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# Form **990**

Department of the Treasury finternal 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.

2010
Open to Public Inspection

A F	or the	2010 calendar year, or tax year beginning and c	ending	_	
В	Check if upplicable	C Name of organization RICHMOND BODIES ANCIENT & ACCEPTED		D Employer identifi	cation number
	Addres change	SCOTTISH RITES OF FREEMASONRY			
	Name change	Doing Business As		<u> </u>	123385
E	return Termin- ated	Number and street (or P.O. box if mail is not delivered to street address) 4204 HERMITAGE ROAD	Room/suite		264-2050
Γ	Amend			G Gross receipts \$	1,185,115.
	Applica	RICHMOND, VA 23227		H(a) Is this a group re	eturn
	pendin	F Name and address of principal officer: ROBERT W. CARPENTER 4204 HERMITAGE ROAD, RICHMOND, VA 2322		for affiliates? <b>H(b)</b> Are all affiliates ind	Yes X No
				- ' '	
		mpt status:	321	٦ ٠٠٠٠, ٠٠٠٠-	list. (see instructions)
_			Ti Vaar	H(c) Group exemption	State of legal domicile: VA
		organization: Corporation Trust X Association Other ►  Summary	[ L Year	oriormation, 1070	M State of legal domicile: V.A.
		Briefly describe the organization's mission or most significant activities: THE	PRIMA	RY FUNCTION	OF THE
Activities & Governance		ASSOCIATION IS TO PROMOTE THE OBJECTIVES	AND V	VALUES OF TH	
Ē	; -	Check this box  if the organization discontinued its operations or dispos		· · · · · · · · · · · · · · · · · · ·	
₹	i	lumber of voting members of the governing body (Part VI, line 1a)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	3	3
Ğ	l .	lumber of independent voting members of the governing body (Part VI, line 1b)		4	3
ಂಶ ග	l .	otal number of individuals employed in calendar year 2010 (Part V, line 2a)		5	3
ij	l	otal number of volunteers (estimate if necessary)		6	0
₹	ı	otal number of volunteers (estimate in necessary)  otal unrelated business revenue from Part VIII, column (C), line 12		7a	0.
ĕ		Net unrelated business taxable income from Form 990-T, line 32-0-11 (F-D)		7a 7b	0.
	<del>  "</del>	NECEIVED	<del>i</del> -	Prior Year	Current Year
	، ،	Contributions and grants (Part VIII. line 1b)	⊐છ્ર⊩	147,122.	126,601.
Ę		Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)  MAR 0 8 2011	S  -	65,423.	55,647.
Revenue		101	الن	994,879.	230,529.
æ		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)	RS-0	0.	2,801.
	11 (	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 1 <del>0c, and 11e)</del> Total revenue - add lines 8 through 11 (must equal Part VIII, Column (A), line 12	_–⊩	1,207,424.	415,578.
_	1		—	800.	3,000.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	3,000.
		Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	81,972.	82,259.
Expenses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-	01,972.	02,239.
Ë		Professional fundraising fees (Part IX, column (A), line 11e)	<b>∧</b> ⊢	U •	<u> </u>
ᄶ	1	otal fundraising expenses (Part IX, column (D), line 25)	0.	363 000	350 073
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		363,088.	350,072.
		otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-	445,860.	435,331.
Soc		Revenue less expenses. Subtract line 18 from line 12		761,564.	<19,753.
ts o			B	eginning of Current Year	End of Year
Net Assets ( Fund Balanc	20	otal assets (Part X, line 16)	<u> </u>	5,336,260.	5,612,206.
age age	21	otal liabilities (Part X, line 26)	<u> </u>	80,312.	83,163.
		Net assets or fund balances Subtract line 21 from line 20		5,255,948.	5,529,043.
	art II	Signature Block	<del></del>		
		ties of perjury, I declare that I have examined this return, including accompanying schedules			y knowledge and belief, it is
true	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich prepare	<u> </u>	- <u> </u>
		Stunature of officer		Date 1	01/
Sig	n			Date >	
Her	e	ROBERT W. CARPENTER, JR, GENERAL SECRE	ETARY		
		Type or print name and title		Data L Obsalul	1 31 8 7 W
		Print/Type preparer's name Preparer's signature		Date Check	if PTIN
Paid		RICHARD S. BURKE, CPA Letan S. Buke	G0 A G	self-em	ployed
	parer	Firm's name GOODMAN & COMPANY		Firm's EIN	
Use	Only	Firm's address 4510 COX ROAD, SUITE 200			
		GLEN ALLEN, VA 23060-3394		Phone no. 8	04.282.7636
Ma	y the IF	S discuss this return with the preparer shown above? (see instructions)			X Yes No

