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Form **990**

SCANNED APR 1 4 2010

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)

benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

2009 Open to Public

OMB No 1545-0047

A F	or the 2	2009 calendar year, or tax year beginning and ending		-
B	Check if policable	Please C Name of organization use IRS RICHMOND BODIES ANCIENT & ACCEPTED label or SCOTTISH RITES OF FREEMASONRY	D Employer identifi	cation number
F	_lchange _Name	type Doing Business As	⊣ 54-0	123385
	_ichange _initial _return Termin-	See Specific A 2.0.4 HERM TMA CE. BOAD	uite E Telephone numbe	
	⊣ated]Amended return]Applica-		G Gross receipts \$ H(a) Is this a group re	2,824,868.
L	Lión pending	<u> </u>	R for affiliates? H(b) Are all affiliates income	Yes X No
11	ax-exem	npt status X 501(c) (10) ◀ (insert no) 4947(a)(1) or 527		list (see instructions)
		▶ N/A	H(c) Group exemptio	n number 🕨
KF	orm of or	rganization Corporation Trust X Association Other ► L	ear of formation 1878 $_{ t N}$	A State of legal domicile: VA
Pa		Summary		
Governance	1 Br	riefly describe the organization's mission or most significant activities $\overline{ ext{THE}}$ $\overline{ ext{PRIM}}$.SSOCIATION IS TO PROMOTE THE OBJECTIVES AND	ARY FUNCTION VALUES OF TH	OF THE E FRATERNAL
ern	2 CI	heck this box $lacktriangle$ $$ if the organization discontinued its operations or disposed of r	nore than 25% of its net as	
Š	3 Ni	umber of voting members of the governing body (Part VI, line 1a)	3	3
≪ರ	4 No	umber of independent voting members of the governing body (Part VI, line 1b)	4	3
ies	1	otal number of employees (Part V, line 2a)	5	3
Activities	1	otal number of volunteers (estimate if necessary)	6	0
Ac	ı	otal gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Ne	et unrelated business taxable income from Form 990-T, line 34	7b	
		and the second s	Prior Year 129,982.	Current Year 147,122.
Revenue		gran control wants Part VIII, line 1h)	67,668.	65,423.
vel	1 829	vestment income (Part VIII, replum (A), lines 3, 4, and 7d)	57,554.	994,879.
ď			37,3311	331,0,30
	121	ther revenue (Bart Will column A), lines 5, 6d, 8c, 9c, 10c, and 11e) otal revenue - add lines 8 the half in Inust equal Part VIII, column (A), line 12)	255,204.	1,207,424.
	1	rants and similar amounts pard (Part IX, column (A), lines 1-3)	1,700.	800.
		Of Grant for Dembers Part IX, column (A), line 4)	,	
တ္		alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	79,371.	81,972.
Expenses	1	rofessional fundraising fees (Part IX, column (A), line 11e)		
ę,	i	otal fundraising expenses (Part IX, column (D), line 25)		
Щ	17 Ot	ther expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	329,836.	363,088.
	18 To	otal expenses Add lines 13 17 (must equal Part IX, column (A), line 25)	410,907.	445,860.
	19 Re	evenue less expenses Subtract line 18 from line 12	<155,703.	> 761,564.
Net Assets or Fund Balances			Beginning of Current Year	End of Year
sset	20 To	otal assets (Part X, line 16)	4,983,687.	5,336,260.
od A	21 To	otal liabilities (Part X, line 26)	83,650.	80,312.
캺	22 No	et assets or fund balances Subtract line 21 from line 20	4,900,037.	5,255,948.
Pa		Signature Block Inder penalties of perjury, I declare that I have examined this return, including accompanying schedules and stateming	ate and to the best of my heaviled	on and haliaf it is true access
	ai	inder penalties of penalty, i declare that thave examined this return, including accompanying schedules and statement and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowl	edge	ge and belief, it is true, correct,
۵.			103/19/	2010
Sign	1.1	Signature of officer	Date	<u> </u>
Her	e	ROBERT W. CARPENTER, JR, GENERAL SECRETAR	v	
	IJ	Type or print name and title	<u></u>	
_		Prenarer's Date .		er s (dentifying number
Paid	' s	ignature Tuharls. Duke ay	self- employed > (see in:	structions)
	parer's F	Irm s name (or GOODMAN & COMPANY	EIN ►	
Use	Silly se	elf-employed) 4510 COX ROAD, SUITE 200		
		ddress and IP+4 GLEN ALLEN, VA 23060-3394	Phone no ► (804)282-7636
May	the IRS	6 discuss this return with the preparer shown above? (see instructions)		X Yes No

