

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



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 2009

Bepartment of the Treasury Internal Revenue Service

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

Open to Public Inspection

	For the	2009 calend	dar year, o	or tax year beginn	ing	, 20	09, and	d endin	g		,		
В	Check if a			C Name of organizat						D Employ	er Identif	ication Number	
	Addr	ress change	Please use IRS label	L A PIRES E	ENDOWMENT C	ORP				75-3	11823	342	
	Nam	ne change	or print or type.	Number and street	(or PO box if mail is	not delivered to stree	t addr)	Room/si	uite	E Telepho	ne numbe	er	
	Initia	al return	See specific	507 S HARWO	OOD					(21	4) 65	51-6070	
		nination	instruc- tions.	City, town or coun	try	Sta	te ZIP	code + 4			•		
	\vdash	ended return		DALLAS		T	x 75	5201		G Gross re	eceipts \$	671,041	
	\vdash	lication pending	F Name a	and address of principal	officer				H(a) Is this				X No
			FRED A	ALLEN 2726 W F	ERGUSON RD MOI	JNT PLEASANT	TX 75	5455		affiliates incl		Yes	No
$\overline{\Gamma}$	Tax-e	exempt status			(insert no)	4947(a)(1) or		27	If 'No,'	attach a list	(see instr	ructions) —	_
		site: N/		, (0) (1.12.1. (-)(1.7.1.			H(c) Group	exemption nu	ımber ►		
ĸ		of organization	X Corpora	ation Trust	Association Other	ar Þ	L Year	of Format	tion 192			gal domicile TX	
	art I	Summa		<u> </u>	, industrial in the second	, ,	_ ,			, ,,,,,,		<u> </u>	
				ganization's missio	n or most signific	ant activities	POOL	ED I	NVESTM	ENT TR	UST	FOR 501(0	2) 'S
•	l -			ANNUAL DONA									
≧ ⊊	-			THE ORGANIZA									
O ZWW Governance			- 										
_ &	2 0			if the organization			posed	of mor	e than 25°	% of its as	sets		
ارة 10 ه	1 -			bers of the govern							3 9		
9			•	it voting members		ody (Part VI, Im	e 1b)				4 9	9	
Activitie	5 T			yees (Part V, line							6	`	
<u>~</u> ;	6 T			eers (estimate if no		uma (C) uno 12					6 9 7a	,	0.
	1 '	_		ousiness revenue fi s taxable income fr							7a		
<u>.</u>	יו ט	vet unrelateu	Dusiness	taxable income ii	01111 01111 990-1, 1	1116 34			Т _		75		
SCANNED					1. 3				P	rior Year		Current Y	<u>ear</u>
Z			•	its (Part VIII, line 1	•								
		_		iue (Part VIII, line 2		<i>!</i> d\				-12,4	53	_377	,161.
**			-	art VIII, column (A) III, column (A), line							70.	-311	110.
U				nes 8 through 11 (line 12	1		-6,6		-377	,051.
				ounts paid (Part IX	•		11110 12			135,0			,000.
	1			members (Part IX,	•	•				133,0	,,,,,	130	, 000.
	1	•					c 5 10	Λ.					
8	15 5			nsation, employee			:5 3-10	,					
Expenses	16a F			ng fees (Part IX, co									
Ž.	.∣ вт		•	nses (Part IX, colu									
	17 (Other expens	es (Part I	IX, column (A), line	es 11a-11d, 11f-2	4f)				34,1			<u>,199.</u>
	18 T	Total expense	es. Add III	nes 13-17 (must e	qal Part IX, colu	ил (/}) де 25)	7			169,1	20.		<u>,199.</u>
	19 F	Revenue less	expense	s Subtract line 18	from line K2EU	FIVED				-175,8	103.	-533	<u>,250.</u>
Assets or							징		Begir	nning of Y	ear	End of Ye	ar
100	20 T	Total assets ((Part X, Iı	ne 16)		0 1 2010 9)(<u> </u>			,698,5		4,165	,319.
Š	21 7	Total liabilitie	s (Part X	, line 26)	1-1 00m	10	2						
Ž	22 N	Net assets or	fund bala	ances Subtract lin	e 21 from line 20		=		4	,698,5	69.	4,165	,319.
P	art II	Signati	ure Blo	ck	OGD	EN, UT				,			
-		 	-		arnined this return, incl	udina accompanyina	schedules	s and stat	tements, and	to the best of	f my knov	wledge and belief.	ıt ıs
		true, correct, a	and complete	I declare that I have ex-	r (other than officer) is	based on all informat	ion of wh	nich prepa	arer has any			^	
Si	gn		side!	& Chan	el					9'-D	4-1	D .	
H	ere	Signature	officer	/					Da	ite			
		> 10	ad	L. Char	100								
		Type or pa	int name an	nd title.									
	-	†		· · · · · · · · · · · · · · · · · · ·			Date	•	CI	heck if	Pre	parer's identifying e instructions)	number
Pa	aid		7	<u></u>	_		1,	1	se	elf- nployed		e mstructions)	
	e-	Preparer's signature	#	- R	<u>ر</u>		15/4	1115	"	,, 	$\Box _{\mathcal{D}}$	886395	5×9
	arer's	Firm's name (i	or	AVID M. HA	ALL, PC.		-' / '	# ¥					
	se	yours if self	501 ►	• • • • • • • • • • • • • • • • • • • •					EI	n . 4	7- 1	090452	U
O	nly	employed), address, and ZIP + 4		las	, Durie Jo.		202			hone no	<u> </u>	- 10100	7 ,
M=	v the IP			with the preparer s	hown above? (see		_ , , _			NOTIC TIO		X Yes	No
1416	.,		, , , , , , , , , , , , , , , , , , ,		~~~~ (36)							,	