SX

•	KICHMOND	DODIES	ANCIENT	& ACCEPTE
Form 990 (2010)	SCOTTISH	RITES (	OF FREEMA	SONRY
Part III Statemen	t of Program Servi	ce Accomi	olishments	•

rai	Checket Schools Occasions a recognicate and structure in this Both III	
_	Check if Schedule O contains a response to any question in this Part III	
1	Briefly describe the organization's mission: THE PRIMARY FUNCTION OF THE ASSOCIATION IS TO PROMOTE THE OBJECT	TVES
	AND VALUES OF THE FRATERNAL BROTHERHOOD OF FREEMASONRY.	TARR
	AND VALUED OF THE FRATERWAL DROTHERWOOD OF TREERWOOKIT.	
_	Did the assessment and adoles any arraffered arrange and area the year which were not listed on	
2	Did the organization undertake any significant program services during the year which were not listed on	Yes X No
	<b></b>	JYes LALINO
_	If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?  If "Yes," describe these changes on Schedule O.	JYes L&L No
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		)
	RICHMOND BODIES ANCIENT & ACCEPTED SCOTTISH RITE OF FREE- MASONR	Y'S
	PRIMARY FUNCTION IS TO PROMOTE THE OBJECTIVES AND VALUES OF THE	
	FRATERNAL BROTHERHOOD OF FREEMASONRY.	
		<del></del>
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	1
70	/(Code:	
		<del></del>
		<del></del>
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 ▶	
		990 (2010)

Page 3

### RICHMOND BODIES ANCIENT & ACCEPTED SCOTTISH RITES OF FREEMASONRY

Form 990 (2010)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		X
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, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		ļ
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			۱
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			,,
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		<sub>v</sub>
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<sub>v</sub>
_	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	9		x
40	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		<u> </u>
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	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X	10		<del>                                     </del>
••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		1	•
_	Part VI	11a	х	
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	11b		Х
С	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 167 If "Yes," complete Schedule D, Part VIII	11c		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	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			۱.,
	Schedule D, Parts XI, XII, and XIII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			<sub>v</sub>
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	14a	-	<del>  ^</del>
ט	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			<del>                                     </del>
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	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, Parts III and IV	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		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	18		Х
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_	<u> </u>	X
20a	•	20a	<b> </b>	X
b	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note</b> . Some Form 990 filers that	l		l
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	990 /	<u> </u>
				7010N

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	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			.,
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		i	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			v
	Schedule J	23		<u> </u>
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			х
	Schedule K. If "No", go to line 25	24a		
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
a	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	<u> 240</u>		
238	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
h	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	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		Х
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, Part IV			i i
	instructions for applicable filing thresholds, conditions, and exceptions):			`
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	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 (or a family member thereof) was an officer,			.,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	-	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		<u> </u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			Х
0.4	contributions? If "Yes," complete Schedule M	30		_
31	Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
JZ	Schedule N, Part II	32		х
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	33		Х
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	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			7-
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
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	<u>38</u>	X	
		rom	<b>990</b> (	2010)

