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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 Open to Public Inspection

For the 2009 calendar year, or tax year beginning and ending C Name of organization D Employer identification number Check if applicable Please USE IRS MCALESTER SCOTTISH RITE CHARITABLE label or Address change AND EDUCATIONAL FOUNDATION print or Name change type 73-6102862 Doing Business As Initial return Number and street (or P 0 box if mail is not delivered to street address) Room/suite E Telephone number Specific Termin-918-423-6360 O. BOX 609 Instruc-Amended 700,196. tions City or town, state or country, and ZIP + 4 G Gross receipts \$ Applica-MCALESTER, OK 74502 H(a) Is this a group return pending F Name and address of principal officer DONALD G. JONES for affiliates? Yes X No SAME AS C ABOVE H(b) Are all affiliates included? Yes No Tax-exempt status: X 501(c) (3 527 If "No," attach a list (see instructions) J Website: ► MCALESTERSCOTTISHRITE.ORG **H(c)** Group exemption number ▶ K Form of organization X Corporation L Year of formation 1962 M State of legal domicile OK Trust Other > Part I Summary Briefly describe the organization's mission or most significant activities: EDUCATIONAL AND CHARITABLE SCANNED DEC & SOFTER PURPOSES Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 13 12 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of employees (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 0. **Prior Year Current Year** 92,675. 78,646. Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 157,142. 267,447. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 249,817. 346,093. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)

Benefits paid to order members (Part IX, column (A), line 4)

Salaries, other compensation, employee Benefits (Part IX, column (A), lines 5-10)

16a Professional fundraising fees (Patrillx, column (A), line 11e) 54,500. 48,800. 114,369. 141,664. 15,203. b Total fundraising expenses (Part IX, column (D), line 25) 17 Other expenses (Part IX, column (A) tines 11a-11d, 11f-24f)
18 Total expenses. Add have 15-17 (must equal Part IX, column (A), line 25) 151,366. 144,787. 335,251. 320,235. <70,418.b 10,842. Revenue less expenses. Subtract line 18 from line 12 19 Assets or Balances **Beginning of Current Year End of Year** 3,950,221. 4,404,869. 20 Total assets (Part X, line 16) 13,393 Total liabilities (Part X, line 26) 3,950,221. 391,476 22 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block Under penalties of penury, 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) seed on all information of which preparer has any knowledge. ~12-2010 Sign Signature of officer Here DONALD G. JONES, SECRETARY Type or print name and title Date Check if Preparer's identifying number (sepunstructions) Preparer's Paid 11 P002451 signature employed > Preparer's Firm's name (or ENGELBACH ROBERTS & CO. EIN yours if self-employed), Use Only 4000 CLASSEN CTR STE 100C address, and ZIP + 4 OKLAHOMA CITY, OK 73118 Phone no \triangleright (405)528-4000 May the IRS discuss this return with the preparer shown above? (see instructions) Yes Form 990 (2009) LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

	MCALESTER SCOTTISH RITE CHARITABLE	72 (10000	
	n 990 (2009) AND EDUCATIONAL FOUNDATION	73-6102862	Page 2
	rt III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission: PROVIDE SCHOLARSHIPS TO HIGH SCHOOL STUDENTS WHO OTHER	WISE WOULD NO	ΛTI
	BE ABLE TO CONTINUE THEIR EDUCATION BEYOND HIGH SCHOOL	· · · · · · · · · · · · · · · · · · ·	
	OPERATE THE CHILDHOOD LANGUAGE CLINIC.	AND BUFFORT	AND
	OT BRATE THE CHIEDHOOD BRACORDS CEINIC.		
2	Did the organization undertake any significant program services during the year which were not listed on		
-	the prior Form 990 or 990-EZ?	□ Yes	X No
	If "Yes," describe these new services on Schedule O.		140
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	? Yes	XNo
-	If "Yes," describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by	expenses.	
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of		
	allocations to others, the total expenses, and revenue, if any, for each program service reported.		
			
4a	(Code:) (Expenses \$ 48,925 • including grants of \$ 48,800 •) ()
	SCHOLARSHIPS FOR UNDERGRADS, FINANCIAL AID, AND SPECIF	IC ASSISTANCE	FOR
	SPECIAL NEEDS STUDENTS		
			
		 -	
	**************************************	 -	<u> </u>
4b		Revenue \$)
	CHILDHOOD LANGUAGE CLINIC-SPEECH AND LANGUAGE SERVICES	FOR CHILDREN	<u> </u>
	IDENTIFIED WITH LEARNING DISABILITIES		
		· · · · · ·	
			
			
		,	· · · · ·
4c	(Code:) (Expenses \$ including grants of \$) (F	Revenue \$)
		<u> </u>	····
		, <u>-</u>	
4d	Other program services. (Describe in Schedule O.)		

4e Total program service expenses ►\$

) (Revenue \$

including grants of \$ \$ 250,484.

Part IV Checklist of Required Schedules

	1		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1		
	If "Yes," complete Schedule A	1_	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3	<u> </u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	ļ	X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			ŀ
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to		ł	۱
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	-	Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			١
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			١
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	1	٠,,	1
	If "Yes," complete Schedule D, Part V	10	X_	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X		١,,	
	as applicable	11	X	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	:		
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	12	х	
104	Schedule D, Parts XI, XII, and XIII. Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No	12		
IZA	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional Yes No 12A X	1		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	-	X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140		
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	ļ	Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	İ	Х
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
	and any any and a state of trees transfer in the complete agreement.		990 (2	

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Part IV Checklist of Required Schedules (continued)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			ļ
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	1		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	<u>L</u>	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	1		
	Schedule K. If "No", go to line 25	24a	1	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		ŀ
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			-
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	1200		
•	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	230		21
26		26		Х
27	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21				
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			v
	Schedule L, Part III	27	-	Х
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			v
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Λ_
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			v
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	-	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			.,
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Х	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35		_X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	Х	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O.	38	X	
		Form 9	990 (2	2009)

