

Form **990**Department of the Treasury
Internal Revenue Service**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)

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

OMB No 1545-0047

2004Open to Public
Inspection**A** For the 2004 calendar year, or tax year beginning and ending**B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Final return
☐ Amended return
☐ Application pending

Please use IRS label or print or type See Specific Instructions

C Name of organization

THE SCOTTISH RITE FOUNDATION, SOUTHERN JURISDICTION, U.S.A., INC.

D Employer identification number

52-6054737

Number and street (or P.O. box if mail is not delivered to street address)

1733 16TH STREET, N.W.

Room/suite

E Telephone number

(202) 232-3579

City or town, state or country, and ZIP + 4

WASHINGTON, DC 20009

F Accounting method☐ Cash ☐ Accrual☒ Other (specify) ▶

MOD. CASH

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ)

H and **I** are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? ☐ Yes ☒ No (If "No," attach a list)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No**I** Group Exemption Number ▶**M** Check ☐ if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)**G** Website ▶ WWW.SRMASON-SJ.ORG**J** Organization type (check only one) ☒ 501(c) (3) (Insert no) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. Some states require a complete return.**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 7,360,853.**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

1	Contributions, gifts, grants, and similar amounts received			
a	Direct public support	1a	405,441.	
b	Indirect public support	1b		
c	Government contributions (grants)	1c		
d	Total (add lines 1a through 1c) (cash \$ 405,441. noncash \$)	1d	405,441.	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	1,072.	
3	Membership dues and assessments	3		
4	Interest on savings and temporary cash investments	4		
5	Dividends and interest from securities	5	522,041.	
6a	Gross rents	6a	6,900.	
6b	Less: rental expenses	6b	329.	
6c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	6,571.	
7	Other investment income (describe ▶)	7		
8a	Gross amount from sales of assets other than inventory	(A) Securities	6,299,943.	8a
b	Less: cost or other basis and sales expenses	(B) Other	6,049,443.	8b
c	Gain or (loss) (attach schedule)		250,500.	8c
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	STMT 3	250,500.	8d
9	Special events and activities (attach schedule) If any amount is from gaming, check here ☐			
a	Gross revenue (not including \$ of contributions reported on line 1a)	9a		
b	Less: direct expenses other than fundraising expenses	9b		
c	Net income or (loss) from special events (subtract line 9b from line 9a)	9c		
10a	Gross sales of inventory, less returns and allowances	10a		
b	Less: cost of goods sold	10b		
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c		
11	Other revenue (from Part VII, line 103)	11	125,456.	
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	1,311,081.	
13	Program services (from line 44, column (B))	13	542,412.	
14	Management and general (from line 44, column (C))	14	514,585.	
15	Fundraising (from line 44, column (D))	15	207,621.	
16	Payments to affiliates (attach schedule)	16		
17	Total expenses (add lines 16 and 44, column (A))	17	1,264,618.	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	46,463.	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	17,757,275.	
20	Other changes in net assets or fund balances (attach explanation)	20	620,357.	
21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	19,424,095.	

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

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Part II Statement of Functional Expenses All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others Page 2

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$260,625 - noncash \$)	22 260,625.	260,625.	STATEMENT 7	
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc.	25 0.	0.	0.	0.
26 Other salaries and wages	26 277,843.	116,770.		161,073.
27 Pension plan contributions	27			
28 Other employee benefits	28 62,665.	26,319.		36,346.
29 Payroll taxes	29 17,590.	7,388.		10,202.
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 13,085.		13,085.	
34 Telephone	34			
35 Postage and shipping	35 4,800.		4,800.	
36 Occupancy	36			
37 Equipment rental and maintenance	37			
38 Printing and publications	38 12,688.	12,688.		
39 Travel	39			
40 Conferences, conventions, and meetings	40			
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 5,455.		5,455.	
43 Other expenses not covered above (itemize)				
a	43a			
b	43b			
c	43c			
d	43d			
e SEE STATEMENT 5	43e 609,867.	118,622.	491,245.	
44 Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15	44 1,264,618.	542,412.	514,585.	207,621.

