



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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)

2010

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

A For the 2010 calendar year, or tax year beginning , 2010, and ending ,

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

LAKE CHARLES SCOTTISH RITE BODIES
P. O. BOX 542
LAKE CHARLES, LA 70602

D Employer identification number

23-7144223

E Telephone number

337-436-1676

G Gross receipts \$ 514,384.

F Name and address of principal officer:

SAME AS C ABOVE

H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) Are all affiliates included?
If 'No,' attach a list. (see instructions) ☐ Yes ☒ NoI Tax-exempt status ☐ 501(c)(3) ☒ 501(c) (10) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: N/A

H(c) Group exemption number 0095

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

L Year of formation

M State of legal domicile LA

Part I Summary

1 Briefly describe the organization's mission or most significant activities: FRATERNAL ORGANIZATION

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	12
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	2
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

Revenue

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	2,303.	2,146.
9 Program service revenue (Part VIII, line 2g)	57,586.	63,528.
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-158,542.	73,137.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-98,653.	138,811.

Expenses

13	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)	4,055.	5,379.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	27,332.	21,533.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25)		
17	Other expenses (Part IX, column (A), lines 11a-11d, 16a, 16b, 17a, 17b, 17c, 17d, 17e, 17f, 17g, 17h, 17i, 17j, 17k, 17l, 17m, 17n, 17o, 17p, 17q, 17r, 17s, 17t, 17u, 17v, 17w, 17x, 17y, 17z)	89,546.	76,590.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 18)	120,933.	103,502.
19	Revenue less expenses. Subtract line 18 from line 12	-219,586.	35,309.

Net Assets or Fund Balances

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	1,412,380.	1,560,348.
21 Total liabilities (Part X, line 26)	35,991.	44,998.
22 Net assets or fund balances. Subtract line 21 from line 20	1,376,389.	1,515,350.

Part II Signature Block

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

Sign Here: *D. Blake Ford* Signature of officer Date 5-17-2011

D. BLAKE FORD
Type or print name and title. GENERAL SEC

Paid Preparer Use Only

Print/Type preparer's name: DONNA D. WILLIAMS
 Preparer's signature: *Donna Williams* Date: 5/13/11
 Check ☒ if self-employed PTIN: P00544440
 Firm's name: DONNA D. WILLIAMS CPA LLC
 Firm's address: 4845 LAKE STREET #202 LAKE CHARLES, LA 70605
 Firm's EIN: 27-2374199
 Phone no: (337) 496-6551

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

9 P

Part III Statement of Program Service AccomplishmentsCheck if Schedule O contains a response to any question in this Part III ☐**1** Briefly describe the organization's mission:FRATERNAL ORGANIZATION

_____**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ 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 ☒ No

If 'Yes,' describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: ☐) (Expenses \$ 31,939. including grants of \$) (Revenue \$)
MEMBERSHIP DUES, FEES AND ASSESSMENTS, AS WELL AS INVESTMENT INCOME ARE USED FOR THE
MUTUAL BENEFIT OF THE MEMBERS TO FOSTER BROTHERHOOD AND PROMOTE EDUCATIONAL
ENRICHMENT OF THE MEMBERS.

_____**4b** (Code: ☐) (Expenses \$ including grants of \$) (Revenue \$)

_____**4c** (Code: ☐) (Expenses \$ including grants of \$) (Revenue \$)

_____**4d** Other program services. (Describe in Schedule O.)(Expenses \$ including grants of \$) (Revenue \$)**4e** Total program service expenses **▶** 31,939.

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		X
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions).		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		X
4 Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I		X
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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III		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		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	X	
b 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		X
c 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		X
d 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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X		X
f 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 (ASC 740)? If 'Yes,' complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII.		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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, Parts I and IV		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, Parts II and IV		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, Parts III and IV		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 (see instructions).		X
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		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		X
20 a Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H		X
b If 'Yes' to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II.		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and II.		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.		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,' go to line 25.		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?		
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.		
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I.		
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.		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.		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.		X
b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV.		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M.		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M.		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I.		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II.		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If 'Yes,' complete Schedule R, Part I.		X
34 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1.		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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.		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

BAA

Form 990 (2010)

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response to any question in this Part V ☐

		Yes	No
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a 2		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a 2		
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)		2b X	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a	X
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 financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a	X
b If 'Yes,' enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b	X
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		6a	X
b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b	
7 Organizations that may receive deductible contributions under section 170(c).			
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a	X
b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c	X
d If 'Yes,' indicate the number of Forms 8282 filed during the year.	7d		
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g	
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h	
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8	
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?		9a	
b Did the organization make a distribution to a donor, donor advisor, or related person?		9b	
10 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		
11 Section 501(c)(12) organizations. Enter:			
a Gross income from members or shareholders	11a		
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a	
b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b		
13 Section 501(c)(29) qualified nonprofit health insurance issuers.			
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		13a	
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
c Enter the amount of reserves on hand	13c		
14a Did the organization receive any payments for indoor tanning services during the tax year?		14a	X
b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O		14b	

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.

