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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

Department of the Treasury The organization may have to use a copy of this return to satisfy state reporting requirements Open to Public Inspection

Ā	For the	lpha 2010 calendar year, or tax year beginning $$ JUL 1 , $$ $$ $$ $$ 20 $$ 10 $$ $$ and ending	JUN 30, 2011	· ·
В	Check if applicabl	C Name of organization	D Employer identifi	cation number
_				
	Addre	LOUISIANA SCOTTISH RITE FOUNDATION, INC		
	Name chang	Doing Business As	72-6	027272
Ļ	initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone numbe	r
Ļ	Termir ated	FO BOX 04	(318	
Ļ	Amend	City or town, state or country, and ZIP + 4	G Gross receipts \$	1,901,323.
L	Application pendir	SHREVEFORI, DA 71101	H(a) Is this a group re	
	perion	F Name and address of principal officer: GARY L GRIBBLE	for affiliates?	Yes X No
_		SAME AS C ABOVE	H(b) Are all affiliates inc	cluded? Yes No
			527 If "No," attach a	list. (see instructions)
		e: WWW.SHREVEPORTSCOTTISHRITE.COM	H(c) Group exemption	n number 🕨
_	_		ear of formation: 1957	A State of legal domicile: LA
P	art I	Summary		
ě	1	Briefly describe the organization's mission or most significant activities: TO PROVI	EDE SPEECH TH	ERAPY TO
au	1 .	NEEDY CHILDREN IN THE STATE OF LOUISIANA.		
ērn	2	Check this box 🕨 📖 if the organization discontinued its operations or disposed of n	nore than 25% of its net as	
Š		Number of voting members of the governing body (Part VI, line 1a)	3	10
∞	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	10
ies	1	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0
Activities & Governance		Total number of volunteers (estimate if necessary)	6	0
Ac	1	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	Ь	Net unrelated business taxable income from Form 990-T, line 34	7b	0.
	١.		Prior Year	Current Year
ue		Contributions and grants (Part VIII, line 1h)	36,058.	10,921.
Revenue	9	Program service revenue (Rart VIII, Inne 20) Investment income (Part VIII, corumn TA), lines 3, 4, and 7d)	2,367.	22,488.
Re	10	Investment income (Part VIII, column TA), Ines 3,4, and 7d)	27,748.	215,301.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 967 0c, and 11e)	3,479.	5,609.
_	12	Total revenue - add lines 8 through 11 (must equal Fart VIII, column (A), line 12)	69,652.	254,319.
		Grants and similar amounts paid (Part IX, column (A), (iin es 1-3)	34,250. 0.	37,250.
		Benefits paid to or for members (Part IX column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
Expenses	15		0.	0.
Sen	loa	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
Ä	1,0		145,395.	181,867.
	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	179,645.	219,117.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) Revenue less expenses. Subtract line 18 from line 12	-109,993.	35,202.
- S		nevertue less expenses. Subtract line 18 from line 12	Beginning of Current Year	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	2,588,812.	End of Year 2,744,411.
Asse	21	Total liabilities (Part X, line 26)	2,500,012.	0.
Net	22	Net assets or fund balances. Subtract line 21 from line 20	2,588,812.	2,744,411.
P	art II	Signature Block	2,300,012.	2,/33,311.
_		ties of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the hest of m	v knowledge and helief it is
		t, and complete. Declaration, of preparer (other than officer) is based on all information of which prep		y Milowicago and Belief, it is
	,	Nov. J. Mille	1/-28-	2012
Sig	n	Signature of officer	Date	<u></u>
Her		▲ GARY L GRIBBLE, EXECUTIVE DIRECTOR		
		Type or print name and title	<u> </u>	
_		Print/Type preparer's name Preparer's signature	Date Check	PTIN
Pair	đ	JAMES K. MCCLELLAND	il 127 15 self-employe	<u></u>
Pre	parer	Firm's name JAMES K. MCCLELLAND, CPA LLC	Firm's EIN	
Use	Only	Firm's address 8585 BUSINESS PARK DRIVE		
		SHREVEPORT, LA 71105	Phone no. (318) 219-5020
Ma	the IF	S discuss this return with the preparer shown above? (see instructions)	L. marra mar.	X Yes No
_	01 02-2			Form 990 (2010)

G-16

	1990 (2010) LOUISIANA SCOTTISH RITE FOUNDATION, INC 72-6027272 Page 2
Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response to any question in this Part III
1	Bnefly describe the organization's mission: NONE
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior Form 990 or 990-EZ?
	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?
	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code:) (Expenses \$ 37,250 • including grants of \$) (Revenue \$)
	ANNUALLY PROVIDES 10 RENEWABLE SCHOLARSHIPS TO STUDENTS WITH
	UNDERGRADUATE DEGREES WHO ARE PURSUING A MASTERS DEGREE IN SPEECH
	PATHOLOGY AND ATTENDING ONE OF FIVE SPECIFIC STATE UNIVERSITIES. THEY
	ALSO SPONSOR 2 RENEWABLE SCHOLARSHIPS FOR ENGINEERING STUDENTS
	ATTENDING A LOUISIANA UNIVERSITY WITH AN ACCREDITED CIVIL ENGINEERING
	PROGRAM.
4b	(Code:) (Expenses \$ 98,455. including grants of \$) (Revenue \$)
	THE FOUNDATION SUPPORTS 5 SPEECH AND HEARING CLINIC SITES LOCATED IN
	SHREVEPORT, BATON ROUGE, MONROE, LAFAYETTE AND HAMMOND THAT PROVIDE
	SPEECH THERAPY TO AS MANY AS 50 CHILDREN.
	21 251
4c	(Code:) (Expenses \$ 21,251. including grants of \$) (Revenue \$ 18,084.) PRINTING OF NEWSLETTER.
	PRINTING OF NEWSLETTER.
	· · · · · · · · · · · · · · · · · · ·
4d	Other program services. (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 156,956.

