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CISH18BZXS

# Form 990

Department of the Treasury
Internal Revenue Service

## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No. 1545-0047

**2009**

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , and ending

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: ANCIENT & ACCEPTED SCOTTISH RITE, CO
Doing Business As: COEUR D'ALENE SCOTTISH RITE BODIES
Number and street (or P.O. box if mail is not delivered to street address): PO BOX 3139
Room/suite:
City or town, state or country, and ZIP + 4: HAYDEN ID 83835

D Employer identification number: 23-7025610

E Telephone number: (208) 772-4314

G Gross receipts $: 67,291

F Name and address of principal officer: JAMES G. COX 11327 N. FRIAR DR, HAYDEN, ID 83835

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ 0095

I Tax-exempt status: ☒ 501(c) ( 10 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶

K Form of organization: ☐ Corporation ☐ Trust ☒ Association ☐ Other ▶

L Year of formation: 1900

M State of legal domicile: ID



## Part I Summary

1 Briefly describe the organization's mission or most significant activities:
GENERAL LODGE ACTIVITIES- INCLUDES FRATERNAL & CHARITABLE ACTIVITIES, MEETINGS & DINNERS. GRANTS & ALLOCATIONS INCLUDE SPONSORSHIP OF YOUTH ORGANIZATIONS & SUPPORT FOR SCOTTISH RITE CHILDHOOD LEARNING PROGRAM.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

| | | | |
|---|---|---|---|
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 375 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 375 |
| 5 | Total number of employees (Part V, line 2a) | 5 | 3 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 40 |
| 7a | Total gross unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 |

| | | Prior Year | Current Year |
|---|---|---|---|
| 8 | Contributions and grants (Part VIII, line 1h) | 7,729 | 8,453 |
| 9 | Program service revenue (Part VIII, line 2g) | 0 | 0 |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 55,160 | 58,536 |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 300 | 300 |
| 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 63,189 | 67,289 |
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 3,725 | 5,105 |
| 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 3,600 | 3,575 |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| b | Total fundraising expenses (Part IX, column (D), line 25) ▶ 0 | | |
| 17 | Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f) | 36,539 | 40,091 |
| 18 | Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 43,864 | 48,771 |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 19,325 | 18,518 |

| | | Beginning of Current Year | End of Year |
|---|---|---|---|
| 20 | Total assets (Part X, line 16) | 1,760,158 | 1,778,653 |
| 21 | Total liabilities (Part X, line 26) | 275 | 252 |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 1,759,883 | 1,778,401 |

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Sign Here**

James G. Cox
Signature of officer

5/12/10
Date

JAMES G. COX, SECRETARY
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature | Date 5/12/2010 | Check if self-employed ☐ | Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4 | EIN ▶ | Phone no. ▶

May the IRS discuss this return with the preparer shown above? (see instructions) ☐ Yes ☐ No

CISH18BZXS

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Aug. 04, 2010 LTR 2694C 0 R
23-7025610 200912 67
00019218

ANCIENT & ACCEPTED SCOTTISH RITE CO
COEUR D'ALENE SCOTTISH RITE BODIES
PO BOX 3139
HAYDEN ID 83835

032873

## DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

James G. Cox
Signature of officer or trustee

8/18/2010
Date

Secretary
Title