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

☒**Section A. Governing Body and Management**

	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year		
1b Enter the number of voting members included in line 1a, above, who are independent		
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Does the organization have members or stockholders?	X	
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	X	
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	X	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
9 Is there any officer, director or 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		X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
10a Does the organization have local chapters, branches, or affiliates?	X	
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?	X	
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O		
12a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	X	
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done SEE SCHEDULE O	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official		X
b Other officers of key employees of the organization		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?		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 the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► 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. SEE SCHEDULE O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

► BLAKE FORD 717 HODGES STREET LAKE CHARLES LA 70601 337-436-1676

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck if Schedule O contains a response to any question in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1 a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) RICHARD B. SMITH REPRESENTATIVE	2	X						0.	0.	0.
(2) CHARLES G. CALLAHAN GEN SEC RET	0			X			X	0.	0.	0.
(3) NOLAN R. GAMBLE VENERABLE MASTE	2			X				0.	0.	0.
(4) CLARENCE L. CALLIHAN TREASURER	2			X				100.	0.	0.
(5) D. BLAKE FORD GENERAL SEC	20			X				12,100.	0.	0.
(6) _____										
(7) _____										
(8) _____										
(9) _____										
(10) _____										
(11) _____										
(12) _____										
(13) _____										
(14) _____										
(15) _____										
(16) _____										
(17) _____										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (cont)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Sch O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) _____										
(19) _____										
(20) _____										
(21) _____										
(22) _____										
(23) _____										
(24) _____										
(25) _____										
(26) _____										
(27) _____										
(28) _____										
(29) _____										
1b Sub-total								12,200.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								12,200.	0.	0.

2 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**

3 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

	Yes	No
3		X
4		X
5		X

4 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

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If 'Yes,' complete Schedule J for such person

Section B. Independent Contractors

1 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	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

				(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	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,146.				
	g Noncash contributions included in lns 1a-1f	\$					
h Total. Add lines 1a-1f			2,146.				
PROGRAM SERVICE REVENUE	2a MEMBERSHIP DUES & ASSESSMENTS		Business Code	63,528.	63,528.		
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			63,528.			
OTHER REVENUE	3 Investment income (including dividends, interest and other similar amounts)			35,454.			35,454.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross Rents		(i) Real (ii) Personal				
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
	7a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other	413,256.			
	b Less: cost or other basis and sales expenses			375,573.			
	c Gain or (loss)			37,683.			
	d Net gain or (loss)			37,683.	37,683.		
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18		a				
	b Less: direct expenses		b				
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19		a				
	b Less: direct expenses		b				
	c Net income or (loss) from gaming activities						
10a Gross sales of inventory, less returns and allowances		a					
b Less: cost of goods sold		b					
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue		Business Code					
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total revenue. See instructions			138,811.	101,211.	0.	35,454.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 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				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members	5,379.	5,379.		
5 Compensation of current officers, directors, trustees, and key employees	12,200.	0.	100.	0.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7 Other salaries and wages	8,062.		8,062.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	1,271.		1,271.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	2,100.		2,100.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	7,635.		7,635.	
g Other				
12 Advertising and promotion	290.	290.		
13 Office expenses	3,485.		3,485.	
14 Information technology	2,847.		2,847.	
15 Royalties				
16 Occupancy	13,000.		13,000.	
17 Travel	1,647.		1,647.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	7,099.	7,099.		
20 Interest				
21 Payments to affiliates	14,369.			
22 Depreciation, depletion, and amortization	317.			
23 Insurance	2,873.		2,873.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <u>CONTRACT LABOR</u>	18,360.	18,360.		
b <u>POSTAGE AND SHIPPING</u>	1,412.		1,412.	
c <u>EQUIPMENT RENTAL/MAINT</u>	531.	531.		
d <u>FOREIGN TAXES PAID</u>	345.		345.	
e <u>BOOKS/SUBSCRIPTIONS</u>	232.	232.		
f All other expenses	48.	48.		
25 Total functional expenses. Add lines 1 through 24f	103,502.	31,939.	44,777.	0.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