Form 990 (2009) AND EDUCATIONAL FOUNDATION Part V Statements Regarding Other IRS Filings and Tax Compliance

	•	_		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				l
		0			
		0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			- 1	İ
	(gambling) winnings to prize winners?	1	С		
2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,				!
	filed for the calendar year ending with or within the year covered by this return 2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2	b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			1	
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3	a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3	b		
4a	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)?	4	a		X
b	If "Yes," enter the name of the foreign country. ►				
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and				
	Financial Accounts.			- 1	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5	a		<u>X</u>
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5	b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited				
_	Tax Shelter Transaction?	5	C		
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	1.			.,
	any contributions that were not tax deductible?	6	a		X
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	_	.		
7	were not tax deductible?	6	b		
7	Organizations that may receive deductible contributions under section 170(c).		-	1	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?				х
ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7:			
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	 	-	+	
	to file Form 8282?	70	.		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year		1	$\neg +$	
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	1			
	benefit contract?	70	e	1	Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7	\neg		X
	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	79			
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	71			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			1	
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			- 1	
	at any time during the year?	_8		أ	
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?	98	<u>. </u>		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	91)		
10	Section 501(c)(7) organizations. Enter:				
	Initiation fees and capital contributions included on Part VIII, line 12	4			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1			
1	Section 501(c)(12) organizations. Enter:				
	Gross income from members or shareholders	4			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
_	amounts due or received from them.)	4			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12	a	$-\downarrow$	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b				

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u> </u>	tion A. Governing Body and Management						
						Yes	No
1a	Enter the number of voting members of the governing body	1a	-	13			
b	Enter the number of voting members that are independent	1b	<u> </u>	12			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with	any other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision				
	of officers, directors or trustees, or key employees to a management company or other person?			}.	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Fo		00 was filed?	ļ	4		X
5	Did the organization become aware during the year of a material diversion of the organization's asse	ts?			5_	_	X
6	Does the organization have members or stockholders?				6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	embei	s of the				
	governing body?		_	}	7a		X
þ	Are any decisions of the governing body subject to approval by members, stockholders, or other per			-	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	durin	g the year				
	by the following			ļ			
а	The governing body?				8a	X	
þ	Each committee with authority to act on behalf of the governing body?				8b		X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ached	at the				.,
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O				9		<u>X</u>
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal R	levenu	e Code)				
				Γ		Yes	No
	Does the organization have local chapters, branches, or affiliates?			ŀ	10a		<u>X</u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chap	ers, affiliates,				
	and branches to ensure their operations are consistent with those of the organization?				10b		v
11	Has the organization provided a copy of this Form 990 to all members of its governing body before fi	iling ti	ne form?	ŀ	11		<u>X</u>
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			ŀ		v	
	Does the organization have a written conflict of interest policy? If "No," go to line 13			ŀ	12a	<u>X</u>	
ь	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	uld giv	e rise			x	
	to conflicts?	1137 1		F	12b	^	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	res,	describe		10-	х	
	In Schedule O how this is done			-	12c 13	X	
13	Does the organization have a written whistleblower policy?			}	14	X	
14	Does the organization have a written document retention and destruction policy?	al bu	a danaa daat	H	14		
15	Did the process for determining compensation of the following persons include a review and approve		поерепает				
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			1	45-	Ì	X
	The organization's CEO, Executive Director, or top management official			-	15a 15b		$\frac{x}{X}$
D	Other officers or key employees of the organization			-	136		<u> </u>
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	mant :	with a			- 1	
·va	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger taxable entity during the year?	MEHL	viul a	İ	16a	1	Х
L	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva	عندارا	te narticination	ŀ	. va		
D	In joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization to eva						
	exempt status with respect to such arrangements?	ainzai	1011 3		16ь	- 1	
206	tion C. Disclosure				.00		
17	List the states with which a copy of this Form 990 is required to be filed ▶OK			-			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	r (501	c)(3)s only) avai	lable f	or		
	public inspection. Indicate how you make these available. Check all that apply.	,551	-, (o) oing avai		~ ,		
	Own website Another's website X Upon request						
10	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, c	onflic	of interest note	ov an∉	d fina	ncial	
19		Jillic	or interest poin	.y, all	ııııdı	icidi	
20	statements available to the public. State the name, physical address, and telephone number of the person who possesses the books at	nd rec	ords of the ora	nizati	on• ▶		
20	DONALD JONES - 918-423-6360			a nzall			
	P. O. BOX 609, MCALESTER, OK 74502						

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

X Check this box if the organization did not c	(B)	.,			C)	,	-	(D)	(E)	(F)
Name and Title	Average			Pos		1		Reportable	Reportable	Estimated
	hours	(c	(check all that				ly)	compensation	compensation	amount of
	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
DR. ROBERT L BARTHELD			ļ					}		
PRESIDENT	2.00	X		Х				0.	0.	0.
JOHN FREEMAN										
VICE PRESIDENT	2.00	Х		Х				0.	0.	0.
DONALD G JONES										
SECRETARY	40.00	X		X				0.	56,600.	5,640.
R. BRUCE HALL										
TREASURER	2.00	Х		Х				0.	0.	0.
WILLIAM C COX										
TRUSTEE	1.00	Х	ŀ					0.	0.	0.
THOMAS C CROWL								·		
TRUSTEE	1.00	Х						0.	0.	0.
LEWIS HULLUM						_				
TRUSTEE	1.00	X						0.	0.	0.
DR. DOUGLAS AULD										
TRUSTEE	1.00	Х						0.	0.	0.
MARK HALYARD	1	1		_						
TRUSTEE	1.00	X						0.	0.	0.
AMIL STERCHO									- 1	
TRUSTEE	1.00	X						0.	0.	0.
WILLIAM MCCAA						_				
TRUSTEE	1.00	X						0.	0.	0.
GARY LEE, SR.								-		
TRUSTEE	1.00	х						0.	0.	0.
JOSEPH C. JENNINGS, JR.										
TRUSTEE	1.00	Х						0.	0.	0.
					_					
	-	\vdash	-		_		-			
	 									
