A	ome from gaming (attach Sched	ule G if great	er than			. 1		
ž		\$15,000)			• 6a					
Revenue	b		ome from fundraising events (not incl			f contribution	ns			
2			raising events reported on line 1) (at							
	1	sum of suc	ch gross income and contributions e	xceeds \$15,000	0) · · 6b		54,916			
	С	Less: direc	ct expenses from gaming and fundra	ising events .	6c	<u> </u>	47,550			
	d	Net incom	ie or (loss) from gaming and fundra	ising events (a	dd lines 6a an	d 6b and s	ubtract			
		line 6c) .						6d		7,366
	7a	Gross sale	s of inventory, less returns and allow	vances	7a					
	b	Less: cost	of goods sold		7b					
	С	Gross prof	fit or (loss) from sales of inventory (S	ubtract line 7b t	rom line 7a) .			7c		
	8	Other reve	nue (describe in Schedule O)		- N /5	7 !		8		2,937
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c,	and 8 R	ECEIVE	201	▶	9		21,031
	10		d similar amounts paid (list in Schedi	ile ())	Section 1	181		10		9,123
	11	Benefits pa	aid to or for members	∞ . N	OV .2 .4 .20	114 131		11		
S	12		ther compensation, and employee b	اجا) enerits		1501.		12		
ŝ	13	Profession	al fees and other payments to indep	endent contrac	tors	117		13		
Expenses	. 14	Occupanc	y, rent, utilities, and maintenance .		ogner!	<u> </u>		14		
Щ	15		ublications, postage, and shipping.	1 1				15		80
	16							16		9,148
	17		enses. Add lines 10 through 16					17		18,351
	40		(deficit) for the year (Subtract line 17					18		2,680
Net Assets	19		s or fund balances at beginning of							,000
SS	1		ar figure reported on prior year's retu					19		23,640
ĭ,	20	-	nges in net assets or fund balances (	· ·				20		23,040
Ž	21		s or fund balances at end of year. Co				_	21	· · · · · ·	26.222
	41	iver assets	or runu barances at end or year. Co	monte imes 18	unougn 20 .	• • •	· · · ·	41		26,320

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 10642I

Form **990-EZ** (2013)

