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PRINCES 10/25/2010 11 15 AM

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.

2009 Open to Public:

OMB No. 1545-0047

Form **990** (2009)

08/01/09 07/31/10 , and ending For the 2009 calendar year, or tax year beginning Please ANCIENT ACCEPTED SCOTTISH RITE OF **Employer Identification number** Check if applicable C Name of organization use IRS Valley of Hartford FREEMASONRY NMJ Address change label or 06-6050664 PRINCES OF JERUSALEM Name change print or Telephone number type. Number and street (or P.O. box if mail is not delivered to street address) Room/suite Initial return See PO BOX 310198 860-666-0712 Specific Termination 1,343,305 G Gross receipts \$ City or town, state or country, and ZIP + 4 Instruc-CT 06131 NEWINGTON Amended return tions F Name and address of principal officer H(a) Is this a group return for Application pending $|\mathbf{X}|$ ALLAN ACKER No affiliates? Yes Are all affiliates included? PO BOX 310198 NEWINGTON CT 06131 If "No," attach a list (see instructions) X 501(c) (10 527 ◀ (insert no) 4947(a)(1) or H(c) Group exemption number ▶ www.supremecouncil.org Website: ▶ X M State of legal domicile Corporation Trust Association Year of formation Type of organization Partie Summary Briefly describe the organization's mission or most significant activities. Strengthen the Masonic way of life by improving the individual character, Activities & Governance leadership and spirit of its members through relevant programs. Promote family and community values. Serve mankind through charitable outreach. 2 Check this box ▶ if the organization discontinued its operations or disposed of more than 25% of its net assets 17 3 Number of voting members of the governing body (Part VI, line 1a) 17 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 5 Total number of employees (Part V, line 2a) 50 6 6 Total number of volunteers (estimate if necessary) 7a 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 7b Current Year Prior Year 8,886 11,229 Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) 94,845 -216,348 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 664 1,874 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 105,605 -204,455 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 24,150 11,713 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 46,177 45,229 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 57,890 69,379 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 36,226 -262,34519 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year 58 2,365,904 2,573 981 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 2,573,981 2,365,904 22 Net assets or fund balances Subtract line 21 from line 20 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 Date Type or print name and title Preparer's identifying number Ihomas D Check if Preparer's (see instructions **2**Paid 10/25/10 P00129178 signature THOMAS D. COMER employed > **Z**Preparer's CPA's, 52-2436535 Comer & Company, EIN Firm's name (or yours Use Only 61 Main Street Phone if self-employed), ▶ 860-346-2100 address, and ZIP + 4 Middletown, 06457-3408 Yes X No May the IRS discuss this return with the preparer shown above? (see instructions)

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

Form 990 (2009) ANCIENT ACCEPTED SCOTTISH RITE OF Statement of Program Service Accomplishments

Pantille Statement of Program Service Accomplishments		
Briefly describe the organization's mission:		
Strengthen the Masonic way of life by improvi	ng the individual ch	aracter,
leadership and spirit of its members through	relevant programs. P	romote
family and community values. Serve mankind th	rough charitable out	reach.
2 Did the organization undertake any significant program services during the year which were	e not listed on	
the prior Form 990 or 990-EZ?		Yes X No
If "Yes," describe these new services on Schedule O.		
3 Did the organization cease conducting, or make significant changes in how it conducts, any	program	
services?		Yes X No
If "Yes," describe these changes on Schedule O		
4 Describe the exempt purpose achievements for each of the organization's three largest pro	gram services by expenses	
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to		
allocations to others, the total expenses, and revenue, if any, for each program service repo		
anocations to entere, the total expenses, and reference, it any, to ease pregiant control		
4a (Code') (Expenses \$ including grants of \$) (Revenue \$)
Donations to charitable organizations.	. , (,
	•	
		•
•		
4b (Code:) (Expenses \$ including grants of \$.) (Revenue \$)
Specific assistance to individuals in need.		
	·	
·		•
	•	•
4c (Code:) (Expenses \$ including grants of \$) (Revenue \$	
College scholarships to individuals.) (Nevenue \$,
correge achoraranipa co individuara.	•	
• • • • • • • • • • • • • • • • • • • •		
•		
		•
	•	• •
4d Other program services (Describe in Schedule O)		
(Expenses \$ including grants of \$) (Revenue \$)
4e Total program service expenses ▶		

				Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	ĺ			
	complete Schedule A		1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors?		2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		-		
•	candidates for public office? If "Yes," complete Schedule C, Part I		3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	ľ		_	
7	Schedule C, Part II	NA	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e)	747			_
,	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	NA	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	~ /1			
0	•				
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"				х
_	complete Schedule D, Part I		6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,		_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	ŀ	7	_	<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		_		
	complete Schedule D, Part III	}	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,"				٠,,
	complete Schedule D, Part IV		9		<u> X</u>
0	Did the organization, directly or through a related organization, hold assets in term, permanent, or				
	quasi-endowments? If "Yes," complete Schedule D, Part V		10		X
1	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI,				
	VII, VIII, IX, or X as applicable		11		X
•	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 related in Part X, line 15 that is 5% or more of its total assets	İ			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX				1
•	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			i .	
2	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
	Schedule D, Parts XI, XII, and XIII.		12		X
2A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes No			۱ .
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional.	12A X			
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States?		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,				
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any				
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II		15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance				
_	to individuals located outside the United States? If "Yes," complete Schedule F, Part III		16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services		-		
-	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on				
-	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	•			
	If "Yes," complete Schedule G, Part III		19		x
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H		20	<u> </u>	X
<u> </u>	Die die Gigenzaden operate eine ei meie neuphale. II			. 000	(2000)

Form	990 (2009) ANCIENT ACCEPTED SCOTTISH RITE OF 06-6050664			Р	age 4
P	art IV Checklist of Required Schedules (continued)				
			1	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations				
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		21_	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the	!			
	United States on Part IX, column (A), line 2º 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				1
	\$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
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	NA	24b		
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?	NA	24c	<u> </u>	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	NA	24d	ļ	
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction				
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	NA	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a				ļ
	pnor 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	NA	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or				
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II		26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,				
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?				
	If "Yes," complete Schedule L, Part III		27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,		1. 2. 1	31.2	
	Part IV instructions for applicable filing thresholds, conditions, and exceptions).				1
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
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a				
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,				
	Part IV .		28c	<u> </u>	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified		1	1]

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

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

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

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 X Form **990** (2009)

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NA

X

X

X

X

X

X

X

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

Page 5 Statements Regarding Other IRS Filings and Tax Compliance Yas Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable ō Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 1c gaming (gambling) winnings to prize winners? 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 If at least one is reported on line 2a, did the organization file all required federal employment tax returns? NA 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) Did the organization have unrelated business gross income of \$1,000 or more during the year covered by X За this return? If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b NA At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial X 4a account)? 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. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding NA 5c Prohibited Tax Shelter Transaction? Does the organization have annual gross receipts that are normally greater than \$100,000, and did the X 6a organization solicit any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? NA 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a and services provided to the payor? 7b NA If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was NA 7с required to file Form 8282? If "Yes." indicate the number of Forms 8282 filed during the year ŊĄ Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal ŅΑ benefit contract? 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? NA For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g NA 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 8 organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 NA Sponsoring organizations maintaining donor advised funds. 9a Did the organization make any taxable distributions under section 4966? NA 9b Did the organization make a distribution to a donor, donor advisor, or related person? NA Section 501(c)(7) organizations. Enter 10 10a Initiation fees and capital contributions included on Part VIII, line 12 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities NA Section 501(c)(12) organizations. Enter-11a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against 11b NA amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a NA

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.

	Schedule O. See instructions.			
<u>Sec</u>	tion A. Governing Body and Management			
4.	Enter the number of voting members of the governing body		Yes	No
1a				. ' '
ь 2	Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			1
~	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customanly performed by or under the direct	_		
•	supervision of officers, directors or trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	_	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	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 members			
	of the governing body?	7a		x
ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	,		
	the year by the following:			
а	The governing body?	8a	X	Ĺ
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	X	<u> </u>
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	X	<u> </u>
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11	X	<u> </u>
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	401	v	
	rise to conflicts?	12b	X	\vdash
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-	х	
43	describe in Schedule O how this is done Describe arranged for how a weekton wheelighteen region?	12c	X	\vdash
13	Does the organization have a written whistleblower policy?	13 14	X	
14	Does the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by	 		
15	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		ی ا	
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		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 arrangement	:		
	with a taxable entity during the year?	16a		X
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			نـــــــا
	the organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
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 Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
27	organization ► Allan E. Acker PO Box 310198			

