

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)

OMB No 1545-0047

2005Open to Public
Inspection

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

A For the 2005 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.**

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

1733 16TH STREET, N.W.

Room/suite

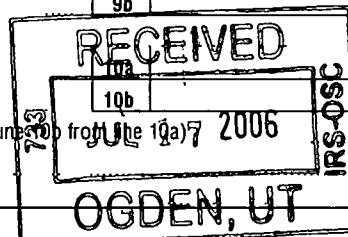
City or town, state or country, and ZIP + 4

WASHINGTON, DC 20009**D** Employer identification number**52-6054737****E** Telephone number**(202) 232-3579****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 ▶ **N/A****H(c)** Are all affiliates included? **N/A** ☐ 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 ▶ **N/A****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 chooses to file a return, be sure to file a complete return. **Some states require a complete return.****L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **11,107,328.****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances**

Revenue	1 Contributions, gifts, grants, and similar amounts received:			
	a Direct public support	1a	2,077,584.	
	b Indirect public support	1b		
	c Government contributions (grants)	1c		
	d Total (add lines 1a through 1c) (cash \$ 2,077,584. noncash \$)	1d	2,077,584.	
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2	2,374.	
	3 Membership dues and assessments	3		
	4 Interest on savings and temporary cash investments	4		
	5 Dividends and interest from securities	5	731,385.	
	6 a Gross rents SEE STATEMENT 1	6a	5,825.	
b Less: rental expenses SEE STATEMENT 2	6b	5,602.		
c Net rental income or (loss) (subtract line 6b from line 6a)	6c	223.		
7 Other investment income (describe)	7			
Expenses	8 a Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
		8,130,735.	8a	
	b Less: cost or other basis and sales expenses		8b	
		8,157,926.		
	c Gain or (loss) (attach schedule)	<27,191.>	8c	
	d Net gain or (loss) (combine line 8c, columns (A) and (B)) STMT 3	8d	<27,191.>	
	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		
Net Assets	10 a 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	159,425.	
	12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12	2,943,800.	
	13 Program services (from line 44, column (B))	13	1,096,164.	
	14 Management and general (from line 44, column (C))	14	528,050.	
	15 Fundraising (from line 44, column (D))	15		
	16 Payments to affiliates (attach schedule)	16		
	17 Total expenses (add lines 16 and 44, column (A))	17	1,624,214.	
18 Excess or (deficit) for the year (subtract line 17 from line 12)	18	1,319,586.		
19 Net assets or fund balances at beginning of year (from line 73, column (A))	19	18,472,961.		
20 Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 4	20	282,088.		
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21	20,074,635.		



**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.

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 \$ <u>536,636.</u> noncash \$ <u>0.</u> If this amount includes foreign grants, check here ☐			STATEMENT 6	
22		536,636.	536,636.		
23	Specific assistance to individuals (attach schedule)				
24	Benefits paid to or for members (attach schedule)				
25	Compensation of officers, directors, etc.	0.	0.	0.	0.
26	Other salaries and wages	222,922.	222,922.		
27	Pension plan contributions				
28	Other employee benefits	119,741.	119,741.		
29	Payroll taxes	38,060.	38,060.		
30	Professional fundraising fees				
31	Accounting fees				
32	Legal fees				
33	Supplies				
34	Telephone				
35	Postage and shipping				
36	Occupancy				
37	Equipment rental and maintenance				
38	Printing and publications	4,365.	4,365.		
39	Travel				
40	Conferences, conventions, and meetings				
41	Interest				
42	Depreciation, depletion, etc. (attach schedule)				
43	Other expenses not covered above (itemize):				
a		43a			
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g	SEE STATEMENT 5	43g	702,490.	174,440.	528,050.
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1,624,214.	1,096,164.	528,050.	0.

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 ☒ NoIf "Yes," enter (i) the aggregate amount of these joint costs \$ N/A ; (ii) the amount allocated to Program services \$ N/A ;(iii) the amount allocated to Management and general \$ N/A ; and (iv) the amount allocated to Fundraising \$ N/A

Form 990 (2005)

Part III Statement of Program Service Accomplishments (See the instructions)

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.