1 is the organization described in section 501(c)(3) or 4947(c)(1) (other than a private foundation)? If "Yes," complete Schedule in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organization engage in individual particles on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II Section 501(c)(3) organization as ection 501(c)(4), 501(c)(5), or 501(c)(6), organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule C, Part II Is the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Did the organization receive or hold a conservation essement, including essements to preserve open space, the environment, histonic land areas, or historic structure? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodan for amounts not lated in Part X; or provide credit counseling, debt management, credit repair, or debt negolation services? If "Yes," complete Schedule D, Part IV Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII If the organization report an amount for investments - organization report an amount for investments - organization report an amount for investments - organization report an amount for other isolities 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 XII Did the organization report an amount for other isolities 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 X X III Did the organization report an amount for other iso				Yes	No
2 is the organization required to complete Schedule B. Schedule of Contributions? Did the organization engage in direct or indexer political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part II Section 501(c)(3) organizations. Other organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization as ection 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedule 98-197 If "Yes," complete Schedule C, Part II Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the inght to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II II Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the inght to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II II Did the organization maintain collections of works of art, historical treasures, or other similar assess 1/I "Yes," complete Schedule D, Part IV II Did the organization maintain collections of works of art, historical treasures, or other similar assess 1/I "Yes," complete Schedule D, Part IV II Did the organization report an amount for land, buildings, and equipment in Part X, line 107 If "Yes," complete Schedule D, Part IV II	1		,	x	
public office? If "Yes," complete Schedule C, Part II Section 501(k)3 organizations. Dut the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part III Is the organization a section 501(c)(k), 501(c)(s), or 501(c)(s) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98.197 If "Yes," complete Schedule C, Part III Children organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II Children organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part III Children organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Children organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide corect courseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV If the organization report an amount for about the following questions is serves? If "Yes," complete Schedule D, Part VI If the organization report an amount for land, buildings, and equipment in Part X, line 12 If at its 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VI In the organization report an amount for investments - other securities in Part X, line 13 that its 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IVI In the organization is separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X In Obd the organization report an amount for other labelities in Part X, line 15 that is 5%	2	Is the organization required to complete Schedule B, Schedule of Contributors?			Х
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5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 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," complete Schedule D, Part II 7 Did the organization report and areas, or historic structures? If "Yes," complete Schedule D, Part III 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide oredit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VIII 11 Did the organization report an amount for investments - other securities in Part X, line 12? If "Yes," complete Schedule D, Part VIII 12 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 13 Did the organization report an amount for other assets in Part X, line 12? If "Yes," complete Schedule D, Part XIII 14 Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X III 15 Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X III 16 Did the organization report an amount for other assets in Part X, line 15? If "Yes," complete Schedule D, Part X III 16 Did the organization report anot asset and Part X, line 15? If "Yes," complete Schedule D, Part	4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
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7 but the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical areas, or historic structures? If "Yes," complete Schedule D, Part III 8 but the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 but the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V 11 If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part V 11 If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII 11 Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11 Did the organization report an amount for other assets 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 11 Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11 Did the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedule D, Part X 11 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X 12 Did the organization asserted "No" to line 12a, then completing Schedule D, Part X 13 Did the organization report an Part X, column (A), line 3, more than \$5,000 of g	6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
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5 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V III If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable. 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 of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII Did the organization report an amount for other assets in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part XIII Did the organization report an amount for other liabilities in Part X, line 15? If "Yes," complete Schedule D, Part X Did the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization is liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X Did the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X Did the organization in part Did	7				
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b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then 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 Did the organization maintain an office, employees, or agents outside of the United States? 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, Parts I and IV 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, Parts III and IV 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, Parts III and IV 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 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 cand 8a? If "Yes," complete Schedule G, Part II 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 Did the organization operate one or more hospitals? If "Yes," complete Schedule H Ig Did the organization operate one or more hospitals? If "Yes," complete Schedule H Did the organization operate one or more hospitals? If "Yes," complete Schedule H Did the organization operate one or more hospitals must attach addited financial statements (see instructions)			11f		X
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13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 14 Did the organization maintain an office, employees, or agents outside of the United States? 15 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, Parts I and IV 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, Parts II and IV 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, Parts III and IV 16 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 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1 to and 8a? If "Yes," complete Schedule G, Part II 18 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 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20 Did the organization operate one or more hospitals audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
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b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	202				X
operate one or more hospitals must attach audited financial statements (see instructions)		·	zua	 	
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F 01	_	appraise one or more moderal address interior statements (see instructions)		990 (010

Form 990 (2010)

Part IV	Checklist of	Required Sched	lules (continued)
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			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			v
~~	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	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 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			v
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
D	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	051-		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b		21
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	-20		
	contributor, or a grant selection committee 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 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 Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 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	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
•	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			7.7
20	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		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		- 21
-	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?	-33		
	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)?	35		Х
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
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		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, 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	
		Form	990 (2	2010)

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Form 990 (2010) LOUISIANA SCOTTISH RITE FOUNDATION,
Part V Statements Regarding Other IRS Filings and Tax Compliance

Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (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 calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		Check if Schedule O contains a response to any question in this Part V			
b Enter the number of Forms W2C included in line 1a. Enter 0-if not applicable Did the organization comply with backby withholding rules for reportable payments to vendors and reportable gamining (gambining) winnings to prize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, lised for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lanes 1 and 2 is greater than 250, you may be required to e-fife, (see instructions) 3a It if ves, 1 has it filed a form 990 To for the year If 11%, 5 provide an explanation in 3 Foodback 0 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 foregen country (such as a bank account, securities account, or other financial account)? 5b If ves, 1 enter the name of the foreign country 11 Foodback 1 was or is a party to a prohibition for filing requirements for Form 15 Foodback 0 5c If ves, 1 to line 5a or 5b, did the organization file Form 888617 5c Does the organization and prize to a prohibition and explanation of the organization file form 888617 5c Does the organization shall were not tax deductible? 5c Did the organization shall were not tax deductible? 5c Did the organization file organization file form 8898 as confliction and aprity for goods and services provided 1 5c Did the organization receive a payment in excess of 375 made party sis scientification and party for goods and services provided 1 5d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 8 Poensering organizations maintaining donor advised funds. 9 Did the organization receive any funds, directly or indirectly, to pay personal				Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) without prize with the part of the prize with the part of	1a	Enter the number reported in Box 3 of Form 1096 Enter 0 if not applicable 1a 0			
dispatching winnings to prace winners? Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendary pear ending with or within the year covered by this return If I all teast one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lane 1s and 2 as greater than 250, you may be required to e-file, (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 more during the year? 4a A ray 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)? 5b If "Yes," enter the name of the foreign country ▶ 5ce instructions for filing requirements for Form 15 90.22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization aparty to a prohibited tax sheller transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax sheller transaction of if "Yes," is one Sar of 5, did the organization include with every solidation an express statement that such contributions or gifts were not tax deductible? 6c I were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). 8 b If "Yes," did the organization michide with every solidation an express statement that such contributions or gifts were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). 8 b If "Yes," indicate the number of Forms 8882 filed during the year. 9 b Office organization receive a payment in excess of \$75 made party as a contribution of and party for goods and services provided? 7 organizations that may receive deductible contributions under section 170(c). 8 b Office organization receives a payment in excess of \$75 made party as a contribution of payment and t	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
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the defor the calendary year ending with or within the year covered by this return Secondary		(gambling) winnings to prize winners?	1c		
If all teast one is reported on line 2a, did the organization file all required federal employment tax returns? A S S S	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3		filed for the calendar year ending with or within the year covered by this return 2a 0			
3a Dt the organization have unrelated business gross income of \$1,000 or more during the year? b if "Yes," has it field a Form 980°T for this year? If "No," provide an explanation in Schedule O b if "Yes," and it field a Form 980°T for this year? If "No," provide an explanation in Schedule O b if "Yes," and it field a Form 980°T for this year? If "No," provide an explanation in Schedule O b if "Yes," and it field a Form 980°T for this year? If "No," provide an explanation in Schedule O b if "Yes," the field a Form 980°T for this year? If "Yes," to the Son 75b, did the organization that was or is a partly to a prohibited tax shelter transaction? Schedule O if "Yes," to line 5 or 5b, did the organization that if was or is a partly to a prohibited tax shelter transaction? Schedule O if "Yes," to line 5 or 5b, did the organization field Form 8886°T? b Ode my taxable party notify the organization field Form 8886°T? c If "Yes," to line 5 or 5b, did the organization field Form 8886°T? b If "Yes," to line the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? b If "Yes," the the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? b If "Yes," the field the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible? b If "Yes," the field the organization microses of 5f5 made partly as a contribution and partly for goods and services provided to the payor? b If "Yes," the field a cryanization express statement that such contributions or service provided? b If "Yes," the field a cryanization sell, exchange, or chierwise dispose of tangible personal property for which it was required to file Form 8282? If If Yes, "Indicate the number of Forms 8282 filed during the year b If the organization received a contribution of qualified intellectual property, did the organization file a Form 1090°C? b Post the	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
b If "Yes," has it filed a Form 990-T for this year? If "No," prowide an explanation in Schedule O 4 At 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 authority over, a financial account)? 4 B If "Yes," enter the name of the foreign country: See instructions for filing requirements for form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5 B Was the organization a party to a prohibited tax shelter transaction of the year? 5 B Ust any taxable party northy the organization that it was or is a party to a prohibited tax shelter transaction? 5 B Ust any taxable party northy the organization that it was or is a party to a prohibited tax shelter transaction? 5 B Ust any taxable party northy the organization that it was or is a party to a prohibited tax shelter transaction? 5 B Ust any taxable party northy the organization that it was or is a party to a prohibited tax shelter transaction? 5 B Ust any taxable party northy the organization that it was or is a party to a prohibited tax shelter transaction? 5 B Ust any taxable party northy the organization that it was or is a party to a prohibited tax shelter transaction? 5 C Ust any taxable party northy the organization that it was or is a party to a prohibited tax shelter transaction? 6 B Ust any taxable party northy the organization include with every solicitation an express statement that such contributions or distance any organization receive a payment in excess of \$15 made party sa contribution and party torgods and services provided to the payor? 7 B Ust the organization shell exchange, or other was express provided? 7 C Did the organization shell, exchange, or other was expressed property for which it was required? 7 Did the organization shell, exchange, or other was expressed property. 7 If the organization shell exchange, or other wholes, did the organizations. Protectio		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
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e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations or advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: 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 11a 12a 13 Section 501(c)(2) organizations. Enter: a Initiation fees and capital contributions included on part VIII, line 12, for public use of club facilities 11b 12a 12b 13 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 13b 13c 13c 13a 13a 13a 13a 13a 13a		1 1	7c		Х
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				990 (2010)

Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization 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 with a taxable entity during the year? b 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

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16a	Х	
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16b		

14

S	ection	C. I	Discl	osure

17	List the states with which a copy of this Form 990 is required to be filed F
18	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
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial
	etatements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: MANAGEMENT - (318) 221-9713

PO BOX 64, SHREVEPORT, LA 71101

exempt status with respect to such arrangements?

14 Does the organization have a written document retention and destruction policy?

MONE

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

Check if Schedule O contains a response to any question in this Part VII

 $\overline{\mathbf{X}}$

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.
- 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, if any. 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.

Check this box if neither the organiz	(B)	Г			C)			(D)	(E)	(F)
Name and Title	Average		Position			,		Reportable	Reportable	Estimated
	hours per	(cl				app	ly)	compensation	compensation	amount of
	week (describe hours for related organizations in Schedule O)	ustee or director	Institutional trustee	Officer		Highest compensated employee	-	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
S. BRUCE EASTERLY				l					_ 1	
PRESIDENT	1.00	Х		Х				0.	0.	0
WILLIAM V. KING										
VICE PRESIDENT	1.00	X		Х				0.	0.	0
E. LOUIS MCGEE		1		İ						
TREASURER	1.00	Х		X				0.	0.	0
ROBERT C. JOINER								_	_	
SECRETARY	1.00	Х		X	L			0.	0.	0
WILLIAM J. MOLLERE					İ					_
CHAIRMAN	1.00	Х		X	L		L.	0.	0.	0
GARRY L. GRIBBLE				l				_	_	
EXECUTIVE DIRECTOR	10.00	Х		X			ļ	0.	0.	0 .
HARRY E. MOSELEY		l							_	
BOARD MEMBER	1.00	Х		L				0.	0.	0 .
WILLIAM H. BROWN		l							_	
BOARD MEMBER	1.00	Х		L			_	0.	0.	0
I. C. TURNLEY, JR.	1									
BOARD MEMBER	1.00	Х	_	<u> </u>	<u> </u>		_	0.	0.	0
NEAL R. CRANE	1 1 00	,,			1					•
BOARD MEMBER	1.00	Х						0.	0.	0
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	(A)	(B)	npic	byee		C)	nıgı	iest	(D)	(E)	\neg		(F)	
	Name and title	Average			Pos		า		Reportable	Reportable		Es	tımatı	ed
		hours per	(cl	heck	k all	that	t app	oly)	compensation	compensation	, ,	an	nount	of
		week (descпbe	tor						from	from related			other	
		hours for	Indiwdual trustee or director		1	l	p eg		the organization	organizations (W-2/1099-MIS			pensa om th	
		related	stee o	rustee		_	bensal		(W-2/1099-MISC)	("		anızat	
		organizations in Schedule	ual tru	Institutional trustee		ploye	T CO II						d relat	
		O)	Individ	Institu	Officer	Key employee	Highest compensated employee	Former				orga	ınızat	ions
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1h	Sub-total	<u></u>	L		_	_	╁	Ь.	0.		0.			0.
	Total from continuation sheets to Part V	II, Section A					•		0.		0.			0.
<u>d</u>	Total (add lines 1b and 1c)	 					▶		0.		0.			0.
2	Total number of individuals (including but r	not limited to th	nose	liste	ed a	bov	e) w	ho r	eceived more than \$100	0,000 in reportable				^
	compensation from the organization												Yes	0 No
3	Did the organization list any former officer	director or tru	stee	ke	v en	nnlo	vee	or t	nighest compensated ei	mplovee on	Γ		103	 ```
•	line 1a? If "Yes," complete Schedule J for s			,	,	٠,٣.٠	,,,	, . .	ng. lock outpor.lockod of			3		х
4	For any individual listed on line 1a, is the s	•		•					•	the organization				
	and related organizations greater than \$15	0,000? If "Yes,	" co	mpl	ete :	Sch	edul	e J	for such individual			4		X
5	Did any person listed on line 1a receive or	•					-	relat	ted organization or indiv	idual for services		5		x
Sec	rendered to the organization? If "Yes," contion B. Independent Contractors	ipiete Scriedui	eJi	OI S	исп	per.	SON					5		1 11
1	Complete this table for your five highest co	ompensated in	depe	ende	ent c	ont	ract	ors 1	that received more than	\$100,000 of comp	oens:	ation f	rom	
	the organization. NONE													
	(A) Name and business							ł	(B) Description of s		_	(C ompe		
	Name and business	address						-	Description of s	services		ompe	isalic	
														
								l						
								\dashv						
			_	_							_			
2	Total number of independent contractors (ot li	mıte	d to		_	stec	d above) who received n	nore than				
	\$100,000 in compensation from the organ	zation 🕨					0						000	(2010)
												rom :	ップ し ((ZU1U)