Joint Costs. Check ☐ If you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____ (ii) the amount allocated to Program services \$ _____

(iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments

What is the organization's primary exempt purpose? **SEE STATEMENT 6**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses
(Required for 501(c)(3) and (4) orgs. and 4947(a)(1) trusts, but optional for others.)

a AWARDING OF SCHOLARSHIPS AND MAKING CONTRIBUTIONS TO NATURAL DISASTER RELIEF EFFORTS AND STATE SCOTTISH RITE FOUNDATIONS		
(Grants and allocations \$ 260,625.)	542,412.	
b		
(Grants and allocations \$)		
c		
(Grants and allocations \$)		
d		
(Grants and allocations \$)		
e Other program services (attach schedule)	(Grants and allocations \$)	
f Total of Program Service Expenses (should equal line 44, column (D), Program services)	542,412.	

Part IV Balance Sheets

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash - non-interest-bearing	228,364.	45	70,522.
	46 Savings and temporary cash investments	217,562.	46	108,114.
	47 a Accounts receivable	47a		
	b Less: allowance for doubtful accounts	47b	47c	
	48 a Pledges receivable	48a		
	b Less: allowance for doubtful accounts	48b	48c	
	49 Grants receivable		49	
	50 Receivables from officers, directors, trustees, and key employees		50	
	51 a Other notes and loans receivable	51a		
	b Less: allowance for doubtful accounts	51b	51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54 Investments - securities STMT 8 STMT 9 ☒ Cost ☐ FMV	15,209,891.	54	16,359,532.
	55 a Investments - land, buildings, and equipment: basis	55a 150,000.		
	b Less: accumulated depreciation STMT 10	55b 48,866.	106,589.	55c 101,134.
56 Investments - other		56		
57 a Land, buildings, and equipment: basis	57a			
b Less: accumulated depreciation	57b	57c		
58 Other assets (describe ► SEE STATEMENT 11)	2,020,381.	58	1,958,525.	
59 Total assets (add lines 45 through 58) (must equal line 74)	17,782,787.	59	18,597,827.	
Liabilities	60 Accounts payable and accrued expenses		60	
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees		63	
	64 a Tax-exempt bond liabilities		64a	
	b Mortgages and other notes payable		64b	
	65 Other liabilities (describe ► DUE TO SUPREME COUNCIL)	25,512.	65	173,732.
66 Total liabilities (add lines 60 through 65)	25,512.	66	173,732.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 67 through 69 and lines 73 and 74			
	67 Unrestricted	14,046,477.	67	15,080,344.
	68 Temporarily restricted	2,853,607.	68	2,486,560.
	69 Permanently restricted	857,191.	69	857,191.
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 70 through 74			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds		72	
	73 Total net assets or fund balances (add lines 67 through 69 or lines 70 through 72, column (A) must equal line 19, column (B) must equal line 21)	17,757,275.	73	18,424,095.
	74 Total liabilities and net assets / fund balances (add lines 66 and 73)	17,782,787.	74	18,597,827.

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

THE SCOTTISH RITE FOUNDATION, SOUTHERN
JURISDICTION, U.S.A., INC.

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Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return	Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
a Total revenue, gains, and other support per audited financial statements ▶ a 1,931,767.	a Total expenses and losses per audited financial statements ▶ a 1,259,492.
b Amounts included on line a but not on line 12, Form 990. (1) Net unrealized gains on investments \$ 620,357. (2) Donated services and use of facilities \$ (3) Recoveries of prior year grants \$ (4) Other (specify) \$ Add amounts on lines (1) through (4) ▶ b 620,357.	b Amounts included on line a but not on line 17, Form 990 (1) Donated services and use of facilities \$ (2) Prior year adjustments reported on line 20, Form 990 \$ (3) Losses reported on line 20, Form 990 \$ (4) Other (specify) STMT 13 \$ 329. Add amounts on lines (1) through (4) ▶ b 329.
c Line a minus line b ▶ c 1,311,410.	c Line a minus line b ▶ c 1,259,163.
d Amounts included on line 12, Form 990 but not on line a. (1) Investment expenses not included on line 6b, Form 990 \$ (2) Other (specify) STMT 14 \$ <329.> Add amounts on lines (1) and (2) ▶ d <329.>	d Amounts included on line 17, Form 990 but not on line a (1) Investment expenses not included on line 6b, Form 990 \$ (2) Other (specify) STMT 15 \$ 5,455. Add amounts on lines (1) and (2) ▶ d 5,455.
e Total revenue per line 12, Form 990 (line c plus line d) ▶ e 1,311,081.	e Total expenses per line 17, Form 990 (line c plus line d) ▶ e 1,264,618.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)				
(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
WILLIAM G. SIZEMORE WASHINGTON, DC	SECRETARY/TRUSTEE			
	10	0.	0.	0.
DWIGHT A. HAMILTON WASHINGTON, DC	TREASURER/TRUSTEE			
	10	0.	0.	0.
CURTIS N. LANCASTER WASHINGTON, DC	VICE PRESIDENT/TRUSTEE			
	10	0.	0.	0.
RONALD A. SEALE WASHINGTON, DC	PRESIDENT/TRUSTEE			
	10	0.	0.	0.
JOHN E. MOYERS WASHINGTON, DC	ASSISTANT SECRETARY			
	10	0.	0.	0.
H. DOUGLAS LEMONS WASHINGTON, DC	TRUSTEE			
	10	0.	0.	0.
EARL K. DILLE WASHINGTON, DC	TRUSTEE			
	10	0.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule STMT 16
 ▶ ☒ Yes ☐ No