Part V Statements Regarding Other IRS Filings and Tax Compliance

Series the number reported in Box 3 of Form 1086. Enter 0-f and applicable   1e   3   1b   0   0		Check if Schedule O contains a response to any question in this Part V			
b Enter the number of Forms W-2G included in the 1s. Enter-0 - 4 not applicable in the organization comply with backey witholding rules for reportable payments to vendors and reportable gaming (ganibing) writings to price winters?  2b Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendary year enfoling with or within the year covered by this return.  2b If at least one is reported on his 2a, did the organization file all required federal employment tax returns?  Note. If the sum of iners 1 and 450, you may be required to effect, (see instructions)  3c Did the organization have unrelated business gross income of \$1,000 or more during the year?  3c A 1 any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account of rother year? If "No, Provide an application in Schedule O  4c A 1 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)?  4d A 1 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 accountry.  5d If "Yes," enter the name of the foreign country.  5d If "Yes," enter the name of the foreign country.  5d If "Yes," enter the name of the foreign country.  5d If "Yes," and the organization secretion that it was or is a party to a prohibited tax sheller fransaction?  5d If "Yes," did the organization number of the man sepress statement that such contributions origins any contributions that were not tax deductible?  6d If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6d If "Yes," did the organization necess of \$55 made party as a conflution and				Yes	No
Count the organization comply with backup withholding rules for reportable payments to vandors and reportable gamming (gambling) withings to prize venners?  2. Enter the number of employees reported on Form W.9, Transmittal of Wage and Tax Statements, fled for the calendar year ending with or within the year covered by this return.  3. If the second of the second	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
(agambling) winnings to prize winners?  Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  bit at least one is reported on line 2a, odd 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-five, (see instructions)  3a Did the organization have unrelated business gross income of \$1.000 or more during the year?  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 bark account, securities account, or other financial account)?  5b If 'Yes,' enter the name of the foreign country   №  5c enstructions for filing requirements for Form TD F 90'22.1, Report of Foreign Bank and Financial Accounts.  5c Was the organization as party to a prohibited tax shefter transaction at any time during the tax year?  5c If 'Yes,' to line 5a or 5b, did the erganization file Form 8986'7 or If 'Yes,' to line 5a or 5b, did the erganization that was or is a party to a prohibited tax shefter transaction at any time during the tax year?  5c If 'Yes,' to line 5a or 5b, did the erganization that was or is a party to a prohibited tax shefter transaction or if 'Yes,' to line 5a or 5b, did the erganization that was or is a party to a prohibited tax shefter transaction at any time during the tax year.  5c If 'Yes,' to line 5a or 5b, did the erganization that was or is a party to a prohibited tax shefter transaction at any contributions that was not tax deductible?  6b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?  6c If 'Yes,' indicate the number of Forms 82822 filed during the year.  6d If 'Yes,' indicate the number of Forms 82822 filed during the year.  6d If 'Yes,' indicate the number of Forms 82822 filed during the year.  7d If If If erganization receives a	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this returns?	C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
filted for the calendar year ending with or within the year covered by this return  If all ast one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1 a and 2a is greater than 250, you may be required to e-file, (see instructions)  3a. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a. Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a. Did the organization have unrelated business gross income of \$1,000 or more during the year.  4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly?  4a. At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial accountly?  5b. If Yes, a financial accountly feath as a bank account, securities account, or other financial accountly?  5c. Was the organization a partly to a prohibited tax shelter transaction at any time during the tax year?  5c. Was the organization a partly to a prohibited tax shelter transaction?  5c. If Yes, a file the organization that it was or is a partly to a prohibited tax shelter transaction?  5c. If Yes, and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit arry contributions that were not tax deductible?  6c. If Yes, and the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c. If Yes, and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit arry contribution or tax deductible?  6c. If Yes, and the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit arry contribution organization and partly for groods and services provided to the payor?  6c. Did the organization sha		(gambling) winnings to prize winners?	1c	X	
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)  3a	2a				
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions) 3a. Did the organization have unrelated business gross roome of \$1,000 or more during the year?  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 (see has a bank account, see the financial account)?  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. ►  5b. If "Yes," either the name of the foreign country. ►  5ce instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts.  5b. Was the organization a party to a prohibited tax shelter transaction?  5c. Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any combinitions that were not tax deductible?  6c. Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any combinitions that were not tax deductible?  6c. Praylinizations that may receive deductible contributions under section 170(c).  6c. Unit the organization network events are contributions under section 170(c).  6c. Unit the organization and party in a party to the organization notify the donor of the value of the goods or services provided?  7c. To the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 882?  6c. If "Yes," indicate the number of Forms 8282 filed during the year  7d. To the organization received an contribution of crush bearts of underecty, on a personal benefit contract?  7d. To the organization received an contribution of crush, bearts, bearts and section 59(e)(3) supporting organization file Form 899 as required?  7d. To the organization and accordance or otherwise dispose of the organization file form 1098		filed for the calendar year ending with or within the year covered by this return  2a 3			
38	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O  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, or other financial account)?  5 If "Yes," enter the name of the foreign country! ▶  5 See instructions for filing requirements for Form TD F 9022.1, Report of Foreign Bank and Financial Accounts.  5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5 Did any taxable party nortfy the organization that it was or is a party to a prohibited tax shelter transaction?  6 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?  6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organizations that may receive deductible contributions under section 170(c).  8 If "Yes," did the organization norbity the donor of the value of the goods or services provided?  9 If "Yes," indicate the number of Forms 8282 filed during the year  9 If "Yes," indicate the number of Forms 8282 filed during the year  9 If "Yes," indicate the number of Forms 8282 filed during the year  9 If "Yes," indicate the number of Forms 8282 filed during the year  10 bid the organization received a contribution of cars, boats, amplianes, or other vehicles, did the organization file form 8899 as required?  7 If the organization received a contribution of cars, boats, amplianes, or other vehicles, did the organizations. Bid a Form 1098-C?  8 Spensoring organizations maintaining donor advised funds and section 5968?  9 Spensoring organizations maintaining donor advised funds.  10 If "Yes," indicate the number of Form them.)  11 If "Yes," enter the amount of tracerempt interest received or accrued during the year  12 Se					7.7
4a Aury time during the calendary 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, secretities account, or other financial account??  See instructions for filing requirements for Form TD F 9022.1, Report of Foreign Bank and Financial Accounts.  Sa Was the organization are yot to a prohibited tax shelter transaction of Foreign Output (so the financial Accounts).  Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5b X X  5c If "Yes," to line 5a or 5b, did the organization flie Form 8886T?  Does the organization that are not tax deductible?  If Yes," did the organization include with every solicitation an express statement that such contributions or gifts 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?  If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  If Yes," did the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  If If Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  If If the organization continue the fundamental payor of qualified intellectual property, did the organization file Form 8899 as required?  If If the organization received a contribution of qualified intellectual property, did the organization. Be a form 1098-C?  Sponsoring organizations maintaining donor advised fundamental file the organizations. Did the supporting organizations and payments of the payments		· · · · · · · · · · · · · · · · · · ·			<u> </u>
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See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.  See to darry taxable party notify the organization that it was or as a party to a prohibited tax shelter transaction?  Sec 1 11 **Ces, **To ine Sa or 5b, did the dre granization filin Form 8886 7?  So Does the organization hat we annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).  Bit of the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  To 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?  To 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?  To Did the organization receive any funds, directly or indirectly or property for which it was required to file Form 8282?  If Yes, **indicate the number of Forms 8282 filed during the year  Did the organization cerve any hinds, directly or indirectly, on a personal benefit contract?  Fig If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file or form 1098-C?  Spensoring organizations amintaining donor advised funds and section 599(a)3 supporting organizations. Did the supporting organizations maintaining donor advised funds and section 599(a)3 supporting organizations. Oil the supporting organizations are section 901(c)(27) organizati	4a				v
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  g If the organization received a contribution of qualified intellectual property, did the organization file Form 8999 as required?  h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 1098-C?  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?  Sponsoring organizations maintaining donor advised funds.  a Did the organization make any taxable distributions under section 4966?  b Did the organization make any taxable distributions under section 4966?  b Did the organization make a distribution to a donor, donor advisor, or related person?  9b	d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	1		_
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h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organizations maintaining donor advised funds. a Did the organization make a distribution to a donor, donor advisor, or related person?  9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities  10 Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)  12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year  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. 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  12c Enter the amount of reserves on hand  14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	f				
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b if "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O			44-	<u> </u>	y
				<del>                                     </del>	<del></del>
		1 100, Tras it lineu a Form 720 to report triese payments? Il 190, provide an explanation in Scriedule O		990	(2010)

