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De artment 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 2009

Open to Public Inspection

A	For the 2009 c	al <u>end</u> ar ye	ear, or tax year beginning $04/01/09$, and ending $03/3$	1/10			
В	Check if applicable	Please	C Name of organization ILLINOIS SCOTTISH RITE FUND			D Emple	oyer identification number
	Address change	use IRS label or	C/O CHARLES SMITH				
	Name change	print or	Doing Business As			37-	6078284
	Initial return	type.	Number and street (or P O box if mail is not delivered to street address)	Room	n/suite		none number
H		See Specific	11508 WEST 183RD STREET, UNIT S.W.			708	3-478-3400
\equiv	Termination	Instruc-	City or town, state or country, and ZIP + 4		ļ	G Gross reco	eipts \$ 1,998,083
\sqcup	Amended return	tions	ORLAND PARK IL 60467				
Ш	Application pending	1	e and address of principal officer E LOCKWOOD				a group return for es? Yes X No
		1	508 WEST 183RD STREET			affiliat	l affiliates
			LAND PARK IL 60467			includ	attach a list (see instructions)
$\overline{}$	Tax-exempt stat		501(c) (3) ◄ (insert no) 4947(a)(1) or 527			110	attach a not (550 mondescrip)
J		N/A				H(c) Group	exemption number
ĸ	Type of organizatio	n X Co	poration Trust Association Other ▶	L Year of f	iormation 1	967	M State of legal domicile IL
P	art I S	Summa	Ty				
	1 Briefly o	iescribe t	ne organization's mission or most significant activities				
ø	TO	PROVI	DE SCHOLARSHIPS				
auc							
ern	ľ		, ·				
Activities & Governance	2 Check t	this box 🕨	f the organization discontinued its operations or disposed of more tha	n 25% of its	net assets		
ಹ		_	members of the governing body (Part VI, line 1a)			3	16
ies		•	endent voting members of the governing body (Part VI, line 1b)			4	16
Ę	L		employees (Part V, line 2a)			5	0
Ä			volunteers (estimate if necessary)			6	25
	_		ated business revenue from Part VIII, column (C), line 12			7a 7b	0
	D Net unr	elated bu	siness taxable income from Form 990-T, line 34		Prior Yea		Current Year
•	8 Contrib	utions and	grants (Part VIII, line 1h)			1,916	43,683
Revenue	9 Progran		revenue (Part VIII, line 2g)				
eve	10 Investm	nent incon		3,776	-60,539		
Œ.	11 Other re	evenue (F	ne (Part VIII, co lumn (A) Tines 2, 4, and 7 d) Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			L,668	12,419
	12 Total re	venue – a	add lines 8 through 11 (must equal Part VIII, dolumn (A), line 12)			360	-4,437
	13 Grants	and simila	ar amounts pad Part IX Iqolung n (A) 2 (1) 1-3)		434	1,164	341,663
		-	or for members (Part IX, column (A), line 4)				
98			ompensation, employee benefits (Rart IX column (A), lines 5–10)	<u> </u>			<u> </u>
beuses			Iraising fees (Part IX, kalban (A), line 11e)	-			
Exp			expenses (Part IX, column (D), line 25)	-	7:	2,736	60,016
	I I	•	(Part IX, column (A), lines 11a–11d, 11f–24f) Add lines 13–17 (must equal Part IX, column (A), line 25)	-		5,900	401,679
		•	penses Subtract line 18 from line 12			5,540	-406,116
5	g Roverne	10 10 00 CX	periodo Odbirdot into 10 notri into 12	Beg	inning of Cur	rent Year	End of Year
Sets	20 Total as	ssets (Pa	t X, line 16)		<u>5,884</u>	<u>1,862</u>	7,797,211
Net Assets or	21 Total lia	abilities (P	art X, line 26)				
			d balances Subtract line 21 from line 20		5,884	1,862	7,797,211
	$\overline{}$		re Block				
	a a	Inder penal Ind beli e f, if	ties of perjury, I declare that have examined this return, including accompanying sched is true correct, and complete. Declaration of preparer (other than officer) is based on a	dules and state all information	ements, and of which prep	to the best o parer has ar	of my knowledge jy knowledge
Si		,	1 M. Laliand			. 1	UCV 15. 7010
HÁ	1	Signati	re of officer			Date	·
- 10		Signati	LEE B. LOCKWOOD. PRESIDENT			Date	•
6		Type o	print name and title				
ij				ite / _	Check		Preparer's identifying number
He Pa	jd s	reparer's ignature		/30/10	self- employ		(see instructions) P00100955
Κū	eparer's ─		Allison Knapp & Siekmann, Ltd		Simploy	EIN I	37-1271856
U _S	(irm's name self-emplo	2010 Flooring Contact Description		e 704		
		ddress, an	-				618-233-2641
Ma	v the IRS disci	iss this re	turn with the preparer shown above? (see instructions)				Yes No

