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- **990**

Department of the Treasur Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2011
Open to Public
Inspection

A	For the	2011 calendar year, or tax year beginning and e	ending		
В	Check if	C Name of organization		D Employer identific	ation number
	applicable	RICHMOND BODIES ANCIENT & ACCEPTED			
	Addres	S SCOTTISH RITES OF FREEMASONRY			
	Name change	Doing Business As		54-0	123385
	Initial		Room/suite	E Telephone number	
	Termin				<u> 264-2050 </u>
	Amend	City or town, state or country, and ZIP + 4		G Gross receipts \$	1,649,102.
	Application	RICHMOND, VA 25221		H(a) is this a group re	
	pendin	F Name and address of principal officer.ROBERT W. CARPENTER		for affiliates?	Yes X No
_		4204 HERMITAGE ROAD, RICHMOND, VA 2322	27	H(b) Are all affiliates inc	luded?Yes No
		mpt status: 501(c)(3) _X 501(c) (_10) ◀ (insert no.) 4947(a)(1) or	r 527	If "No," attach a	list. (see instructions)
		e: ▶ N/A	·	H(c) Group exemption	
_		organization: Corporation Trust X Association Other ▶	L Year	of formation: 1878 N	State of legal domicile: VA
P		Summary			
ě	1	Briefly describe the organization's mission or most significant activities: $\underline{ ext{THE} ext{ } ext{P}}$	RIMAR	RY FUNCTION (OF THE
auc	:	ASSOCIATION IS TO PROMOTE THE OBJECTIVES			
ern	2	Check this box 🕨 📖 if the organization discontinued its operations or disposi	ed of more	than 25% of its net as	
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	3
অ	4	Number of independent voting members of the governing body (Part VI, line 1b)		. 4	3
ies	5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)		5	3
Activities & Governance	6	Total number of volunteers (estimate if necessary)		6	0
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		7a	0.
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.
				Prior Year	Current Year
ē		Contributions and grants (Part VIII, line 1h)	_	126,601.	126,767.
ē		Program service revenue (Part VIII, line 2g)	<u> </u>	55,647.	49,876.
Revenue		nvestment income (Part VIII, column (A)-lines 3-4-and 7d)	<u> </u>	230,529.	470,338.
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	_	2,801.	2,384.
		Total revenue - add lines 8 through 11 (must equal Part VIII) column (A), line 12)		415,578.	649,365.
	13	Grants and similar amounts pala (Part இ, Columnia) (A), inhes 1-3)	<u> </u>	3,000.	3,200.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	0.	0.
es	15	Salaries, other compersation, employee benefits (Part X, column (A), lines 5-10)		82,259.	77,910.
Expenses	16a	Professional fundraising fees (Party X, 2011) in (A) Jine 11e)	↓ ⊢	0.	0.
X	þ.	Total fundraising expenses (Part IX, column (D), line 25)	0.	250 050	
-	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		350,072.	353,544.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	435,331.	434,654.
		Revenue less expenses. Subtract line 18 from line 12		<19,753.	
ts or			Be	ginning of Current Year	End of Year
SSE	20	Total assets (Part X, line 16)	<u> </u>	5,612,206.	5,882,138.
Net Assets	21	Total liabilities (Part X, line 26)	<u> </u>	83,163.	75,221.
	22	Net assets or fund balances. Subtract line 21 from line 20	L	5,529,043.	5,806,917.
	art II	Signature Block			
	-	ties of perjury, I declare that I have examined this return, including accompanying schedules		•	knowledge and beliet, it is
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of whi	cn preparer	nas any knowledge.	
		Signature of officer		Data /	30/2
Sig			ערגוויי	Duto	
He	re	ROBERT W. CARPENTER, JR, GENERAL SECRE	TARY	···	
_				Date Check	PTIN
В. 1	,	Print/Type preparer's name Preparer's signature		Check L	—
Pai		RICHARD S. BURKE, CPA	** <u></u>	self-employe	d №00440176
	parer	Firm's name DIXON HUGHES GOODMAN LLP		Firm's EIN	
USE	Only	Firm's address 4510 COX ROAD, SUITE 200			04 000 5606
_		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