**THE SCOTTISH RITE FOUNDATION, SOUTHERN
JURISDICTION, U.S.A., INC.**

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Part VII Other Information

	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76	X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	X
80 a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
b If "Yes," enter the name of the organization SEE STATEMENT 17 and check whether it is ☐ exempt or ☐ nonexempt		
81 a Enter direct or indirect political expenditures See line 81 instructions	81a	0.
b Did the organization file Form 1120-POL for this year?	81b	X
82 a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X
b If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	82b	N/A
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X
b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X
84 a Did the organization solicit any contributions or gifts that were not tax deductible?	84a	
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	
85 501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	
If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		
c Dues, assessments, and similar amounts from members	85c	N/A
d Section 162(e) lobbying and political expenditures	85d	N/A
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	
86 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on line 12	86a	N/A
b Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87 501(c)(12) organizations. Enter a Gross income from members or shareholders	87a	N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	87b	N/A
88 At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88	X
89 a 501(c)(3) organizations. Enter Amount of tax imposed on the organization during the year under section 4911 <u>0.</u> , section 4912 <u>0.</u> , section 4955 <u>0.</u>		
b 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 become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d Enter Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a List the states with which a copy of this return is filed DISTRICT OF COLUMBIA		
b Number of employees employed in the pay period that includes March 12, 2004	90b	0
91 The books are in care of THE FOUNDATION Telephone no (202) 232-3579		

Located at **1733 16TH STREET, NW, WASHINGTON D.C.**

ZIP + 4 **20009**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here ☐
and enter the amount of tax-exempt interest received or accrued during the tax year **92** **N/A**

Part VII Analysis of Income-Producing Activities (See page 33 of the instructions)

Note Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a PUBLICATIONS					1,072.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities			14	522,041.	
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property			16	6,571.	
98 Net rental income or (loss) from personal property					
99 Other investment income			14		
100 Gain or (loss) from sales of assets other than inventory			18	250,500.	
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a SETTLEMENT - LEGAL CLAIM			01	125,456.	
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		904,568.	1,072.
105 Total (add line 104, columns (B), (D), and (E))					905,640.

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See page 34 of the instructions)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

93A SALE OF BOOKS AND POSTERS PUBLISHED BY THE ORGANIZATION TO PROMOTE
THE GENERAL WELFARE AND BETTERMENT OF MANKIND.**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 of the instructions)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
	%			
N/A	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 34 of the instructions)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes☒ No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

☐ Yes☒ No

Note If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

I, the preparer, have prepared this return, and to the best of my knowledge and belief it is true,
and I am not aware of any information of which the preparer has any knowledge

Date 8/30/05

William G Sizemore, Grand Ex. D.C.
type or print name and title

Date 10/2005

Check if

Preparer's SSN or PTIN

Department of the Treasury
Internal Revenue Service

(Except Private Foundation) and Section 501(c)(3), 501(c)(4), 501(c)(6), 501(c)(29), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information-(See separate instructions.)
▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

OMB No. 1545-0047

2004

Name of the organization THE SCOTTISH RITE FOUNDATION, SOUTHERN JURISDICTION, U.S.A., INC.

