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Form 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)

2020

OMB No. 1545-0047

▶ Do not enter social security numbers on this form, as it may be made public.

Department of the Treasury ▶ Go to www.irs.gov/Form990EZ for instructions and the latest information. 1106

**Open to Public** Inspection

A For the 2020 calend			The same and the same has in mineral to the same and the		100		01
B Check if applicable			ar year, or tax year beginning July 1 , 2020, and ending  C Name of organization [2]		June		
	•		Hyksos Temple #123	r Emplo	-	dentification numbe: 237536560	т 🔐
Address change  Name change			'			<u> </u>	
_	name cha nitial retu	-	Number and street (or P.O. box if mail is not delivered to street address)  P.O. Box 0864	E Teleph		number 23-364-0618	
=		n/terminated				<del> </del>	
	Amended	return	City or town, state or province, country, and ZIP or foreign postal code  Chattanooga, Tennessee 37343		•	emption	1
_		n pending					
		ting Method:				ıf the organizatıon	
	Vebsite			•		tach Schedule B	2
				om 99	0, 99	0-EZ, or 990-PF).	<del></del>
			☐ Corporation ☐ Trust ☐ Association ☑ Other Fraternal Order				
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total a	ssets			
_			500,000 or more, file Form 990 instead of Form 990-EZ			<u> </u>	10,779
P	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the ir				
_			the organization used Schedule O to respond to any question in this Part I .			<u> </u>	
?	1		ns, gifts, grants, and similar amounts received	[	1		8,040 L
?	2	Program s	ervice revenue including government fees and contracts	· • L	2		<u>.</u>
?.	3	Membersh	ip dues and assessments	[	3		
17.	4	Investment	income	[	4		
	5a	Gross amo	unt from sale of assets other than inventory <b>5a</b>			1	
	ь	Less: cost	or other basis and sales expenses				
	С	Gain or (lo:	ss) from sale of assets other than inventory (subtract line 5b from line 5a)	[	5c <sub>r</sub>		
	6	Gaming an	d fundraising events:		į.	RECE	<b>VED</b>
_	a		ome from gaming (attach Schedule G if greater than				
Ž	<u> </u>	\$15,000) .		j		NOV 1 C	2021
Revenue	ь	Gross inco	me from fundraising events (not including \$ of contributions	s		NOV 1 6	2021
æ		from fundr	aising events reported on line 1) (attach Schedule G if the	- }			
•		sum of suc	h gross income and contributions exceeds \$15,000)   6b	2,365		OGDE	N, UT
	С	Less: direc	t expenses from gaming and fundraising events 6c	477	•		
	d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and 6b and subti	ract		]	
		line 6c) .		[	6d		1,888
	7a	Gross sale	s of inventory, less returns and allowances				
	b	Less: cost	of goods sold			1	
	С	Gross prof	t or (loss) from sales of inventory (subtract line 7b from line 7a)		7c		
	8	Other reve	nue (describe in Schedule O)	[	8		374
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. ▶ [	9	1	10,302
	10	Grants and	similar amounts paid (list in Schedule O)		10		8,157
	11		ud to or for members		11		
Expenses	12	Salanes, of	her compensation, and employee benefits 🔃	[	12		
	13		al fees and other payments to independent contractors 🔃		13		
	14	Occupancy	r, rent, utilities, and maintenance	「	14		
	15	Printing, po	ublications, postage, and shipping	[	15		256
	16	Other expe	nses (describe in Schedule O) 🔞	[	16		4,236
	17	Total expe	nses. Add lines 10 through 16		17	1	2,648
(S)	18	Excess or	deficit) for the year (subtract line 17 from line 9)		18	(2	2,346)
et	19		or fund balances at beginning of year (from line 27, column (A)) (must agree v				<del></del>
ASS	}		r figure reported on prior year's return)	12	19	2	24,001
Net Assets	20	Other char	ges in net assets or fund balances (explain in Schedule O)	<b>—</b>	20		
Ž	21		or fund balances at end of year. Combine lines 18 through 20	-	21	2	21,655
For			on Act Notice see the senarate instructions Cat No. 10642	1_		5 000-E7	