		\vdash		\dashv						
	1									
	1		L					<u> </u>		

	990 (2009) AND EDUC								·	73-6		862	<u>}</u> F	Page 8
Par	VII Section A. Officers, Directors, Tra	ıstees, Key Eı	mple	oyee	es, a	nd l	High	est	Compensated Employ	yees (continued)				
	(A) Name and title	(C) Position (check all that apply)					(D) Reportable	(E) Reportable			ted			
		hours per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensati from relate organization (W-2/1099-Mi	d ns	cor	mount other other of other of other of other oth	r ation he ation ated
					-									
					_		_					_		
					_	ļ	_							
							ļ	_			-			
												_		
								_						
1h	Total								0.	56,6	00.		5,6	40.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed at	DOVE	e) wh	no re					<u>- , , , , , , , , , , , , , , , , , , ,</u>	
	compensation from the organization													0
3	Did the organization list any former officer,		stee	, ke	y em	ploy	yee,	or h	nighest compensated er	mployee on			Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su	ım of reportabl								the organization	,	3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a	accrue comper	nsatı	on f						ices rendered to		4		X
Sec	the organization? If "Yes," complete Sched ion B. Independent Contractors	ule J for such <u>j</u>	<u>oers</u>	on						<u> </u>		5		X
1	Complete this table for your five highest co the organization. NONE	mpensated inc	depe	nde	nt c	ontr	acto	rs t	hat received more than	\$100,000 of con	npensa	ation 1	irom	
	(A) Name and business	address							(B) Description of s	ervices			C) nsatio	n
												_		
							-							
				·	•									
2	Total number of independent contractors (ii \$100,000 in compensation from the organiz	-	ot lin	nite	d to	thos (ted	above) who received m	ore than				
												Form	990 (2	2009)

MCALESTER SCOTTISH RITE CHARITABLE AND EDUCATIONAL FOUNDATION

			EDUCATION	NAL FOUND	ATION		<u>7</u> 3-6102	2862 Page 9
Pa	rt V	III Statement of Reve	nue					
	`				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	1	a Federated campaigns	1a					
gra	1	b Membership dues	1b					
Contributions, gifts, grants and other similar amounts	,	c Fundraising events	1c					
g'e		d Related organizations	1d					
Sim	•	 Government grants (contribute 	· -					
e ti	•	f All other contributions, gifts, gran	·	70 616				
를		similar amounts not included abo		78,646.				
Sel		Noncash contributions included in lines Total Add lines 1s.1f	s1a-1f\$		78,646.			
_	-	h Total. Add lines 1a-1f		Business Code	7070100			
9	2	a		Business code				
Program Service Revenue		b						
San		c						
e a		d						
<u>Б</u> п		e						
مَ ا	•	f All other program service reve	enue					
		g Total. Add lines 2a-2f		>				
	3	Investment income (including	ı dıvıdends, ınter	_	246 226			246 226
		other similar amounts)			346,236.			346,236.
	4	Income from investment of ta	x-exempt bona (proceeds				
	5	Royalties	(i) Real	(ii) Personal				
	6 :	a Gross Rents	(i) Neai	(ii) Tersonai				
	-	b Less: rental expenses						
		c Rental income or (loss)						
	,	d Net rental income or (loss)		>				
	7 :	a Gross amount from sales of	(ı) Securities	(iı) Other				
		assets other than inventory	275314.					
		b Less: cost or other basis	254102					
		and sales expenses	354103.					
		c Gain or (loss)	<78789.	·P	<78,789.			Z70 700 ·
		d Net gain or (loss)			<u> </u>			<78,789.
Other Revenue	0	 Gross income from fundraisin including \$ 	_					
e Ve		contributions reported on line						
ŭ.		Part IV, line 18	а .					
ŧ.	l	b Less: direct expenses	b					
٦		c Net income or (loss) from fund	draising events	>			······································	
	9 :	a Gross income from gaming ad	ctivities. See					
		Part IV, line 19	а					
		b Less: direct expenses	b	<u> </u>				
		c Net income or (loss) from gan		•				
	10 (a Gross sales of inventory, less						
		and allowances b Less: cost of goods sold	a b					
-		c Net income or (loss) from sale		-				
t		Miscellaneous Revenu		Business Code				
ŀ	11 (<u> </u>			ĺ			1
		b						
		c						
		d All other revenue						
		e Total. Add lines 11a-11d		>	246 000			265 415
93300	12	Total revenue. See instructions		>	346,093.	0.	0.	
93200 02-04	10				_			Form 990 (2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must compl	ete column (A) but are		ete columns (B), (C), and	(D).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		•	*	
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	48,800.	48,800.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				1 1 11 11 1
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	122,774.	122,774.		
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	2,780.	2,780.		
9	Other employee benefits	7,010.	7,010.		
10	Payroll taxes	9,100.	9,100.		
11	Fees for services (non-employees):				
a	· · · · · · · · · · · · · · · · · · ·		-		
Ь		F 142		- I 140	
c		5,143.		5,143.	
d	, , , , , , , , , , , , , , , , , , ,				
e		15,397.		15 207	
f	Investment management fees	15,397.		15,397.	
g					
12	Advertising and promotion	6,061.	5,324.	636.	101
13	Office expenses	0,001.	3,324.	030.	101.
14	Information technology Royalties				
15 16	Occupancy	6,500.	6,500.		
17	Travel	6,177.	6,177.		
18	Payments of travel or entertainment expenses	0,111.	0,177.		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,395.		1,796.	599.
23	Insurance	• • • • • •			
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				100° 111 7
а	ADMINISTRATIVE FEES	55,000.		41,250.	13,750.
b	OUTREACH PROGRAM	33,785.	33,785.		10/1000
c	THERAPY SUPPLIES	2,609.	2,609.		
ď	CLINIC AUDIOLOGIST	2,532.	2,532.		
e	EQUIPMENT & MAINTENANCE	2,224.	712.	1,134.	378.
f	All other expenses	6,964.	2,381.	4,208.	375.
25	Total functional expenses. Add lines 1 through 24f	335,251.	250,484.	69,564.	15,203.
26	Joint costs. Check here ▶ ☐ If following				
	SOP 98-2 Complete this line only if the organization		İ		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				
	· · · · · · · · · · · · · · · · · · ·				