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

Form 990 (2009)

4d Other program services (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$

4e Total program service expenses ▶ 341,663

₩.	THE IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	_1_	X	
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			7.7
	candidates for public office? If "Yes," complete Schedule C, Part I	_3_		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete			v
_	Schedule C, Part II	4		<u> </u>
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)			
_	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"	_		v
_	complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		v
_	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,"	١,		х
_	complete Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part	1		
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"	١.		Х
	complete Schedule D, Part IV	9	·	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or	۱.,		х
	quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,	ا م	х	
	VII, VIII, IX, or X as applicable	11	A.	-
•	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	i		
	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 related 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			
•	the organization's separate of consolidated infancial statements for the tax year include a footnote that dedicesses 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	Į.		
12	Schedule D, Parts XI, XII, and XIII	12	X	<u> </u>
12Δ	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	1		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	•	х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		x
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
-	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
-	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
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	Ì	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		X
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	L	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х

Form	990 (2009) ILLINOIS SCOTTISH RITE FUND 37-6078284		P	age 4
Pa	art 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		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	ĺ	İ	ĺ
	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? If "Yes," complete Schedule J	23		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		İ	
	24b through 24d and complete Schedule K If "No," go to line 25	24a	ļ	X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
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		ļ
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		ļ
25a	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		X
b	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	1]	
	990-EZ? If "Yes," complete Schedule L, Part I	25b		X
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		ļ	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,	1		ļ
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			l
	If "Yes," complete Schedule L, Part III	27	ļ	X
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	 	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			l
	Schedule L, Part IV	28b		X
С	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	 	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		<u> </u>	X
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!	31	<u> </u>	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete		Ì	
	Schedule N, Part II	32	 -	X
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,		ł	1
	III, IV, and V, line 1	34	 -	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete	1]	۹,
	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	1	}	
	organization? If "Yes," complete Schedule R, Part V, line 2	36	 	X
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,			

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

Form 990 (2009)

Part VI

Рa	rt 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	ı				
	U.S. Information Returns. Enter -0- if not applicable	1a	0		1	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable	able				
	gaming (gambling) winnings to prize winners?	_		1c		
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?		,	2b		
	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	′			1	
	this return?			3a		<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	ority				
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	ıal		'		
	account)?			4a		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 Ban	k				
	and Financial Accounts			_	:	.
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	_		5a		X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	ıg		5c		
c-	Prohibited Tax Shelter Transaction?			50		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			6a		x
b	organization solicit any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions of	nr.		Va		
b	gifts were not tax deductible?	J1		6b		
7	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 good	ds				
-	and services provided to the payor?			7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was					
_	required to file Form 8282?			7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person	nal				
	benefit contract?			7e_		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as					
	required?			7h		X
8	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					Ī
	organization, have excess business holdings at any time during the year?			8	ļ	ļ
9	Sponsoring organizations maintaining donor advised funds.					l
a	Did the organization make any taxable distributions under section 4966?			9a		-
ь	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter	-مه ا	1			l
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b				ı
b 11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	מטו	<u> </u>	[
11	Section 501(c)(12) organizations. Enter Grass prome from members or shareholders	11a				l
a	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	118				Ī
þ	amounts due or received from them)	11b				I
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10			12a		†
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		·		
			L	<u> </u>		

Form 990 (2009) ILLINOIS SCOTTISH RITE FUND 37-6078284 Page 6 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 Section A. Governing Body and Management Yes No Enter the number of voting members of the governing body 1ь h Enter the number of voting members that are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with X 2 any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct X supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Х 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? X Did the organization become aware during the year of a material diversion of the organization's assets? 5 6 Does the organization have members or stockholders? Does the organization have members, stockholders, or other persons who may elect one or more members 7a of the governing body? 7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following 8a X a The governing body? X Each committee with authority to act on behalf of the governing body? 86 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached X at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Does the organization have local chapters, branches, or affiliates? If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b Has the organization provided a copy of this Form 990 to all members of its governing body before filing the Х 11 11a Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 b Are officers, directors or trustees, and key employees required to disclose annually interests that could give 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," 12c describe in Schedule O how this is done Does the organization have a written whistleblower policy? 13 13 14 14 Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by 15 independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement X with a taxable entity during the year? 16a If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17