Part VIII Statement of Revenue (D) Revenue (A) (B) (C) Total revenue Related or Unrelated excluded from exempt function business tax under sections 512, revenue revenue 513, or 514 Contributions, gifts, grants and other similar amounts 1 a Federated campaigns b Membership dues 1b c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and 10,921 similar amounts not included above g Noncash contributions included in lines 1a-1f \$_ 10,921 h Total. Add lines 1a-1f Business Code 2 a NEWSLETTER PAYMENTS 511190 18,084 18,084. Program Service Revenue 900099 PER CAPITA CONTRIBUTIO 4,404. 4,404. f All other program service revenue 22,488. Total. Add lines 2a-2f Investment income (including dividends, interest, and 84,877. 84,877. other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (II) Personal 6 a Gross Rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (ii) Other 1,777,428 assets other than inventory b Less: cost or other basis 1,647,004 and sales expenses 130424. c Gain or (loss) 130,424. 130,424. d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a MISCELLANEOUS 900099 4,606. 4,606. b CAPITAL GAINS DISTRIBU 900099 1,003. 1,003. d All other revenue 5,609. Total. Add lines 11a-11d 254,319. 158,521. 0. Total revenue. See instructions. 84,877.

Form 990 (2010) LOUISIANA SCO
Part IX Statement of Functional Expenses

	Section 501(c)(All other organizations must comp		itions must complete all not required to complet).
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		,		
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				•
	the U.S. See Part IV, line 22	37,250.	37,250.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				.
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			1	
	trustees, and key employees	. <u> </u>			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and	ļ		-	
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	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):				
а	Management				
b	Legal	C F00		C F00	
C	Accounting	6,500.		6,500.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	2 210		2 210	
f	Investment management fees	2,319.		2,319.	
g	Other				
12	Advertising and promotion	3,615.		3,615.	
13	Office expenses	3,013.	<u>-</u> .	3,013.	
14	Information technology				<u> </u>
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest Payments to affiliates				
21 22	Depreciation, depletion, and amortization				
23	Insurance	1,698.		1,698.	
23 24	Other expenses. Itemize expenses not covered	_, 0,000		_, _, _,	
~~	above. (List miscellaneous expenses in line 24f. If line				
	24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)				
а	SPEECH CENTER PAYMENTS	98,455.	98,455.		
a b	FACILITIES AND EQUIOMEN	35,378.	20,200	35,378.	
c	TRESTLEBOARD PRINTING	21,251.	21,251.		
d	MANAGEMENT FEES	11,169.		11,169.	
e	OTHER CONTRACT SERVICES	1,137.		1,137.	
f	All other expenses	345.		345.	
25	Total functional expenses. Add lines 1 through 24f	219,117.	156,956.	62,161.	0.
26	Joint costs. Check here Jif following SOP			,	
	98-2 (ASC 958-720). Complete this line only if the				
	organization reported in column (B) joint costs from a				
	combined educational campaign and fundraising solicitation				
_				-	E . 000 (224

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Form 990 (2010)
Part X | Balance Sheet

Ра	Irt X	Balance Sheet				
	_			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments	193,291.	2	99,028.	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, d	rectors, trustees, key			
		employees, and highest compensated employe	es. Complete Part II			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as	defined under section			
		4958(f)(1)), persons described in section 4958(c	c)(3)(B), and contributing			
	Ì	employers and sponsoring organizations of sec	tion 501(c)(9) voluntary			
rb.		employees' beneficiary organizations (see instru	uctions)		6	
Assets	7	Notes and loans receivable, net			7	
Ass	8	Inventones for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other				
		basis Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		2,329,476.	11	2,579,338.
	12	Investments - other securities See Part IV, line	11		12	
	13	Investments - program-related. See Part IV, line	11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		66,045.	15	66,045
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	2,588,812.	16	2,744,411.
	17	Accounts payable and accrued expenses		17		
	18	Grants payable			18	
	19	Deferred revenue	_		19	
	20	Tax-exempt bond liabilities			20	
S	21	Escrow or custodial account liability. Complete	Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directo	rs, trustees, key employees,			
jab		highest compensated employees, and disqualif	ed persons. Complete Part II			
_		of Schedule L			22	
	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate	d third parties		24	-
	25	Other liabilities. Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow SFAS 117, check he	ere 🕨 🐰 and complete			
è		lines 27 through 29, and lines 33 and 34.		1		
auc	27	Unrestricted net assets		1,980,829.	27	2,105,626. 638,785.
Bal	28	Temporanly restricted net assets		607,983.	28	638,785.
힏	29	Permanently restricted net assets			29	
Ξ		Organizations that do not follow SFAS 117, c	heck here 🕨 📖 and			
ō		complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
Net Assets or Fund Balances	31	Paid-in or capital surplus, or land, building, or ed	quipment fund		31	
et/	32	Retained earnings, endowment, accumulated in	come, or other funds		32	
Z	33	Total net assets or fund balances		2,588,812.	33	2,744,411.
	34	Total liabilities and net assets/fund balances		2,588,812.	34	2,744,411.

Form **990** (2010)

Form	990 (2010) LOUISIANA SCOTTISH RITE FOUNDATION, INC	72-60	27272	Pag	je 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1 1	254	4,33	19.
2	Total expenses (must equal Part IX, column (A), line 25)	2		9,13	
3	Revenue less expenses Subtract line 2 from line 1	3	3 !	5,20	02.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,588		
5	Other changes in net assets or fund balances (explain in Schedule O)	5		3, 39	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	2,744	1,4:	<u>11.</u>
Pa	rt XIII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII				<u> </u>
				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		- 1	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
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	ne audīt,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	ed on a			
	separate basis, consolidated basis, or both:				
	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 Si	ngle Audit			
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ıred audıt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		
			Form \$	990 (2	2010)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