Form 990 (2010)

SCOTTISH RITES OF FREEMASONRY

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.  $\mathbf{x}$ 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 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customanly performed by or under the direct supervision X 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?  $\overline{\mathbf{x}}$ Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X 6 Does the organization have members or stockholders? 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the X governing body? 7a X 7b b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X The governing body? 8a X **b** Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Does the organization have local chapters, branches, or affiliates? 10a 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 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise X 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe X in Schedule O how this is done 12c X 13 Does the organization have a written whistleblower policy? X 14 14 Does the organization have a written document retention and destruction policy? 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? X 15a a The organization's CEO, Executive Director, or top management official X Other officers or key employees of the organization 15b 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 X 16a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed 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 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial 19 statements available to the public. State the name, physical address, and telephone number of the person who possesses the books and records of the organization. SECRETARY OF RSRB - 804-264-0490

Form **990** (2010)

23227

4204 HERMITAGE RD. , RICHMOND, VA

Form 990 (2010)

## SCOTTISH RITES OF FREEMASONRY

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

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

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

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

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

(A) Name and Title	(B) Average			(C Pos	C) Itior	,		<b>(D)</b> Reportable	<b>(E)</b> Reportable	( <b>F)</b> Estimated
Name and Title	hours per	(cl				арр	ly)	compensation	compensation	amount of
	week (describe hours for related organizations in Schedule O)	ustee or director	institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
JOHN W. INMAN										
TRUSTEE	1.00	Х						0.	0.	0
PARK A. DODD, JR.			ŀ						_	
TRUSTEE	1.00	X	L.	_		<u> </u>	L	0.	0.	0
GREGORY C. HOWARD	1	l		ĺ					•	•
TRUSTEE	1.00	X	<u> </u>	<u> </u>	L_		<u> </u>	0.	0.	0 .
ROBERT W. CARPENTER, JR GENERAL SECRETARY	29.00			x				22,625.	0.	0.
								, , ,		
						_	_			
3335										
<del></del>										