31. AMMED WAR 1 5 2017.

SCOTTISH RITES OF FREEMASONRY

<u>;r:a</u>	Check if Schedule O contains a response to any question in this Part III	٦
1	Bnefly describe the organization's mission:	-
•	THE PRIMARY FUNCTION OF THE ASSOCIATION IS TO PROMOTE THE OBJECTIVES	
	AND VALUES OF THE FRATERNAL BROTHERHOOD OF FREEMASONRY.	_
		_
		<u> </u>
2	Did the organization undertake any significant program services during the year which were not listed on	
	the prior Form 990 or 990-EZ?)
	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?)
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured 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 \$ including grants of \$) (Revenue \$.)
	RICHMOND BODIES ANCIENT & ACCEPTED SCOTTISH RITE OF FREE- MASONRY'S	_
	PRIMARY FUNCTION IS TO PROMOTE THE OBJECTIVES AND VALUES OF THE FRATERNAL BROTHERHOOD OF FREEMASONRY.	
	FRATERNALI BROTHERHOOD OF FREEPIASONKI.	—
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4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	<u> </u>
		•
		Т
	· · · · · · · · · · · · · · · · · · ·	_
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$.)
		_
		_
	·	_
		_
		_
		_
		_
		_
		_
	Other and the second (Constitution of Constitution of Constitu	_
4d	Other program services (Describe in Schedule O.)	
4-	(Expenses \$ including grants of \$) (Revenue \$)	
<u>4e</u>	Total program service expenses ► Form 990 (201	_

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Page 3

RICHMOND BODIES ANCIENT & ACCEPTED Form 990 (2011) SCOTTISH RITES OF FREEMASONRY [Pant W | Checklist of Required Schedules

Jaco	Office of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			۱
	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		х
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		
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	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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,			
	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 Schedule D, Part III	8		х
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	9		x
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	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		X
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 16? If "Yes," complete Schedule D, Part VIII	11c		Х
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
е	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	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			•
4.50	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV			x
40		15		<u>-</u> -
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 Linted States? If "Yes " complete Schedule F. Parts III and IV	4.0		x
17	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		 ^
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	47		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
10	1c and 8a? If "Yes," complete Schedule G, Part II	10		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18		-
	complete Schedule G, Part III	19		Х
20-2	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H			X
ص ه	If "You" to line 200, did the agreement on attach a copy of the guidted financial statements to this return?	20a		

Form 990 (2011)

Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization 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_		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		}	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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 pnor 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	Ì		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	L	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	1		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	ļ		.,
	of any of these persons? 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	1		
_	instructions for applicable filing thresholds, conditions, and exceptions):			X
_	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b		28b	_	
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	200-		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes, " complete Schedule M	28c 29	\vdash	X
30	Did the organization receive more than \$25,000 in non-cash contributions? In res, complete schedule in	28	\vdash	
30	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations?	<u> </u>		
٠.	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	<u> </u>		
	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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	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	35b		X
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			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		l <u></u>	
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Earm	990 r	2011)