BAA

Form 990 (2010)

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
ASSETS	1 Cash — non-interest-bearing	16,140.	1	11,622.
	2 Savings and temporary cash investments	1,380,340.	2	1,531,556.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	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 80,270.		
	b Less: accumulated depreciation.	10b 63,100.	15,900.	10c 17,170.
	11 Investments — publicly traded securities		11	
	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)		1,412,380.	16	1,560,348.
LIABILITIES	17 Accounts payable and accrued expenses	853.	17	473.
	18 Grants payable		18	
	19 Deferred revenue	35,138.	19	44,525.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key 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	
	26 Total liabilities. Add lines 17 through 25		35,991.	26
NET ASSETS OR FUND BALANCES	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29 and lines 33 and 34.			
	27 Unrestricted net assets	1,362,889.	27	1,501,850.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets	13,500.	29	13,500.
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances.	1,376,389.	33	1,515,350.
	34 Total liabilities and net assets/fund balances.	1,412,380.	34	1,560,348.

BAA

Form 990 (2010)

Part XI Reconciliation of Net Assets

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

☒

1	Total revenue (must equal Part VIII, column (A), line 12)	1	138,811.
2	Total expenses (must equal Part IX, column (A), line 25)	2	103,502.
3	Revenue less expenses. Subtract line 2 from line 1.	3	35,309.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	1,376,389.
5	Other changes in net assets or fund balances (explain in Schedule O). SEE SCHEDULE O	5	103,652.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)).	6	1,515,350.

Part XII Financial Statements and Reporting

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

☐

- 1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____
 If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
- b Were the organization's financial statements audited by an independent accountant?
- 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?
 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 separate basis, consolidated basis, or both:
☐ 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?
- 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.

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

BAA

Form 990 (2010)

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

Name of the organization

Supplemental Financial Statements

- ▶ Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2010**Open to Public
Inspection**

Employer identification number

LAKE CHARLES SCOTTISH RITE BODIES

23-7144223

Part I 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
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 advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
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, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$

(ii) Assets included in Form 990, Part X ▶ \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

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):

a ☐ Public exhibition

b ☐ Scholarly research

c ☐ Preservation for future generations

d ☐ Loan or exchange programs

e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if organization answered 'Yes' to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

c Beginning balance

d Additions during the year

e Distributions during the year

f Ending balance

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If 'Yes,' explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered 'Yes' to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment ▶ _____ %

b Permanent endowment ▶ _____ %

c Term endowment ▶ _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

(i) unrelated organizations

(ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If 'Yes' to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings	15,900.			15,900.
c Leasehold improvements				
d Equipment	62,783.	1,587.	63,100.	1,270.
e Other				
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))				17,170.

BAA

Schedule D (Form 990) 2010

Part VII Investments—Other Securities. See Form 990, Part X, line 12. N/A

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
Total. (Column (b) must equal Form 990 Part X, column (B) line 12.) ▶		

Part VIII Investments—Program Related. (See Form 990, Part X, line 13) N/A

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, column (B) line 13.) ▶		

Part IX Other Assets. (See Form 990, Part X, line 15) N/A

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, column (B), line 15.) ▶	

Part X Other Liabilities. (See Form 990, Part X, line 25)

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, column (B) line 25.) ▶	

2. FIN 48 (ASC 740) 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 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

N/A

- 1 Total revenue (Form 990, Part VIII, column (A), line 12)
- 2 Total expenses (Form 990, Part IX, column (A), line 25)
- 3 Excess or (deficit) for the year. Subtract line 2 from line 1
- 4 Net unrealized gains (losses) on investments
- 5 Donated services and use of facilities
- 6 Investment expenses
- 7 Prior period adjustments
- 8 Other (Describe in Part XIV)
- 9 Total adjustments (net). Add lines 4 through 8
- 10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

N/A

- 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:

- a Net unrealized gains on investments

2a

- b Donated services and use of facilities

2b

- c Recoveries of prior year grants

2c

- d Other (Describe in Part XIV)

2d

- e 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 Investments expenses not included on Form 990, Part VIII, line 7b

4a

- b Other (Describe in Part XIV.)