- List the states with which a copy of this Form 990 is required to be filed ▶
- Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)

available for public inspection. Indicate how you make these available. Check all that apply

- Own website Another's website X Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public
- State the name, physical address, and telephone number of the person who possesses the books and records of the 20 11508 WEST 183RD ST CHARLES SMITH organization >

ORLAND PARK

IL 60467

708-478-3400

(F)

(E)

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

compensated employees, and former	Sucii persons										
X Check this box if the organization	Check this box if the organization did not compensate any current officer, director, or trustee										
(A)	(B)	(C)	(D)								
Name and Title	Average	Position (check all that apply)	Reportable								

Name and Title	Average	Pos	ition (k all t	hat ap	ply)	Reportable	Reportable	Estimated			
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations			
PHILLIP KENNEY													
DIRECTOR	1.00	X		<u> </u>		<u> </u>		0	0	0			
JOHN T PHILLIPS				İ									
DIRECTOR	1.00	X	<u> </u>			ļ		0	0	0			
STANLEY P. BOYD		1				Ì			_				
DIRECTOR	1.00	X	$oxed{oxed}$	ļ	_		L	0	0	0			
JAMES W. PATTON									_				
DIRECTOR	1.00	X	<u>L</u> .	ļ			L.	0	0	0			
BRIAN PETTICE		1											
DIRECTOR	1.00	X			<u> </u>	<u> </u>		0	0	0			
STEVEN L. SCAIFE				İ									
DIRECTOR	1.00	X			L			0	0	0			
LEE R. SAUZEK					1								
DIRECTOR	1.00	X			<u> </u>			0	0	0			
H. JAY SADE				1					•				
DIRECTOR	1.00	X	ļ					0	0	0			
RICHARD E HUMMEL					İ								
DIRECTOR	1.00	X		1				0	0	0			
LAUREN CRAWFORD						}							
DIRECTOR	1.00	X			_			0	0	0			
ROGER CARSON													
DIRECTOR	1.00	X						0	0	0			
BENNY GRISHAIM							İ						
DIRECTOR	1.00	X			<u> </u>		L	0	0	0			
BARRY WEER													
SECRETARY	2.00			X				0	0	0			
CHARLES G. SMITH		İ			İ								
TREASURER	2.00			X	<u> </u>			0	0	0			
LEE LOCKWOOD													
PRESIDENT	2.00	L	_	X				0	0	0			
JAMES TUNGATE													
VICE-PRESIDE	2.00	$oldsymbol{\perp}$	\perp	X		\perp	<u> </u>	0	0	0			
							1						
	<u> </u>	L		L	<u></u>	\perp	\perp _	<u> </u>		900 (200)			

reportable compensation from the organization Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization (A) Description of services Compensation		00 (2009) ILLINOIS								37-607		Page 8
b. Total Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ≥ 0 Did the organization list any former officer, director or frustee, key employee, or highest compensated employee on line 1ar 11" "Yes", complete Schedule J for such individual 5 or part in yield with the organization and related organizations greater than \$150,000 if "Yes", complete Schedule J for such individual 5 or yield yie	<u> </u>	' (A)	(B) Average hours per	Average Position (check all that apply					ply)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	Estimated amount of other compensation from the organization and related
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Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization	45 7		<u> </u>		<u> </u>				Ļ			
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Total evenue Folder or Investigate I	Pai	t VI	II Statem	ent of Reve	nue	-	***************************************				
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See See		5	Royalties				▶		······································		
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e Total. Add lines 11a–11d			All other rever	ue							
12 Total Revenue. See instructions -4,437 0 0 -48,12					ns		•	-4,437	0	0	-48,120

Form 990 (2009) ILLINOIS SCOTTISH RITE FUND

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).