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 7</u>		Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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.)		
a <u>AWARDING OF SCHOLARSHIPS AND MAKING CONTRIBUTIONS TO NATURAL DISASTER RELIEF EFFORTS AND STATE SCOTTISH RITE FOUNDATIONS</u>		
(Grants and allocations \$ <u>536,636.</u>) If this amount includes foreign grants, check here ► ☐		<u>1,096,164.</u>
b		
(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐		
c		
(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐		
d		
(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐		
e Other program services (attach schedule)		
(Grants and allocations \$) If this amount includes foreign grants, check here ► ☐		
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►		<u>1,096,164.</u>

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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	70,522.	45	34,091.
	46 Savings and temporary cash investments	108,114.	46	227,628.
	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	16,359,532.	54	17,993,507.
	55 a Investments - land, buildings, and equipment basis STMT 13	55a 150,000.		
	b Less: accumulated depreciation STMT 10	55b 150,000.	55c	150,000.
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)	1,958,525.	58	1,853,961.	
59 Total assets (must equal line 74) Add lines 45 through 58	18,646,693.	59	20,259,187.	
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 SEE STATEMENT 12)	173,732.	65	184,552.
66 Total liabilities. Add lines 60 through 65	173,732.	66	184,552.	
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	15,129,210.	67	16,780,258.
	68 Temporarily restricted	2,486,560.	68	2,437,186.
	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)	18,472,961.	73	20,074,635.
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73	18,646,693.	74	20,259,187.

Form 990 (2005)

THE SCOTTISH RITE FOUNDATION, SOUTHERN

Form 990 (2005)

JURISDICTION, U.S.A., INC.

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Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions)

a	Total revenue, gains, and other support per audited financial statements	a	3,231,490.
b	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	b1	282,088.
2	Donated services and use of facilities	b2	
3	Recoveries of prior year grants	b3	
4	Other (specify) _____	b4	
	Add lines b1 through b4	b	282,088.
c	Subtract line b from line a	c	2,949,402.
d	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) <u>RENTAL PROPERTY EXPENSES</u>	d2	<5,602.>
	Add lines d1 and d2	d	<5,602.>
e	Total revenue (Part I, line 12) Add lines c and d	e	2,943,800.

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements	a	1,629,816.
b	Amounts included on line a but not on Part I, line 17		
1	Donated services and use of facilities	b1	
2	Prior year adjustments reported on Part I, line 20	b2	
3	Losses reported on Part I, line 20	b3	
4	Other (specify) <u>RENTAL PROPERTY EXPENSES</u>	b4	5,602.
	Add lines b1 through b4	b	5,602.
c	Subtract line b from line a	c	1,624,214.
d	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify) _____	d2	
	Add lines d1 and d2	d	0.
e	Total expenses (Part I, line 17) Add lines c and d	e	1,624,214.

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions)

(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 plans	(E) Expense account and other allowances
WILLIAM G. SIZEMORE WASHINGTON, DC	SECRETARY/TRUSTEE 10.00	0.	0.	0.
EARL K. DILLE WASHINGTON, DC	TREASURER/TRUSTEE 10.00	0.	0.	0.
CURTIS N. LANCASTER WASHINGTON, DC	VICE PRESIDENT/TRUSTEE 10.00	0.	0.	0.
RONALD A. SEALE WASHINGTON, DC	PRESIDENT/TRUSTEE 10.00	0.	0.	0.
JOHN E. MOYERS WASHINGTON, DC	ASSISTANT SECRETARY 10.00	0.	0.	0.
H. DOUGLAS LEMONS WASHINGTON, DC	TRUSTEE 10.00	0.	0.	0.

Form 990 (2005)

Part VI Other Information (continued) **Yes No**

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? 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)	82a 82b N/A	Yes No X
83 a Did the organization comply with the public inspection requirements for returns and exemption applications? b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83a X 83b X	Yes No
84 a Did the organization solicit any contributions or gifts that were not tax deductible? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A 84a 84b N/A	Yes No
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members? b Did the organization make only in-house lobbying expenditures of \$2,000 or less? 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	N/A 85a 85b 85c N/A 85d N/A 85e N/A 85f N/A	Yes No
c Dues, assessments, and similar amounts from members d Section 162(e) lobbying and political expenditures e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices f Taxable amount of lobbying and political expenditures (line 85d less 85e) g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f? 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?	N/A 85g N/A 85h	Yes No
86 501(c)(7) organizations Enter: a Initiation fees and capital contributions included on line 12 b Gross receipts, included on line 12, for public use of club facilities	86a N/A 86b N/A	Yes No
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them)	87a N/A 87b N/A	Yes No
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	Yes No 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 c Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u> d Enter Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>	89a 89b	Yes No X
90 a List the states with which a copy of this return is filed <u>DC</u> b Number of employees employed in the pay period that includes March 12, 2005 90b <u>0</u>	90b	Yes No
91 a The books are in care of <u>THE FOUNDATION</u> Telephone no. <u>(202) 232-3579</u> Located at <u>1733 16TH STREET, N.W., WASHINGTON, DC</u> ZIP + 4 <u>20009</u> b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country <u>N/A</u>	91b 91c	Yes No X
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 <u>92</u> <u>N/A</u>	92	Yes No