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization (A) Name and Title	(B) Average hours per	Pos	ition ((C chec	C) k all t	hat a	pply)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
David Blythe	0 00			x				o	0	(
Secretary Allan E. Acker	8.00	\vdash		╇						
	2 00			.				o	0	
Treasurer Richard V. Travis	2.00	 		X		-				
Active	2.00			x				o	0	(
James Spencer	2.00	 	┝	^	-				<u></u>	
Deputy	2.00			x				0	0	
Deputy	2.00	╁	-	^						
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Name and Trilip Age of the organization from the organization for one than \$100,000 or organization from the organization and related organizations greater than \$100,000 or for organization from the organization from th	art VII		1	tees	, Ke			yees	, and	d Highest Compensated E	1	·
Total Total Trouber of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization I of the organization and plant of grants or the organization and plant organization and plant organization and plant organization and plant organization greater than \$100,000 in the organization and plant organization greater than \$100,000 in the organization of plants of the organization of plants of the organization of plants of the organization of the o		(A) Name and Title	hours per	<u> </u>		chec	k all t	_		compensation from the	compensation from related organizations	amount of other compensation
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ▶ 0 Yes Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address Description of services Compensation for the organization.				al trustee tor	onal trustee		ployee	compensated ee		(W-2/1099-MISC)	(** 2 1886 111186)	organization and related
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the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address Description of services Compensation for the organization. (B) Description of services Compensation for the organization for the organization for services for the organization for services for the organization for the organization for the organization for services for the organizat	emp	loyee on line 1a? If "Yes,"	complete Sched	ule J	for s	uch i	ndıv	idual				3
services rendered to the organization? If "Yes," complete Schedule J for such person action B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. (A) Name and business address Description of services Compensation of services Description of services Name and business address Description of services	the o	organization and related o vidual	organizations grea	ter th	an \$	150,	0001	7 If "Y	es,"	complete Schedule J for su		
compensation from the organization. (A) Name and business address Description of services Compensation (C) Compensation	serv ection l	ices rendered to the organistics. Independent Contract	nızatıon? If "Yes," tors	com	plete	Sch	edul	e J fo	or su	ch person		5
		pensation from the organi	zation.	nsate	ed in	depe	nde	nt coi	ntrac			
Total number of independent contractors (including but not limited to those listed above) who received		Name an	(A) nd business address							Descrip	(B) otion of services	(C) Compensati
Total number of independent contractors (including but not limited to those listed above) who received				-					 -			
Total number of independent contractors (including but not limited to those listed above) who received												
Total number of independent contractors (including but not limited to those listed above) who received			· · · · · · · · · · · · · · · · · · ·			-						
reministration of unapportant participation (managing and instruction to strong modes) und required				dona l		-4 1		1 4 4 4 1	Ц.	Parada da Cara North Anna and Sand		

<u> Pa</u>	<u>rt V</u>	III 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
र र	1a	Federated campaigns	1a						
Contributions, gifts, grants and other similar amounts		Membership dues	1b		2,825				j
P,E		Fundraising events	1c						
훒		Related organizations	1d		6,061				
8,E		Government grants (contributions)	1e	•	-,,,,,,				
Sign		All other contributions, gifts, grants,	- '-					ļ	1
E E	•	and similar amounts not included above	1f						1
들임	_	Noncash contributions included in lines 1a-1		\$				i	
물진	-	Total. Add lines 1a-1f	,	₽		8,886			1
		Total. Add lines 1a-11			Busn. Code	- 0,000			
Ž	2a				Busii. Code			- .	
اچ	2a				 				
8									
چ	ن				l				
Š	d	•	•			·			.
gra		All other program service reven							
Program Service Revenue		Total. Add lines 2a-2f	ue		▶				
		Investment income (including d	widenc	ls interest			··		
	•	other similar amounts)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	15, II (C) C5	., and	45,064			45,064
	4	Income from investment of tax-	evemn	t hond pro	reeds				
•	5	Royalties ,	CACITIP	t bond pro					
	•	(i) Real		(II) P	ersonal				
	6a	Gross Rents							
	b	Less rental exps							
	c	Rental inc or (loss)							
	d	Net rental income or (loss)			•				
	7a	Gross amount from (i) Securities	;	(11)	Other				
		sales of assets other than inventory 1,287	481						•
	b	Less cost or other							
		basis & sales exps 1,237	700						;
	С		781			, ,			
	d	Net gain or (loss)			•	49,781	49,781		·
_	8a	Gross income from fundraising ever	nts		·	·			
une		(not including \$							i
946		of contributions reported on line 1c)							
Other Reven		See Part IV, line 18	а						
Ť	b	Less. direct expenses	b						
٥	С	Net income or (loss) from fundi	aising	events	>				
	9a	Gross income from gaming activities	s				•	•	
		See Part IV, line 19	а						
		Less direct expenses	b						
		Net income or (loss) from gami	ng acti	vities					
	10a	Gross sales of inventory, less							
		returns and allowances	а						
		Less cost of goods sold	b						
	С	Net income or (loss) from sales		entory	Duna Cada				
		Miscellaneous Revenue	· · · · ·		Busn. Code		-		1 054
	11a	Miscellaneous		•		1,874			1,874
	b			•					
	C	All other revenue	•				.		
	d e	Total. Add lines 11a–11d				1,874			
	12	Total Revenue. See instruction	าร			105,605	49,781	0	46,938
_							,	·	