	1990 (2009) AND EDUCATIONA Balance Sheet	AL FOUND	ATION		/3-6	5102862	Page 1
ra	IT A	Dalaille Sileet		· · · · · · · · · · · · · · · · · · ·	(8)	Т Т		 -
	•				(A) Beginning of year		(B) End of ye	ar
	1	Cash - non-interest-bearing		_		1	6	, 855
	2	Savings and temporary cash investments		Ī	618,499.		678	, 855 , 887
	3	Pledges and grants receivable, net		Ī		3		
	4	Accounts receivable, net		Ī	41,037.		31	,428
	5	Receivables from current and former officers, d	rectors, trustee	es, key	······································			
		employees, and highest compensated employe		-				
		of Schedule L				5		
	6	Receivables from other disqualified persons (as	defined under	section	, ,		·v / / /	
		4958(f)(1)) and persons described in section 49	58(c)(3)(B) Cor	nplete				
		Part II of Schedule L		_		6		
ţ	7	Notes and loans receivable, net				7		_
Assets	8	Inventories for sale or use				8		
¥	9	Prepaid expenses and deferred charges				9		
	10a	Land, buildings, and equipment: cost or other					,	
		basis. Complete Part VI of Schedule D	10a	129,127.				
	Ь	Less: accumulated depreciation	10b	120,847.	10,675. 3,280,010.	10c	8,	280.
	11	Investments - publicly traded securities			3,280,010.	11	8, 3,679,	419.
	12	Investments - other securities. See Part IV, line		<u> </u>	12			
	13	Investments - program-related. See Part IV, line		13				
	14	Intangible assets	1		14			
	15	Other assets. See Part IV, line 11		15				
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)		3,950,221.	16	4,404,	869.
	17	Accounts payable and accrued expenses	····	17	13,	<u> 393.</u>		
	18	Grants payable	-		18			
	19	Deferred revenue				19		
	20	Tax-exempt bond liabilities		į.		20		
Liabilities	21	Escrow or custodial account liability. Complete				21		
Ē	22	Payables to current and former officers, director	-					
Lia		highest compensated employees, and disqualifi	ed persons. Co	mplete Part II				
		of Schedule L		ļ		22		
	23	Secured mortgages and notes payable to unrela	•	s		23		
	24 25	Unsecured notes and loans payable to unrelated	a thira parties	-		24		
	26	Other liabilities. Complete Part X of Schedule D Total liabilities. Add lines 17 through 25		-	0.	25 26	12	393.
	20	Organizations that follow SFAS 117, check he	re X	and complete	0.	20	13,	393.
S		lines 27 through 29, and lines 33 and 34.		ma complete				
Net Assets or Fund Balances	27	Unrestricted net assets			3,278,558.	27	3.714.	122.
ala	28	Temporarily restricted net assets			211,916.	28	217.	607
d B	29	Permanently restricted net assets			459,747.	29	3,714, 217, 459,	747.
<u>,5</u>		Organizations that do not follow SFAS 117, cl	heck here	and	, , , , , , , , , , , , , , , , , , , ,			
ŏ		complete lines 30 through 34.						
şt	30	Capital stock or trust principal, or current funds			İ	30		
SS	31	Paid-in or capital surplus, or land, building, or eq	ulpment fund			31		
et A	32	Retained earnings, endowment, accumulated in	•	funds		32		
ž	33	Total net assets or fund balances			3,950,221.	33	4,391,	476.
	34	Total liabilities and net assets/fund balances			3,950,221.	34	4,404,	

Form **990** (2009)

Form 990 (2009)

AND EDUCATIONAL FOUNDATION

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			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.	1111111		
2a		2a		Х
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c		Х
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:	_		
	X Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A·133?	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		
		Form	990 (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Open to Public

OMB No 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

MCALESTER SCOTTISH RITE CHARITABLE AND EDUCATIONAL FOUNDATION

Employer identification number 73-6102862

Pa	rt I	Reason	for Public Char	ity Status (All organiz	zations mu	st comple	te this par	t.) See ins	tructions.					
he	organi	zation is not a	private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)						
1	A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).													
2		A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)												
3		A hospital or	a cooperative hospi	tal service organization	described	ın section	170(b)(1)	(A)(iii).						
4		A medical res	search organization of	operated in conjunction	with a hos	pital desc	nbed in se	ction 170	(b)(1)(A)(i	ii). Enter	the hospital's name,			
		city, and state:												
5		An organization operated for the benefit of a college or university owned or operated by a governmental unit described in												
		section 170(b)(1)(A)(iv). (Complete Part II.)												
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).												
-	X													
•		X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)												
8	\Box	-		ection 170(b)(1)(A)(vi).	(Complete	Part II \								
9	Ħ	-		eives: (1) more than 33			rom contri	butions n	nambarchi	n fees a	nd arose receipts from			
9	ш	•	•	nctions - subject to certa						•				
			·	· ·							-			
				axable income (less sect	lion 511 la	x) Ironi bu	Sillesses a	acquired b	y the orga	inzation	alter June 30, 1975.			
	$\overline{}$		509(a)(2). (Complete	•			` . i.	- E00/-\/	• \		•			
10	=			perated exclusively to te										
11	ш		•	perated exclusively for the						-	•			
				ations described in section				2). See se	stion auat	a)(3). On	eck the box that			
				organization and complete	_	e III · Func		. aratad			Tune III Other			
		a Type I		_ ,,			-	_		ـــا۵ اممناطنده	Type III · Other			
е	ш	-		t the organization is not										
			_	han one or more publicly		-				9(a)(1) or	section 509(a)(2).			
f				ten determination from t	the IRS tha	atitisa iy	pe I, Type	II, or Type	e III		<u></u>			
			rganization, check th				_			_				
9		-		rganization accepted ar			-				[] ··			
				rectly controls, either al	one or tog	ether with	persons o	fescribed i	in (ii) and (III) below				
		_		upported organization?							11g(i)			
		•	•	described in (i) above?							11g(ii)			
		(iii) A 35% c	controlled entity of a	person described in (i) of	or (II) above	9?					11g(iii)			
h		Provide the fo	ollowing information	about the supported or	ganization	(s).								
				/*** 			1			1				
(1)	Name	of supported	(ii) EIN	(iii) Type of organization		rganization			(vi) Is organizatio		(vii) Amount of			
	orga	nızatıon		(described on lines 1-9	in col (i) lis governing (•	organızat (i) of you		(i) organız U S	ed in the [support			
				above or IRC section	<u> </u>	1								
				(see instructions))	Yes	No	Yes	No	Yes	No				
									ļ		<u></u>			
					<u> </u>									
					ļ					ļ				