4b

- c Add lines 4a and 4b

4c

- 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)

5

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

N/A

- 1 Total expenses and losses per audited financial statements

1

- 2 Amounts included on line 1 but not on Form 990, Part IX, line 25:

- a Donated services and use of facilities

2a

- b Prior year adjustments

2b

- c Other losses

2c

- d Other (Describe in Part XIV.)

2d

- e Add lines 2a through 2d

2e

- 3 Subtract line 2e from line 1

3

- 4 Amounts included on Form 990, Part IX, line 25, but not on line 1:

- a Investments expenses not included on Form 990, Part VIII, line 7b

4a

- b Other (Describe in Part XIV.)

4b

- 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

Part XIV Supplemental Information

Complete 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 and 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 this part to provide any additional information.

Part XIV Supplemental Information (continued)

Area with horizontal dashed lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2010

Open to Public
Inspection

Name of the organization

LAKE CHARLES SCOTTISH RITE BODIES

Employer identification number

23-7144223

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

THE FORM 990 WAS SENT TO THE BOARD MEMBERS VIA E-MAIL FOR THEIR COMMENTS AND REVIEW.

FORM 990, PART VI, LINE 12C - EXPLANATION OF MONITORING AND ENFORCEMENT OF CONFLICTS

SEE ATTACHMENT 1 - CONFLICT OF INTEREST QUESTIONNAIRE.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

A PAPER COPY OF THE FORM 990 IS AVAILABLE UPON REQUEST FROM THE ORGANIZATION'S
OFFICE.

THE WHISTLEBLOWER POLICY IS ATTACHED AND IS AVAILABLE UPON REQUEST FROM THE
ORGANIZATION'S OFFICE. PLEASE SEE ATTACHMENT 2.

THE RECORD RETENTION POLICY IS ATTACHED AND IS AVAILABLE UPON REQUEST FROM THE
ORGANIZATION'S OFFICE. PLEASE SEE ATTACHMENT 3.

2010

SCHEDULE D, PART XIV - SUPPLEMENTAL INFORMATION PAGE 6

CLIENT LCSCOTT

LAKE CHARLES SCOTTISH RITE BODIES

23-7144223

5/12/11

06:45PM

**SCHEDULE D, PART XI, LINE 8
OTHER CHANGES IN NET ASSETS OR FUND BALANCES**

VOIDED CHECKS

	\$	3,288.
TOTAL	\$	<u>3,288.</u>

2010

SCHEDULE O - SUPPLEMENTAL INFORMATION

PAGE 2

CLIENT LCSCOTT

LAKE CHARLES SCOTTISH RITE BODIES

23-7144223

5/12/11

06:45PM

FORM 990, PART XI, LINE 5
OTHER CHANGES IN NET ASSETS OR FUND BALANCES

NET UNREALIZED GAINS OR LOSSES ON INVESTMENTS	\$	100,364.
VOIDED CHECKS		3,288.
TOTAL	\$	<u>103,652.</u>

Lake Charles Scottish Rite Bodies

SGIG Advisory Board Members

Conflict of Interest

Name: _____

Position (employee/volunteer/trustee): _____

Please describe below any relationships, transactions, positions you hold (volunteer or otherwise), or circumstances that you believe could contribute to a conflict of interest between Lake Charles Scottish Rite Bodies and your personal interests, financial or otherwise:

_____ I have no conflict of interest to report

_____ I have the following conflict of interest to report (please specify other nonprofit and for-profit boards you (and your spouse) sit on, any for-profit businesses for which you or an immediate family member are an officer or director, or a majority shareholder, and the name of your employer and any businesses you or a family member own):

1. _____

2. _____

3. _____

I hereby certify that the information set forth above is true and complete to the best of my knowledge. I have reviewed, and agree to abide by, the Policy of Conflict of Interest of Lake Charles Scottish Rite Bodies.

Signature: _____

Date: _____

Attest:

SGIG Advisory Board Chair: _____

Date: _____

Lake Charles Scottish Rite Bodies

Whistleblower Policy

If any employee reasonably believes that some policy, practice, or activity of Lake Charles Scottish Rite Bodies is in violation of law, a written complaint may be filed by that employee with the SGIG's Personal Representative.

It is the intent of Lake Charles Scottish Rite Bodies to adhere to all laws and regulations that apply to the organization, and the underlying purpose of this Policy is to support the organization's goal of legal compliance. The support of all employees is necessary to achieving compliance with various laws and regulations. An employee is protected from retaliation only if the employee brings the alleged unlawful activity, policy, or practice to the attention of Lake Charles Scottish Rite Bodies and provides Lake Charles Scottish Rite Bodies with a reasonable opportunity to investigate and correct the alleged unlawful activity. The protection described below is only available to employees that comply with this requirement.