Employer identification number
52: 6054737

(See page 1 of the instructions. List each one. If there are none enter "None")

(a) Name and address of each employee paid more than \$50,000	(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
NONE				
Total number of other employees paid over \$50,000	0			

(See page 2 of the instructions List each one (whether individuals or firms) If there are none, enter "None ")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE -----		

Total number of others receiving over \$50,000 for professional services	0	

THE SCOTTISH RITE FOUNDATION, SOUTHERN

Schedule A (Form 990 or 990-EZ) 2004 JURISDICTION, U.S.A., INC.

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Part III Statements About Activities (See page 2 of the instructions)

Yes No

- 1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities **\$** _____ **\$** _____ (Must equal amounts on line 38, Part VI-A or line I of Part VI-B)

1 X

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities

- 2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions)

a Sale, exchange, or leasing of property?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?

2d X

e Transfer of any part of its income or assets?

2e X

- 3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments)

SEE STATEMENT 18

3a X

b Do you have a section 403(b) annuity plan for your employees?

3b X

- 4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?

4a X

b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?

4b X

Part IV Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions)

The organization is not a private foundation because it is (Please check only ONE applicable box)

- 5 ☐ A church, convention of churches, or association of churches Section 170(b)(1)(A)(i)
- 6 ☐ A school Section 170(b)(1)(A)(ii). (Also complete Part V)
- 7 ☐ A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8 ☐ A Federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9 ☐ A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) Enter the hospital's name, city, and state **▶** _____
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 11b ☐ A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A)
- 12 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3))

Provide the following information about the supported organizations (See page 5 of the instructions)

(a) Name(s) of supported organization(s)

(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety Section 509(a)(4) (See page 5 of the instructions)

423111
12-03-04

Schedule A (Form 990 or 990-EZ) 2004

THE SCOTTISH RITE FOUNDATION, SOUTHERN

Schedule A (Form 990 or 990-EZ) 2004 **JURISDICTION, U.S.A., INC.**

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Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12) Use cash method of accounting.
Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28)	1,785,681.	3,298,405.	661,010.	1,154,298.	6,899,394.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	5,613.	6,124.	10,943.	19,955.	42,635.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	479,071.	384,139.	381,278.	327,093.	1,571,581.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets	3,017.	2,547.	26,567.	6,408.	38,539.
23 Total of lines 15 through 22	2,273,382.	3,691,215.	1,079,798.	1,507,754.	8,552,149.
24 Line 23 minus line 17	2,267,769.	3,685,091.	1,068,855.	1,487,799.	8,509,514.
25 Enter 1% of line 23	22,734.	36,912.	10,798.	15,078.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24			SEE STATEMENT 19		
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					170,190.
c Total support for section 509(a)(1) test. Enter line 24, column (e)					490,502.
d Add: Amounts from column (e) for lines 18 1,571,581. 19 490,502. 22 38,539.					8,509,514.
e Public support (line 26c minus line 26d total)					2,100,622.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					6,408,892.
					75.3144%
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year	N/A				
(2003) (2002) (2001) (2000)					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year	N/A				
(2003) (2002) (2001) (2000)					
c Add: Amounts from column (e) for lines 15 17 20 21					N/A
d Add: Line 27a total and line 27b total					N/A
e Public support (line 27c total minus line 27d total)					N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)			N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2000 through 2003, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15

NONE

THE SCOTTISH RITE FOUNDATION, SOUTHERN

Schedule A (Form 990 or 990-EZ) 2004 **JURISDICTION, U.S.A., INC.**

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Part V Private School Questionnaire (See page 7 of the instructions)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?

30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs and scholarships?

31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?

If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement)

32 Does the organization maintain the following

a Records indicating the racial composition of the student body, faculty, and administrative staff?

b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?

c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?

d Copies of all material used by the organization or on its behalf to solicit contributions?

If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement)

33 Does the organization discriminate by race in any way with respect to:

a Students' rights or privileges?

b Admissions policies?

c Employment of faculty or administrative staff?

d Scholarships or other financial assistance?

e Educational policies?

f Use of facilities?

g Athletic programs?

h Other extracurricular activities?

If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement)

34 a Does the organization receive any financial aid or assistance from a governmental agency?

b Has the organization's right to such aid ever been revoked or suspended?