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 AND EDUCATIONAL FOUNDATION

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (d) 2008 Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (c) 2007 (e) 2009 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not 53,284. 92,675. 115,044. 78,646. 412,485. 72,836. include any "unusual grants.") 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 72,836. 53,284. 115,044. 92,675. 78,646. 412,485. Total. Add lines 1 through 3 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, 100,594. column (f) 311,891. 6 Public support. Subtract fine 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in)▶ (a) 2005 (c) 2007 (d) 2008 (e) 2009 (f) Total (b) 2006 53,284. 115,044. 92,675. $\overline{78,646}$ 412,485. 72,836. 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 133,524. 234,970. 117,314. 101,674. 346,236. 933,718. and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 1,346,203. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 23.17 14 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 28.53 15 15 Public support percentage from 2008 Schedule A, Part II, line 14 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization **▶**[X] meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2009

Section A. Public Support	Organizations	Described in	Section Susta	(Complete only	y if you checked the	box on line 9 of Part I
	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Calendar year (or fiscal year beginning in)	(a) 2005	(0) 2006	(6) 2007	(0) 2008	(e) 2009	(I) TOTAL
 Gifts, grants, contributions, and membership fees received. (Do not 						
include any "unusual grants.")						ł
• • •		 			 	
2 Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-				İ		
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities						
furnished by a governmental unit to				1		
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6)						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses				İ	İ	
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital	*					
assets (Explain in Part IV.) 13 Total support (Add lines 9, 10c, 11, and 12)						
14 First five years. If the Form 990 is for	the ergonization	le first second thir	d fourth or fifth to	av vear as a section	n 501(c)(3) organ	nization
	r trie organization	s inst, second, tim	a, tourin, or milit to	ax year as a section	on so r(c)(s) organ	iization,
Section C. Computation of Pub	lic Support Pe	rcentage			-	
			olumn (fl)		15	
15 Public support percentage for 2009			Column (i))		16	<u>%</u> %
16 Public support percentage from 200 Section D. Computation of Inve					110	
17 Investment income percentage for 2			ne 13 column (f)		17	
			ie 13, column (I))		18	<u>%</u> %
18 Investment income percentage from 19a 33 1/3% support tests - 2009. If the			on line 14 and line	15 is more than 1		
						1011 of 11 c
more than 33 1/3%, check this box a						and .
b 33 1/3% support tests - 2008. If the						
line 18 is not more than 33 1/3%, ch 20 Private foundation. If the organization			•			
zv Private loundation. If the organization	эн ою поселеска	100A OIT IIII 14, 19	a, or 130, check tr			900 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 AND EDUCATIONAL FOUNDATION /3-6102862 Page 4 Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b;
and Part III, line 12. Provide any other additional information. See instructions.
PART II, SECTION C, LINE 17A, FACTS AND CIRCUMSTANCES TEST:
1. THE ORGANIZATION RECEIVES ITS SUPPORT FROM THE GENERAL PUBLIC AND NOT
FROM A SINGLE FAMILY. ANNUAL DUES STATEMENTS TO APPROXIMATELY 2,755
MEMBERS OF THE MCALESTER SCOTTISH RITE BODIES, A 501(C)(10) ORGANIZATION,
SOLICIT CONTRIBUTIONS TO THE FOUNDATION.
2. THE ORGANIZATION OPERATES A CHILDHOOD LANGUAGE CLINIC FOR THE HEARING
IMPAIRED AT ITS MCALESTER FACILITY AND THREE OUTREACH FACILITIES LOCATED
IN EASTERN AND SOUTHERN OKLAHOMA.
3. SCHOLARSHIPS ARE PROVIDED TO DESERVING YOUNG PEOPLE WHO DESIRE TO
FURTHER THEIR EDUCATION BEYOND HIGH SCHOOL LEVEL. THE SELECTION COMMITTEE
INCLUDES MEMBERS WHO REPRESENT THE MCALESTER COMMUNITY AND SCHOOL SYSTEM.

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization enswered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

MCALESTER SCOTTISH RITE CHARITABLE AND EDUCATIONAL FOUNDATION

Employer identification number 73-6102862

Pai	rt I Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi-	sed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be	e used only
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Pa	rt II Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990, I	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all th <u>at a</u> pply).	
	Preservation of land for public use (e.g., recreation or p	oleasure) Preservation of an his	storically important land area
	Protection of natural habitat	Preservation of a cer	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic stru	• •	2c
d	Number of conservation easements included in (c) acquired a		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the	e organization during the tax
_	year ▶		
4	Number of states where property subject to conservation eas		
5	Does the organization have a written policy regarding the per		Yes No
_	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,		_
7	Amount of expenses incurred in monitoring, inspecting, and a Does each conservation easement reported on line 2(d) above		
8	and section 170(h)(4)(B)(ii)?	e satisfy the requirements of section 170	Yes No.
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expense	
3	include, if applicable, the text of the footnote to the organization		
	conservation easements.	ion o invarious statemento that good boo	the organization of accounting for
Pai	rt 朋 Organizations Maintaining Collections of	Art, Historical Treasures, or O	other Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and b	alance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed		
	the footnote to its financial statements that describes these if	tems.	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and balan	ice sheet works of art, historical treasures,
	or other similar assets held for public exhibition, education, or	r research in furtherance of public service	e, provide the following amounts relating to
	these items:		•
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financia	d gain, provide
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1	<u>-</u>	> \$
b	Assets included in Form 990, Part X		► \$ ► \$