Form 990 (2009)

Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and general expenses	(D) Fundraising expenses
	8b, 9b, and 10b of Part VIII.	-	expenses	general expenses	GAPETISES
1	· · · · · · · · · · · · · · · · · · ·	21,650			}
_	organizations in the U.S. See Part IV, line 21	21,030	·· · ·	 	
2	Grants and other assistance to individuals in	2 500			
	the U.S See Part IV, line 22	2,500			
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				1
	U S See Part IV, lines 15 and 16				<u> </u>
4	Benefits paid to or for members				· · · · · · · · · · · · · · · · · · ·
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages		<u> </u>		
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				<u> </u>
ь	Legal				
С	Accounting	1,100			
đ	.				
•	Professional fundraising services See Part IV, line 17				
f	Investment management fees	6,750			
g	Other	640			
12	Advertising and promotion	408			
13	Office expenses	6,227			
14	Information technology				
15	Royalties				
16	Occupancy	23,200			
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	3,889		<u>-</u>	
20	Interest				
21	Payments to affiliates	1,059			-
22	Depreciation, depletion, and amortization	-,	· · · · · · · · · · · · · · · · · · ·		
23	Insurance				
	· · · · · · · · · · · · · · · · · · ·				,
24	Other expenses Itemize expenses not				
-	covered above (Expenses grouped together				1
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below)				Į.
а	Degrees Expense	980			
b	Trips	880			
c	Miscellaneous	96			
d					
е	• •				
f	All other expenses				
25	Total functional expenses. Add lines 1 through 24f	69,379			
26	Joint costs, Check here ▶ I 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				

Page 10

Part)		06-6050664		Page 11
1 4117	V. Darance Officer	(A)		(B)
		Beginning of year		End of year
1	Cash—non-interest bearing	132,808	1	111,725
2	Savings and temporary cash investments	163,147		164,797
3	Pledges and grants receivable, net		3	
4	Accounts receivable, net		4	
5	Receivables from current and former officers, directors, trustees, key			
Į	employees, and highest compensated employees. Complete Part II of		1	
-	Schedule L		5	
6	Receivables from other disqualified persons (as defined under section			
	4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
	Part II of Schedule L		6	
똶 7	Notes and loans receivable, net		7	
Assets 8	Inventories 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			
Ь	Less accumulated depreciation 10b		10c	
111	Investments—publicly traded securities	2,069,949	11	2,297,459
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		15	
16	Total assets. Add lines 1 through 15 (must equal line 34)	2,365,904	16	2,573,981
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
တ္ထု 21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities 22	Payables to current and former officers, directors, trustees, key			- (, , , , , , , , , , , , , , , , , ,
<u> </u>	employees, highest compensated employees, and disqualified	• ,	·	
≝	persons Complete Part II of Schedule L		22	
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	
25	Other liabilities Complete Part X of Schedule D		25	-7/-2
26	Total liabilities. Add lines 17 through 25		26	
န္ထ	Organizations that follow SFAS 117, check here ▶ 🗓 and			
Balances 27 28	complete lines 27 through 29, and lines 33 and 34.			
27	Unrestricted net assets .	2,365,904	27	2,573,981
	Temporarily restricted net assets		28	· · · · · · · · · · · · · · · · · · ·
[29	Permanently restricted net assets		29	
교	Organizations that do not follow SFAS 117, check here ▶			•
<u>6</u>	and complete lines 30 through 34.			
छ 30	Capital stock or trust principal, or current funds		30	
Ø 31	Paid-in or capital surplus, or land, building, or equipment fund		31	
8 32	Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets or Fund 30 31 33 33	Total net assets or fund balances	2,365,904		2,573,981
Z 34	Total liabilities and net assets/fund balances	2,365,904	34	2,573,981