		11823	42		⊃age 2
Pai	rt III Statement of Program Service Accomplishments				
. 1	Brefly describe the organization's mission.				
	POOLED INVESTMENT TRUST FOR 501(C)'S WITH REQUIRED ANNUAL DONATIONS N	ADE TO)		
	THE REQUIRED 501(C)'S AS SET FORTH IN THE ORGANIZATIONAL DOCUMENTS.				
	SET FORTH IN THE ORGANIZATIONAL DOCUMENTS.				
	SET FORTH IN THE ORGANIZATIONSS BOCOMENTS.	- 	- 		
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				
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		Yes	X	No
_	If 'Yes,' describe these changes on Schedule O	ш		لنت	
	· · · · · · · · · · · · · · · · · · ·		501		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expending 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocation	ses Sect	ion 50 l	(C)(3)	
	expenses, and revenue, if any, for each program service reported	15 10 01116	15, 1116	totai	
48	(Code.) (Expenses \$ 135,000. including grants of \$) (Revenue	\$)
	DONATIONS TO 501(C)'S AS REQUIRED BY THE ORGANIZATIONAL DOCUMENTS.				
	3247245 5 22437 3 14 254355 25 316 32535 325 325 325 325 325 325 325 325 3				
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			-		
41	b (Code.) (Expenses \$ 1,000. including grants of \$) (Revenue	\$)
	SCHOLORSHIPS - SCOTTISH RITE HOSPITAL - LEGACY SCHOLORSHIP				·
	<u> </u>	- -			
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4	c (Code.) (Expenses \$ including grants of \$) (Revenue	\$)
		·			
			-		
			. – – –		
		- -			_ _
		 _ =			
					-
				_	-
4	d Other program services. (Describe in Schedule O.)				
	(Expenses \$ including grants of \$) (Revenue \$)	
4	e Total program service expenses ► 136,000.				
	Total program service expenses - 150/0001				

	990 (2009) L A PIRES ENDOWMENT CORP	75-1182342		Р	age 3
Par	t IV Checklist of Required Schedules		٦,	Yes	
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' c			ies	No_
	Schedule A Is the organization required to complete Schedule B, Schedule of Contributors?		1 2	\dashv	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to for public office? If 'Yes,' complete Schedule C, Part I		3		х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	notice and	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Se Part I	chedule D,	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	, the	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes complete Schedule D, Part III		8	_	х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D. Part IV	te	9		x
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-en 'Yes,' complete Schedule D, Part V	dowments? If	0		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, V X as applicable	/II, VIII, IX, or	1		х
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' comple D, Part VI	te Schedule			
•	Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or mor assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	e of its total			
•	Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or mo assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	re of its total			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total asse 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, in				
	• Did the organization's separate or consolidated financial statements for the tax year include a footnote that the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X	_	\dashv		
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' con Schedule D, Parts XI, XII, and XIII	nplete 1:	2		х
12	AWas the organization included in consolidated, independent audited financial statement for the tax	Yes No			
13	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	2 A X 1	3		Х
	a Did the organization maintain an office, employees, or agents outside of the United States?		4a		X
ł	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundral business, and program service activities outside the United States? <i>If 'Yes,' complete Schedule F, Part I</i> .	sing,	4b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	organization 1	5		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistar individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	nce to	6		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services o column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	n Part IX,	7		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	Part VIII,	в		<u>x</u>
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? complete Schedule G, Part III	19	1		x
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	. 20	0		Х