Pa	rt III Organizations Maintaining C	ollections of A	rt, His	storical Tr	easures,	or Othe	r Simil	ar Asse	ets (cont	inued)
3	Using the organization's acquisition, accessi									
	(check all that apply):			· ·		`	-			
а	Public exhibition	c	j 🖂	Loan or exc	hange prog	rams				
Ь	Scholarly research	•	, 🖂	Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	in how t	they further t	he organiza	tion's exen	npt purp	ose in Pa	rt XIV.	
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	anization's c	ollection?				Yes	☐ No
Pa	rt IV Escrow and Custodial Arran	gements. Compl	ete if or	ganization a	nswered "Ye	es" to Form	1 990, Pa	art IV, line	9, or	
	reported an amount on Form 990, Pa	rt X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other a	ssets not i	ncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing	table.						
									Amount	
С	Beginning balance						1c			
d	Additions during the year						1d			
e	Distributions during the year						1e			·
f	Ending balance						1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	212				•		Yes	☐ No
<u>b</u>	If "Yes," explain the arrangement in Part XIV.									
Pa	rt V Endowment Funds. Complete it	f the organization an	swered	l "Yes" to Fo	rm 990, Par	t IV, line 10				
		(a) Current year		Prior year	(c) Two yea	rs back (d) Three y	ears back	(e) Four	years back
1a	Beginning of year balance	2609105.		43058.						
b	Contributions	7,438.		7 , 783.						
С	Net investment earnings, gains, and losses	206,757.	<14	1,736.	>					
d	Grants or scholarships									
e	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	2823300.	26	09105.						
2	Provide the estimated percentage of the year	r end balance held a	ıs:							
а	Board designated or quasi-endowment	83.72	_%							
b	Permanent endowment ► 16.28	%								
c	Term endowment ▶	%								
3a	Are there endowment funds not in the posses	ssion of the organiza	ation th	at are held a	nd administe	ered for the	organiz	ation		
	by:									Yes No
	(i) unrelated organizations								3a(i)	X
	(ii) related organizations								3a(ii)	X
b	If "Yes" to 3a(II), are the related organizations	listed as required o	n Sche	dule R?					3b	
4	Describe in Part XIV the intended uses of the							·		
Par	t VI Investments - Land, Building	s, and Equipme	ent. Se	e Form 990	Part X, line	10.				
	Description of investment	(a) Cost or of	ther	(b) Cost	or other	(c) Acc	umulate	d	(d) Book	value
		basis (investn	nent)	basis	(other)	depr	eciation		·	
1a	Land									
b	Buildings									
С	Leasehold improvements									
d	Equipment			12	9,127.	12	20,84	17.	8	,280.
<u>e</u>	Other			ļ. <u> </u>						
Total	. Add lines 1a through 1e. (Column (d) must ed	oual Form 990, Part	X. colur	nn (B), line 1	0(c).)				8	.280.

Schedule D (Form 990) 2009

AND EDUCATIONAL FOUNDATION Schedule D (Form 990) 2009

73-6102862 Page 3

Part VII Investments - Other Securities.	See Form 990, Part X, lir	ne 12.		
. (a) Description of security or category (including name of security)	(b) Book value	·	(c) Method of value Cost or end-of-year ma	
Financial derivatives				
Closely-held equity interests				
Other				
			, , ,	
				
				
			· · · · · · · · · · · · · · · · · · ·	
			·····	
Total. (Col (b) must equal Form 990, Part X, col (B) line 12)				
Part VIII Investments - Program Related.	See Form 990, Part X, II	ne 13.		
(a) Description of investment type	(b) Book value	C	(c) Method of valua cost or end-of-year man	
				<u> </u>
				· · · · · · · · · · · · · · · · · · ·
				**
		-		
				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13)				
Part IX Other Assets. See Form 990, Part X, III				
	a) Description			(b) Book value
	<u></u>			(-),
				
		 -		
				-· <u></u> -
				
		 .		
		· · · · · · · · · · · · · · · · · · ·		
Total. (Column (b) must equal Form 990, Part X, col (B) li			<u></u>	
Part X Other Liabilities. See Form 990, Part)	K, line 25.	(L) A		
1. (a) Description of liability		(b) Amount		
Federal income taxes			4	
			4	
			_	
		<u>-</u>	_	
			_	
			_	
		<u> </u>		
		 :		
			1	
			1	
Total. (Column (b) must equal Form 990, Part X, col (B) lii	ne 25.)	=	1	
2. FIN 48 Footnote in Part XIV, provide the text of the fo		on's financial statemen	te that reports the are-	anization's liability for