Lake Charles Scottish Rite Bodies will not retaliate against an employee who, in good faith, has made a protest or raised a complaint against some practice of Lake Charles Scottish Rite Bodies, or of another individual or entity with whom Lake Charles Scottish Rite Bodies had a business relationship, on the basis of a reasonable belief that the practice is in violation of law or a clear mandate of public policy.

Lake Charles Scottish Rite Bodies will not retaliate against an employee who discloses or threatens to disclose to a supervisor or a public body any activity, policy, or practice of Lake Charles Scottish Rite Bodies that the employee reasonably believes is in violation of a law, or a rule, or regulation mandated pursuant to law or is in violation of a clear mandate or public policy concerning health, safety, welfare, or protection of the environment.

My signature below indicates my receipt and understanding of this Policy. I also verify that I have been provided with an opportunity to ask questions about the Policy.

Employee Signature and Date

**Lake Charles Scottish Rite Bodies
Document Retention Policy**

This policy specifies how important documents (hardcopy, online or other media) should be retained, protected and eligible for destruction. The policy also ensures that documents are promptly provided to authorities in the course of legal investigations or lawsuits.

Document Retention Schedule

The following types of documents will be retained for the following periods of time. At least one copy of each document will be retained according to the following schedule.

Corporate Records

Article of Incorporation to apply for corporate status	Permanent
IRS Form 1023 (in the USA) to file for tax-exempt and/or charitable status	Permanent
Letter of Determination (for example, from the IRS in the USA) granting tax exempt and/or charitable status	Permanent
By Laws	Permanent
Board policies	Permanent
Resolutions	Permanent
Board meeting minutes	Permanent
Sales tax exemption documents	Permanent
Tax or employee identification number designation	Permanent
Annual corporate filings	Permanent

Financial Records

Chart of Accounts	Permanent
Fiscal Policies and Procedures	Permanent
Audits	Permanent
Financial statements	Permanent
General Ledger	Permanent
Check registers/books	7 years
Business expenses documents	7 years
Bank deposit slips	7 years
Cancelled checks	7 years
Invoices	7 years
Investment records (deposits, earnings, withdrawals)	7 years
Property/asset inventories	7 years
Petty cash receipts/documents	3 years
Credit card receipts	3 years

Tax Records

Annual tax filing for the organization (IRS Form 990 in the USA)	Permanent
Payroll registers	Permanent
Filings of fees paid to professionals (IRS Form 1099 in the USA)	7 years
Payroll tax withholdings	7 years

Earnings records	7 years
Payroll tax returns	7 years
W-2 statements	7 years

Personnel Records

Employee offer letters	Permanent
Confirmation of employment letters	Permanent
Benefits descriptions per employee	Permanent
Pension records	Permanent
Employee applications and resumes	7 years after termination
Promotions, demotions, letter of reprimand, termination	7 years after termination
Job descriptions, performance goals	7 years after termination
Workers' Compensation records	5 years
Salary ranges per job description	5 years
I-9 Forms	5 years after termination
Time reports	3 years after termination

Insurance Records

Property Insurance policy	Permanent
Directors and Officers Insurance policy	Permanent
Workers' Compensation Insurance policy	Permanent
General Liability Insurance policy	Permanent
Insurance claims applications	Permanent
Insurance disbursements / denials	Permanent

Contracts

All insurance contracts	Permanent
Employee contracts	Permanent
Construction contracts	Permanent
Legal correspondence	Permanent
Loan / mortgage contracts	Permanent
Leases / deeds	Permanent
Vendor contracts	7 years
Warranties	7 years

Donations / Funder Records

Grant dispersal contract	Permanent
Donor lists	7 years
Grant applications	7 years
Donor acknowledgements	7 years

Management Plans and Procedures

Strategic Plans	7 years
Staffing, programs, marketing, finance, fundraising and evaluation plans	7 years
Vendor contacts	7 years
Disaster Recovery Plan	7 years

Document Protection

Documents (hardcopy, online or other media) will be stored in a protected environment for the duration of the Document Retention Schedule. Computer backup media will be included.