932001 02-04-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

RICHMOND BODIES ANCIENT & ACCEPTED SCOTTISH RITES OF FREEMASONRY

	990 (2009) SCOTTISH RITES O		<u>5</u> 4-0123385	Page 2
Рa	t III Statement of Program Service Accomp	olishments		
1	Briefly describe the organization's mission NONE		-	
2	Did the organization undertake any significant program ser	rvices during the year which were not listed o		X No
	the prior Form 990 or 990-EZ?		L Yes	_A_ No
2	If "Yes," describe these new services on Schedule O Did the organization cease conducting, or make significant	t abangan in haw it conducts, any program of	yas Vas	X No
3	If "Yes," describe these changes on Schedule O	t changes in now it conducts, any program se	ervices,Tes [
4	Describe the exempt purpose achievements for each of the	ne organization's three largest program service	es hy expenses	
•	Section 501(c)(3) and 501(c)(4) organizations and section 4			
	allocations to others, the total expenses, and revenue, if a			
	, , , , , , , , , , , , , , , , , , , ,	, , , ,		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	RICHMOND BODIES ANCIENT & ACC			
	PRIMARY FUNCTION IS TO PROMOT		ALUES OF THE	
	FRATERNAL BROTHERHOOD OF FREE	MASONRY.		
			- -	
	•			_
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
				
	···			
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	011			
4d	Other program services (Describe in Schedule O.)	\	1	
	(Expenses \$ including grants of \$ Total program service expenses ▶ \$) (Revenue \$		
75	i otal program service expenses > 4			

Part IV | Checklist of Required Schedules

			Yes	No			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?						
_	If "Yes," complete Schedule A	1	v	X			
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х				
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		х			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4					
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		ı			
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 I	6		Х			
7	7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II						
8							
9		8		X			
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit 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?	9		Х			
	If "Yes," complete Schedule D, Part V						
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	х				
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,						
	Part VI						
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII						
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total						
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII						
•	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in						
	Part X, line 16? If "Yes," complete Schedule D, Part IX						
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses						
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X						
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete						
	Schedule D, Parts XI, XII, and XIII	12	<u>.</u> Ì	Х			
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No						
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional						
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X			
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х			
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14b		Х			
15	and program service activities outside the United States? If "Yes," complete Schedule F, Part I						
	5 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II						
16							
	located outside the United States? If "Yes," complete Schedule F, Part III						
17							
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X			
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			Х			
	1c and 8a? If "Yes," complete Schedule G, Part II						
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.0		х			
20	complete Schedule G, Part III	19		X			
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		-41			

Form	990 (2009) SCOTTISH RITES OF FREEMASONRY 54-0123	3385	Р	age 4
Paı	rt IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	1		
	United States on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			ĺ
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
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		Х
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			١,,
	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		<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			•
_	any tax-exempt bonds?	24c		<u> </u>
	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			1
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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	255		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	25b		
20	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	120		
	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		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		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		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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	1		7,
	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?	1		- V
٥-	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)?			\ _V
00	If "Yes," complete Schedule R, Part V, line 2	35		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	20		
27	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1		

Form **990** (2009)