Do	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.		expenses	general expenses	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			1	
	the U.S. See Part IV, line 22	341,663	341,663		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the			1	
	U S See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	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)				
7	Other salaries and wages				
	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
	Management	l			
	Legal				
	Accounting	11,400		11,400	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	453		453	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	1,240		1,240	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				·
19	Conferences, conventions, and meetings				
20	Interest		,		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1 016		1 016	
23	Insurance	1,816		1,816	
24	Other expenses Itemize expenses not		<u> </u>		
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed		‡		
_	5% of total expenses shown on line 25 below) INVESTMENT FEES	45,082		45,082	
a		25		25	
b	MISCELLANEOUS				
C C					
d				<u> </u>	
e f	All other expenses		<u> </u>		
25	Total functional expenses. Add lines 1 through 24f	401,679	341,663	60,016	
26	Joint costs. Check here ▶ If following				
_5	SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs		1		
	from a combined educational campaign and fundraising solicitation				
5					5 990 (2000)

	rt X	Balance Sheet			(A)		(B)		
_					Beginning of year	- 	End of year		
	1	Cash—non-interest bearing		87,044	1	60,445			
	2	Savings and temporary cash investments		-	236,734	2	391,629		
	3	Pledges and grants receivable, net		-		3			
	4	Accounts receivable, net		ļ.		4			
	5	Receivables from current and former officers, directors, tr		1					
1		employees, and highest compensated employees Compl	ete Pai	III of		ŧ			
		Schedule L		5					
	6	Receivables from other disqualified persons (as defined u		1					
		4958(f)(1)) and persons described in section 4958(c)(3)(E		1					
s		Part II of Schedule L	-		6				
iet	7	Notes and loans receivable, net	<u> </u>		7				
Assets	8	Inventories for sale or use	L		8				
~	9	Prepaid expenses and deferred charges	1			9			
	10a	Land, buildings, and equipment cost or				1			
		other basis Complete Part VI of Schedule D	10a	246,422		ŧ			
	b	Less accumulated depreciation	10b		246,422	10c	246,422		
	11	Investments—publicly traded securities			5,314,662	11	7,098,715		
	12	Investments—other securities See Part IV, line 11	1		12				
	13	Investments—program-related See Part IV, line 11		13					
	14	Intangible assets				14	- ···		
	15	Other assets See Part IV, line 11		<u> </u>		15			
	16	Total assets. Add lines 1 through 15 (must equal line 34)) <u> </u>		5,884,862	16	7,797,211		
	17	Accounts payable and accrued expenses				17			
	18	Grants payable		18					
	19	Deferred revenue		19					
	20	Tax-exempt bond liabilities				20			
Se	21	Escrow or custodial account liability Complete Part IV of	Schedu	le D		21			
Liabilities	22	Payables to current and former officers, directors, trustee	s, key						
ibi		employees, highest compensated employees, and disqua	alified						
Ľ.		persons Complete Part II of Schedule L		<u> </u>		22			
	23	Secured mortgages and notes payable to unrelated third	parties	<u> </u>		23	<u> </u>		
	24	Unsecured notes and loans payable to unrelated third pa	rties			24			
	25	Other liabilities Complete Part X of Schedule D		_		25			
	26	Total liabilities. Add lines 17 through 25				26			
S		Organizations that follow SFAS 117, check here ▶	K and						
ည		complete lines 27 through 29, and lines 33 and 34.							
<u>a</u>	27	Unrestricted net assets			4,208,154		6,462,166		
Balances	28	Temporarily restricted net assets			1,476,708		1,135,045		
	29	Permanently restricted net assets			200,000	29	200,000		
Ę		Organizations that do not follow SFAS 117, check he	rganizations that do not follow SFAS 117, check here ▶ 🔃						
ž		and complete lines 30 through 34.							
S	30	Capital stock or trust principal, or current funds		į		30			
set	31	Paid-in or capital surplus, or land, building, or equipment	fund			31			
Ş	32	Retained earnings, endowment, accumulated income, or	other f	ınds [32			
Net Assets or Fund	33	Total net assets or fund balances			5,884,862	33	7,797,211		
ž	34	Total liabilities and net assets/fund balances			5,884,862	34	7,797,211		

Form 990 (2009)

orm	990 (2009) ILLINOIS SCOTTISH RITE FUND 37-6078284	_	Pa	ge 12
Pa	rt 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?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b	_X_	
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?	2c	Х	
	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			
	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	_	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			

Form 990 (2009)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

DAA

SCHEDULE A · (Form 990 of 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.