Document Destruction

Hardcopy of documents will be destroyed by shredding after they have been retained until the end of the Document Retention Schedule. Online copies will be destroyed by fire or other proven means to destroy such media after they have been retained until the end of the Document Retention Schedule.

Provision of Documentation for Investigations or Litigation

Documents requested and subpoenaed by legally authorized personnel will be provided within 5 business days. The Board Chair and CEO will authorize provision. No documents will be concealed, altered or destroyed with the intent to obstruct the investigation or litigation.

Account Name:

LAKE CHARLES SCOTTISH RITE, IM 1800053-001

23-7144223

Account Number: 1800053-001

Tax I.D. Number: XX-XXX4223

DETAIL OF SHORT-TERM CAPITAL GAINS AND LOSSES

Units	Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Short-term Gain/Loss
	SHORT-TERM SALES REPORTED ON FORM 1099-B: -----					
30.000	AIR PRODUCTS & CHEMICALS	03/09/2010	11/23/2010	2,507.65	2,217.00	290.65
340.000	AMEREN CORP	07/24/2009	03/08/2010	8,641.19	8,757.16	-115.97
35.000	AMERISOURCEBERGEN CORP	11/04/2010	11/23/2010	1,079.73	1,115.21	-35.48
20.000	AMGEN INC	11/03/2010	11/23/2010	1,070.98	1,149.79	-78.81
340.000	AVON PRODUCTS INC	03/20/2009	01/29/2010	10,534.83	6,212.45	4,322.38
15.000	BECTON DICKINSON & CO	11/03/2010	11/23/2010	1,144.93	1,138.80	6.13
15.000	BIO-RAD LABORATORIES CL A	11/03/2010	11/23/2010	1,397.83	1,409.48	-11.65
45.000	BRISTOL MYERS SQUIBB CO	11/03/2010	11/23/2010	1,146.58	1,199.69	-53.11
65.000	CAMPBELL SOUP CO	01/29/2010	11/23/2010	2,211.91	2,185.69	26.22
10.000	CATERPILLAR INC	11/03/2010	11/23/2010	820.88	794.55	26.33
50.000	CISCO SYSTEMS INC	07/02/2010	11/23/2010	957.98	1,059.15	-101.17
30.000	COMPUTER SCIENCES CORP	01/12/2010	11/23/2010	1,354.17	1,687.26	-333.09
20.000	EATON CORP	11/03/2010	11/23/2010	1,896.36	1,819.69	76.67
25.000	ENERGIZER HOLDINGS INC	04/16/2010	11/23/2010	1,705.72	1,542.86	162.86
35.000	EXELON CORP	03/08/2010	11/23/2010	1,380.37	1,587.83	-207.46
50,000.000	FHLMC 2.250% 8/24/12	08/24/2009	08/24/2010	50,000.00	50,133.00	-133.00
15.000	FEDEX CORP	07/13/2010	11/23/2010	1,288.02	1,152.24	135.78
165.000	FISERV INC	05/14/2009	01/12/2010	8,028.16	6,547.03	1,481.13
170.000	GLOBAL PAYMENTS INC	12/01/2009	07/02/2010	6,163.14	8,797.79	-2,634.65
50.000	IMS HEALTH INC	03/20/2009	02/26/2010	1,100.00	604.50	495.50
195.000	ISHARES IBOXX \$ HIGH YIELD CORP BD	06/05/2009	03/08/2010	17,113.37	15,308.87	1,804.50
35.000	JP MORGAN CHASE & CO	05/25/2010	11/23/2010	1,318.77	1,337.36	-18.59
20.000	JOHNSON & JOHNSON	11/03/2010	11/23/2010	1,254.58	1,279.53	-24.95
20.000	LINCOLN ELECTRIC HOLDINGS INC	05/25/2010	11/23/2010	1,206.37	1,052.30	154.07
25.000	MARRIOTT INTERNATIONAL INC CLASS A	08/04/2010	11/23/2010	956.48	878.13	78.35
40.000	MERCK & CO INC	03/23/2010	11/23/2010	1,407.17	1,538.47	-131.30
35.000	OCCIDENTAL PETROLEUM CORP	01/29/2010	11/23/2010	3,045.99	2,768.65	277.34
35.000	OMNICOM GROUP INC	02/08/2010	11/23/2010	1,559.57	1,236.51	323.06
120.000	PROCTER & GAMBLE CO	05/14/2009	04/16/2010	7,592.82	6,190.54	1,402.28
75.000	US BANCORP	04/26/2010	11/23/2010	1,814.21	2,042.52	-228.31
105.000	VANGUARD EMERGING MARKET	12/02/2009	11/23/2010	4,778.73	4,378.63	400.10
105.000	XTO ENERGY INC	09/29/2009	01/29/2010	4,757.39	4,416.30	341.09
	TOTAL SHORT-TERM SALES REPORTED ON 1099-B			151,235.88	143,538.98	7,696.90
				=====	=====	=====
	TOTAL SHORT-TERM SALES			151,235.88	143,538.98	7,696.90
				=====	=====	=====