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 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

Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S Information Returns Enter -0- if not applicable 1a O Enter the number of Forms W-2G included in line 1a Enter 0- if not applicable 1b c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming Х 1c (gambling) winnings to prize winners? 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. 2a filed for the calendar year ending with or within the year covered by this return Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) X За 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a Х financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a b If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and **Financial Accounts** Х 5a 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited 5c Tax Shelter Transaction? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts 6b were not tax deductible? Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services 7a provided to the payor? b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7с l 7d i d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g 7h h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098 C as required? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings 8 at any time during the year? Sponsoring organizations maintaining donor advised funds. 9a 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? Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter 11a a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against 11b amounts due or received from them)

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

12a

54-0123385

Form 990 (2009) Part VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions

Sec	tion A. Governing Body and Management					
		1.	ı	2	Yes	No
1a	Enter the number of voting members of the governing body	1a		<u>3</u> 3		
b	Enter the number of voting members that are independent	1b	L	괵		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other	_		v
_	officer, director, trustee, or key employee?			2	-	_X_
3	Did the organization delegate control over management duties customarily performed by or under the	he dired	ct supervision	_		v
	of officers, directors or trustees, or key employees to a management company or other person?			3		<u>X</u>
4	Did the organization make any significant changes to its organizational documents since the prior Fo		0 was filed?	4		
5	Did the organization become aware during the year of a material diversion of the organization's asse	ets?		5		X
6	Does the organization have members or stockholders?			6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more m	embers	s of the	1_		v
	governing body?	_		7a		$\frac{x}{x}$
_	Are any decisions of the governing body subject to approval by members, stockholders, or other pe			7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken	n during	the year			
	by the following					
	The governing body?			8a	X	
	Each committee with authority to act on behalf of the governing body?			8b	^	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	ached	at the			Х
<u></u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	<u> </u>	- 0/- \	9		
sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	revenu	e Coae)		I	<u> </u>
				100	Yes	No X
	Does the organization have local chapters, branches, or affiliates?	14		10a		
D	If "Yes," does the organization have written policies and procedures governing the activities of such	ı cnapt	ers, annates,	105		
	and branches to ensure their operations are consistent with those of the organization?	ما الم	- 60	10b		<u>X</u>
11	Has the organization provided a copy of this Form 990 to all members of its governing body before	illing in	e form?	11		
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			100	x	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	بيملماني		12a	- <u>^</u>	
D	Are officers, directors or trustees, and key employees required to disclose annually interests that co to conflicts?	ula giv	e rise	12b	Х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes,"	describe			
	ın Schedule O how this is done			12c	Х	
13	Does the organization have a written whistleblower policy?			13		X
14	Does the organization have a written document retention and destruction policy?			14	Х	
15	Did the process for determining compensation of the following persons include a review and approve	al by ir	ndependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	7		İ		
а	The organization's CEO, Executive Director, or top management official			15a		<u>X</u>
b	Other officers or key employees of the organization			15b	<u> </u>	X
	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 arrange	ement v	vith a			v
	taxable entity during the year?			16a		_X_
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva				1	
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	ganızatı	on's	1		
~	exempt status with respect to such arrangements?			16b		
	List the states with which a copy of this Form 990 is required to be filed NONE					
17		T (CO1)	-)(2)	1= 6=::		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	1 (501(c)(3)s oniy) availat	ne for		
	public inspection Indicate how you make these available Check all that apply					
	Own website Another's website X Upon request	, .		, .		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or the control of the control	conflict	or interest policy,	and fina	incial	
	statements available to the public					
20	State the name, physical address, and telephone number of the person who possesses the books a SECRETARY OF RSRB - 804-264-0490	and rec	ords of the organi	zation.		
	4204 HERMITAGE RD. RICHMOND, VA 23227				_	

54-0123385

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J 2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