If you answered "Yes" to either 34a or b, please explain using an attached statement

35 Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation

Yes No

29		
30		
31		
32a		
32b		
32c		
32d		
33a		
33b		
33c		
33d		
33e		
33f		
33g		
33h		
34a		
34b		
35		

Schedule A (Form 990 or 990-EZ) 2004

THE SCOTTISH RITE FOUNDATION, SOUTHERN

Schedule A (Form 990 or 990-EZ) 2004 **JURISDICTION, U.S.A., INC.**

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Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

Check ☐ a ☐ if the organization belongs to an affiliated group

Check ☐ b ☐ if you checked "a" and "limited control" provisions apply

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred)		(a) Affiliated group totals	(b) To be completed for ALL electing organizations
		N/A	
36	Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37	Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38	Total lobbying expenditures (add lines 36 and 37)	38	
39	Other exempt purpose expenditures	39	
40	Total exempt purpose expenditures (add lines 38 and 39)	40	
41	Lobbying nontaxable amount Enter the amount from the following table - If the amount on line 40 is - Not over \$500,000 Over \$500,000 but not over \$1,000,000 Over \$1,000,000 but not over \$1,500,000 Over \$1,500,000 but not over \$17,000,000 Over \$17,000,000 The lobbying nontaxable amount is - 20% of the amount on line 40 \$100,000 plus 15% of the excess over \$500,000 \$175,000 plus 10% of the excess over \$1,000,000 \$225,000 plus 5% of the excess over \$1,500,000 \$1,000,000	41	
42	Grassroots nontaxable amount (enter 25% of line 41)	42	
43	Subtract line 42 from line 36 Enter -0- if line 42 is more than line 36	43	
44	Subtract line 41 from line 38 Enter -0- if line 41 is more than line 38	44	

Caution. If there is an amount on either line 43 or line 44, you must file Form 4720

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions)

	Lobbying Expenditures During 4-Year Averaging Period				N/A
Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of

- a Volunteers
- b Paid staff or management (Include compensation in expenses reported on lines c through h)
- c Media advertisements
- d Mailings to members, legislators, or the public
- e Publications, or published or broadcast statements
- f Grants to other organizations for lobbying purposes
- g Direct contact with legislators, their staffs, government officials, or a legislative body
- h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i Total lobbying expenditures (Add lines c through h)

Yes	No	Amount
	X	
	X	
	X	
	X	
	X	
	X	
	X	
	X	
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities

FORM 990	RENTAL INCOME	STATEMENT	1
KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME	
RENTAL PROPERTY	1	6,900.	
TOTAL TO FORM 990, PART I, LINE 6A		6,900.	

FORM 990	RENTAL EXPENSES	STATEMENT	2
DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
RENTAL PROPERTY		329.	
- SUBTOTAL -	1		329.
TOTAL TO FORM 990, PART I, LINE 6B			329.

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES			STATEMENT	3
DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)	
SALE OF SECURITIES	6,299,943.	6,049,443.	0.	250,500.	
TO FORM 990, PART I, LINE 8	6,299,943.	6,049,443.	0.	250,500.	

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
DESCRIPTION	AMOUNT		
UNREALIZED GAIN ON INVESTMENTS	620,357.		
TOTAL TO FORM 990, PART I, LINE 20	620,357.		

FORM 990	OTHER EXPENSES			STATEMENT	5
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
TRUST & ANNUITY FEES	61,862.	61,862.			
PROFESSIONAL FEES	55,312.	55,312.			
GIFT ANNUITY	467,707.		467,707.		
INVESTMENT ADMIN.	16,330.		16,330.		
DONOR RECOGNITION EXPENSE	1,448.	1,448.			
OTHER	7,124.		7,124.		
OUTSIDE SERVICES	0.				
BANK CHARGES	84.		84.		
TOTAL TO FM 990, LN 43	609,867.	118,622.	491,245.		

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	6
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EXPLANATION

TO FUND CHILDHOOD LANGUAGE DISORDER PROGRAMS, AWARD SCHOLARSHIPS FOR UNDER-GRADUATE AND ADVANCED DEGREES, AND FUND NATURAL DISASTER RELIEF EFFORTS.