IMPORTANT TAX RETURN DOCUMENT ENCLOSED

Account Name:

LAKE CHARLES SCOTTISH RITE, IM 1800053-001

#23-7144223

Account Number: 1800053-001

Tax I.D. Number: XX-XXX4223

DETAIL OF LONG-TERM CAPITAL GAINS AND LOSSES

Units	Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Long-term Gain/Loss
	15% MAXIMUM RATE SALES REPORTED ON FORM 1099-B: -----					
30.000	AFLAC INC	11/09/2009	11/23/2010	1,586.07	1,301.80	284.27
50.000	AT & T INC	10/03/2007	11/23/2010	1,394.47	1,866.56	-472.09
155.000	AIRGAS INC	12/01/2008	03/09/2010	9,994.12	5,030.39	4,963.73
80.000	ALLIANT TECHSYSTEMS INC	03/20/2007	05/25/2010	5,527.13	7,010.88	-1,483.75
45.000	AMERISOURCEBERGEN CORP	03/20/2009	11/23/2010	1,388.22	692.10	696.12
10.000	AMGEN INC	12/01/2008	11/23/2010	535.49	556.17	-20.68
40.000	AMPHENOL CORP CL A	11/21/2003	11/23/2010	1,989.16	590.90	1,398.26
25.000	APACHE CORP	06/29/2006	11/23/2010	2,624.95	1,661.25	963.70
45.000	ARCHER DANIELS MIDLAND CO	11/09/2009	11/23/2010	1,307.67	1,468.82	-161.15
30.000	BALL CORP	11/09/2009	11/23/2010	1,929.86	1,510.52	419.34
5.000	BECTON DICKINSON & CO	12/16/2005	11/23/2010	381.64	298.30	83.34
10.000	BIO-RAD LABORATORIES CL A	09/29/2009	11/23/2010	931.88	938.33	-6.45
20.000	BRISTOL MYERS SQUIBB CO	03/20/2009	11/23/2010	509.59	413.61	95.98
45.000	CENTURYLINK INC	03/20/2009	11/23/2010	1,885.01	1,213.26	671.75
25.000	CHEVRON CORP	03/20/2009	11/23/2010	2,027.71	1,229.44	798.27
25.000	CHUBB CORP	06/29/2006	11/23/2010	1,416.97	1,245.50	171.47
50.000	COGNIZANT TECHNOLOGY SOLUTIONS CORP	04/14/2009	11/23/2010	3,228.44	1,171.42	2,057.02
80.000	CONAGRA FOODS INC	03/20/2009	11/23/2010	1,695.98	1,217.36	478.62
30.000	DARDEN RESTAURANTS INC	05/14/2009	11/23/2010	1,469.67	1,032.17	437.50
220.000	EQUIFAX INC	03/20/2009	07/13/2010	6,437.73	5,058.94	1,378.79
25.000	FAMILY DOLLAR STORES INC	03/20/2009	11/23/2010	1,223.47	780.22	443.25
50,000.000	FHLMC 1 550% 12/15/10	09/09/2009	12/15/2010	50,000.00	50,525.00	-525.00
65.000	FEDERATED INVESTORS INC CL B	09/29/2009	11/23/2010	1,527.47	1,707.82	-180.35
280.000	FOREST LABS INC	03/20/2009	11/03/2010	9,412.66	6,322.90	3,089.76
130.000	GENERAL DYNAMICS CORP	03/20/2009	11/03/2010	8,873.31	5,258.90	3,614.41
35.000	HARRIS CORP	01/04/2008	11/23/2010	1,595.62	2,148.47	-552.85
230.000	HARSCO CORP	03/20/2009	11/03/2010	5,302.79	4,980.61	322.18
35.000	HEWLETT PACKARD CO	08/22/2007	11/23/2010	1,511.97	1,616.51	-104.54
340.000	HOLLY CORP	03/20/2009	05/25/2010	7,987.45	7,334.58	652.87
445.000	IMS HEALTH INC	12/01/2008	02/26/2010	9,790.00	5,876.05	3,913.95
65.000	INTEL CORP	09/29/2009	11/23/2010	1,352.62	1,272.73	79.89
10.000	IBM	06/13/2008	11/23/2010	1,424.97	1,259.07	165.90
50,000.000	INTL LEASE FIN CORP 5.875% 5/01/13	05/08/2006	02/18/2010	41,500.00	50,083.26	-8,583.26
40.000	INTUIT INC	03/20/2009	11/23/2010	1,769.57	1,023.94	745.63
5.000	JOHNSON & JOHNSON	12/01/2008	11/23/2010	313.64	281.49	32.15
35.000	KELLOGG CO	11/21/2006	11/23/2010	1,707.97	1,744.50	-36.53
90.000	KOHL'S CORP	04/15/2009	08/04/2010	4,218.65	3,891.57	327.08
0.500	LINCARE HOLDINGS INC	12/16/2005	07/20/2010	13.39	14.14	-0.75
85.000	LINCARE HOLDINGS INC	12/16/2005	11/23/2010	2,172.56	2,403.74	-231.18
335.000	LINCOLN NATIONAL CORP	03/20/2009	04/26/2010	10,967.78	8,893.55	2,074.23
265.000	LINCOLN NATIONAL CORP	03/20/2009	05/25/2010	6,457.46	1,966.88	4,490.58
70.000	LINEAR TECHNOLOGY CORP	11/09/2009	11/23/2010	2,256.06	1,925.06	331.00
60.000	MARATHON OIL CORP	03/20/2009	11/23/2010	1,990.76	1,485.67	505.09
110.000	MCDONALD'S CORP	10/03/2007	02/08/2010	6,975.46	6,159.55	815.91
15.000	MURPHY OIL CORP	09/29/2009	11/23/2010	972.28	877.35	94.93
50.000	NATIONAL OILWELL INC	05/14/2009	11/23/2010	2,968.44	1,658.86	1,309.58
65.000	OGE ENERGY CORP	12/01/2008	11/23/2010	2,873.60	1,621.30	1,252.30
20.000	PNC FINANCIAL SERVICES GROUP	03/20/2009	11/23/2010	1,091.78	551.20	540.58
30.000	PARKER HANNIFIN CORP	03/20/2009	11/23/2010	2,372.95	964.44	1,408.51
30.000	PEPSICO INC	03/28/2007	11/23/2010	1,915.76	1,878.05	37.71