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Form 990 (2009) L A PIRES ENDOWMENT CORP

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 United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	х	
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 and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		_X_
24 a	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	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		
25 a	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		
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and 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		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		_x_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ŧ	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b	_	х
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29	-	<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If 'Yes,' complete Schedule M</i>	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31_		X
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		х
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		Х
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		
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		х
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	Х	
		C		(0000)

Form **990** (2009)

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Statements Regarding Other IRS Filings and Tax Compliance

Part V

Yes No 1a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. 1 a 0 . Information Returns Enter -0- if not applicable 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1 b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 10 X (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the 2a calendar year ending with or within the year covered by this return 2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2t Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return 3a X b 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)? 42 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 5 a Х 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b Х c 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 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6a b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not 6h deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7 a provided to the payor? 7b b If 'Yes,' did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7d d If 'Yes,' indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7е benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 71 g For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7 g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 98 b Did the organization make any distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter 10 a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter. a Gross income from other members or shareholders 11 a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11 b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year

BAA

Form 990 (2009)

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.

sec	ion A.	Governin	g Rody a	nd ivian	ageme	<u>int</u>									-		
	_										1 -	١٥				Yes	No
		number of v	-		_			٠				a 9 b 9			_		1
		e number of v	-														
2	Did any officer, d	officer, directo Iirector, truste	or, trustee, o e or key en	or key em iployee?	ployee h	ave a fa	amily rela	ationsl	np or a b	usiness r	elation	ship wi	th any	other	2		X
3	Did the o	organization d	elegate con r trustees, c	trol over r	nanagen oloyees t	nent dut to a mar	lies custo nagemer	omaril	y perform pany or o	ned by or other pers	under i	the dire	ect sup	ervision	3		х
4		organization m			-										4		Х
	since the	prior Form 9	90 was filed	i ?													
5	Did the c	organization b	ecome awa	re during	the year	of a ma	aterial di	versio	n of the c	rganızatıd	on's as	sets?			5		X
6	Does the	e organization	have memb	pers or sto	ockholde	rs?									6		X
7 a	Does the	e organization ig body?	have memb	pers, stoc	kholders	, or othe	er persor	ns who	may ele	ct one or	more i	nembe	rs of th	ne	7a		х
b	Are any	decisions of t	he governin	g body su	bject to	approva	I by mer	mbers	stockho	ders, or c	ther p	ersons	7		7 b		X
8	Did the o	organization c	ontemporar	eously do	cument	the mee	etings he	eld or v	vritten ac	tions und	ertaker	n durin	the ye	ear by			
а		erning body?													. 8a	Х	
	•	mmittee with a	authority to	act on be	half of th	ne gover	ning bod	dy?		•					8b	Х	
9	Is there a	any officer, di	rector or tru	stee, or k	ey empl	oyee list	ted in Pa	art VII, dresse	Section	A, who ca	annot b	e reac	ned at	the	9		х
Sec		Policies									t req	uired	by the	e Interr	nal		
Reve	nue Code	e.)															
																Yes	No
10 a	Does the	e organization	have local	chapters,	branche	s, or aff	filiates?								10a		X
b	If 'Yes,' o	does the orga	nization hav	ve written rations ar	policies e consist	and pro tent with	cedures n those o	gover of the o	ning the organizat	activities on?	of such	n chapt	ers, aff	iliates,	10 ь		
11		organization į									before	filing	the forr	n?	11	Х	
11 A	Describe	n Schedule	O the proce	ss, if any	, used by	y the orç	ganızatıo	on to re	eview this	Form 99	0					,	
		e organization					-								12a		Х
b	Are offic to conflic	ers, directors cts? .	or trustees,	and key	employe	es requi	ired to di	isclose	e annuall	y interests	s that o	ould g	ve rise		12b		
c	Does the	e organization e O how this i	regularly a	nd consis	tently mo	onitor ar	nd enford	ce con	npliance i	with the p	olicy?	If 'Yes,	' descr	ıbe ın	12c		
13	Does the	e organization	have a writ	ten whist	eblower	policy?									13		X
14	Does the	e organization	have a writ	ten docur	nent rete	ention ar	nd destru	uction	policy?				•		14		X
15	Did the persons	process for de , comparability	termining c y data, and	ompensat	ion of th	e follow substa	ing persentiation of	ons in	clude a r deliberati	eview and on and de	l appro	val by ?	ındepe	ndent			
a	The orga	anization's CE	O, Executiv	e Director	, or top	manage	ement off	ficial							15a		X
t	Other of	ficers of key e	employees o	of the orga	nızatıon	I									15b		X
	If 'Yes' t	o line 15a or	15b, descrit	e the pro	cess in S	3chedule	e O (Se	e instr	uctions)								
16 a		organization ii iring the year:		ntribute as	ssets to,	or parti	cipate in	n a joir	it venture	or simila	r arrar	ngemer	it with a	a taxable	16a		X
t	If 'Yes,'	has the organ	ization ado	pted a wri	tten poli	cy or pro	ocedure	requir	ing the or	ganızatıo safequar	n to ev	aluate	its pari	ticipation			
	status w	ith respect to	such arrang	gements?	able lede	iai lax	iaw, and	i takei	31003 10	Jaicguai		rgumz			16b		
		Disclosu															
		states with wh															
18	Section inspection	6104 requires on Indicate h	an organiz ow you mak	ation to me these a	iake its f vailable.	Forms 10 Check	023 (or 1 all_that a	1024 ii apply	applicat	ole), 990,	and 99	0-T (50	01(c)(3)s only) a	available	for pu	iplic
	Own	website	Ai	nother's w	ebsite		X Up	on re	quest								
19	Describe stateme	e in Schedule nts available	O whether to the public	(and if so,	how) th	e organ	ization n	nakes	ıts gover	nıng docu	ments,	, conflu	ct of int	erest pol	icy, and	financ	al
		e name, phys															
•	<u> </u>	CHANCE _		407	<u>s ha</u>	RMOOD	2	_ <u>DA</u> 1	LAS _		<u>TX</u> _	752	02_		(214)_(<u> 551-</u>	<u>6070</u>