Foster crvic, educational development and economic programs for the youth, elderly, and those suffering in the Greater Chattanooga area.  [Grants \$ 3,660] If this amount includes foreign grants, check here ▶ □ 29a 3,660  [Grants \$ ) If this amount includes foreign grants, check here ▶ □ 30a  31 Other program services (describe in Schedule O)	Part II		iula O ta recoond to a	inv question in this l	Dort II		🗖
22   Cash, savings, and investments   24,001   22   21,655	_	Check if the organization used Sched	idle O to respond to a				
23				1	· · · · · · · · · · · · · · · · · · ·		<del></del>
24							21,655
24,001   25   21,655   26   70 tal liabilities (describe in Schedule O)   27   Net assets or fund balances (line 27 of column (8) must agree with line 21)   24,001   27   21,655   26   27   Net assets or fund balances (line 27 of column (8) must agree with line 21)   24,001   27   21,655   27   27   27   27   27   27   27		<del>-</del>					
Total liabilities (describe in Schedule O)  The sasets or fund balances (line 27 of column (B) must agree with line 21)  The sasets or fund balances (line 27 of column (B) must agree with line 21)  The sasets or fund balances (line 27 of column (B) must agree with line 21)  The sasets or fund balances (line 27 of column (B) must agree with line 21)  The sasets or fund balances (line 27 of column (B) must agree with line 21)  The sasets or fund balances (line 27 of column (B) must agree with line 21)  The sasets or fund balances (line 27 of column (B) must agree with line 21)  The sasets or fund balances (line 27 of column (B) must agree with line 21)  The sasets or fund balances (line 27 of column (B) must agree with line 21)  The sasets or fund balances (line 27 of column (B) must agree with line 21)  The sasets or fund balances (line 27 of column (B) must agree with line 21)  The sasets or fund balances (line 27 of column (B) must agree with line 21)  The organization (line 27 of column (B) must agree with line 21)  The organization (line 27 of column (B) must agree with line 21)  The organization (line 27 of column (B) must agree with line 21)  The organization (line 27 of column (B) must agree with line 21)  The organization (line 27 of column (B) must agree with line services provided in the line services (line 27 of column (B) must agree with line 21 line services (line 24 of column (B) must agree with line services of the instructions for Part III  The Grants \$ 3,660 if this amount includes foreign grants, check here  The Grants \$ 3,660 if this amount includes foreign grants, check here  The Grants \$ 3,660 if this amount includes foreign grants, check here  The Grants \$ 3,660 if this amount includes foreign grants, check here  The Grants \$ 3,660 if this amount includes foreign grants, check here  The Grants \$ 3,660 if this amount includes foreign grants, check here  The Grants \$ 3,660 if this amount includes foreign grants, check here  The Grants \$ 3,660 if this amount includes foreign grants, check here		•					
Net assets or fund balances (line 27 of column (B) must agree with line 21)							21,655
Statement of Program Service Accomplishments (see the instructions for Part III) Check if the organization used Schedule O to respond to any question in this Part III		•					01.055
Check if the organization used Schedule O to respond to any question in this Part III						27]	21,655
Mat is the organization's primary exempt purpose? See Schedule O    Required for section   Strick(a) and 501(c)(4) organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program ititle.    Required for section   Strick(a) and 501(c)(4) organization's program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of others.	Part III					Evn	ancac
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of others)  28 Payment to affiliate for national dues and infiliatives  29 Poster civic, educational development and economic programs for the youth, elderly, and those suffering in the Greater Chaltanooga area.  (Grants \$ 3,660) If this amount includes foreign grants, check here	<b>A</b> /lo - <b>A</b> :		<del></del>	iny question in this i	Partill [V]	•	
as measured by expenses. In a clear and concise manner, describe the services provided, the number of others)  as measured by expenses. In a clear and concise manner, describe the services provided, the number of others)  as payment to affiliate for national dues and initiatives  as Payment to affiliate for national dues and initiati					·		, ,, ,