73-6102862 Page 4

Schedule D (Form 990) 2009

Sche	dule D (Form 990) 2009 AND EDUCATIONAL FOUNDATION						02862	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	<u>Audi</u>	ted Finan	cial St	atem	ents		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1				,093.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2				,251.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3				842.
4	Net unrealized gains (losses) on investments			4			430	,413.
5	Donated services and use of facilities			5				
6	Investment expenses			6				
7	Prior period adjustments			7				
8	Other (Describe in Part XIV.)			8				
9	Total adjustments (net). Add lines 4 through 8			9				413.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and			10			441,	255.
Pai	t XII Reconciliation of Revenue per Audited Financial Statemer	nts W	ith Rever	iue pe			776	<u> </u>
1	Total revenue, gains, and other support per audited financial statements				-	1	//6,	506.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	1 _	1 42	Λ / 11	2			
a	Net unrealized gains on investments	2a	4.5	0,41	3.			
b	Donated services and use of facilities	2b_			\dashv			
С	Recoveries of prior year grants	2c	-	·	-			
d	Other (Describe in Part XIV.)	2d_	J	-	┥.		420	112
е	Add lines 2a through 2d					e	246	413.
3	Subtract line 2e from line 1					3	340,	,093.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 4-	1			- 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b						
b	Other (Describe in Part XIV.) Add lines 4a and 4b	40			\dashv $_{\scriptscriptstyle A}$	c		0.
с 5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)					5	346.	093.
	1 XIII Reconciliation of Expenses per Audited Financial Stateme	ents V	With Expe	nses r				
1	Total expenses and losses per audited financial statements					1	335,	251.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:							
а	Donated services and use of facilities	2a						
b	Prior year adjustments	2b						
С	Other losses	2c						
d	Other (Describe in Part XIV.)	2d						
e	Add lines 2a through 2d				2	e		0.
3	Subtract line 2e from line 1				3	3	<u>335,</u>	251.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		1					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a						
þ	Other (Describe in Part XIV.)	4b			_			•
	Add lines 4a and 4b				4			0.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			-	5	<u> </u>	335,	251.
-	t XIV Supplemental Information							
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,							4; Part
	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete						rmation.	
PAI	RT V, LINE 4: THE ENDOWMENT FUNDS ARE USED	FUR	OPERA.	LION	Or	Inc		
CH.	LDHOOD LANGUAGE CLINIC AND SCHOLARSHIPS FO	R C	OLLEGE	STIT	חהאם	25		
<u> </u>	HIDDOOD HANGONGE CHINIC INVO DENGLIMONITO TO	10	<u> </u>	010.	<i></i>			
PAI	RT X: THE FOUNDATION EVALUATES AND ACCOUNTS	FO	R THEIR	3				
UNO	CERTAIN TAX POSITIONS, IF ANY, IN ACCORDANC	E W	ITH ASC	TO:	PIC	740,	, "INC	OME
TAX	KES," REQUIRED BY FORMER FINANCIAL ACCOUNTI	NG	STANDAL	RDS I	BOAR	≀D (I	FASB)	
IN	TERPRETATION NO. 48, ACCOUNTING FOR UNCERTA	INT	Y IN I	1COM	E TA	XES-	-AN	
T > 7 -	TO THE TACK OF THE COMMENCE IN 100 100 THE	T 115	TX10 m111	י חוד	ב בינגוו	.m.r.^=	1/0 m=	v
TN.	PERPRETATION OF FASB STATEMENT NO. 109, INC	$\mathbf{T}OD$	ING THE	E FO	UNDA	$^{\prime}\mathrm{LTOI}$	15 TA	X

Schedule D (Form 990) 2009 AND EDUCATIONAL FOUNDATION Part XIV Supplemental Information (continued)	73-6102862 Page 5
•	THE FOUNDATION'S
EVALUATION OF ITS UNCERTAIN TAX POSITIONS, MANAGEMENT HA	S DETERMINED NO
JNCERTAIN TAX POSITIONS EXIST AS OF DECEMBER 31, 2009 AN	
WOULD REQUIRE THE FOUNDATION TO RECORD A LIABILITY FOR T	
POSITIONS IN ITS FINANCIAL STATEMENTS.	
	A-P
	

SCHEDULE 1					•			OMB No 1545-0047	
(Form 990)			Grants and Governments	Grants and Other Assistance to Organizations, Governments, and Individuals in the United States	e to Organizations in the United Stat	,, les		2009	
Department of the Treasury Internal Revenue Service		Comple	Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.	n answered "Yes" on Fo ► Attach to Form 990.	່ on Form 990, Pai m 990.	t IV, line 21 or 22.		Open to Public frspection	ບ
Name of the organization	MCALESTER AND EDUCAT	SCOTTISH LIONAL FOU	RITE CHARI UNDATION	CHARITABLE ON				Employer identification number 73–6102862	nber 52
Part General Info	General Information on Grants and Assistance	d Assistance							
1 Does the organizat	Does the organization maintain records to substantiate the amount of	substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection		
	criteria used to award the grants or assistance?	ance?	3 4 4	6. c. c. c. c. c. c. c. c. c. c. c. c. c.				X Yes	ž
Dart II	Describe in Part by the organization's procedures for monitoring the use of grant funds in the United States	sedures for monit	oring the use or grant	Tunds in the United	d States				
_	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000 (Use Part IV and Schedule 1:1 (Form 990) if additional space is needed	overnments and 5.000. Check this	Organizations in the box if no one recipien	• United States. Control of received more th	omplete if the orgains \$5.000 Use Pa	anization answered "Y id IV and Schedule I-1	i ons in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any ne recibient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	V, line 21, for any	
1 (a) Name and address of organization or government	ess of organization nment	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance]
2 Enter total number 3 Enter total number	Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations	d government org	janizations						
_	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	tion Act Notice,	see the Instructions 1	for Form 990.				Schedule I (Form 990) 2009	000

Schedule | (Form 990) 2009 AND EDUCATIONAL FOUNDATION

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

Use Part IV and Schedule I-1 (Form 990) if additional space is needed

Page 2

73-6102862

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS FOR STUDENTS ATTENDING COLLEGE.	90	48,800.	.0		
	_				
Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.	de the information	required in Part I, I	ine 2, and any other	additional information.	
SCHEDULE I, PART I, LINE 2: COLLEGE	SE SCHOLA	RSHIP AWAR	DS ARE PAI	SCHOLARSHIP AWARDS ARE PAID DIRECTLY TO	
THE UNIVERSITIES AND/OR COLLEGES F	FOR THE ST	STUDENTS SE	SELECTED TO	RECEIVE SUCH	
AWARDS AFTER PROOF OF ENROLLMENT HAS		PROVIDED T	BEEN PROVIDED TO THE FOUNDATION.	DATION.	