OMB No 1545-0047

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

ILLINOIS SCOTTISH RITE FUND

C/O CHARLES SMITH

Employer identification number

			C/O CHARDED	J111 111					37	007	0201		
Pŧ	ırt I	Reaso	on for Public Charity S	Status (All organizations	must co	mplete	this pa	art.) Se	ee ins	tructio	ns.		
he (orgar	nization is not a	private foundation because	it is (For lines 1 through 11, che	ck only on	e box)							
1		A church, con	vention of churches, or associ	ciation of churches described in s	section 17	70(b)(1)(A	\)(i).						
2	\sqcap	A school desc	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)									
3		A hospital or a	a cooperative hospital service	organization described in section	on 170(b)	(1)(A)(iii).							
4	П			n conjunction with a hospital des				(A)(iii). 1	Enter the	e hospit	tal's name,		
	ш	city, and state	_										
5	\Box	-		a college or university owned or	operated i	by a gove	rnmenta	l unit de:	scribed	ın			
Ŭ	ш		o)(1)(A)(iv). (Complete Part II		оролакоа (-, - g							
_	\Box	•		vernmental unit described in sec	tion 170()	-\/4\/Δ\/ _\ /							
6	₩							the ger	seral pul	nlıc			
7	X			ibstantial part of its support from	a governi	nentai un	it or iron	i ine ger	iei ai pui	JIIC			
_	$\overline{}$		section 170(b)(1)(A)(vi). (Cor										
8	H	•		0(b)(1)(A)(vi). (Complete Part II									
9				more than 33 1/3 % of its suppo									
				t functions—subject to certain ex						Its			
			-	unrelated business taxable inco			1 tax) fr	om busir	nesses				
				1975 See section 509(a)(2). (0									
10				clusively to test for public safety		•							
11				clusively for the benefit of, to pe									
				d organizations described in sect						tion			
		509(a)(3). Ch	eck the box that describes the	e type of supporting organization			11e thro						
	_	а 📙 Туре		c Type III–Functiona	,		d [e III–Oth	ner			
0				nization is not controlled directly									
		persons other	than foundation managers a	nd other than one or more public	dy support	ted organi	zations	describe	d in sec	tion			
		, , , ,	ection 509(a)(2)										
f		If the organiza	ation received a written deterr	mination from the IRS that it is a	Type I, Ty	pe II, or T	ype III s	upportin	g				
		organization,	check this box										
g		Since August	17, 2006, has the organization	on accepted any gift or contribution	on from ar	ny of the							
		following pers	sons?										
		(i) A person	who directly or indirectly con	itrols, either alone or together wi	th persons	describe	d ın (ıı)					Yes	No
		and (III) b	pelow, the governing body of	the supported organization?							11g(i)	<u> </u>	<u> </u>
		(ii) A family	member of a person describe	ed in (i) above?							11g(ii)		
		(iii) A 35% c	ontrolled entity of a person de	escribed in (i) or (ii) above?							11g(iii)	<u> </u>
h			ollowing information about the										
(i)	Nam	e of supported	(ii) EIN	(III) Type of organization	(iv) Is the o	organization	(v) Did y	ou notify	(vi) l	s the	(vii) Am	ount of	
	org	janization		(described on lines 1-9		sted in your		nization in	organızat (ı) organı		sup	noc	
				above or IRC section (see instructions))	governing	document?	col (i) supp	ort?		3 2			
				(see instructions))	Yes	No	Yes	No	Yes	No			
						1							
					1								
		 -											
									<u></u>				
									 -				
					<u> </u>								
			1	t	I	1	ł	2	1				

Part II 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.)

Sec	tion A. Public Support										
	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total				
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	27,904	3,743	48,211	114,916	43,683	238,457				
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										
4	Total. Add lines 1 through 3	27,904	3,743	48,211	114,916	43,683	238,457				
5	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, column (f)						110,434				
6	Public support. Subtract line 5 from line 4						128,023				
Sec	tion B. Total Support										
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total				
7	Amounts from line 4	27,904	3,743	48,211	114,916	43,683	238,457				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	275,660	323,893	334,495	252,582	184,325	1,370,955				
9	Net income from unrelated business activities, whether or not the business is regularly carried on					0					
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		:				1,609,412				
11	Total support. Add lines 7 through 10	L				12	1,609,412				
12	Gross receipts from related activities, etc (501.4		<u> </u>					
13	First five years. If the Form 990 is for the o	-	second, third, fourth	n, or fifth tax year a	s a section 501(c)(3)	. □				
	organization, check this box and stop here		222	······································							
	tion C. Computation of Public Su	• • • • • • • • • • • • • • • • • • • •		·(0)			7.95%				
14	Public support percentage for 2009 (line 6,		-	(1))		14	20.05%				
15	Public support percentage from 2008 Sche				4/0.0/		20.05 /6				
16a	33 1/3 % support test—2009. If the organi			3, and line 14 is 33	1/3 % or more, che	CK THIS DOX	. □				
	and stop here. The organization qualifies a		-								
þ	33 1/3 % support test—2008. If the organi				s 33 1/3 % or more	, cneck this					
	box and stop here. The organization qualif					400/					
17a	10%-facts-and-circumstances test—200										
	more, and if the organization meets the "fac					/ how the	. ┌				
	organization meets the "facts-and-circumst						▶ [
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.										
40						etructions	<u> </u>				
18	Private foundation. If the organization did	HOLCHECK a DOX ON	mie 13, 10a, 10b,	ira, ur i/b, cneck	uns oux and see in	อแนบแบบอ	- □				