Payment to affiliate for national dues and initiatives    28						•	ins; optional for
Payment to affiliate for national dues and initiatives    28a   4,497				le services provided	, the number of	00.0.0,	
Grants \$ 4,497) If this amount includes foreign grants, check here . ▶ □ 28a 4,497  Foster civic, educational development and economic programs for the youth, elderly, and those suffering in the Greater Chattanooga area.  Grants \$ 3,660) If this amount includes foreign grants, check here . ▶ □ 29a 3,660  (Grants \$ 3,660) If this amount includes foreign grants, check here . ▶ □ 30a  10 Other program services (describe in Schedule O)		<del></del>					
Foster crvic, educational development and economic programs for the youth, elderly, and those suffering in the Greater Chattanooga area.  (Grants \$ 3,660) If this amount includes foreign grants, check here	20 ::::	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
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Foster civic, educational development and economic programs for the youth, elderly, and those suffering in the Greater Chattanooga area.  (Grants \$ 3,660) If this amount includes foreign grants, check here	Ø (Gr	rants \$ 4,497) If this amo	unt includes foreign ar	ants, check here	• 🗖	28a	4,497
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Grants \$ 3,660  If this amount includes foreign grants, check here   29a   3,660		he Greater Chattanoona area					
Grants \$ ) If this amount includes foreign grants, check here		······································				]	
Grants \$ ) If this amount includes foreign grants, check here	(Gr	rants \$ 3,660) If this amo	unt includes foreign gr	ants, check here .	▶ □	29a	3,660
Grants \$ ) If this amount includes foreign grants, check here							<del></del>
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31 Other program services (describe in Schedule O)							
31 Other program services (describe in Schedule O)  (Grants \$ ) If this amount includes foreign grants, check here .	(6:					00-	
Total program service expenses (add lines 28a through 31a)	(Gi	rants \$ ) It this amo	unt includes foreign gr	ants, check here .	▶ 📙	30a j	
Total program service expenses (add lines 28a through 31a)	<u> </u>					30a	
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	31 Ott	her program services (describe in Schedule	O)				
(c) Reportable (compensation (Forms W-2/1099-MISC) (finot paid, enter -0-)  Anton G. Burch  12  Illustrious Potentate Chief Rabban Chief Rabban Assistant Rabba	31 Oth	her program services (describe in Schedule rants \$ ) If this amo	O) unt includes foreign gr	ants, check here	 <b>&gt;</b> 🗆	31a	8,157
(a) Name and title (b) Average hours per week devoted to position (Forms W-2/1099-MISC) (if not paid, enter -0-) (e) Estimated amount of other compensation (forms W-2/1099-MISC) (if not paid, enter -0-) (e) Estimated amount of other compensation (forms W-2/1099-MISC) (if not paid, enter -0-) (e) Estimated amount of other compensation (forms W-2/1099-MISC) (if not paid, enter -0-) (e) Estimated amount of other compensation (forms W-2/1099-MISC) (if not paid, enter -0-) (forms W-2/1099-MISC) (f	31 Oth (Gr 32 To	her program services (describe in Schedule rants \$ ) If this amo tal program service expenses (add lines 2	O) unt includes foreign gr 8a through 31a)	ants, check here .		31a	
Anton G. Burch  Illustrious Potentate  Chief Rabban  Assistant Rabban  Assistant Rabban  John Dodds  Treasurer  Anton G. Burch  Illustrious Potentate  Inours per week devoted to position  (Forms W-2/1099-MISC) (if not paid, enter -0-)  benefit plans, and deferred compensation  other compensation	31 Oth (Gr 32 To	her program services (describe in Schedule rants \$ ) If this amo tal program service expenses (add lines 2 List of Officers, Directors, Trustees, and	O)	ants, check here		31a 32 structions	for Part IV)
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i i i i i i i i i i i i i i i i i i i	31 Ott (Grant IV) Anton G. Anton G. Illustrious George E Chief Rat Mark Colo Assistant John Dod Treasurer William G	her program services (describe in Schedule rants \$ ) If this amo tal program service expenses (add lines 2 List of Officers, Directors, Trustees, and Check if the organization used Schedule (a) Name and title  Burch  Burch  Potentate  Ervin  bban  en  Rabban  dds  r  Gibbs	O)	ants, check here	Densated—see the in Part IV  (d) Health benefits, contributions to employe benefit plans, and deferred compensation	31a 32 structions ce (e) Estima other co	for Part IV)  ated amount of ompensation  -0-