FORM 990	CASH GRANTS AND ALLOCATIONS			STATEMENT	7
CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT	
SCHOLARSHIP	SHEPHERD FUND	VARIOUS INDIVIDUALS	NONE	37,500.	
SCHOLARSHIP	KACH FUND	VARIOUS INDIVIDUALS	NONE	7,300.	
SCHOLARSHIP	HILBURN FUND	VARIOUS INDIVIDUALS	NONE	31,167.	
SCHOLARSHIP	PUBLIC SCHOOL ADMINISTRATION	VARIOUS INDIVIDUALS	NONE	21,000.	
SCHOLARSHIP	MASONIC FOUNDATIONS	VARIOUS INDIVIDUALS	NONE	22,114.	
SCHOLARSHIP	GWU BICHAN SCHOLARSHIP	VARIOUS INDIVIDUALS	NONE	20,000.	

SCHOLARSHIP	MISCELLANEOUS	VARIOUS INDIVIDUALS	NONE	71,544.
SCHOLARSHIP	SCHOLARSHIP AMERICA	VARIOUS INDIVIDUALS	NONE	50,000.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22				260,625.

FORM 990	NON-GOVERNMENT SECURITIES	STATEMENT	8
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SECURITY DESCRIPTION	COST/FMV	CORPORATE STOCKS	CORPORATE BONDS	OTHER PUBLICLY TRADED SECURITIES	TOTAL NON-GOV'T SECURITIES
CORPORATE BONDS	COST		1,602,813.		1,602,813.
CORPORATE STOCK	COST	3,905,535.			3,905,535.
TO FORM 990, LINE 54, COL B		3,905,535.	1,602,813.		5,508,348.

FORM 990	GOVERNMENT SECURITIES	STATEMENT	9
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DESCRIPTION	COST/FMV	U.S. GOVERNMENT	STATE AND LOCAL GOV'T	TOTAL GOV'T SECURITIES
U.S. GOVERNMENT	COST	1,882,023.		1,882,023.
TOTAL TO FORM 990, LINE 54, COL B		1,882,023.		1,882,023.

FORM 990	DEPRECIATION OF ASSETS HELD FOR INVESTMENT	STATEMENT	10
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DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
MUSTAINE PROPERTY	150,000.	48,866.	101,134.
TOTAL TO FORM 990, PART IV, LN 55		48,866.	101,134.

FORM 990	OTHER ASSETS	STATEMENT 11
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DESCRIPTION	AMOUNT
DUE FROM CHARITABLE TRUSTS	17,224.
DUE FROM HOUSE OF THE TEMPLE	1,432.
ANNUITIES	642,148.
TRUST	1,297,721.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	1,958,525.

FORM 990	OTHER SECURITIES	STATEMENT 12
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SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
MUTUAL FUNDS	COST	8,969,161.
TO FORM 990, LINE 54, COL B		8,969,161.

FORM 990	OTHER EXPENSES NOT INCLUDED ON FORM 990	STATEMENT 13
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DESCRIPTION	AMOUNT
RENTAL PROPERTY EXPENSES	329.
TOTAL TO FORM 990, PART IV-B	329.

FORM 990	OTHER REVENUE INCLUDED ON FORM 990	STATEMENT 14
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DESCRIPTION	AMOUNT
RENTAL PROPERTY EXPENSES	<329.>
TOTAL TO FORM 990, PART IV-A	<329.>

FORM 990	OTHER EXPENSES INCLUDED ON FORM 990	STATEMENT 15
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DESCRIPTION	AMOUNT
DEPRECIATION EXPENSE	5,455.
TOTAL TO FORM 990, PART IV-B	5,455.

FORM 990	PART V - OFFICER COMPENSATION FROM RELATED ORGANIZATIONS	STATEMENT 16
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OFFICER'S NAME	NAME AND EIN OF RELATED ORGANIZATION	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
WILLIAM G. SIZEMORE	THE SUPREME COUNCIL - 53-0152875	156,989.	37,876.	0.
RONALD A. SEALE	THE SUPREME COUNCIL - 53-0152875	310,090.	11,412.	0.