932102 02-02-10

Schedule I (Form 990) 2009

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

MCALESTER SCOTTISH RITE CHARITABLE AND EDUCATIONAL FOUNDATION

Employer identification number 73-6102862

FORM 990, PART VI, SECTION A, LINE 8B: THE FOUNDATION DOES NOT HAVE ANY
COMMITTEES AUTHORIZED TO ACT ON BEHALF OF THE TRUSTEES OF THE FOUNDATION
FORM 990, PART VI, SECTION B, LINE 11: THE GENERAL SECRETARY OF THE
FOUNDATION REVIEWS THE 990 BEFORE IT IS FILED. A COPY IS MADE AVAILABLE TO
THE TRUSTEES OF THE FOUNDATION FOR THEIR REVIEW IF THEY SO DESIRE
FORM 990, PART VI, SECTION B, LINE 12C: ANNUALLY THE TRUSTEES OF THE
FOUNDATION ARE TO REVIEW THE CONFLICT OF INTEREST STATEMENT AND DETERMINE
IF THERE ARE ANY CONFLICTS THAT SHOULD BE NOTED
FORM 990, PART VI, SECTION C, LINE 19: ALL GOVERNING DOCUMENTS ARE
AVAILABLE FOR PUBLIC INSPECTION AT THE FOUNDATION'S OFFICE UPON REQUEST.

Schedule R (Form 990) 2009 2009 Open to Public Inspection Employer identification number 73-6102862 OMB No 1545-0047 Direct controlling Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets status (if section Public charity 501(c)(3)) <u>e</u> ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. Total income Exempt Code section 501(C)(10) ত্ত Ð ▶ See separate instructions. Related Organizations and Unrelated Partnerships Identification of Disregarded Entities (Complete If the organization answered "Yes" to Form 990, Part IV, line 33.) Legal domicile (state or Legal domicile (state or foreign country) foreign country) OKLAHOMA MCALESTER SCOTTISH RITE CHARITABLE LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. PPERATION OF THE TEMPLE, A FRATERNAL ORGANIZATION AND ▶ Attach to Form 990. Primary activity Primary activity HISTORICAL FACILITY AND EDUCATIONAL FOUNDATION MASONRY, VALLEY OF MCALESTER - 23-7, P. O. ANCIENT & ACCEPTED SCOTTISH RITE OF FREE Name, address, and EIN Name, address, and EIN of related organization of disregarded entity MCALESTER, OK 74502 Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990) BOX 609 Part II Part

Page 2

73-6102862

AND EDUCATIONAL FOUNDATION Schedule R (Form 990) 2009

General or managing partner? Percentage ownership Yes Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Share of end-of-year assets Ξ 6 ate allocations? Disproportion-Yes No Ξ Share of total Income Share of end-of-year assets Type of entity (C corp, S corp, or trust) <u>e</u> Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) Legal domicile (state or foreign country) ত 30 Direct controlling entity Primary activity চ Legal domicile (state or foreign country) <u>છ</u> Primary activity 9 Name, address, and EIN of related organization Name, address, and EIN of related organization œ <u>e</u> Part (#) Part IV

Schedule R (Form 990) 2009

932162 07-21-10

73-6102862

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.	•	, X	Yes No	٥
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		-11.		
a Receipt of (i) interest (ii) annutites (iii) royalties or (iv) rent from a controlled entity		1a	×	اہ
b Gift, grant, or capital contribution to other organization(s)		1b	×	ار
c Gift, grant, or capital contribution from other organization(s)		10	<u>~</u>	
d Loans or loan guarantees to or for other organization(s)		1d	×	٦
e Loans or loan guarantees by other organization(s)	I	1e	×	
				
f Sale of assets to other organization(s)		<u>+</u>	×	
o Purchase of assets from other organization(s)		5	×	_
		 	\$ P	٦١
n Exchange of assets	_1.	두	<u>د</u> ا:	ام
i Lease of facilities, equipment, or other assets to other organization(s)		ij	×	ار
	1			1
j Lease of facilities, equipment, or other assets from other organization(s)		÷	×	
k Performance of services or membership or fundraising solicitations for other organization(s)		+ +	×	٦
l Performance of services or membership or fundraising solicitations by other organization(s)		=	_	٦
m Sharing of facilities, equipment, mailing lists, or other assets		1 7	×	l
n Sharing of paid employees		1 7	×	
	.	ļ	-	
o Reimbursement paid to other organization for expenses	1	2	×	1
o. Beimbursement haid by other organization for expanses		⊢	×	١
		- -	-	
		-		1
4 contentialister of cash of property to outer organization(s)	I	Бr	: ا	ار
٠l.		1	×	اہ
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	sholds.			
(b) Name of other organization(s) Transaction type (a-r)		(c) Amount involved	lved	
(1) ANCIENT & ACCEPTED SCOTTISH RITE, VALLEY OF MCALESTER		28,	583	ا شا
(2) ANCIENT & ACCEPTED SCOTTISH RITE, VALLEY OF MCALESTER		26,	26,417.	•
(3) ANCIENT & ACCEPTED SCOTTISH RITE, VALLEY OF MCALESTER		138,	884	_•
(4)	_			1
(5)				1
(9)				
932163 02-04-10	Schedule R (Form 990) 2009	Form 9	90) 20(ඉ

Page 4

MCALESTER SCOTTISH RITE CHARITABLE

AND EDUCATIONAL FOUNDATION Schedule R (Form 990) 2009 Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

inat was not a related organization. See instructions regarding exclusion for certain investment partnerships.	lusion for certain investment partners						
(a)	(Q)	©	<u>©</u>	(e)	€	(6)	£
Name, address, and EIN	Primary activity		Are all partners section 501(c)(3)	Share of end-of-	Dispropor-	Code V-UBI	General or
of entity		(state or foreign country)	organizations?	year assets		of Schedule K·1 (Form 1065)	
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Schedule R (Form 990) 2009