	Part	Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V.) Check if the organization used Schedule O to respond to any question in the				
		monaction of that try chock in the organization accelerated to to respond to any question in the	31 61	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		<u> </u>	-
2	34 1	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		_	7
	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)?	35a			
	b c	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 35c		<u> </u>	
	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		<u> </u>	7
	37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions   Did the organization file Form 1120-POL for this year?	37b			
	b 39	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?  If "Yes," complete Schedule L, Part II, and enter the total amount involved	38a		-	2
	a b 40a	Gross receipts, included on line 9, for public use of club facilities	<b>-</b>			
	b	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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	40ь		<u> </u>	7
	С	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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 ► Tennessee				
	42a		423-69	8-4949	)	
	_	Located at ► 4103 Midwoode Drive Chattanooga, Tennessee ZIP + 4 ►	374	111		
	Ъ	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	42b	Yes	No 🗸	
		See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
	С	At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country ▶	42c			
	43	Section 4947(a)(1) nonexempt charatable trusts filing Form 990-EZ in lieu of Form 1041—Check here	• •	. •	• 🗆	
	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	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		7	
	С	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				
	4-	explanation in Schedule O	44d			
	45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		<u> </u>	
	b	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 may need to be completed instead of Form 990-EZ. See instructions	45h			

m 99	10-EZ (20	020)			<u> </u>			P	age 4
							. —	Yes	No
6		he organization engage, directly or ndidates for public office? If "Yes,"					· ·	<u> </u>	
art		Section 501(c)(3) Organization		, raiti		· · · ·	. 46	<u> </u>	<b>/</b>
al (	_	All section 501(c)(3) organizatio 50 and 51.	ns must answer que			nplete the	e tables f	or lin	es _
		Check if the organization used S	chedule O to respond	to any question in	this Part VI		· · · ·	<u> </u>	
7	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II						tax 47	Yes	No
3	•	organization a school as described					. 48		
9a		he organization make any transfers						<u> </u>	
b		es," was the related organization a	· · · · · · · · · · · · · · · · · · ·	<del>-</del>			. 49b		
D		plete this table for the organization							
	emple	oyees) who each received more tha	an \$100,000 of compe	nsation from the orga	<del></del>		e, enter "N	lone."	
	4-1	Name and Aller of and boundaries	(b) Average	(c) Reportable	(d) Health b		(e) Estimate	ed amoi	int of
	(a)	Name and title of each employee	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans, a	nd deferred	other con		
			·		compens	auon			
					1				
					<u> </u>				
			-1		Ì				
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			_		į				
f	Total	number of other employees paid o	ver \$100,000	. ▶	1				
1		plete this table for the organization,000 of compensation from the organization			contractors	who each	received	more	thar
	(a)	Name and business address of each independent	ndent contractor	(b) Type of ser	vice	(c)	Compensati	on	
				1					
				-					
						<del></del> -			
				1	[				
_									
				]					
		number of other independent cont	~		<b>-</b>	- · · · · · · · · · · · · · · · · · · ·	·		
d	Did t	the organization complete Sched				ist attach	_		
		oleted Schedule A		· · · · · · ·			► ∐ Yes		No_
2	<u> </u>	of penury, I declare that I have examined this					owledge and	belief,	rt is
er p	enalties	d complete. Declaration of preparer (other th		· · · ·	1//		7021		
2 der p	enalties								
der p	enalties		· · · · · · · · · · · · · · · · · · ·		Date		<del>, , ,</del>		
der pe, co	enalties rrect, an	d complete. Declaration of preparer (other th			Date		700		
der pe, co	enalties rrect, an	Signature of officer			Date				
der p	enalties rrect, an	Signature of officer William Gibbs, Recorder	Preparer's signature	0	Date	Check	DTIN		

**Preparer** 

**Use Only** 

Firm's name Firm's address ▶

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

► ☐ Yes ☐ No

Firm's EIN ▶

Phone no.

## **SCHEDULE 0** (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. ► Attach to Form 990 or 990-EZ.

**Employer identification number** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Hyksos Temple #123	23-7536560
Part 1, Line 8 Other revenues include reimbursements by members for promotional clothing and miscellaneous ex	penses.
Part 1, Line 16 Other expenses include national conference costs, general supplies, and insurance costs.	
Part III Organization's Primary Exempt Purposes	
The mission of Hyksos Temple #123 Prince Hall Shriners is to be a benevolent and charitable fraternal organizatio	n that
is dedicated to the principle of fostering civic, economic, and educational development programs.	
Our goal is to promote a healthy quality of life for the youth, eldderly and those suffering in the Greater Chattanoog	a area and abroad.
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Schedule O (Form 990 or 990-EZ) 2020	Page 4
Name of the organization Hyksos Temple #123	Employer identification number 23-7536560
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