'Pai	· · · · · · · · · · · · · · · · · · ·					
	Check if the organization used Schedule	O to respond to ar			<u> </u>	<u> </u>
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			23,640	22	26,320
23	Land and buildings				23	
24	Other assets (describe in Schedule O)				24	
25	Total assets			23,640	_	26,320
26	Total liabilities (describe in Schedule O)				26	
27	Net assets or fund balances (line 27 of column			23,640	27	26,320
Par	Statement of Program Service Accom	• •		·		Expenses
	Check if the organization used Schedule		ny question in this I	Part III		uired for section
What	t is the organization's primary exempt purpose?	see Schedule O				c)(3) and 501(c)(4) nizations and section
as m	cribe the organization's program service accomplineasured by expenses. In a clear and concise m	anner, describe the			4947	'(a)(1) trusts, optional thers)
perso	ons benefited, and other relevant information for e	ach program title				
28	Foster educational programs for youth in the Greate	r Chattanooga area				
	Opportunity grants to seven first year college stude	nts				
	(Grants \$ 3,500) If this amount	ıncludes foreign gra	nts, check here .	▶ 🗆	28a	3,500
29	Foster civic, educational development and economic	programs for youth,	elderly and those su	ffering in the		
	Greater Chattanooga Area					
	Sickle Cell Initiative; Youth & Civic Associations (ba	sketbali leagues,com	munity recreation cer	iters)		
	(Grants \$ 1,676) If this amount	includes foreign gra	nts, check here .	▶ 🗆	29a	1,676
30	Payments to affiliate for national dues National Imp	erial Coun				
						į
	(Grants \$ 3,948) If this amount			▶ ⊔	30a	3,948
31	Other program services (describe in Schedule O)					
		ıncludes foreign gra		· · · <b>P</b> 🔲 ]	<u>31a</u>	
		4LL 21-1		<b>▶</b> 1	~~	
	Total program service expenses (add lines 28a	<del></del>	<del></del>	<b>&gt;</b>	32	9,124
Par	t IV List of Officers, Directors, Trustees, and Ke	y Employees (list each	one even if not comp		struc	<del></del>
		y Employees (list each O to respond to ai	one even if not comp ny question in this l	Part IV	struc	<del></del>
	t IV List of Officers, Directors, Trustees, and Ke	y Employees (list each	one even if not comp	Part IV	struc	ctions for Part IV)
Par	t IV List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule	y Employees (list each e O to respond to at (b) Average hours per week	n one even if not comp ny question in this i (c) Reportable compensation (Forms W-2/1099-MISC)	Part IV  (d) Health benefits, contributions to employed benefit plans, and	struc	etions for Part IV)
Par	t IV List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title	y Employees (list each e O to respond to at (b) Average hours per week	n one even if not comp ny question in this i (c) Reportable compensation (Forms W-2/1099-MISC)	Part IV  (d) Health benefits, contributions to employed benefit plans, and	struc	etions for Part IV)
Par Willia	t IV List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title	y Employees (list each O to respond to al  (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	struc	Estimated amount of their compensation
Par Willia	t IV List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule (a) Name and title am Fain, Illustrious Potentate	y Employees (list each O to respond to al  (b) Average hours per week devoted to position	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	struc	Estimated amount of their compensation
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Par Willia Rom	t IV List of Officers, Directors, Trustees, and Ke Check if the organization used Schedule  (a) Name and title  am Fain, Illustrious Potentate  ond Pace, Assistant Rabban	y Employees (list each O to respond to al  (b) Average hours per week devoted to position  12 hours per week	n one even if not comp ny question in this (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Part IV	struc	Estimated amount of other compensation
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Part				_
	instructions for Part V) Check if the organization used Schedule O to respond to any question in this	ran	V Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	165	<u>No</u> ✓
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		<u> </u>
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		<u>-</u>	
ь	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35a 35b		✓
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		<b>✓</b>
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		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ <b>37a 0</b>			
282	Did the organization file <b>Form 1120-POL</b> for this year?	37b		<b>-</b>
38a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	30a		
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	ļ		ŀ
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
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		
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			
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		<b>✓</b>
41	List the states with which a copy of this return is filed ▶			
42a		123-69		9
ь	Located at ► 4103 Middlewood Drive Chattanooga, Tennessee ZIP + 4 ► At any time during the calendar year, did the organization have an interest in or a signature or other authority over	374	Yes	No
-	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	1
	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.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country. ▶	42c		✓
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	<b>▶</b> □
	and enter the amount of tax-exempt interest received or accrued during the tax year		V	<b>M</b> 1.
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		Yes	No
	completed instead of Form 990-EZ	44a		1
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		1
c	Did the organization receive any payments for indoor tanning services during the year?	44c		✓
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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the			<u> </u>
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of	ļ		
	Form 990-EZ (see instructions)	45b		✓