(A)	(B)		_		C)	_		(D)	(E)	(F)	
Name and Title	Average hours	(c	Position (check all that ap				IΛΛ	Reportable compensation	Reportable compensation	Estimated amount of	
	per week		ional trustee	Officer	Key employee	Highest compensated c		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
JOHN W. INMAN	1 00										
TRUSTEE	1.00	X			_	<u> </u>		0.	0.	0	
PARK A. DODD, JR. TRUSTEE	1.00	Х						0.	0.	0	
GREGORY C. HOWARD	1 00	,,						_	0	^	
TRUSTEE ROBERT W. CARPENTER, JR	1.00	Х		\vdash	_	┢		0.	0.	0	
HONORARY GENERAL SECRETA	40.00			х				22,505.	0.	0	
				-							
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		\vdash	\vdash		\vdash						

Form **990** (2009)

Pai	Section A. Officers, Directors, Tru	ıstees, Key Eı	mple	oyee	s, a	<u>nd l</u>	High	est	Compensated Employ	rees (continued)				
	(A)	(B)	1		(0	C)			(D)	(E)		(F	-)	
	Name and title	Average	1		Pos				Reportable	Reportable		Estim		
		hours	(cl	hecl	all t	that apply)		ly)	compensation	compensation		amou		f
		per week	rţo.						from the	from related organizations	١,	oth ompe		on
		week	Individual trustee or director	, .			pate		organization	(W-2/1099-MISC)	10	from		JII
) stee (truste		بو	bens		(W-2/1099 MISC)	, , , , , , , , , , , , , , , , , , , ,	,	organi		n
			ual tu	Institutional trustee		Key employee	Highest compensated employee	_				and re		
			ndivid	nstitu	Officer	(e) en	Aighes	orme			0	rganiz	zatior	าร
			F	┞	_	_	-	 -	 		+-			
			\vdash		\vdash	┢					+			
		<u> </u>	-	_	_		_							
			-								+			—
						Г								
	_		ļ	_			<u> </u>							
							-	┢			+			
						Γ					\top			
				_			ļ				4			
				ļ										
	Total	<u>l</u>	L	L	l		▶		22,505.	0	-			0.
2	Total number of individuals (including but n	ot limited to th	nose	liste	ed al	bov	<u> </u>	no r		0,000 in reportable				
	compensation from the organization													0
											_	Y .	es	No
3	Did the organization list any former officer,			, ke	y em	nplo	yee,	or h	nighest compensated e	mployee on	1			v
	line 1a? If "Yes," complete Schedule J for s								h	No overende	-3	'	+	Χ_
4	For any individual listed on line 1a, is the su and related organizations greater than \$15									the organization		.		Х
5	Did any person listed on line 1a receive or									rices rendered to		+	\dashv	
•	the organization? If "Yes," complete Sched					٠	,	O.G.	o o gamzanon lor oo.			ا ز		Х
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest co	mpensated in	depe	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of compe	nsatio	n fror	n	
	the organization NONE							 -		· · · · · · · · · · · · · · · · · · ·				
	(A) Name and business	address							(B) Description of s	services	Com	(C) pensa	ation	
								Ī						
								_						
								١						
								-1						
								-						
								\exists						
2	Total number of independent contractors (i	-	ot li	mite	d to		_	stec	d above) who received r	nore than				
	\$100,000 in compensation from the organic	zation				- 1	0						Ω /= :	
											⊢o:	rm 99	U (20	JU91