Part VII Analysis of Income-Producing Activities (See the instructions.)**Note:** Enter gross amounts unless otherwise indicated

93 Program service revenue:

a **PUBLICATIONS**

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

97 Net rental income or (loss) from real estate

a debt-financed property

b not debt-financed property

98 Net rental income or (loss) from personal property

99 Other investment income

100 Gain or (loss) from sales of assets
other than inventory

101 Net income or (loss) from special events

102 Gross profit or (loss) from sales of inventory

103 Other revenue

a **SETTLEMENT - LEGAL CLAIM**

b

c

d

e

104 Subtotal (add columns (B), (D), and (E))

105 Total (add line 104, columns (B), (D), and (E))

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 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 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 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).

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	
	Signature of officer <i>William G. Sizemore</i>	Date 7/12/2006
Paid Preparer's Use Only	Signature of preparer <i>William G. Sizemore</i>	Date JUL 10 2006
	Firm's name (or yours if self-employed), address, and ZIP + 4 RSM MCGLADREY, INC. 6701 DEMOCRACY BLVD, SUITE 600 BETHESDA, MD 20817	Check if self-employed ☐ Preparer's SSN or PTIN P00369217 EIN 41-1944416 Phone no. (301) 897-3200

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 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

2005

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

Employer identification number
52 6054737

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(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

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(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

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

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

Total number of other contractors receiving over \$50,000 for other services ▶

0

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.) 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.	1	X
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.)	3a	X
b Do you have a section 403(b) annuity plan for your employees?	3b	X
c During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c	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

SEE STATEMENT 16

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) sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations. (See page 6 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 6 of the instructions.)

THE SCOTTISH RITE FOUNDATION, SOUTHERN

Schedule A (Form 990 or 990-EZ) 2005 **JURISDICTION, U.S.A., INC.**

52-6054737 Page 3

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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	405,441.	1,785,681.	3,298,405.	661,010.	6,150,537.
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	1,072.	5,613.	6,124.	10,943.	23,752.
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	535,512.	479,071.	384,139.	381,278.	1,780,000.
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	125,456.	3,017.	SEE STATEMENT 17		157,587.
23 Total of lines 15 through 22	1,067,481.	2,273,382.	3,691,215.	1,079,798.	8,111,876.
24 Line 23 minus line 17	1,066,409.	2,267,769.	3,685,091.	1,068,855.	8,088,124.
25 Enter 1% of line 23	10,675.	22,734.	36,912.	10,798.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					161,762.
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					77,548.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					8,088,124.
d Add: Amounts from column (e) for lines: 18 <u>1,780,000.</u> 19 _____					
22 <u>157,587.</u> 26b <u>77,548.</u>					2,015,135.
e Public support (line 26c minus line 26d total)					6,072,989.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					75.0853%
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	(2004)	(2003)	(2002)	(2001)	
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 11b, 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	(2004)	(2003)	(2002)	(2001)	
c Add: Amounts from column (e) for lines: 15 _____ 16 _____					
17 _____ 20 _____ 21 _____					27c N/A
d Add: Line 27a total _____ and line 27b total _____					27d N/A
e Public support (line 27c total minus line 27d total)					27e N/A
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)			27f N/A		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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.

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)

	Yes	No
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?	29	
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?	30	
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.)	31	
32 Does the organization maintain the following:		
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
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.)	32d	
33 Does the organization discriminate by race in any way with respect to:		
a Students' rights or privileges?	33a	
b Admissions policies?	33b	
c Employment of faculty or administrative staff?	33c	
d Scholarships or other financial assistance?	33d	
e Educational policies?	33e	
f Use of facilities?	33f	
g Athletic programs?	33g	
h Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
34 a Does the organization receive any financial aid or assistance from a governmental agency?	34a	
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.	34b	
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	35	

Schedule A (Form 990 or 990-EZ) 2005

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 -														
<table border="0"> <tr> <td>If the amount on line 40 is -</td> <td>The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is -	The lobbying nontaxable amount is -	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	
If the amount on line 40 is -	The lobbying nontaxable amount is -													
Not over \$500,000	20% of the amount on line 40													
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000													
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000													
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000													
Over \$17,000,000	\$1,000,000													
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.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(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
☒	☐	
☒	☐	
☒	☐	
☒	☐	
☒	☐	
☒	☐	
☒	☐	
☒	☐	
☒	☐	
☒	☐	0.