Part III · Support Schedule for Organizations Described in Section 509(a)(2)

	(Complete only if you che	cked the box	on line 9 of Par	rt I.)				
	tion A. Public Support							
Са	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009		(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	!						
2	Gross receipts from admissions, merchandise sold or services performed, 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 business under section 513							
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to 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	,			ł	}		
	from other than disqualified persons that							
	exceed the greater of \$5,000 or 1% of the				ł	Ì	Ì	
_	amount on line 13 for the year							
C	Add lines 7a and 7b			<u> </u>				
8	Public support (Subtract line 7c from line 6)						- 1	
Sec	tion B. Total Support		t	L.,,,,,,	1	<u></u>	1	
	lendar 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 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)	L	l	L	L	<u> </u>		
14	First five years. If the Form 990 is for the o	-	second, third, fourt	h, or fifth tax year a	as a section 501(c)	(3)		▶ □
500	organization, check this box and stop here stion C. Computation of Public Su		2200					
				(f)			15	
15 16	Public support percentage for 2009 (line 8,	, ,	•	(1))			16	
	Public support percentage from 2008 Schelition D. Computation of Investme				_		<u>,, </u>	
17	Investment income percentage for 2009 (Iir			column (fl)			17	
18	Investment income percentage from 2008 ((1)		<u> </u>	18	%
19a	33 1/3 % support tests—2009. If the organ	· ·	•	14, and line 15 is m	nore than 33 1/3 %.	_	<u></u>	
	17 is not more than 33 1/3 %, check this bo							▶ □
b	33 1/3 % support tests—2008. If the organ	•	-	-				
	line 18 is not more than 33 1/3 %, check thi							▶ □
20	Private foundation. If the organization did							▶ □

Schedule A (Form 990 or 990-EZ) 2009 ILLINOIS SCOTTISH RITE FUND

37-6078284

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.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "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 **Employer identification number** ILLINOIS SCOTTISH RITE FUND 37-6078284 C/O CHARLES SMITH Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified 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 a Total number of conservation easements 2a 2b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located **>** Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service. 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 treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items a Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Sche		SCOTTISH RITE			78284	Page 2
Pa	rt III . Organizations Maintaining					continued)
3	Using the organization's acquisition, accession, collection items (check all that apply)	and other records, check	any of the following	that are a significant i	use of its	
а	Public exhibition	d 🔲 Loan	or exchange program	ns		
b	Scholarly research	e 🗌 Other				
С	Preservation for future generations					
4	Provide a description of the organization's collection Part XIV	ctions and explain how th	ey further the organiz	ation's exempt purpo	se in	
5	During the year, did the organization solicit or reassets to be sold to raise funds rather than to be	e maintained as part of th	e organization's colle	ction?		Yes No
Pa	rt IV Escrow and Custodial Arra IV, line 9, or reported an am			ation answered "	Yes" to Form 99	90, Part
1a	Is the organization an agent, trustee, custodian			assets not		
	included on Form 990, Part X?	•				Yes No
b	If "Yes," explain the arrangement in Part XIV an	d complete the following	table			
_	gg					Amount
c	Beginning balance				1c	
	Additions during the year				1d	
	Distributions during the year				1e	_
f	Ending balance				1f	
	Did the organization include an amount on Form	n 990 Part X line 212				Yes No
	If "Yes," explain the arrangement in Part XIV	11 000, 1 art X, inic 21				res no
********	rt V Endowment Funds. Comple	ete if organization a	nswered "Yes" to	Form 990 Par	t IV line 10.	
	Er V Endowment unds. Compic	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
4-	Decrease of week belones	(a) carrent year	(b) i noi year	(6) 1116 /6416 2461	(0)	(0)
_	Beginning of year balance					
Þ	Contributions		,			
С	Net investment earnings, gains,					
	and losses			<u> </u>		
	Grants or scholarships					
0	Other expenditures for facilities					
	and programs					
f	Administrative expenses			<u> </u>		
g	End of year balance			<u> </u>	<u> </u>	
2	Provide the estimated percentage of the year e	nd balance held as				
а	Board designated or quasi-endowment ▶	%				
b	Permanent endowment ▶ %					
С	Term endowment ▶ %					
3a	Are there endowment funds not in the possess	ion of the organization tha	it are held and admin	stered for the		
	organization by					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
b	If "Yes" to 3a(ii), are the related organizations li	sted as required on Sche	dule R?			3b
4	Describe in Part XIV the intended uses of the o					
Pa	ert VI Investments—Land, Buildi			0, Part X, line 10) <u>.</u>	
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or o basis (othe	ther (c) Ac	cumulated reciation	(d) Book value
1a	Land	1				
	Buildings					
	Leasehold improvements		1			· · · · · · · · · · · · · · · · · · ·
	Equipment	- "	<u> </u>			
	Other	246,42	22			246,422
	I. Add lines 1a through 1e (Column (d) must equ				•	246,422
			(=),			