Form **990** (2009)

orm	990 (2009) ANCIENT ACCEPTED SCOTTISH RITE OF 06-6050664		Pa	age 1 <u>2</u>
Pa	rt XI Financial Statements and Reporting			
			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other	-	, ,	,
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	İ	ें जर	1
	Schedule O			_
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	28	X	
b	Were the organization's financial statements audited by an independent accountant?	21	,	X
C	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?	A 20	;	
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both.	ĺ		
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3	,	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

Form **990** (2009)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990. Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

Employer identification number Name of the organization ANCIENT ACCEPTED SCOTTISH RITE OF 06-6050664 FREEMASONRY NMJ Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a Total number of conservation easements **b** Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements *Padill 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, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

che		CEPTED SCOTT.			750004	Page Z
Pa	rt III Organizations Maintaining C	ollections of Art, Hi	storical Treasu	ires, or Other S	imilar Assets	(continued)
3	Using the organization's acquisition, accession, a collection items (check all that apply).	and other records, check a	iny of the following	that are a significant	use of its	
а	Public exhibition	d Loan or	exchange program	ıs		
b	Scholarly research	e Other				
С	Preservation for future generations					
4	Provide a description of the organization's collect Part XIV	tions and explain how they	further the organiz	ation's exempt purp	ose in	
5	During the year, did the organization solicit or recassets to be sold to raise funds rather than to be					Yes No
Pa	rt IV Escrow and Custodial Arran	gements. Complete	if the organiza	tion answered "	Yes" to Form	990, Part
	IV, line 9, or reported an amo					
1a	Is the organization an agent, trustee, custodian of			assets not		
	included on Form 990, Part X?	•				Yes No
ь	If "Yes," explain the arrangement in Part XIV and	complete the following ta	ole.			(<u></u>)
~	, orponius anangaman in ananan	,				Amount
c	Beginning balance				1c	
	Additions during the year				1d	
	Distributions during the year		•		1e	
_	· · · · · · · · · · · · · · · · · · ·			•	1f	
1	Ending balance Did the organization include an amount on Form	000 Bort V line 212	•			T v T N-
	J	990, Fall A, line 211				Yes No
	If "Yes," explain the arrangement in Part XIV Endowment Funds. Complet	o if organization and	wered "Ves" to	Form 000 Par	t IV/ line 10	
Га	it V Endowment runds. Complet	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years be	ack (e) Four years back
4.	Decimal of week belongs	(a) Current year	(b) Ther year	(c) Two yours buok	(u) miles years of	(0) (01))00/0 200/
	Beginning of year balance				 	
	Contributions			,	+	
С	Net investment earnings, gains,					
	and losses				-	
	Grants or scholarships		• •			
е	Other expenditures for facilities				•	
	and programs				. 	
	Administrative expenses				ļ	
g	-				<u> </u>	
2	Provide the estimated percentage of the year en	d balance held as				
	Board designated or quasi-endowment	%				
b	Permanent endowment ▶ %					
	Term endowment ▶ %					
3a	Are there endowment funds not in the possession	n of the organization that	are held and admini	stered for the		
	organization by					Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(iı)
	If "Yes" to 3a(II), are the related organizations lis	· ·				3b
	Describe in Part XIV the intended uses of the organization			5 17 11 15		
Pa	ert VI Investments—Land, Buildin					
	Description of investment	(a) Cost or other basis	(b) Cost or oth		ccumulated	(d) Book value
		(investment)	basis (other) dep	preciation	•.
1a	Land		 	<u> </u>		
b	Buildings		 			
C	Leasehold improvements	,	ļ			
d	Equipment		<u> </u>			
	Other					
ota	I. Add lines 1a through 1e (Column (d) must equa	il Form 990, Part X, colum	n (B), line 10(c).)		▶	