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

Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

(i) Cash

(ii) Other assets

b Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)	X	
b(v)		X
b(vi)		X
c	X	

[illegible]

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ ☐

► ☒ Yes ☐ No

b If "Yes," complete the following schedule:

[illegible]

FORM 990	RENTAL INCOME	STATEMENT	1
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KIND AND LOCATION OF PROPERTY	ACTIVITY NUMBER	GROSS RENTAL INCOME
RENTAL PROPERTY	1	5,825.
TOTAL TO FORM 990, PART I, LINE 6A		5,825.

FORM 990	RENTAL EXPENSES	STATEMENT	2
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DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
RENTAL PROPERTY		5,602.	
- SUBTOTAL -	1		5,602.
TOTAL TO FORM 990, PART I, LINE 6B			5,602.

FORM 990	GAIN (LOSS) FROM PUBLICLY TRADED SECURITIES	STATEMENT	3
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DESCRIPTION	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	NET GAIN OR (LOSS)
SALE OF SECURITIES	8,130,735.	8,157,926.	0.	<27,191.>
TO FORM 990, PART I, LINE 8	8,130,735.	8,157,926.	0.	<27,191.>

FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	4
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DESCRIPTION	AMOUNT
UNREALIZED GAIN ON INVESTMENTS	282,088.
TOTAL TO FORM 990, PART I, LINE 20	282,088.

FORM 990	OTHER EXPENSES			STATEMENT	5
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING	
PROFESSIONAL FEES	98,336.	98,336.			
GIFT ANNUITY	482,186.		482,186.		
OTHER	51,466.		51,466.		
DONOR RECOGNITION EXPENSE	9,898.	9,898.			
JOURNAL EXPENSE	66,206.	66,206.			
RENTAL PROPERTY EXPENSE	<5,602.>		<5,602.>		
TOTAL TO FM 990, LN 43	702,490.	174,440.	528,050.		

FORM 990	CASH GRANTS AND ALLOCATIONS			STATEMENT	6
CLASSIFICATION	DONEE'S NAME	DONEE'S ADDRESS	DONEE'S RELATIONSHIP	AMOUNT	
GRANT	G.W. MASONIC NATIONAL MASONIC MEMORIAL	101 CALLAHAN DR. , ALEXANDRIA, VA 22301	NONE	30,000.	
GRANT	SCOTTISH RITE FOUNDATION, USA, INC	1485 GRAND ROAD, ORLANDO, FLORIDA 32793	NONE	93,893.	
GRANT	MASONIC SERVICE ASSOCIATION	8120 FENTON ST., SILVER SPRING, MD 20910	NONE	20,000.	
GRANT	INTERNATIONAL SUPREME COUNCIL ORDER OF DEMOLAY	SILVER SPRING, MD	NONE	10,000.	
GRANT	S.R. FOUNDATION OF ALABAMA, INC.	400 VALLEY AVENUE, , BIRMINGHAM, AL	NONE	46,968.	
GRANT	THE WASHINGTON NATIONAL OPERA	WASHINGTON, DC 20002	NONE	25,000.	
GRANT	YOUNG PEOPLE'S LEADERSHIP FOUNDATION	701 FOURTH AVE. SOUTH, STE 750, MINNEAPOLIS, MN	NONE	5,000.	

GRANT	SCHOLARSHIP AMERICA	4960 VIKING DRIVE, NONE STE 110, EDINA, MINN 55435	45,000.
GRANT	USO WORLD HEADQUARTERS	2111 WILSON BLVD. NONE SUITE 1200, ARLINGTON, VA	2,000.
GRANT	THE MISSISSIPPI S.R. APHASIA FOUNDATION, INC	MISSISSIPPI NONE	83,893.
GRANT	LOUISIANA S.R. FOUNDATION	LOUISIANA NONE	83,893.
KACH ESSAY CONTEST	VARIOUS INDIVIDUALS	NONE	6,875.
HILBURN SCHOLARSHIPS	VARIOUS INDIVIDUALS	NONE	42,499.
PUBLIC SCHOOL SCHOLARSHIPS	VARIOUS INDIVIDUALS	NONE	13,500.
SHEPARD SCHOLARSHIP	VARIOUS INDIVIDUALS	NONE	28,115.
TOTAL INCLUDED ON FORM 990, PART II, LINE 22			536,636.