Form **990** (2010)

(F)

other

RICHMOND BODIES ANCIENT & ACCEPTED SCOTTISH RITES OF FREEMASONRY Form 990 (2010) Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (D) (E) **Position** Average Name and title Reportable Reportable **Estimated** hours per (check all that apply) compensation compensation amount of week from from related (describe organizations compensation the hours for (W-2/1099-MISC) organization from the Institutional trustee related (W-2/1099-MISC) organization Key employee organizations and related ın Schedule Officer organizations O)

1b	Sub-total			▶		22,625.	0.	0.
C	Total from continuation sheets to Part VII, Section	Α		<b>•</b>		0.	0.	0.
d	Total (add lines 1b and 1c)			<b>&gt;</b>		22,625.	0.	0.
2	Total number of individuals (including but not limited	to those	listed a	pove) w	ho re	eceived 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 3 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

X and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual X Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services X rendered to the organization? If "Yes," complete Schedule J for such person

### **Section B. Independent Contractors**

compensation from the organization

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from NONE

	the organization.		
	(A) Name and business address	(B) Description of services	(C) Compensation
_			
			<del>                                     </del>
_			ļ
2	Total number of independent contractors (including but not limited to those lister \$100,000 in compensation from the organization >	ed above) who received more than	

Form 990 (2010)

No

Page 9

		Statement of Never			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contribute All other contributions, gifts, grant similar amounts not included above	ts, and	1,651.				
함	g	Noncash contributions included in lines	1a-1f \$		100 001			
0 8	h	Total. Add lines 1a-1f		<u>▶</u>	126,601.			
	2 a	EXEMPT FUNCTION	RENTS	Business Code 531120	34.715.	34.715.		
Š	2 a b	MASONIC LODGE U		531120	34,715. 20,932.	34,715. 20,932.		
8 5	c							
e a m	đ							
Program Service Revenue	е							
-	f	All other program service reve	nue		EE CAT			
_		Total. Add lines 2a-2f			55,647.			<u> </u>
	3	Investment income (including other similar amounts)	aiviaenas, inter	est, and	168,671.			168,671.
	4	Income from investment of ta	x-exempt bond r	proceeds	200,0.20		-	200,0120
ı	5	Royalties		<b>&gt;</b>				
		•	(i) Real	(ii) Personal				
	6 a	Gross Rents						
		Less: rental expenses						
		• •		<u></u>				
	d	Net rental income or (loss)	(i) Consumtion	(v) Other	· · ·			
	/ a	Gross amount from sales of assets other than inventory	(i) Securities 831395.	(II) Other				
	b	Less: cost or other basis	-					
	_	and sales expenses	769355					
	С	Gain or (loss)	62,040.	<182.				_
	d			<b></b>	61,858.	61,858.		
enne	8 a	Gross income from fundraisin	-					
ven		including \$	of					
Other Rev		contributions reported on line Part IV, line 18	ic). See a					
the	b	Less: direct expenses	b					
Ö		Net income or (loss) from fund	_					
		Gross income from gaming ac	-					
		Part IV, line 19	а					
		Less: direct expenses	b	L				
		Net income or (loss) from gam		<b>P</b>				
	10 a	Gross sales of inventory, less and allowances	returns					
	h	Less: cost of goods sold	b					
		Net income or (loss) from sale	-	<b>•</b>				
		Miscellaneous Revenu	ie .	Business Code	_			
	11 a	ST.ANDREWS AND	HONOUR	900099	2,801.	2,801.		
	b							
	C	All all an accessor						
	d	All other revenue  Total. Add lines 11a-11d			2,801.	<u> </u>		
	12 e	Total revenue. See instructions.			415,578.	120,306.	0.	168,671.
0320 12-2	09		<del></del>			•		Form <b>990</b> (2010)

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). (A) Total expenses Do not include amounts reported on lines 6b, (C) Program service Fundraising Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in 3,000 the U.S. See Part IV. line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 60,450. Other salanes and wages Pension plan contributions (include section 401(k) 4,877 and section 403(b) employer contributions) 12,000. Other employee benefits 4,932. 10 Payroll taxes Fees for services (non-employees): Management **b** Legal 8,896. Accounting Lobbying Professional fundraising services. See Part IV, line 17 22,924 Investment management fees a 12 Advertising and promotion 9,510. Office expenses 13 Information technology 14 Royalties 15 44,877 16 Occupancy 1,054. Travel 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 6,086. Conferences, conventions, and meetings 19 20 interest 25,141. 21 Payments to affiliates 94,656. Depreciation, depletion, and amortization 22 20,222. 23 Other expenses. Itemize expenses not covered 24 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.) MAINTENANCE CONTRACTS 58,170. REPAIRS & MAINTENANCE-G 13,114. SCOTTISH RITE FOUNDATIO 10,070. 9,393. SCOTTISH RITES NEWS MISCELLANEOUS 5,744. 20,215. All other expenses 435,331 Total functional expenses. Add lines 1 through 24f Joint costs. Check here 
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