2010

Open to Public Inspection

Schedule A (Form 990 or 990-EZ) 2010

Name of	the organizat							- 1		dentification		ber
Part I	Passon	LOUISIA	NA SCOTTISH	RITE	FOUND	ATTON	, INC	: 1		2-60272	272	
			ity Status (All organiz					tructions.				
1	A church, co A school des A hospital or	nvention of churche cribed in section 17 a cooperative hospi	because it is: (For lines so, or association of chur (0(b)(1)(A)(ii). (Attach So tal service organization of operated in conjunction	ches desc chedule E.) described	nbed in se	ection 170	(b)(1)(A)(i) (A)(iii).	-	iii). Enter tl	ne hospital's	s name	,
	city, and stat		<u>,, , =, -, .</u>									
5 📖		ion operated for the (b)(1)(A)(iv). (Compl	benefit of a college or u	niversity o	wned or o	perated by	a govern	mental ur	nit describe	ed in		
6 🗆			ete r art n., ent or governmental uni	t describe	d ın sectic	n 170(b)(I)(A)(v).					
7 X			eives a substantial part					or from th	e general p	oublic descr	ıbed ın	
		(b)(1)(A)(vi). (Comple										
8 -			section 170(b)(1)(A)(vi).									
9 📖			eives: (1) more than 33									
			nctions - subject to certa	•		•			• •	-		
		509(a)(2). (Complete	axable income (less sect	tion 511 ta	ix) irom bu	isinesses a	acquirea b	by the org	anization a	mer June 30	J, 1975.	•
10			perated exclusively to te	et for nubl	lic safety !	See sectio	n 509/a)/a	4)				
11 🗔			perated exclusively for the	-	•			•	TV out the i	ourooses of	one or	
			ations described in secti									
			organization and compl									
	a Type	ı ь⊏	☐ Type II 💢	с 🗀 тур	e III - Fund	tionally inf	egrated		d \square	Type III - O	ther	
е 📖	By checking	this box, I certify tha	at the organization is not	controlled	d directly o	r indirectly	by one o	r more di	squalified p	ersons othe	er than	
	foundation m	nanagers and other t	han one or more publicly	y supporte	ed organiza	ations des	cribed in s	ection 50)9(a)(1) or s	ection 509(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe i, Type	II, or Type	e III				_
		rganization, check th										
g			organization accepted ar			•		٠.		г		
			irectly controls, either al	lone or tog	jether with	persons o	lescribed	ın (ii) and	(III) below,	$\overline{}$	Yes I	No
	_	= -	upported organization? n described in (i) above?	ì						11g(i)	-+	
		•	person described in (i) o		62					11g(ii) 11g(iii)	-	
h		-	about the supported or							[119(111)]		
		- · · · · · · · · · · · · · · · · · · ·		J	(-)-							
	of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section	in col. (i) lis governing	organization sted in your document?	organizat	on in col.	organizat (i) organi	(vi) Is the nization in col. rganized in the U.S.? (vii) Amount of support			
			(see instructions))	Yes	No	Yes	No	Yes	No			
				-				 	+ +			
		,										
									1			
									+			_
				<u> </u>					+			
otal												

032021 12-21-10

Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2010 LOUISIANA SCOTTISH RITE FOUNDATION, INC 72-6027272 Page 2

[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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support					-	
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1	Gifts, grants, contributions, and			•			
	membership fees received. (Do not						
	include any "unusual grants.")	77,181.	42,143.	26,243.	38,425.	38,425.	222,417.
2	Tax revenues levied for the organ-					-	
	ization's benefit and either paid to						
	or expended on its behalf					i	
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	15,000.					15,000.
4	Total. Add lines 1 through 3	92,181.	42,143.	26,243.	38,425.	38,425.	15,000. 237,417.
5	The portion of total contributions				· · · · ·		<u> </u>
	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)						
6	Public support. Subtract line 5 from line 4						237,417.
	ction B. Total Support			-·· <u>,</u>			
Cale	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7	Amounts from line 4	92,181.	(b) 2007 42,143.	26,243.	38,425.	(e) 2010 38,425.	237,417.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties					j	
	and income from similar sources	130,190.	249,292.	-157464.	21,783.	32,906.	276,707.
9	Net income from unrelated business		·		<u> </u>	, , , , , ,	<u> </u>
	activities, whether or not the						
	business is regularly carried on	ĺ		1			
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10	_					514,124.
	Gross receipts from related activities,	etc. (see instruction	ons)		_	12	·····
	First five years. If the Form 990 is for	•	•	d. fourth. or fifth ta	ı x vear as a sectio	- :	
	organization, check this box and stop	here		,		,,,,	ightharpoons
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				·
14	Public support percentage for 2010 (I	ıne 6, column (f) dı	vided by line 11, c	olumn (f))		14	46.18 %
15	Public support percentage from 2009	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2010.If the o	rganization did not	check the box on	line 13, and line 14	4 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly supp	orted organization				ightharpoons X
b	33 1/3% support test - 2009. If the or	rganization did not	check a box on lii	ne 13 or 16a, and I	ine 15 is 33 1/3%	or more, check the	is box
	and stop here. The organization quali	ifies as a publicly s	supported organiza	ation			▶□
17a	10% -facts-and-circumstances test	t - 2010. If the orga	inization did not ch	neck a box on line	13, 16a, or 16b, a	nd line 14 is 10% (or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop he	ere. Explain in Par	t IV how the organ	ization
	meets the "facts-and-circumstances"					-	
b	10% -facts-and-circumstances test				_	7a, and line 15 is 1	0% or
	more, and if the organization meets th						
	organization meets the "facts-and-circ	cumstances" test	The organization o	jualifies as a public	ly supported orga	inization	
18	Private foundation. If the organizatio	n did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s •
						dula A (Earm 990	

t

Schedule A (Form 990 or 990-EZ) 2010 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support	now, please com	piete Part II.)			-	
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Gifts, grants, contributions, and	(a) 2000	(0) 2007	(6) 2008	(u) 2009	(e) 2010	(i) iotai
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions.					<u> </u>	
_	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the			ļ		1	
_	organization's tax-exempt purpose						
3	Gross receipts from activities that				}		
	are not an unrelated trade or bus-						
	iness under section 513			ļ <u></u>			
4	Tax revenues levied for the organ-			ŀ		1	
	ızatıon'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					l	
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that		i	İ			
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)						
Sec	etion B. Total Support		1			<u> </u>	
	ndar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	Amounts from line 6	(0) 2000	(2) 2001	(0) 2000	(4) 2000	(0) 20 10	(1) 1014
	Gross income from interest,		 	· · · · · ·			
	dividends, payments received on			[
	securities loans, rents, royalties and income from similar sources			f			
	Unrelated business taxable income					 	
L	(less section 511 taxes) from businesses			ļ			
	acquired after June 30, 1975						
				<u>[</u>			
	Add lines 10a and 10b			ļ	ļ <u> </u>		
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is			<u> </u>			
	regularly carried on			<u> </u>			
12	Other income. Do not include gain or loss from the sale of capital				ŀ		
	assets (Explain in Part IV.)						
13	Total support (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for	the organization'	s fırst, second, thu	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
	check this box and stop here						<u> </u>
Sec	ction C. Computation of Publi	c Support Pe	ercentage				
15	Public support percentage for 2010 (li	ne 8, column (f) d	divided by line 13,	column (f))		15	%
16	Public support percentage from 2009	Schedule A, Part	t III, line 15			16	%
Sec	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20	10 (line 10c, colu	mn (f) dıvıded by lıı	ne 13, column (f))		17	%
18	Investment income percentage from 2	009 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2010. If the	organization did i	not check the box	on line 14, and line	e 15 is more than 3	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box ar	•		-			ightharpoons
ь	33 1/3% support tests - 2009. If the		-				and
_	line 18 is not more than 33 1/3%, chec	_					
20	Private foundation. If the organization		•	·		•	
				,	,		

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.