	1 330 (LIDM KILL	OI IND		,		Tage 0
Ра	rt VII	I Statement of Reve	nue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e f	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributed) All other contributions, gifts, grants imiliar amounts not included about the contributions included in lines	tions) 1e nts, and 1f	34,011.				010, 01014
acc	_	Total. Add lines 1a-1f			147,122.	ļ		
		WAGNITA LODGE I		Business Code 531120	65,423.			
Program Service Revenue	c d e							
مة	f	All other program service reve	enue					
_	g	Total. Add lines 2a-2f			65,423.			ļ
	3	Investment income (including other similar amounts) Income from investment of ta		•	161,531.			161,531.
	5	Royalties	(i) Real	(II) Personal				
	6 a	Gross Rents Less rental expenses	(i) Heal	(ii) r ersonal				
				<u> </u>				
ļ		Net rental income or (loss)		>				
j	7 a	Gross amount from sales of	(i) Securities	(II) Other				
		assets other than inventory	2,450,792			[
		Less cost or other basis and sales expenses	1,617,444					
		Gain or (loss) Net gain or (loss)	033340	<u> </u>	833,348.	833,348.		
nue		Gross income from fundraisin including \$	ng events (not of		033,310.	033,310.		
Other Reven	b	contributions reported on line Part IV, line 18 Less direct expenses						
		Net income or (loss) from fund		, > _				
		Gross income from gaming at Part IV, line 19	а					
		Less direct expenses Net income or (loss) from gain	b bung activities	'L				
ŀ		Gross sales of inventory, less	=					
ĺ		and allowances	а					
	b	Less cost of goods sold	b					
ļ	С	Net income or (loss) from sale		•			_	
-		Miscellaneous Revenu	ne	Business Code		1		
	11 a b							
	C							
	d	All other revenue						
	е	Total. Add lines 11a-11d						
2022	12	Total revenue. See instructions			1207424.	898,771.	0.	
93200	9 - 10							Form 990 (2009)

Part IX | Statement of Functional Expenses

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

	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	800.			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
ŀ	Benefits paid to or for members				
į	Compensation of current officers, directors,				
	trustees, and key employees				
,	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
	Other salaries and wages	61,034.			
	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	4,877.			
)	Other employee benefits	11,181.			
	Payroll taxes	4,880.			
	Fees for services (non-employees)				
a	Management				
b	Legal				
С	Accounting	8,010.			
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f	Investment management fees	23,365.			
g	Other				
2	Advertising and promotion				
	Office expenses	9,014.			
	Information technology				
	Royalties				
	Occupancy	54,092.			
	Travel	1,251.			
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	6,795.			
	Interest				
	Payments to affiliates	19,652.			
	Depreciation, depletion, and amortization	91,324.		- <u>-</u> .	
	Insurance	18,850.			
	Other expenses. Itemize expenses not covered				
	above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total				
	expenses shown on line 25 below)				
а	MAINTENANCE CONTRACTS	56,427.			
b	REPAIRS & MAINTENANCE-G	25,784.			
С	SCOTTISH RITE FOUNDATIO	10,655.			
d	SCOTTISH RITES NEWS	9,570.			
е	SCOTTISH RITE COUNCIL	6,050.			
f	All other expenses	22,249.			
	Total functional expenses. Add lines 1 through 24f	445,860.			
	Joint costs Check here ▶ if following				
	SOP 98-2 Complete this line only if the organization]			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation			1	