Schedule D (Form 990) 2009 ANCIENT ACCEPTED SCOT	TISH RITE OF	06-6050664	Page 3
Part VII Investments—Other Securities. See Form 990	, Part X, line 12.		
(a) Description of security or category	(b) Book value	(c) Method of valuation	
(including name of security)		Cost or end-of-year market value	
Financial derivatives			
Closely-held equity interests			-
Other			
	···		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Related. See Form 990), Part X, line 13.		
(a) Description of investment type	(b) Book value	(c) Method of valuation	
		Cost or end-of-year market value	
			-
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, line 15.			
(a) Description		(b) Boo	k value
	· · · · · · · · · · · · · · · · · · ·		
	· · · · · · · · · · · · · · · · · · ·		
	·		
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		<u> </u>	
Part X Other Liabilities. See Form 990, Part X, line 25	5		
1 (a) Description of liability	(b) Amount		
Federal income taxes			
	<u> </u>		
<u></u>	ļ	1	
		1	
	 	1	
	 	1	
		1	
	 	Į	:
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>		
FIN 48 Protected in Part XIV provide the text of the footpote to the organization.	zation's financial statements	that raparta the	

organization's liability for uncertain tax positions under FIN 48

Sche	dule D (Form 990) 2009 ANCIENT ACCEPTED SCOTTISH RITE OF 06-6050664	<u> </u>	Page 4
Pa	rt XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Stateme	nts	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	105,605
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	69,379
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	36,226
4	Net unrealized gains (losses) on investments	4	171,851
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	171,851
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	208,077
Pa	it XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu	rn	_
1	Total revenue, gains, and other support per audited financial statements	1	277,456
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments 2a 171,851		
 Ь	Donated services and use of facilities 2b		
c	Recoveries of prior year grants 2c		
ď	Other (Describe in Part XIV)		
A	Add lines 2a through 2d	2e	171,851
3	Subtract line 2e from line 1	3	105,605
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		
ь ь	Other (Describe in Part XIV)		
•	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	105,605
	art XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Re	turn	
1	Total expenses and losses per audited financial statements	1	69,379
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
-	Donated services and use of facilities 2a	1	
h	Prior year adjustments 2b		
_	Other losses 2c		
4	Other (Describe in Part XIV)		
_	Add lines 2a through 2d	2ө	
3	Subtract line 2e from line 1	3	69,379
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b			
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	69,379
P	Int XIV Supplemental Information		
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b		
	2b, Part V, line 4; Part X, line 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete		
	part to provide any additional information.		
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SCHEDULE 1 (Form 990)

Grants and Other Assistance to Organizations,

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

▶ Attach to Form 990.

OF

SCOTTISH RITE

ANCIENT ACCEPTED

Department of the Treasury Internal Revenue Service Name of the organization

OMB No 1545-0047 2009

Employer identification number

ž X Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed (h) Purpose of grant General Support or assistance Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Yes non-cash assistance (g) Description of 06-6050664 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (e) Amount of non-cash (f) Method of valuation assistance other) (d) Amount of cash grant 15,000 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (c) IRC section if applicable 10 04-1032821 General Information on Grants and Assistance (b) EIN 2 Enter total number of section 501(c)(3) and government organizations the selection critena used to award the grants or assistance? FREEMASONRY NMJ MA 02420 Ancient Accepted Scottish Rite (a) Name and address of organization or government 33 Marrett Road Lexington

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

Schedule I (Form 990) 2009

Enter total number of other organizations

•	2	
	-	
	2	
	2	
	3	
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Schedule (Form 990) 2009 ANCIENT ACCEPTED SCOTTISH RITE OF 06-6050664	Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.	assistance (b) Number of (c) Amount of (d) Amount of (e) Method of valuation (book, (f) Description of non-cash assistance recipients cash grant non-cash assistance FMV, appraisal, other)					Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.
m 990) 2009 ANCIENT ACCE	Grants and Other Assistance Use Part IV and Schedule I-1	(a) Type of grant or assistance					Supplemental Information. C
Schedule I (For	Pert III	(e)			:		STEPPENT OF THE PARTY OF THE PA

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009

Open to Public Inspection

Name of the organization

ANCIENT ACCEPTED SCOTTISH RITE OF FREEMASONRY NMJ

Employer identification number 06-6050664

Form 990, Part VI, Line 10b - Policies and Procedures Governing Chapters Policies and procedures are included in the Bylaws of the Scottish Rite Bodies Valley of Hartford.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 Form 990 is reviewed by governing body before filing.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy Regular meetings are held where this issue can be discussed.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing documents are made avaiable upon request.