2010 Open to Public Inspection

Name of the organization

LOUISIANA SCOTTISH RITE FOUNDATION, INC

Employer identification number 72-6027272

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fun	ids or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	vriting that the assets held in donor ad	lvised funds
	are the organization's property, subject to the organization's	<u> </u>	Yes No
6	Did the organization inform all grantees, donors, and donor as	•	be used only
	for charitable purposes and not for the benefit of the donor of		•
	impermissible private benefit?		Yes No
Pai		anization answered "Yes" to Form 990	O, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or e		historically important land area
	Protection of natural habitat	· —	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	ed conservation contribution in the fo	rm of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	2b	
С	Number of conservation easements on a certified historic stru	2c	
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic stru	ucture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by	the organization during the tax
	year ▶	-	-
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the per	odic monitoring, inspection, handling	 of
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easement	s during the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and e	enforcing conservation easements dur	ang the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 1	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expe	nse statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describ	es the organization's accounting for
	conservation easements.		
Pa	t III Organizations Maintaining Collections of	Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue sta	tement and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furth	erance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that describ	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statem	ent and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, 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 trea	asures, or other similar assets for finan	
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items:	
а	Revenues included in Form 990, Part VIII, line 1	-	> \$
ь	Assets included in Form 990, Part X		▶ \$

	· -,,	NA SCOTTIS						72-602		
Pai	t III Organizations Maintaining C	Collections of A	rt, Histor	ical Tr	easures,	or Othe	Simil	ar Asse <u>t</u> s	S (contınu	ed)
3	Using the organization's acquisition, access	ion, and other record	ds, check ar	y of the	following tha	at are a sig	nıfıcant	use of its c	ollection if	ems
	(check all that apply):									
а	Public exhibition	c	я Щ∟юа	n or exc	hange progr	ams				
ь	Scholarly research	€	e 🔲 Oth	er						
С	Preservation for future generations									
4	Provide a description of the organization's continuous	ollections and explai	in how they	further t	he organizati	ion's exem	pt purp	ose in Part	XIV.	
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be m								Yes	□ No
Pai	t IV Escrow and Custodial Arran					"Yes" to F	om 990			
	reported an amount on Form 990, Pa		·						-	
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for cor	tribution	ns or other as	sets not ir	ncluded			
	on Form 990, Part X?		•						Yes	□ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing tabl	e:						
		•	· ·						Amount	
С	Beginning balance						1c	•		
	Additions during the year	-					1d			
	Distributions during the year						1e			
f	Ending balance						1f			
	Did the organization include an amount on F	orm 990 Part X line	212						Yes	No
	If "Yes," explain the arrangement in Part XIV									
Par			nswered "Ye	s" to Fo	rm 990. Part	IV. line 10	_			
		(a) Current year	(b) Prior		(c) Two yea		_	ears back	(e) Four ye	ars back
1a	Beginning of year balance	(4) - 400 - 400	.,,	704.	(4/ **** / ***		,		(4)) -	
b	Contributions					 				
	Net investment earnings, gains, and losses					-				
d	Grants or scholarships									
	Other expenditures for facilities									
Ŭ	and programs				}					
f	Administrative expenses				1					
	End of year balance				 					
g 2	Provide the estimated percentage of the year	r end balance held :	l		1	<u>I</u>				
	Board designated or quasi-endowment	ar end balance neld a	%							
h	Permanent endowment	%	- ″							
		⁷⁰								
		ř Ť	ation that a	ro bold o	and administr	arad far th		-at.on		
Sa	Are there endowment funds not in the posse	ession of the organiz	auon mai ai	e neio a	ina aamiiniste	erea for the	organiz	zation	Ye	es No
	by: (i) unrelated organizations								$\overline{}$	#S NO
				•					3a(i)	
_	(ii) related organizations	- 1-1-1	an Cabadula						3a(ii)	
4	If "Yes" to 3a(ii), are the related organization:								3b	——
Par	Describe in Part XIV the intended uses of the tVI Land, Buildings, and Equipm							-		
<u>. aı</u>	· · · · · · · · · · · · · · · · · · ·					1-1-1		، ا ر	4) D c - 1:	
	Description of investment	(a) Cost or o basis (investi			t or other (other)		umulate eciation		d) Book v	aiue
1a	Land									
b	Buildings									
С	Leasehold improvements									
đ	Equipment									
е	Other									
Total	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, column (B), line 1	10(c))			▶		0.

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010 LOUISIANA S	COTTISH RITE	FOUNDATION	, INC 72	-6027272 Page 3
Part VII Investments - Other Securities. Se	e Form 990, Part X, line	12.		
(a) Description of security or category	(b) Book value	_	(c) Method of value	
(including name of security)	(5)	Co	st or end-of-year ma	rket value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other			."	
(A)				
(B)			-	
(C)				
(D)		 		
		-		
<u>(E)</u>				
(F)				
(G)				
(H)				
(I)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)				
Part VIII Investments - Program Related. S	ee Form 990, Part X, line	13.		
			(c) Method of value	ation.
(a) Description of investment type	(b) Book value	Co	st or end-of-year ma	rket value
(1)				
(2)	· · · · · · · · · · · · · · · · · · ·	- 		
· · · · · · · · · · · · · · · · · · ·		-		
(3)		 		
(4)		-		_
(5)				
(6)				
(8)				
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line	15.			··· · · · · · · · · · · · · · · · · ·
	Description	· ·		(b) Book value
(1)				
(2)				
(3)	·			
(4)				
(5)				
(6)				
(8)				
(9)				
(10)		-		
Total. (Column (b) must equal Form 990, Part X, col (B) line	: 15)	-	•	
Part X Other Liabilities. See Form 990, Part X,			· · · · · · · · · · · · · · · · · · ·	
1. (a) Description of liability		(b) Amount		
(1) Federal income taxes		(-):::::-		
(2)	<u> </u>			
(3)				
(4)				
(5)				
(6)				
(7)				
(8)		· · · · · · · · · · · · · · · · · · ·		
(9)				
(10)		··· · · ·		
				
(11)	.051			
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 25) Titte organization's financial state	ements that reports the organ	zation's liability for uncerta	iin tax positions under
2 FIN 48 (ASC 740)		•	•	