932010 02-04-10

Рa	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non interest-bearing		145,157.	1	377,666.
	2	Savings and temporary cash investments		11,469.	2	16,714.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net	5,460.	4	4,420.	
	5	Receivables from current and former officers, dire	ectors, trustees, key			
		employees, and highest compensated employee				
		of Schedule L		5		
	6	Receivables from other disqualified persons (as o	defined under section			
		4958(f)(1)) and persons described in section 4958				
		Part II of Schedule L			6	
ts	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use		3,415.	8	2,697.
Ä	9	Prepaid expenses and deferred charges		2,886.	9	3,817.
	10a	Land, buildings, and equipment cost or other	1			
		basis Complete Part VI of Schedule D	10a 2,660,677. 10b 1,766,150.			
	ь	Less accumulated depreciation	10b 1,766,150.	964,528.	10c	894,527. 4,030,870.
	11	Investments - publicly traded securities		3,840,240.	11	4,030,870.
	12	Investments - other securities See Part IV, line 1		12		
	13	Investments program-related See Part IV, line 1	1		13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		10,532.	15	5,549.
	16	Total assets. Add lines 1 through 15 (must equa	l line 34)	4,983,687.	16	5,336,260.
	17	Accounts payable and accrued expenses		2,235.	17	2,235.
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
es	21	Escrow or custodial account liability Complete P	art IV of Schedule D	· · · · · · · · · · · · · · · · · · ·	21	
Liabilities	22	Payables to current and former officers, directors	, trustees, key employees,			
ā		highest compensated employees, and disqualifie	d persons Complete Part II			
		of Schedule L			22	
	23	Secured mortgages and notes payable to unrelat	ed third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties	1,000.	24	1,000. 77,077.
	25	Other liabilities Complete Part X of Schedule D		80,415.	25	77,077.
	26	Total liabilities Add lines 17 through 25		83,650.	26	80,312.
		Organizations that follow SFAS 117, check her	re X and complete			
es		lines 27 through 29, and lines 33 and 34.		4 004 604		5 040 540
anc	27	Unrestricted net assets		4,894,621.	27	5,249,518.
Bal	28	Temporarily restricted net assets		5,416.	28	6,430.
pu	29	Permanently restricted net assets		· 	29	
Ŀ		Organizations that do not follow SFAS 117, ch	eck here ▶			
ŏ	l	complete lines 30 through 34.				
sete	30	Capital stock or trust principal, or current funds			30	
Asŧ	31	Paid-in or capital surplus, or land, building, or equ	1		31	<u> </u>
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated inc	ome, or other funds	4 000 000	32	F 255 040
~	33	Total net assets or fund balances	4,900,037.	33	5,255,948.	
	34	Total liabilities and net assets/fund balances		4,983,687.	34	5,336,260.

RICHMOND BODIES ANCIENT & ACCEPTED

Form 990 (2009) SCOTTISH RITES OF FREEMASONRY 54-0123385 Page **12**

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

932012 02-04-10

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.

2009
Open to Public Inspection

Name of the organization

RICHMOND BODIES ANCIENT & ACCEPTED SCOTTISH RITES OF FREEMASONRY

Employer identification number 54-0123385

Pai	t I Organizations Maintaining Donor Advise		s or Acco	unts. Complete if the
	organization answered "Yes" to Form 990, Part IV, lin			, p
	<u> </u>	(a) Donor advised funds	(b) Fur	nds and other accounts
1	Total number at end of year			-
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds	
_	are the organization's property, subject to the organization's	_		Yes No
6	Did the organization inform all grantees, donors, and donor a	· ·	e used only	
_	for charitable purposes and not for the benefit of the donor of		•	
	impermissible private benefit?	the content at the content purposes	,	Yes No
Pai		ganization answered "Yes" to Form 990.	Part IV. line 7	
1	Purpose(s) of conservation easements held by the organizat			
	Preservation of land for public use (e.g., recreation or public use)		storically imp	ortant land area
	Protection of natural habitat	Preservation of a cer		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conserv	vation easement on the last
	day of the tax year			
	, ,			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
c	Number of conservation easements on a certified historic str	ructure included in (a)	2c	
d	Number of conservation easements included in (c) acquired		2d	
3	Number of conservation easements modified, transferred, re			n during the tax
	year ▶		· J	
4	Number of states where property subject to conservation ea	sement is located >		
5	Does the organization have a written policy regarding the pe	· · · · · · · · · · · · · · · · · · ·		
	violations, and enforcement of the conservation easements i			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		during the yea	ar 🕨
7	Amount of expenses incurred in monitoring, inspecting, and	-		
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 170	0(h)(4)(B)(ı)	
	and section 170(h)(4)(B)(ii)?	,		Yes No
9	In Part XIV, describe how the organization reports conservat	ion easements in its revenue and expens	e statement,	and balance sheet, and
	include, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	the organiza	ation's accounting for
	conservation easements			
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or C	Other Simi	lar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under SFAS 116, no	ot to report in its revenue statement and b	palance sheet	t works of art, historical
	treasures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pu	ublic service,	provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	items.		
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and balar	nce sheet wo	rks of art, historical treasures,
	or other similar assets held for public exhibition, education, of	or research in furtherance of public servic	e, provide the	e 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 tre	asures, or other similar assets for financia		
	the following amounts required to be reported under SFAS 1		÷ ··	
а	Revenues included in Form 990, Part VIII, line 1	-	•	\$
b	Assets included in Form 990, Part X		•	\$ \$
	• •		-	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