Schedule D (F	orm 990) 2009	ILLINOIS SCOTTISH RIT	E FUND	37-6078284	Page 3
Part VII .		-Other Securities. See Form 99	0, Part X, line 12.		
	(a) Descrip	tion of security or category	(b) Book value	(c) Method of	
	(includ	ling name of security)		Cost or end-of-yea	r market value
Inancial deriv	atives				
Closely-held e	quity interests				
Other					
	. – – – –				
		 	-	_	
			-		
			-		
	n (b) must equal Fo	orm 990, Part X, col (B) line 12)			
Part VIII		—Program Related. See Form 9		7534	-1 -4
	(a) Descr	ription of investment type	(b) Book value	(c) Method of Cost or end-of-yea	
				Cost of end-of-year	II IIIaiket value
					
. <u>.</u>				 	
					
			<u> </u>	· · · · · · · · · · · · · · · · · · ·	
			- 	.,	
		000 P-4V1 (P) b 42)			
		orm 990, Part X, col (B) line 13) s. See Form 990, Part X, line 15.		<u> </u>	
Part IX	Other Asset	(a) Description			(b) Book value
	"	(a) Description	_		(4)
					······································
					
_~-					
					<u> </u>
		· · · · · · · · · · · · · · · · · · ·			
	•		······································		
		· · · · · · · · · · · · · · · · · · ·	* * * * * * * * * * * * * * * * * * * *		 -
-	·				
Total. (Colum	n (b) must equal F	orm 990, Part X, col (B) line 15)		•	
Part X		lities. See Form 990, Part X, line:	25.		
1		Description of liability	(b) Amount		
Federal incom	ne taxes				
	<u></u>				
				_	
				_	
				_	
				_	
				_	
				_	
		01111 0 00 1 0 11 11 10 1 10 10	>		
2. FIN 48 F	ootnote In Part XIV	/, provide the text of the footnote to the orga	nızatıon's financıal statemen	ts that reports the	
organization's	liability for uncerta	ain tax positions under FIN 48			