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Form 990 (2009)

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

- 1 à Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations'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 employees'
- 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

Check this box if the organization did not	compens	ate ar	у с	ırrer	nt of	ficer, o	direc	ctor, or trustee		
(A)	(B)			(c)			(D)	(E)	(F)
Name and Title	Average hours		_		_	hat app		Reportable compensation from	Reportable compensation from	Estimated amount of other
	per week	adividi el frastee or director	mshfutional trustee	Officer	key employee	Higt est coingensated employee	Forner	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
FRED ALLEN										
TRUSTEE - CHAIRMAN	1.00	X		Х	<u></u>	ļ		0.	0.	0.
CRIAG A SUTTON						İ				
TRUSTEE - PRES	1.00	Х	<u> </u>	X				0.	0.	0.
JAMES HENDRIX										
TRUSTEE - VP	1.00	Х	<u> </u>	Х	_			0.	0.	0.
LOYD CHANCE TRUSTEE - SEC/TREAS	5.00	х		x				0.	0.	0.
JOSEPH DEALEY										
TRUSTEE	1.00	X						0.	0.	0.
JIMMMY HEISZ				l						
TRUSTEE	1.00	X	ļ	<u> </u>		L	L.	0.	0.	0.
NICKALOUS FEHRENBACH TRUSTEE	1.00	Х						0.	0.	0.
EARL TWEED TRUSTEE	1.00	x						0.	0.	0.
PAUL McLIN	1.00		\vdash		_	<u> </u>				
TRUSTEE	1.00	х	L					0.	0.	0.
					L					
					<u> </u>					

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` (A)	(B)			•	c)			(D)	(E)	(F)
Name and Title	Average hours per week			Officer		a Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
	-									
	_									
	-									
1 b Total .							>	0.	0	. 0
Total number of individuals (including but not limited from the organization	to those	e list	ted a	abov	/e) \ 	who	rece	eived more than \$	100,000 in reporta	
 3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in 4 For any individual listed on line 1a, is the sum of repetite organization and related organizations greater the individual 5 Did any person listed on line 1a receive or accrue correndered to the organization? If 'Yes,' complete Sch 	dividual portable pan \$150 pmpensa	com 0,000	pen)? //	isatio f 'Ye m ar	on a s' c	ind o	othei elete	r compensation fro Schedule J for su	om ch	3 X 4 X 5 X
Section B. Independent Contractors		J		,,,,,						1 + 1 <u>1 A</u>
 Complete this table for your five highest compensate compensation from the organization. 	d indep	ende	ent d	conti	racte	ors t	hat	received more tha	n \$100,000 of	
(A) Name and business addres	s							Description of		(C) Compensation
	-									
2 Total number of independent contractors (including t \$100,000 in compensation from the organization ►	out not li	mite	ed to	tho	se I	isted	d ab	ove) who received	more than	