Sche	dule D (Form 990) 2010 LOUISIANA SCOTTISH RITE FOU		INC		<u> 5027272</u>	Page 4
Pai	t XI Reconciliation of Change in Net Assets from Form 990 to A	Audited Finan	cial Stat	tement		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1			<u>,319.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		219	<u>,117.</u>
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		35	,202.
4	Net unrealized gains (losses) on investments		4		120	,397.
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		120	,397.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10			,599.
Par	t XII Reconciliation of Revenue per Audited Financial Statemen	ts With Reve	nue per	Returr	<u> </u>	
1	Total revenue, gains, and other support per audited financial statements			1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	•				
а	Net unrealized gains on investments	2a		_		
b	Donated services and use of facilities	2b		- I		
С	Recovenes of prior year grants	2c		- I		
d	Other (Describe in Part XIV.)	2d		⊣ i		
е	Add lines 2a through 2d			2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-l -l		
b	Other (Describe in Part XIV.)	4b		┥. !		
C	Add lines 4a and 4b			4c		
Dai	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) † XIII Reconciliation of Expenses per Audited Financial Statemen	nte With Eyne	neae ne	5 Petu	rn	
	•	into With Expe	niaca pe	1 1		
1 2	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25.			1		
a	Donated services and use of facilities	2a				
b	Prior year adjustments	2b		⊣ ∣		
c	Other losses	2c		⊣ ∣		
d	Other (Describe in Part XIV.)	2d		i I		
	Add lines 2a through 2d			7 2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV.)	4b				
С	Add lines 4a and 4b			ີ 4c		
_5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5		
Pa	t XIV Supplemental Information	***				
Com	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	lines 1a and 4; Pa	art IV, lines	1b and	2b, Part V, Ime	4; Part
X, lın	e 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comple	ete this part to pro	vide any a	dditional	information.	
			i			
				_		

နိ | Schedule I (Form 990) (2010) Employer identification number 72-6027272 Open to Public OMB No 1545-0047 Inspection (h) Purpose of grant or assistance X Yes 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. Part II can be duplicated if additional space is needed ame and address of organization (book, if applicable cash grant non-cash assistance cash grant assistance cash grant assistance other) 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 Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations, Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. ▶ Attach to Form 990. INC LOUISIANA SCOTTISH RITE FOUNDATION, LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Enter total number of section 501(c)(3) and government organizations General Information on Grants and Assistance criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization Name of the organization Department of the Treasury Internal Revenue Service SCHEDULE (Form 990) Parti Part II

Page 2 (f) Description of non-cash assistance 72-6027272 (e) Method of valuation (book, FMV, appraisal, other) (Form 990) (2010) LOUISIANA SCOTTISH RITE FOUNDATION, INC Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part IV | Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. SCHEDULE I, PART I, LINE 2: THE ORGANIZATION ISSUES FUNDS DIRECTLY TO THE (d) Amount of non-cash assistance 0 37,250. (c) Amount of cash grant (b) Number of recipients 25 SPEECH PATHOLOGY AND CIVIL ENGINEERING (a) Type of grant or assistance RECIPIENT'S UNIVERSITY Schedule I (Form 990) (2010) SCHOLARSHIPS. Part III

Schedule I (Form 990) (2010)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

2010
Open to Public Inspection

	oyer identification number -6027272
FORM 990, PART VI, SECTION B, LINE 11: THE ORGANIZATION RECEI	VES A PAPER
COPY OF THE RETURN FOR APPROVAL BEFORE FILING. THE OFFICERS	THEN HAVE AN
OPPORTUNITY TO REVIEW AND SIGN THE RETURN BEFORE IT IS SUBMIT	TED TO THE
IRS.	
FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION IS OP	EN TO THE
PUBLIC DAILY. ANY MEMBER OF THE PUBLIC MAY REQUEST SUCH DOCU	MENTATION FROM
THE EXECUTIVE DIRECTOR DURING NORMAL BUSINESS HOURS.	
FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:	
NET UNREALIZED GAINS ON INVESTMENTS:	120,397.
FORM 990, PART VI, SECTION C, LINE 19:	
THE INFORMATION IS MAINTAINED AT THE LOUISIANA SCOTTISH RITE	FOUNDATION
OFFICE THAT IS OPEN DAILY FOR THE PUBLIC. THE PUBLIC CAN REQ	UEST
COPIES OF DOCUMENTS AT THE OFFICE.	

Department of the Treasury Internal Revenue Service SCHEDULE R (Form 990)

Name of the organization

Part

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990.

Open to Public Inspection 2010

OMB No 1545-0047

Employer identification number 72-6027272

INC LOUISIANA SCOTTISH RITE FOUNDATION,

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

(g) Section 512(b)(13) controlled ş × × entity? Direct controlling Yes entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) Ξ Direct controlling entity $\boldsymbol{arepsilon}$ End-of-year assets <u>e</u> status (if section Public charity 501(c)(3)) Total income Exempt Code Ð section Ē 501(C) DISTRICT OF COLUMBIA 501(C) Legal domicile (state or Legal domicile (state or foreign country) foreign country) COUISIANA PBHILANTHROPIC ACTIVITIES FUNDING SPEECH AND HEARING ASSOCIATION WITH VARIOUS Primary activity Primary activity WORLDWIDE FRATERNAL DISORDER CLINICS 9 COORD BODIES, 725 COTTON STREET, SHREVEPORT, ANCIENT AND ACCEPTED RITE OF SHREVEPORT & ž 53-0152875, 1733 SIXTEENTH STREET, SUPREME COUNCIL OF SCOTTISH RITES Name, address, and EIN Name, address, and EIN of related organization of disregarded entity WASHINGTON, DC 20009 Part II

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

032161 12-21-10 LHA

23

Schedule R (Form 990) 2010

72-6027272

Page 2

Schedule R (Form 990) 2010 LOUISIANA SCOTTISH RITE FOUNDATION, INC

Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) Part III

Schedule R (Form 990) 2010 LOUISIANA SCOTTISH RITE FOUNDATION, INC

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Make According to the contract of the contract				214
Note: Complete line in any entity is listed in Farts in in, or iv or unis soliecule. 1. During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more r	elated organizations listed	n Parts II.IV?	-
a Receipt of (i) interest (ii) annuties (iii) royalties or (iv) rent from a controlled entity				ta X
b Gift, grant, or capital contribution to other organization(s)				1b
c Gift, grant, or capital contribution from other organization(s)				t X
d Loans or loan guarantees to or for other organization(s)				Pt X
e Loans or loan guarantees by other organization(s)				1e X
f Sale of assets to other organization(s)				1t X
g Purchase of assets from other organization(s)				1g X
h Exchange of assets				th X
i Lease of facilities, equipment, or other assets to other organization(s)				-i-
j Lease of facilities, equipment, or other assets from other organization(s)				i.
k Performance of services or membership or fundraising solicitations for other organization(s)	ıızatıon(s)			
I Performance of services or membership or fundraising solicitations by other organization(s)	ızatıon(s)			1 X
m Sharing of facilities, equipment, mailing lists, or other assets				
n Sharing of paid employees				t x
 Reimbursement paid to other organization for expenses 				10 X
p Reimbursement paid by other organization for expenses				1p X
 Qther transfer of cash or property to other organization(s) Other transfer of cash or property from other organization(s) 				1 ₄ ×
ns for inf	who must complete t	his line, including covered	ormation on who must complete this line, including covered relationships and transaction thresholds.	
(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved	
(1)				
(3)				
(4)				
(5)				
032163 12-21-10	25		Schedu	Schedule R (Form 990) 2010