	•	D BODIES A				:D			_
		H RITES OF							age 2
Pa	rt III Organizations Maintaining C	ollections of A	rt, His	storical T	reasures,	or Other	Similar As	ssets (continued))
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items								
	(check all that apply)								
а	Public exhibition	•	╸╚	Loan or exc	change progr	rams			
b	Scholarly research	•	e 📖	Other					
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and expla	in how t	they further t	the organizat	tion's exemp	ot purpose in	Part XIV	
5	During the year, did the organization solicit o	r receive donations	of art, h	nistorical trea	asures, or oth	ner sımılar a	ssets		
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	anization's c	ollection?			Yes	No
Pai	rt IV Escrow and Custodial Arran	gements. Comp	lete if or	ganization a	nswered "Ye	es" to Form	990, Part IV,	line 9, or	
	reported an amount on Form 990, Par			-			, ,	•	
1a	Is the organization an agent, trustee, custodi	an or other interme	diary for	r contributio	ns or other a	ssets not in	cluded		
	on Form 990, Part X?		•					Yes	No
b	If "Yes," explain the arrangement in Part XIV	and complete the fe	ollowina	table					
	3							Amount	
С	Beginning balance						1c	711104711	
							1d		
e	Distributions during the year						1e		
f	Ending balance						1f		
	Did the organization include an amount on Fo	orm 990 Part Y line	212				<u> </u>	Yes	No
	If "Yes," explain the arrangement in Part XIV	5/// 550, r art X, iii k	, 21.						J 110
Pai		the organization a	nswered	t "Yes" to Fo	rm 990 Par	t IV line 10			
	The state of the s	(a) Current year		Prior year	(c) Two year		Three years b	ack (e) Four years	hack
1a	Beginning of year balance	107,783.		5,138.		no back (u)	Tilloo years b	dek (E) rour years	Dack
b	Contributions	7,160.		9,974.					
c	Net investment earnings, gains, and losses	19,667.	< 4	7,329.				_	
d	Grants or scholarships	13,007.	 ``	.,,525.					 -
	Other expenditures for facilities							 	
е	·								
	and programs								
	Administrative expenses	134,610.	1.0	7,783.	 	<u></u>			
	End of year balance			11,103.	<u> </u>				
2	Provide the estimated percentage of the year	r end balance neid							
a	Board designated or quasi endowment		_%						
ь	Permanent endowment ▶	%							
		6							
3a	Are there endowment funds not in the posse .	ssion of the organiz	ation th	at are held a	and administ	ered for the	organization		
	by							Yes	
	(i) unrelated organizations							3a(ı)	X
	(ii) related organizations							3a(II)	X
b	If "Yes" to 3a(II), are the related organizations	•						3b	
4	Describe in Part XIV the intended uses of the								
Par		s, and Equipm	ent. Se	ee Form 990	, Part X, line	10		_	
	Description of investment	(a) Cost or o		1 ''	or other		umulated	(d) Book valu	е
		basis (investi	ment)		(other)	depre	ciation	···	
1a	Land				7,434.			67,4	
b	Buildings			2,58	4,686.	1,75	8,039.	826,6	<u>47.</u>
С	Leasehold improvements			ļ					_
d	Equipment				8,557.		8,111.	4	46.
е	Other			1		l			