Page	4
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•							Yes	No	
	Did the organization engage, directly or i						1	district in	
	to candidates for public office? If "Yes,"		, Part I	· · · ·		46			
Part V		_							
	All section 501(c)(3) organization	ns must answer que	stions 47-49b and	52, and co	nplete the	tables f	or lin	es	
	50 and 51.								
	Check if the organization used Sc	hedule O to respond	I to any question in t	his Part VI	<u>.</u>			. 🗆	
				<del></del>			Yes	No	
47 (	Did the organization engage in lobbying	activities or have a	section 501(h) election	on in effect o	luring the t	ax			
	year? If "Yes," complete Schedule C, Part II								
48 I	- Is the organization a school as described i	n section 170(b)(1)(A)(i	i)? If "Yes " complete	Schedule F		48	<del>                                     </del>		
	Did the organization make any transfers t						<del>                                     </del>	_	
	If "Yes," was the related organization a s					49b	<del> </del>		
	Complete this table for the organization's					L	000 20	d key	
	employees) who each received more that								
	employees) who each received more than	11 \$100,000 of compet	TSation from the orga			, enter	vone.		
	(-) No	(b) Average	(c) Reportable	(d) Health contributions		(e) Estimate	ed amo	unt of	
	(a) Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans,		other con	npensa	tion	
			,	comper	sation				
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			<u> </u>	,					
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	***	<del> </del>		<del></del>					
	·	1							
-	Total number of other employees paid or	ver \$100 000		1					
	Complete this table for the organization			contractors	who oach	rocowod	more	a than	
51	\$100,000 of compensation from the organization	anization If there is no	one, enter "None."	Contractors	WIIO CACII	TECEIVEC	IIIOI	, islail	
	\$1.00,000 C. DOMPONDANCH HOW AND ONG		1						
	(a) Name and business address of each indepen	dent contractor	(b) Type of ser	vice	(c)	Compensat	ion		
			<del> </del>						
		*	†						
		· · · · · · · · · · · · · · · · · · ·	<u> </u>						
	***************************************		4						
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			_						
			4						
	11 11 11 11 11 11 11 11 11 11 11 11 11		1						
ď	Total number of other independent contr	actors each receiving	over \$100,000	· <b>&gt;</b>					
_	Did the organization complete Schedule		· / · · ·	s and 4947(a	)(1)				
	nonexempt charitable trusts must attach	a completed Schedu	<u>le A</u>	· · · · ·	<u> </u>	Ye:	<u> </u>	No	
Under per	enalties of perjury, I declare that I have examined his	eturn Including accompar	rying schedules and statem	ents, and to the	best of my kn	owledge an	d belief	, rt is	
true, com	ect, and complete Declaration of preparer (other) to	anyofficer) is based on all info	ormation of which preparer	has any knowle	dge				
	William	(N)			lov, Il.	2014	,		
Sign	Signature of officer			Dat	<del>, , , , ,</del>				
Here	William Gibbs, Recorder								
_	Type or print name and title			.,.		·			
<u> </u>	Print/Type preparer's name	Preparer's signature	О	ate	T <sub>C1</sub> , ¬	PTIN		-	
Paid					Check L				
Prepa						,	-		
Use C					n's EiN ▶				
Maryth	Firm's address ► e IRS discuss this return with the prepare	or chown shows? Con	instructions	J Pho	ne no	► 🔣 Ye:		No	
ividy lile	e ii io diacuaa mia retum with the prepart	SI SHOWH ADOVE! See				- uxu te:	<b>&gt;</b> ∟	140	

#### **ŞCHEDÜLE G** (Form 990 or 990-EZ)

Supplemental information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

▶ Information about Schedule G (Form 990 or 990-EZ) and its Instructions is at www.irs.gov/form990.

Hykso	os Temple # 123						7536560
Par	Eundraicina Activitica				vered "Yes" to F	orm 990, Part IV,	line 17.
1	Indicate whether the organization				owing activities. C	heck all that apply	
а	Mail solicitations		e [		ion of non-govern		
b	☐ Internet and email solicitation	ons	f [	∃ Solicitat	ion of governmen	t grants	
C	☐ Phone solicitations		g [	] Special	fundraising event	S	
d	☐ In-person solicitations						
2a	Did the organization have a wr						
	or key employees listed in Forn	-	=			=	_
b	If "Yes," list the ten highest pai compensated at least \$5,000 b			idraisers) p	ursuant to agreer	nents under which th	ne fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of butions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
			Yes	No	<del>                                     </del>	<del></del>	<del>                                     </del>
1			•		-		
2							
3							
4							
5				-			
6				<u> </u>			
7	•	-					
8							
9	-					<del></del>	-
10		<u> </u>	<u> </u>			8	
Tota			<del></del>	<u> </u>	<u> </u>		<del></del>
3	List all states in which the org- registration or licensing.	anızatıon ıs regi	stered or ho	censed to s	solicit contribution	ns or has been notif	ied it is exempt from
					***************************************		
					<del>:</del>		
	<b></b>						