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

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

		1	<u>.</u>		!		
(a)	(a)	(၁)	<u>6</u>	e)		(6)	
Name, address, and EIN	Primary activity	Legal domicile	Are all partners Section 501(c)(3)	Share of end-of-	Dispropor- tionate	Code V-UBI	General or managing
of entity		(state or foreign	organizations?	year assets	lons?	of Schedule K-1	[
		country)	Yes No		Yes No	(Form 1065)	Yes No
			-				
			·				
							_
					į		
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							_

26

Schedule R (Form 990) 2010

Part VII	Supplemental Information
	Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
_	
_	
-	

Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

OMB No. 1545-1709

Form 8868 (Rev. 1-2011)

If you a	are filing for an Automatic 3-Month Extension, comple	ete only P	art I and check this box		•	► [<u>X</u>]		
• If you a	are filing for an Additional (Not Automatic) 3-Month Ex	xtension,	complete only Part II (on page 2 of this	s form	ı).			
	omplete Part II unless you have already been granted							
	ic filing (e-file). You can electronically file Form 8868 if					ooration		
	to file Form 990-T), or an additional (not automatic) 3-mo							
	file any of the forms listed in Part I or Part II with the ex							
	Benefit Contracts, which must be sent to the IRS in pa							
			(see instructions). For more details on t	ne er	ectronic illing or trus	ioriii,		
Part I	irs gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time							
					 			
Part I only	ition required to file Form 990-T and requesting an auto	matic 6·m	onth extension - check this box and con	npiete	,			
All other c	r corporations (including 1120-C filers), partnerships, REN ome tax returns.	AICs, and	trusts must use Form 7004 to request ar	า exte	nsion of time	· Ш		
Type or	Name of exempt organization			Em	ployer identification	n number		
print	reality of exempt organization				Joyer Identification	i ilumber		
	LOUISIANA SCOTTISH RITE FO	UNDAT	ION, INC	72-6027272				
File by the due date for filing your PO BOX 64								
return See instructions	um See							
Enter the I	Return code for the return that this application is for (file	e a separa	te application for each return)			0 1		
Application			Application			Return		
Is For			Is For			Code		
Is For Code Is For Form 990 01 Form 990-T (corporation)						07		
Form 990-	BL	02	Form 1041-A			08		
Form 990-	EZ	03	Form 4720			09		
Form 990-	PF	04	Form 5227		·-····································	10		
	T (sec. 401(a) or 408(a) trust)	05	Form 6069			11		
	T (trust other than above)	06	Form 8870		·	12		
	MANAGEMENT		Tromisore					
• The boo	oks are in the care of ▶ PO BOX 64 - SHF	REVEPO	ORT, LA 71101					
	one No. ► (318) 221-9713		FAX No. ▶					
	rganization does not have an office or place of business	s in the Un						
	for a Group Return, enter the organization's four digit (e ie fe	or the whole group.	hack this		
oox ► [¬							
	uest an automatic 3-month (6 months for a corporation				ers the extension is	101.		
1 1104	FEBRUARY 15, 2012 , to file the exempt	t organizat	tion return for the expension of time unit	 	The outersies			
	r the organization's return for:	t Organizai	non return for the organization named a	bove.	The extension			
IS 101	コ . ゙ .							
			dending JUN 30, 2011					
	tax year beginning	, and	dending OON 30, 2011		_			
2 If the	e tax year entered in line 1 is for less than 12 months, cl Change in accounting period	heck reaso	on: Initial return Fina	l retur	n			
3a If this	s application is for Form 990-BL, 990-PF, 990-T, 4720, c	or 6069. er	nter the tentative tax, less any					
	efundable credits. See instructions.			3a	\$	0.		
b If this	s application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and					
	nated tax payments made Include any prior year overp	•		3ь	\$	0.		
	nce due. Subtract line 3b from line 3a. Include your pa		-			^		
	sing EFTPS (Electronic Federal Tax Payment System). S			3c	\$	0.		
aution. If	you are going to make an electronic fund withdrawal w	<u>/ith this Fo</u>	rm 8868, see Form 8453-EO and Form 8	3879-	<u>EO for payment inst</u>	ructions		

LHA

For Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev 1-2011)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month Ex	ctension,	complete only Part II and check this b	ox .		X
Note. Only complete Part II if you have already been granted an a	automatic	3-month extension on a previously filed	i Form	8868	
• If you are filing for an Automatic 3-Month Extension, comple					
Part II Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the original (no o	opies	needed).	
Type or Name of exempt organization			Emp	oloyer identification	number
print LOUISIANA SCOTTISH RITE FOU	NDATI	ON. INC	1 7	2-6027272	
File by the extended Number, street, and room or suite no. If a P.O. box, s			<u> </u>		
due date for PO BOX 64					
return See City, town or post office, state, and ZIP code. For a fo	oreign add	fress, see instructions.			
SHREVEPORT, LA 71101					
Enter the Return code for the return that this application is for (file	e a separa	ite application for each return)			0 1
Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990	01				
Form 990-BL	02	Form 1041-A			08
Form 990-EZ	Form 4720			09	
Form 990-PF	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already granted	l an auton	<u>natic 3-month extension on a previou</u>	ısly file	ed Form 8868.	
MANAGEMENT					
• The books are in the care of ► PO BOX 64 - SHE	REVEP	···			
Telephone No. ► (318) 221-9713		FAX No. >			
If the organization does not have an office or place of business		· · · · · · · · · · · · · · · · · · ·		•	
If this is for a Group Return, enter the organization's four digit the second of the group at a latter than the second of the group at a latter to the second of the group at a latter to the second of the group at a latter to the second of the group at a latter to the second of the group at a latter to the second of the group at a latter to the second of the group at a latter to the second of the group at a latter to the group at a latter		· · · · · · · · · · · · · · · · · · ·		-	
box . If it is for part of the group, check this box		15, 2012	memb	ers the extension is	tor.
I request an additional 3-month extension of time until For calendar year, or other tax year beginning			TITN	30, 2011	
 For calendar year, or other tax year beginning If the tax year entered in line 5 is for less than 12 months, ci 			Final	-	
Change in accounting period	HECK TEAS	on minaretum	rillalı	eturn	
7 State in detail why you need the extension					
Totale in detail willy you need the extension					
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069. e	nter the tentative tax, less any			
nonrefundable credits See instructions.	.,		8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and estimated	"		
tax payments made Include any prior year overpayment alle	•				
previously with Form 8868		, ,	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your pa	yment wit	h this form, if required, by using		•	
EFTPS (Electronic Federal Tax Payment System). See instru	-		8c	\$	0.
		d Verification			
Under penalties of perjury, I declare that I have examined this form, including it is true, correct, and complete, and that I am authorized to prepare this fo	ng accomp rm.	anying schedules and statements, and to the	e best o	f my knowledge and be	elief,
Signature Title	C	PA	Date	· 2/15/	12
. (24.0	Form 8868 (Re	v 1-2011)