032010 12-21-10

Form 990 (2010)

	990 (2 <b>t X</b>	2010) SCOTTISH RITES OF FREEMASONRY  Balance Sheet		<u>54-</u>	0123385 Page 11
	<u> </u>		(A) Beginning of year		(B) End of year
$\neg$	1	Cash - non-interest-bearing	377,666.	1	299,302.
	2	Savings and temporary cash investments	16,714.	2	2,259.
		- · ·	20//220	3	2,233.
	3	Pledges and grants receivable, net	4,420.	4	5,530.
	4	Accounts receivable, net  Receivables from current and former officers, directors, trustees, key	7,3200	+	3,330.
	5			l	
		employees, and highest compensated employees. Complete Part II		5	
	_	of Schedule L		-	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
ļ		employers and sponsoring organizations of section 501(c)(9) voluntary		۾ ا	
2	_	employees' beneficiary organizations (see instructions)		7	
Assets	7	Notes and loans receivable, net	2,697.	8	3,628.
₹	8	Inventories for sale or use	3,817.	9	3,020.
	9	Prepaid expenses and deferred charges	3,017.	<del>'</del>	3,317.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 2,678,344.			
		1 050 720	894,527.	40-	819,624.
			4,030,870.	_	4,476,533.
	11	Investments - publicly traded securities	4,030,070.	11	3,370,333.
	12	Investments - other securities. See Part IV, line 11		12	
ļ	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets	5,549.	14	1,953.
	15	Other assets. See Part IV, line 11	5,336,260.	15 16	5,612,206.
ᅱ	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,235.	17	2,235.
	17	Accounts payable and accrued expenses	2,233.		2,233.
	18	Grants payable		18	
ļ	19	Deferred revenue		19 20	·
_	20	Tax-exempt bond liabilities		21	
Liabilities	21	Escrow or custodial account liability. Complete Part IV of Schedule D			
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
Ë		of Schedule L		22	
	22	Secured mortgages and notes payable to unrelated third parties		23	l
	23 24	Unsecured notes and loans payable to unrelated third parties	1,000.	24	1,000.
	25	Other liabilities Complete Part X of Schedule D	77,077.	25	79,928.
ļ	26	Total liabilities. Add lines 17 through 25	80,312.		83,163.
_	20	Organizations that follow SFAS 117, check here	***************************************		00,200
y,		lines 27 through 29, and lines 33 and 34.			
ဥ	27	Unrestricted net assets	5,249,518.	27	5,523,961.
alai	28	Temporanly restricted net assets	6,430.	28	5,082.
8	29	Permanently restricted net assets		29	· ·
Š		Organizations that do not follow SFAS 117, check here			
አ		complete lines 30 through 34.			
~	30	Capital stock or trust principal, or current funds		30	
\$		· · · · · · · · · · · · · · · · · · ·		31	
ssets	31	Paig-in or capital surplus, or land, building, or equipment tund			
t Assets	31 32	Paid-in or capital surplus, or land, building, or equipment fund  Retained earnings, endowment, accumulated income, or other funds		32	
Net Assets or Fund Balances	31 32 33	Retained earnings, endowment, accumulated income, or other funds  Total net assets or fund balances	5,255,948.	32 33	5,529,043.

Form 990 (2010)

Pa	rt XI Reconciliation of Net Assets					_
	Check if Schedule O contains a response to any question in this Part XI					X
•			_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1				78.
2	Total expenses (must equal Part IX, column (A), line 25)	2				31.
3	Revenue less expenses. Subtract line 2 from line 1	3				53.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,2			
5	Other changes in net assets or fund balances (explain in Schedule O)	5				48.
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	5,5	29	<u>, 04</u>	<u>43.</u>
Pa	rt XIII Financial Statements and Reporting					_
	Check if Schedule O contains a response to any question in this Part XII					X
				<u> </u>	es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other			1	ŀ	,
	If the organization changed its method of accounting from a pnor year or checked "Other," explain in Schedule	Ο.			ļ	•
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		_2	a i	X	
b	Were the organization's financial statements audited by an independent accountant?		2	ь		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	ĺ			
	review, or compilation of its financial statements and selection of an independent accountant?		2	<u>c   </u>	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O		ı	ŀ	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					_ /
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Auc	irt	1		
	Act and OMB Circular A-133?		3	a L		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	ired aud	irt			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3			
			For	m <b>9</b> 9	<b>90</b> (2	2010)

### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

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

2010
Open to Public

Department of the Treasury
Internal Revenue Service

Name of the organization

► Attach to Form 990. ► See separate instructions.