FORM 990	IDENTIFICATION OF RELATED ORGANIZATIONS PART VI, LINE 80B	STATEMENT 17
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NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
THE SUPREME COUNCIL 33 ANCIENT & ACCEPTED SCOTTISH RITE OF FREEMASONRY SOUTHERN JURISDICTION, U.S.A.	X	
THE HOUSE OF THE TEMPLE HISTORIC PRESERVATION FOUNDATION	X	

SCHEDULE A	EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS PART III, LINE 3	STATEMENT 18
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INDIVIDUALS AND ORGANIZATIONS RECEIVING DISBURSEMENTS IN THE FURTHERANCE OF
OF CHARITABLE PROGRAMS ARE DETERMINED AS FOLLOWS:

- 1) SCHOLARSHIPS: APPLICANTS STUDY PUBLIC SCHOOL ADMINISTRATION
- 2) ESSAY CONTEST: APPLICANTS ARE MEMBERS OF THE DEMOLAY
- 3) CONTRIBUTIONS TO THE SCOTTISH RITE FOUNDATION: FOR THE PURPOSE OF
ESTABLISHING APHASIA CLINICS
- 4) CONTRIBUTIONS TO OTHER ORGANIZATIONS: FOR CHARITABLE PURPOSES OF THE
ORGANIZATION

SCHEDULE A	OTHER INCOME			STATEMENT 19
DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT
OTHER	3,017.	2,547.	26,567.	6,408.
TOTAL TO SCHEDULE A, LINE 22	3,017.	2,547.	26,567.	6,408.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► 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)

Form 990-T corporations requesting an automatic 6-month extension - check this box and complete Part I only ☐

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension. Instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile.

Type or print	Name of Exempt Organization THE SCOTTISH RITE FOUNDATION, SOUTHERN JURISDICTION, U.S.A., INC.	Employer identification number 52-6054737
	Number, street, and room or suite no. If a P.O. box, see instructions. 1733 16TH STREET, N.W.	
File by the due date for filing your return. See instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20009	

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

- | | | |
|--|---|------------------------------------|
| ☒ Form 990 | ☐ Form 990-T (corporation) | ☐ Form 4720 |
| ☐ Form 990-BL | ☐ Form 990-T (sec. 401(a) or 408(a) trust) | ☐ Form 5227 |
| ☐ Form 990-EZ | ☐ Form 990-T (trust other than above) | ☐ Form 6069 |
| ☐ Form 990-PF | ☐ Form 1041-A | ☐ Form 8870 |

- The books are in the care of ► **THE FOUNDATION**

Telephone No. ► **(202) 232-3579**

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 **Form 990-T corporation**) extension of time until **AUGUST 15, 2005** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2004** or
► ☐ tax year beginning _____, and ending _____

- 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 \$ _____

- 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 \$ _____

- c **Balance Due.** 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 \$ **N/A**

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.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8868** (Rev. 12-2004)

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**
- 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 - Must file Original and One Copy.	
Type or print.	Name of Exempt Organization THE SCOTTISH RITE FOUNDATION, SOUTHERN JURISDICTION, U.S.A., INC.
File by the extended due date for filing the return. See instructions.	Employer identification number 52-6054737
	Number, street, and room or suite no. If a P.O. box, see instructions. 1733 16TH STREET, N.W.
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20009

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

- ☒ Form 990 ☐ Form 990-EZ ☐ Form 990-T (sec. 401(a) or 408(a) trust) ☐ Form 1041-A ☐ Form 5227 ☐ Form 8870
- ☐ Form 990-BL ☐ Form 990-PF ☐ Form 990-T (trust other than above) ☐ Form 4720 ☐ Form 6069

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 the care of **THE FOUNDATION**
Telephone No. **(202) 232-3579** 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 **NOVEMBER 15, 2005**
- 5 For calendar year **2004**, or other tax year beginning _____ and ending _____
- 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
INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE RETURN WILL NOT BE AVAILABLE UNTIL AFTER THE EXTENDED DUE DATE OF THE FORM 990.

- 8a 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 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. \$ _____
- c **Balance Due.** 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 instructions. \$ **N/A**

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 **[Signature]** Title **CFA** Date **8/15/05**

Notice to Applicant - To Be Completed by the IRS

- ☐ We have approved this application. Please attach this form to the organization's return.
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We cannot consider this application because it was filed after the extended due date of the return for which an extension was requested.
- ☐ Other _____

Director _____ By _____ Date _____

Alternate Mailing Address - Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name WILMA WALDRON
	Number and street (include suite, room, or apt. no.) or a P.O. box number 6701 DEMOCRACY BOULEVARD, SUITE 600
	City or town, province or state, and country (including postal or ZIP code) BETHESDA, MD 20817

423832
01-10-05