Schedule D (Form 990) 2009

894,527.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

	TES OF FREEM		54-0123385 Page	e 3			
Part VII Investments - Other Securities. S	ee Form 990, Part X, line 1	2					
(a) Description of security or category	(b) Book value		(c) Method of valuation				
(including name of security)	ļ	Cost	or end of-year market value				
Financial derivatives		<u>.</u>		_			
Closely-held equity interests							
Other	 	- 					
	<u> </u>	<u> </u>					
				_			
Total (Col (b) must equal Form 990, Part X, col (B) line 12) ▶							
Part VIII Investments - Program Related.	See Form 990, Part X, line						
(a) Description of investment type	(b) Book value		c) Method of valuation				
		Cost	or end-of year market value				
							
	***			_			
Total (Col (b) must equal Form 990, Part X, col (B) line 13)	<u> </u>						
Part IX Other Assets. See Form 990, Part X, line							
(a_	Description		(b) Book value				
	· · · · · · · · · · · · · · · · · · ·						
				_			
		·					
				_			
Total. (Column (b) must equal Form 990, Part X, col (B) lin			<u>▶</u>				
Part X Other Liabilities. See Form 990, Part X (a) Description of liability	, line 25	(b) Amount	· · · · · · · · · · · · · · · · · · ·				
<u> </u>		(b) Amount					
PREPAID DUES		71,870.					
DUE TO CHILDHOOD LANGUAGE CEN	NTER	4,305.					
DUE TO LIBRARY AND SCHOLARSH		902.					
 							
Total. (Column (b) must equal Form 990, Part X, col (B) lin	e 25)	77,077.					

^{2.} FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 932053 02-01-10

RICHMOND BODIES ANCIENT & ACCEPTED

_	dule D (Form 990) 2009 SCOTTISH RITES OF FREEMASOI				0123385	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Finan	cial State	ement	ts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	_		
2	Total expenses (Form 990, Part IX, column (A), line 25)		2			
3	Excess or (deficit) for the year Subtract line 2 from line 1		3			
4	Net unrealized gains (losses) on investments		4			
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			
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 an	d 9	10			
Pai	t XII Reconciliation of Revenue per Audited Financial Stateme		nue per F	leturn)	
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		1 1		
С	Recoveries of prior year grants	2c		1		
d	Other (Describe in Part XIV)	2d		1 1		
	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					
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIV)	4b		1		
	Add lines 4a and 4b	101		_{4c}		
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5		
	t XIII Reconciliation of Expenses per Audited Financial Statem	ents With Expe	enses per		rn	
1	Total expenses and losses per audited financial statements	<u> </u>		1 1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			 	<u> </u>	
a	Donated services and use of facilities	2a				
b	Prior year adjustments	2b		1		
c	Other losses	2c		1		
d	Other (Describe in Part XIV)	2d	···	1		
e	Add lines 2a through 2d	_ Zu j		2e		
3	Subtract line 2e from line 1			3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1			 		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
a b	Other (Describe in Part XIV)	4b		1 1		
	Add lines 4a and 4b	40		4c		
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5		
_	t XIV Supplemental Information	-		<u> </u>	-	
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part II	L lines 1a and 4. Da	art IV Jungo 1	h and '	2h Dart V line	1 Dort
	e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comp					4, Fait
	E INTENDED USE OF ENDOWMENT FUNDS IS TO SUI					PTES
	INTERDED COD OF ENDOWNERT FORDS TO TO BOX	TORT THE	11011111		1101111	
OF	THE RICHMOND SCOTTISH RITE BODIES.					
	THE RECORDS DOCTION RELEASED.					
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SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

RICHMOND BODIES ANCIENT & ACCEPTED SCOTTISH RITES OF FREEMASONRY

Employer identification number 54-0123385