Sche	dule D (Form 990) 2009 ILLINOIS SCOTTISH RITE FUN		<u> 37-607828</u>		Page 4
Pa	rt XI · Reconciliation of Change in Net Assets from Form 9	90 to Audited	Financial Statem	ents	
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	-4,437
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	401,679
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	-406,116
4	Net unrealized gains (losses) on investments			4	2,318,465
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	2,318,465
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3	and 9		10	1,912,349
	rt XII Reconciliation of Revenue per Audited Financial Sta		Revenue per Ret	urn	
1	Total revenue, gains, and other support per audited financial statements			1	2,314,028
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
- a	Net unrealized gains on investments	2a	2,318,465		
b	Donated services and use of facilities	2b			
	Recoveries of prior year grants	2c			
c C	Other (Describe in Part XIV)	2d			
d	Add lines 2a through 2d			2е	2,318,465
9	Subtract line 2e from line 1			3	-4,437
3	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
4	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
a		4b		1 1	
b	Other (Describe in Part XIV)	[40]		4c	
_	Add lines 4a and 4b Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	-4,437
5	rt XIII Reconciliation of Expenses per Audited Financial S	tatements Wi	th Evnenses ner R		
_ ₹ €	Reconcination of Expenses per Addited Financial of				
4			un <u>_nponoco por n</u>	1	401.679
1	Total expenses and losses per audited financial statements		<u>,</u>	1	401,679
2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25		<u></u>	1	401,679
2 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities			1	401,679
2 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments	2a 2b		1	401,679
2 a b c	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c		1	401,679
2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV)	2a 2b		1	401,679
2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d	2a 2b 2c		2e	
2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1	2a 2b 2c		1	
2 a b c d	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2b 2c 2d		2e	
2 a b c d e 3 4 a	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2c 2d		2e	
2 a b c d e 3 4 a b	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV)	2a 2b 2c 2d		2e 3	
2 a b c d e 3 4 a b c	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b	2a 2b 2c 2d		2e 3	401,679
2 a b c d e 3 4 a b c	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	2a 2b 2c 2d		2e 3	401,679
2 a b c d e 3 4 a b c	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) art XIV Supplemental Information	2a 2b 2c 2d 4a 4b		2e 3	401,679
2 a b c d e 3 4 a b c 5	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) art XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part	2a 2b 2c 2d 4a 4b	s, Part IV, lines 1b	2e 3	401,679
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2 a b c d e 3 4 a b c 5 Pe	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25 Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIV) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV) Add lines 4a and 4b Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) art XIV Supplemental Information plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part 2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part X	2a 2b 2c 2d 4a 4b	s, Part IV, lines 1b	2e 3	401,679
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SCHEDULE (Form 990)

Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, lines 21 or 22. Governments, and Individuals in the United States

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CHIEF TO TOTOCH	2009	Open to Public Inspection

Open to Public Inspection			X Yes	"Yes" to n \$5,000. Use ▶ □	(h) Purpose of grant or assistance					
	Employer identification number 37-6078284			Organizations in the United States. Complete if the organization answered "Yes" to sived more than \$5,000. Check this box if no one recipient received more than \$5,000 ace is needed	(g) Description of non-cash assistance					-
	Employer identification 37-6078284		issistance, and	lete if the orgar o one recipient	(f) Method of valuation (book, FMV, appraisal, other)					
			ulty for the grants or a	ed States. Comp leck this box if no	(e) Amount of non-cash assistance					
► Attach to Form 990.			nce, the grantees' eligit ne United States	ations in the Unit re than \$5,000. Cheded	(d) Amount of cash grant					
n .			ls or assistar nt funds in th	Organiza eived mor ace is nee	(c) IRC section f applicable	 _				
	RITE FUND	Assistance	amount of the grant orng the use of gran	rernments and cipient that rece if additional sp	(b) EiN					
	ILLINOIS SCOTTISH R. C/O CHARLES SMITH	General Information on Grants and Assistance	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? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United 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 I-1 (Form 990) if additional space is needed	(a) Name and address of organization or government					
Department of the Treasury Internal Revenue Service		Part i General Inf	1 Does the organization me the selection criteria usec 2 Describe in Part IV the or	==	1 (a) Name and add or gov					1

Schedule i (Form 990) 2009

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

ILLINOISSCO 06/08/2010 2 07 PM

Part

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Schedule I (Form 990) 2009 ILLINOIS SCOTTISH RITE FUND

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) non-cash assistance (d) Amount of 341,663 Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (c) Amount of cash grant (b) Number of recipients 347 (a) Type of grant or assistance SCHOLARSHIPS

Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds Part IV

ALL SCHOLARSHIP MONEY IS PAID DIRECTLY TO INSTITUTIONS OF HIGHER LEARNING

FOR SPECIFIC STUDENT'S TUITION.

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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

ILLINOIS SCOTTISH RITE FUND

C/O CHARLES SMITH

Employer identification number 37 - 6078284

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990
THE ORGANIZATION'S TREASURER REVIEWS THE FORM 990. COPIES OF THE 990 ARE
THEN REVIEWED BY BOARD MEMBERS. BOARD MEMBERS CAN ASK QUESTIONS OF THE
TREASURER AND THE ORGANIZATION'S ATTORNEY AT THE ANNUAL MEETING.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation THE ORGANIZATION'S GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

'ILLINOISSCO ILLINOIS SCOTTISH RITE FUND

37-6078284

Federal Statements

6/8/2010 2:07 PM

*FYE: 3/31/2010

Taxable Dividends from Securities

Description	 Amount	Unrelated Business Code	Exclusion Code	Postal Code	Acquired after 6/30/75
	\$ 171,325		14		
Total	\$ 171,325				