IMPORTANT TAX RETURN DOCUMENT ENCLOSED

Account Name:

LAKE CHARLES SCOTTISH RITE, IM 1800053-001

23-7144223

Account Number: 1800053-001**Tax I.D. Number:** XX-XXX4223**DETAIL OF LONG-TERM CAPITAL GAINS AND LOSSES**

Units	Description	Date Acquired	Date Sold	Gross Sales Price	Cost or Other Basis	Long-term Gain/Loss
45.000	RAYMOND JAMES FINANCIAL INC	05/14/2009	11/23/2010	1,294.62	714.23	580.39
30.000	REINSURANCE GROUP OF AMERICA INC	12/13/2007	11/23/2010	1,495.18	1,544.69	-49.51
35.000	STATE STREET CORP	03/20/2009	11/23/2010	1,466.47	905.77	560.70
35.000	TJX COS INC	03/20/2009	11/23/2010	1,606.47	870.80	735.67
25.000	UNION PACIFIC CORP	03/20/2009	11/23/2010	2,208.71	988.98	1,219.73
378.317	VANGUARD WINDSOR II FUND (73)	08/03/2009	08/18/2010	8,584.01	11,298.91	-2,714.90
30.000	WAL MART STORES INC	03/20/2009	11/23/2010	1,608.27	1,491.90	116.37
35.000	WASTE MANAGEMENT INC	03/20/2009	11/23/2010	1,220.77	913.85	306.92
35.000	YUM BRANDS INC	03/31/2008	11/23/2010	1,733.17	1,290.09	443.08
				-----	-----	-----
	TOTAL 15% MAXIMUM RATE SALES REPORTED ON 1099-B			262,019.87	232,034.35	29,985.52
				=====	=====	=====
	TOTAL LONG-TERM SALES			262,019.87	232,034.35	29,985.52
				=====	=====	=====

IMPORTANT TAX RETURN DOCUMENT ENCLOSED