RICHMOND BODIES ANCIENT & ACCEPTED

Employer identification number 54 – 01 2 3 3 8 5

D.	SCOTTISH RITES OF		1 34-0123363				
Pai			Accounts. Complete if the				
	organization answered "Yes" to Form 990, Part IV, lin		<del></del>				
		(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 for	unds				
	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 a	advisors in writing that grant funds can be used	d 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				
Pai	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990, Part I	V, line 7.				
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).					
	Preservation of land for public use (e.g., recreation or	· · · · · · · · · · · · · · · · · · ·	ally important land area				
	Protection of natural habitat	Preservation of a certified	• •				
	Preservation of open space						
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form of a	conservation easement on the last				
_	day of the tax year.						
	out of the four		Held at the End of the Tax Year				
a	Total number of conservation easements		2a				
ь	Total acreage restricted by conservation easements	2b					
	Number of conservation easements on a certified historic str	2c					
	Number of conservation easements included in (c) acquired	• •	20				
u	listed in the National Register	arter of 17700, and not on a mistoric structure	2d				
2	_	sleaged extinguished or terminated by the era					
3							
	Number of states where preparity subject to consequence of	promont to located					
4							
5		- · · · · · · · · · · · · · · · · · · ·	Yes No				
6							
7	· · · · · · · · · · · · · · · · · · ·						
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(n)(4	Yes No				
_	and section 170(h)(4)(B)(ii)?						
9	In Part XIV, describe how the organization reports conservat						
	include, if applicable, the text of the footnote to the organization	ition's financial statements that describes the o	organization's accounting for				
Do	conservation easements.  † III   Organizations Maintaining Collections of	of Art. Historical Transuras, or Othe	r Similar Accets				
Pa	<del></del>		Gilliai Assets.				
	Complete if the organization answered "Yes" to Form						
18	If the organization elected, as permitted under SFAS 116 (A)	• • • • • • • • • • • • • • • • • • • •					
	historical treasures, or other similar assets held for public ex		or public service, provide, in Part XIV,				
	the text of the footnote to its financial statements that describes these items.						
ь	If the organization elected, as permitted under SFAS 116 (A)						
	treasures, or other similar assets held for public exhibition, e	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		<b>&gt;</b> \$				
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financial gai					
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items:					
а	a Revenues included in Form 990, Part VIII, line 1						
b	a Revenues included in Form 990, Part VIII, line 1  b Assets included in Form 990, Part X  \$						

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	Schedule D (Form 990) 2010 SCOTTISH RITES OF FREEMASONRY 54-0123385 Page 2								
Pai	t III   Organizations Maintaining C	Collections of A	rt, Historical T	reasures,	or Othe	er Simil	ar Asse	ts (continu	ied)
3	Using the organization's acquisition, access	on, and other record	ds, check any of th	e following tha	at are a s	ıgnıficant	use of its	collection r	tems
•	(check all that apply):								
а	Public exhibition	d	I ∐Loan or ex	change progra	ams				
b	Scholarly research	е	Other						
C	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explai	n how they further	the organizati	ion's exe	mpt purpe	ose in Par	t XIV.	
5	During the year, did the organization solicit of	or receive donations	of art, historical tre	asures, or oth	er sımılaı	r assets			
	to be sold to raise funds rather than to be maintained as part of the organization's collection?								
Par	Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or								
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contribution	ons or other as	sets not	included			
	on Form 990, Part X?							Yes	□ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:						
	, ,	•	J					Amount	
С	Beginning balance					1c			
	Additions during the year					10			
	Distributions during the year					1e			
f	Ending balance					11			<del></del>
2a	Did the organization include an amount on F	orm 990. Part X. line	21?			<u> </u>		Yes	No
	If "Yes," explain the arrangement in Part XIV								
Pai			swered "Yes" to F	orm 990, Part	IV, line 1	0.	-		
	·	(a) Current year	(b) Prior year	(c) Two yea		(d) Three y	ears back	(e) Four ye	ars back
1a	Beginning of year balance	134,610.	107,783	. 14	5,138.	<del></del>		<u> </u>	
b	Contributions	2,555.	7,160		9,974.				
С	Net investment earnings, gains, and losses	14,508.	19,667	. <4	7,329.	•			
d	Grants or scholarships							·	
e	Other expenditures for facilities			1					·
	and programs	200.							i
f	Administrative expenses						····		
g	End of year balance								<del></del>
2	Provide the estimated percentage of the year	r end balance held a	as:	<del>-</del>					
a	Board designated or quasi-endowment	100.00	%						
b	Permanent endowment	<del></del>	<del></del> -						
c	• • • • • • • • • • • • • • • • • • • •	%							
	· —	ession of the organiz	ation that are held	and administe	ered for t	he organi	zation		
	Are there endowment funds not in the possession of the organization that are held and administered for the organization by:  Yes No								
							X		
							X		
ь	If "Yes" to 3a(ii), are the related organization	s listed as required o	on Schedule R?					3b	
4	Describe in Part XIV the intended uses of the								
Pai	t VI Land, Buildings, and Equipn		17.00						
	Description of investment	(a) Cost or o	ther (b) Co	st or other	(c) A	ccumulate	ed	(d) Book v	alue
	•	basis (investr	1 ' '	s (other)		preciation		. ,	•
18	Land			67,434.				67	,434.
	Buildings			38,830.	1,0	545,7	11.	693	,119.
	Leasehold improvements								
d						,071.			
	e Other								
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)						624.			
	<u> </u>	· ·	· · · · · · · · · · · · · · · · · · ·						