FORM 990	STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE PART III	STATEMENT	7
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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	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		1,085,286.		1,085,286.
CORPORATE STOCK	COST	5,355,603.			5,355,603.
TO FORM 990, LINE 54, COL B		5,355,603.	1,085,286.		6,440,889.

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	1,828,528.		1,828,528.
TOTAL TO FORM 990, LINE 54, COL B		1,828,528.		1,828,528.

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.	0.	150,000.
TOTAL TO FORM 990, PART IV, LN 55	150,000.	0.	150,000.

FORM 990	OTHER ASSETS	STATEMENT	11
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DESCRIPTION	AMOUNT
DUE FROM CHARITABLE TRUSTS	17,224.
ANNUITIES	593,316.
TRUST	1,243,421.
TOTAL TO FORM 990, PART IV, LINE 58, COLUMN B	1,853,961.

FORM 990	OTHER LIABILITIES	STATEMENT 12
DESCRIPTION		AMOUNT
DUE TO SUPREME COUNCIL		170,919.
DUE TO HOUSE OF THE TEMPLE		12,403.
OTHER		1,230.
TOTAL TO FORM 990, PART IV, LINE 65, COLUMN B		184,552.

FORM 990	OTHER SECURITIES	STATEMENT 13
SECURITY DESCRIPTION	COST/FMV	OTHER SECURITIES
MUTUAL FUNDS	COST	9,724,090.
TO FORM 990, LINE 54, COL B		9,724,090.

FORM 990	IDENTIFICATION OF RELATED ORGANIZATIONS PART VI, LINE 80B	STATEMENT 14
NAME OF ORGANIZATION	EXEMPT	NONEXEMPT
SUPREME COUNCIL 33 ANC. & ACC. SCOTTISH RITE OF FREEMASONRY S J, USA, INC.	X	
THE HOUSE OF THE TEMPLE HISTORIC PRESERVATION FOUNDATION	X	

FORM 990

PART V-A OFFICER COMPENSATION FROM
RELATED ORGANIZATIONS

STATEMENT 15

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
WILLIAM G. SIZEMORE	195,288.	48,333.	8,400.

NAME OF RELATED ORGANIZATION	EMPLOYER ID NUMBER
THE SUPREME COUNCIL	53-0152875

RELATIONSHIP BETWEEN ORGANIZATIONS

RELATED ORGANIZATION

COMPENSATION DESCRIPTION

COMPENSATION RECEIVED FOR THE PERFORMANCE OF DUTIES AS GRAND EXECUTIVE OF
THE SUPREME COUNCIL.

OFFICER'S NAME	COMPENSATION	EMPLOYEE BENEFIT PLAN CONTRIBUTION	EXPENSE ACCOUNT
RONALD A. SEALE	328,094.	500.	15,215.

NAME OF RELATED ORGANIZATION	EMPLOYER ID NUMBER
THE SUPREME COUNCIL	53-0152875

RELATIONSHIP BETWEEN ORGANIZATIONS

RELATED ORGANIZATION

COMPENSATION DESCRIPTION

COMPENSATION RECEIVED FOR THE PERFORMANCE OF DUTIES AS SOVERIGN GRAND
COMMANDER OF THE SUPREME COUNCIL.

SCHEDULE A	EXPLANATION OF QUALIFICATIONS TO RECEIVE PAYMENTS	STATEMENT	16
	PART III, LINE 3A		

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	17
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DESCRIPTION	2004 AMOUNT	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT
OTHER	125,456.	3,017.	2,547.	26,567.
TOTAL TO SCHEDULE A, LINE 22	125,456.	3,017.	2,547.	26,567.

SCHEDULE A	INVOLVEMENT WITH NONCHARITABLE ORGANIZATIONS	STATEMENT	18
	PART VII, LINE 51, COLUMN (D)		

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

THE SUPREME COUNCIL

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

SHARING OF PAID EMPLOYEES & REIMBURSEMENT ARRANGEMENTS

SCHEDULE A	AFFILIATION WITH TAX-EXEMPT ORGANIZATIONS	STATEMENT	19
	PART VII, LINE 52, COLUMN (C)		

NAME OF AFFILIATED OR RELATED ORGANIZATION

THE SUPREME COUNCIL

DESCRIPTION OF RELATIONSHIP WITH AFFILIATED OR RELATED ORGANIZATION

UNDER COMMON CONTROL AND CONTRIBUTES FACILITIES, EQUIPMENT AND STAFF TO THE FOUNDATION.

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 ☒
- 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, 2006** to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2005** 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)