_		gross receipts greater tha	tn \$5,000. (a) Event #1	(b) Event #2	(c) Other events	
			''			(d) Total events (add col. (a) through
			Charity Ball (event type)	Candy Sales (event type)	(total number)	col. (c))
Ą			(0,0,0,0,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1	(0.0.1,1,1,0)	(total nameor)	
Revenue	1	Gross receipts	39,811	6,032	9,073	54,916
_	2	Less: Contributions Gross income (line 1 minus	0	0		<del>-</del>
		line 2)	39,811	6,032	9,073	54,916
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs	5,281		2,360	7,641
Direct Expenses	7	Food and beverages	15,842		4,471	20,313
Direc	8	Entertainment	2,600	0	0	2,600
	9	Other direct expenses .	11,696	4,520	780	16,996
	10	Direct expense summary. Ac	ld lines 4 through 9 in co	olumn (d)		47,550
	11	Net income summary. Subtra				7,366
Pa	rt III	Gaming. Complete if the than \$15,000 on Form 9		ed "Yes" to Form 990	, Part IV, line 19, or re	ported more
		man \$15,000 on Form 9	90-EZ, line 6a.			
venue		man \$15,000 on Form 9	90-EZ, line 6a.	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col. (c))
Revenue	1	Gross revenue			(c) Other gaming	
	1 2				(c) Other gaming	
		Gross revenue			(c) Other gaming	
	2	Gross revenue			(c) Other gaming	
Direct Expenses Revenue	2	Gross revenue  Cash prizes  Noncash prizes			(c) Other gaming	
	3	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs		bingo/progressive bingo	(c) Other gaming  Yes%  No	
	2 3 4 5	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses .	(a) Bingo	□ Yes % □ No	☐ Yes%	
	2 3 4 5	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses .  Volunteer labor	(a) Bingo  Yes % No	Yes % No	☐ Yes% ☐ No	
Direct Expenses	2 3 4 5 6 7 8	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses .  Volunteer labor  Direct expense summary. Act	(a) Bingo  Yes % No  Id lines 2 through 5 in co	Yes % No  Dlumn (d)	☐ Yes% ☐ No	
Direct Expenses	2 3 4 5 6 7 8	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses .  Volunteer labor  Direct expense summary. Ac .  Net gaming income summar	(a) Bingo  Yes %  No  Id lines 2 through 5 in co	☐ Yes % ☐ No Solumn (d)	☐ Yes% ☐ No	col (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 En	Gross revenue	(a) Bingo  Yes %  No  Id lines 2 through 5 in co	Yes % No Dlumn (d) ne 1, column (d) ning activities In each of these states?	☐ Yes% ☐ No	col (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 En	Gross revenue	(a) Bingo  Yes % No  Id lines 2 through 5 in co y. Subtract line 7 from linganization operates gar perate gaming activities	Yes % No  Dlumn (d)	☐ Yes%	col (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 Er a Iss	Gross revenue  Cash prizes  Noncash prizes  Rent/facility costs  Other direct expenses .  Volunteer labor  Direct expense summary. Act in the gaming income summary and the state(s) in which the oreative organization licensed to on "No," explain	(a) Bingo  Yes %  No  Id lines 2 through 5 in co	Yes % No Dlumn (d)	☐ Yes%	col (a) through col. (c))
Direct Expenses	2 3 4 5 6 7 8 Er a Is b If	Gross revenue	(a) Bingo  Yes % No  Id lines 2 through 5 in co y. Subtract line 7 from li ganization operates gar perate gaming activities	Yes % No Dlumn (d)	☐ Yes %	.   Yes   No

Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more

Schedu	le Ç (Form 990 or 990-EZ) 2013		F	age 3
'11 12	Does the organization operate gaming activities with nonmembers?		es 🗆	
13 a b 14	Indicate the percentage of gaming activity operated in:  The organization's facility			<u>%</u> %
	Name ▶	<b>-</b>		
	Address►			
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	□ Y	es [	No
	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the amount of gaming revenue retained by the third party ▶ \$			
	Name ►	•		
	Address►			
16	Gaming manager information:			
	Name ►			
	Gaming manager compensation ▶ \$			
	Description of services provided ▶			
	□ Director/officer □ Employee □ Independent contractor			
17 a	Mandatory distributions: Is the organization required under state law to make chantable distributions from the gaming proceeds to retain the state gaming license?	□ ¥	′es [	] No
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 > \$			
Part	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) a Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide additional information (see instructions).			

#### SCHEDULE O (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

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

2013

OMB No 1545-0047

Open to Publ

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

s.gov/form990.	Inspection
nnlover identific	ation number

Name of the organization	Employer identification number
Hyksos Temple # 123	23-7536560
	100000
Part I Line 16 - Other expenses include travel for national conferences, general	cupplies and bank charges
Part I, Line 16 - Other expenses include travel for national conferences, general	Supplies and bank charges.
······································	······
Part III - Organizations's Primary Exempt Purpose:	
The mission of Hyksos Temple #123 Prince Hall Shriners is to be a benevolent	and charitable fraternal organization that is dedicated
to the principle of fostering civic, economic, and educational development proc	
youth, elderly, and those suffering in the Greater Chattanooga area and abroad	
	······

schedule U (Form 990 or 990-EZ) (2013)	Page 2
	Employer identification number
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