Part VII Investments - Other Securities. Se	e Form 990, Part X, I	ne 12.		
(a) Description of security or category (including name of security)	(b) Book value	Cos	(c) Method of valua st or end-of-year man	
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
<u>(E)</u>				
<u>(F)</u>	<u> </u>			<del>.</del>
(G)				
(H)	<u> </u>			
(I) Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	<u> </u>			<del> </del>
Part VIII Investments - Program Related. S	ee Form 990 Part Y	line 13		
- · · · · · · · · · · · · · · · · · · ·	ſ		(c) Method of valua	tion:
(a) Description of investment type	(b) Book value	Cos	st or end-of-year man	
	<u> </u>			<del></del>
(2)				<u> </u>
(3)				
(4)				
(5) (c)				
		•	·-···	
(8)				
(9)				
(10)				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line	15.			
(a)	Description			(b) Book value
(1)	· · · · · · · · · · · · · · · · · · ·			
(2)				
(3)				
(5)				<del></del>
(6)				
<u>(7)</u>				
(9)			-	
(10)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15 )		<b>•</b>	
Part X Other Liabilities. See Form 990, Part X,				
1. (a) Description of liability		(b) Amount		
(1) Federal income taxes				
(2) PREPAID DUES		74,005.		
(3) DUE TO CHILDHOOD LANGUAGE		4,785.		
(4) DUE TO LIBRARY AND SCHOLA	RSHIP	1,138.		
(5)				
(6)				
(7)		<del> </del>		
(8)				
(9)				
(10)				
(11)	- 05 )	70 020		
Total. (Column (b) must equal Form 990, Part X, col (B) line	e ∠o / o the organization's financia	79,928.	zadon s liability for uncerta	in tax positions under
2. FIN 48 (ASC 740) 032053 12-20-10	<u>.                                    </u>		Sch	edule D (Form 990) 2010

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### SCHEDULE O (Form 990 or 990-EZ)

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(FOIII) 990 OF 990-E2

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.

2010 Open to Public Inspection

RICHMOND BODIES ANCIENT & ACCEPTED **Employer identification number** Name of the organization 54-0123385 SCOTTISH RITES OF FREEMASONRY FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: BROTHERHOOD OF FREEMASONRY. FORM 990, PART VI, SECTION A, LINE 7A: MEMBERS ELECT THE TRUSTEES, WHO ARE THEN CONFIRMED BY THE CIRCUIT COURT. FORM 990, PART VI, SECTION B, LINE 11: THE GENERAL SECRETARY OF THE ORGANIZATION, WHO IS THE FINANCIAL OFFICER, REVIEWS THE 990. FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION REVIEWS THE STATEMENTS. THE GENERAL SECRETARY, WHO ACTS AS CFO, IS THE ONLY PAID OFFICER. HIS SALARY IS DETERMINED BY THE FINANCE COMMITTE, AND THE FEDERAL COLA IS USED TO DETERMINE INCREASES. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS POLICIES AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS: UNREALIZED GAIN ON INVESTMENTS - CURRENT YEAR 292,848. THE ORGANIZATION HAS NOT CHNAGED ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR

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Schedule O (Form 990 or 990-EZ) (2010)