Par	T VIII Statement of Revenue		(m)		(2)
	` `	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
2.2	1a Federated campaigns 1a				
M W	b Membership dues 1b				
19.G	c Fundraising events 1c				
F 8	d Related organizations				'
S.E	e Government grants (contributions) 1 e				
PROGRAM SERVICE REVENUE AND OTHER SIMILAR AMOUNTS	f All other contributions, gifts, grants, and similar amounts not included above . 1f				
E O	Noncash contribns included in Ins 1a-1f				
SA	h Total. Add lines 1a-1f				
핑	Business Code				
KEN	2a				
2	b				
25	c				
SER	d				
¥	e	·			
E S	f All other program service revenue	<u></u>			
Ě	g Total. Add lines 2a-2f				
	3 Investment income (including dividends, interest and		110 050		
	other similar amounts)	119,059.	119,059.	0.	0.
	4 Income from investment of tax-exempt bond proceeds	110	110	0	
	5 Royalties	110.	110.	0.	0.
	(i) Real (ii) Personal				
	6a Gross Rents				
	b Less. rental expenses				
	c Rental income or (loss) d Net rental income or (loss)			=	
	(i) Securities (ii) Other	•			· · · · · · · · · · · · · · · · · · ·
	7a Gross amount from sales of assets other than inventory 638, 69286, 820.				
	b Less cost or other basis and sales expenses 1,048,092.				
	c Gain or (loss) -409, 40086, 820.				
	d Net gain or (loss)	-496,220.	-496,220.	0.	0.
æ	8a Gross income from fundraising events (not including \$				
	of contributions reported on line 1c)				
OTHER REVEN	See Part IV, line 18 a				
뛺	b Less: direct expenses . b				
5	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses b				
	c Net income or (loss) from gaming activities	_			
	10a Gross sales of inventory, less returns and allowances a				
-	b Less: cost of goods sold . b				
1	c Net income or (loss) from sales of inventory	-	_		
	Miscellaneous Revenue Business Code				
	11a				
	b				
	С			-	
	d All other revenue .				
	e Total. Add lines 11a-11d				
	12 Total revenue. See instructions	-377,051.	-377,051.	0.	0.

Part IX | Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D). (B) (C) Fundraising Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service Management and Total expenses expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, 136,000 136,000 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B) Other salaries and wages Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 10 Payroll taxes Fees for services (non-employees) a Management **b** Legal 4,300 4,300 c Accounting **d** Lobbying e Prof fundraising svcs See Part IV, In 17 f Investment management fees g Other 12 Advertising and promotion Office expenses 13 Information technology Royalties 15 16 Occupancy Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 363. 363 Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 22 Depreciation, depletion, and amortization 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 11,974 a ACCOUNT MAANGMENT FEES 11,974 3,536 3,536 **b** CEMETARY LOT MAITENANCE 25. 25. c BANK CHARGES 1 1. d TO BALANCE f All other expenses. 25 Total functional expenses. Add lines 1 through 24f 156,199 136,000 20,199 Joint costs. Check here ▶ SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational

campaign and fundraising solicitation

		•	(A) Beginning of year		(B) End of year
	` 1	Cash – non-interest-bearing .	1,486.	1	7,614.
	2	Savings and temporary cash investments	102,713.	2	33,986
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
-	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))			
١		and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
ŝ	7	Notes and loans receivable, net		7	
A S S E T S	8	Inventories for sale or use		8	
s	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other basis.	_		
		Complete Part VI of Schedule D			
ľ	b	Less accumulated depreciation [10b]		10 c	
١	11	Investments – publicly-traded securities	4,594,370.	11	4,123,719
	12	Investments – other securities. See Part IV, line 11		12	
ŀ	13	Investments - program-related. See Part IV, line 11		13	
- 1	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets Add lines 1 through 15 (must equal line 34)	4,698,569.	16	4,165,319
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
-	20	Tax-exempt bond liabilities		20	
A B	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
-	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
I		of Schedule L		22	
S	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0
N		Organizations that follow SFAS 117, check here ► X and complete lines			
N E	i	27 through 29 and lines 33 and 34.	}	1	
Ą	27	Unrestricted net assets	4,126,498.	27	3,593,248
SSE	28	Temporarily restricted net assets	172,071.	28	172,071
ξ	29	Permanently restricted net assets	400,000.	29	400,000
R		Organizations that do not follow SFAS 117, check here ► and complete			
_		lines 30 through 34.			
UZD	30	Capital stock or trust principal, or current funds	-	30	
	31	Paid-in or capital surplus, or land, building, and equipment fund		31	
A	32	Retained earnings, endowment, accumulated income, or other funds		32	
日本 して ここしゅ	33	Total net assets or fund balances .	4,698,569.	33	4,165,319
Ĕ	34	Total liabilities and net assets/fund balances	4,698,569.		4,165,319
3A/		Total habilities and het assetsmand balances	1 1,000,000.	1 5 1	Form 990 (2009

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Form 990 (2009) L A PIRES ENDOWMENT CORP	75-1182342	P	age 12
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990: X Cash Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?	2	а	X
b Were the organization's financial statements audited by an independent accountant?	_ 2	b	X
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh review, or compilation of its financial statements and selection of an independent accountant?	it of the audit,	с	
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were consolidated basis, separate basis, or both	issued on a		!
Separate basis Consolidated basis Both consolidated and separate basis	_		L ,
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single	а	x

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

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Form 990 (2009)

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SCHEDULE I

Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

OMB No 1545-0047 2009

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.

Attatch to Form 990.

Open to Public Inspection

General Information on Grants and Assistance L A PIRES ENDOWMENT CORP Part

Employer identification number 75-1182342 %

X Yes

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part II

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 I-1 (Form 990) if additional space is needed

rail 14 alia Schedale 1-1 (1 olili 330) II additioliai space 13 fiecaca		illuitat space is t	וככתכת				
1 (a) Name and address of organization or government	(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
<u>DALLAS SCOTTISH RITE</u> 500 S HARWOOD ST DALLAS TX 75201	75-0224893	501 (C) 10	.000,000				REQUIRED DISTR
	75-0380041	501 (C) 10	15,000				REQUIRED DISTR
DALLAS COUNCIL #18, R. & SOT S HARDWOOD ST DALLAS TX 75201	75-0113081	501 (C) 10	15,000.				REQUIRED DISTR
DALLAS MONSONIC LODGE 760 507 S HARDWOOD ST DALLAS TX 75201	75-0113055	501 (C) 10	15,000.				REQUIRED DISTR
DALLAS CHAPTER NO. 47, R. 507 S HARDWOOD ST DALLAS TX 75201	75-0113075	501 (C) 10	15,000.				REQUIRED DISTR
HELLA SHRINE A.A.O.M.S. 2121 ROWLETT RD GARLAND TX 75043	75-0113065	501 (C) 10	15,000.				REQUIRED DISTR
2 Enter total number of section 501(c)(3) and government organizations	3) and government or	rganizations				A	

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Schedule ((Form 990) 2009

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BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

3 Enter total number of other organizations

Page 2 Schedule I (Form 990) 2009 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. (f) Description of non-cash assistance Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 75-1182342 (e) Method of valuation (book, FMV, appraisal, other) THESE ARE DONATIONS TO OTHER 501(C)'S (d) Amount of non-cash assistance (c) Amount of cash grant THERE ARE NO GRANT FUNDS. L A PIRES ENDOWMENT CORP (b) Number of recipients (a) Type of grant or assistance Schedule 1 (Form 990) 2009 Pt_I_Line_2 Part III BAA

SCHEDULE O , (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

2009

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Attach to Form 990.

	Employer identification number
L A PIRES ENDOWMENT CORP	75-1182342
Pt_VI-C, Line 19 NOT_AVAILABLE TO PUBLIC	
Pt_VI-B, Line 11A NO FORMAL REIVEW PROCESS	

Additional Information

FORM 990, PAGE 9, PART VIII, LINE 7A(ii)

AMOUNTS ON LINE 7A(ii) REPRESENTS CAPITAL GAIN/LOSS ALLOCAITONS ON INVESTMENTS.