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check 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	3						
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			:			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	reporta	ble 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,	1							
	filed for the calendar year ending with or within the year covered by this return	2a	3						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	ıms?		2b		X			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ıs)							
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		X			
ь	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	autho	nty over, a						
financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
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	Accou	nts.			X			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?									
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?									
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?									
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to	he org	anızatıon solicit						
	any contributions that were not tax deductible?			6a		<u> </u>			
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	rtions d	r 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?									
b If "Yes," did the organization notify the donor of the value of the goods or services provided?									
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it \mathbf{v}	vas req	uıred						
	to file Form 8282?			7с					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		<u></u>					
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contrac	ot?	7e					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit confidence of the organization of the organizat	tract?		7f					
9	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 88	399 as required?	7g					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h					
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.								
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings a	t any tim	e during the year?	8					
9	Sponsoring organizations maintaining donor advised funds.								
а	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:	1							
	Initiation fees and capital contributions included on Part VIII, line 12	10a				1			
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:	1							
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			~		, , ,			
40	amounts due or received from them.)	11b							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	? i	12a					
	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.								
а	Is the organization licensed to issue qualified health plans in more than one state?			13a					
	Note. See the instructions for additional information the organization must report on Schedule O.					1			
Þ	Enter the amount of reserves the organization is required to maintain by the states in which the	ا عمرا							
_	organization is licensed to issue qualified health plans	13b		,	`				
	Enter the amount of reserves on hand	13c		4.					
	Did the organization receive any payments for indoor tanning services during the tax year?	<u>^</u>	-	14a		<u> </u>			
D	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	ie U		14b	000	0011			
				LOLIN	990 (2011)			

SCOTTISH RITES OF FREEMASONRY

54-0123385

Form 990 (2011) 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			X				
Sec	tion 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 1a 3		:					
	If there are material differences in voting rights among members of the governing body, or if the governing							
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.							
b	Enter the number of voting members included in line 1a, above, who are independent 1b 3							
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?	2		Х				
3	Did the organization delegate control over management duties customanly performed by or under the direct supervision	i						
	of officers, directors, or trustees, or key employees to a management company or other person?	3		Х				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6	Did the organization have members or stockholders?	6		X				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a	X					
b	b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		Х				
8	8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	X					
b	Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
			Yes	No				
	Did the organization have local chapters, branches, or affiliates?	10a		X				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,							
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b 11a		Х				
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		v					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	-				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v					
40	In Schedule O how this was done	12c	X					
13	Did the organization have a written whistleblower policy?	13	X					
14	Did the organization have a written document retention and destruction policy?	14						
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?	<u> </u>		Х				
a	The organization's CEO, Executive Director, or top management official	15a		X				
D	Other officers or key employees of the organization	15b		 ^				
16.	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		,	,				
10a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16-		X				
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a		 				
U	In joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	`						
	exempt status with respect to such arrangements?	16b		 				
Sec	tion C. Disclosure	100	_	Ь				
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 (Section 501(c)(3)s only) and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) are section 6104 requires at the section of the forms 1024 requires at the section of the sectio	wailah	ام					
	for public inspection. Indicate how you made these available. Check all that apply.	. v anal.						
	Own website Another's website X Upon request							
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	ncial					
.5	statements available to the public during the tax year.	u midi	, oidi					
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion:	•					
	SECRETARY OF RSRB - 804-264-0490							
	4204 HERMITAGE RD., RICHMOND, VA 23227							
132000 01-23-		Form	990	(2011)				

SCOTTISH RITES OF FREEMASONRY

54-0123385

Page 7

Form 990 (2011) Part VIII 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

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

- ta 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.

		 -	 .	Т						1	Check this box if neither the organization n
(F)		(E)	(D)		(C)					(B)	(A)
stimated		Reportable	Reportable	в	Position not check more than one			(do	Average	Name and Title	
mount of		compensation	from		box, unless person is both an officer and a director/trustee)				box	hours per	
other		from related			T T					week	
mpensation	ations	organization	the	- 1					13E	(describe	
from the	-MISC)	(W-2/1099-MI	organization (W-2/1099-MISC)	- 1	E E			88	5	nours for	
ganization nd related			(VV-2/1099-MISC)	- 1	ĕ	20		frust	Ste	related	
ganizations				-	ig a	ptoy		Jonal	ualt	in Schedule	
yai iizalions					Highest compensated employee	Key employee	Officer	nstitutional trustee	ngkid	(describe hours for related organizations in Schedule O)	
				7				_			(1) GREGG HOWARD
0.	0.		0.	┙					X	1.00	TRUSTEE
_	_			-	1						(2) JOHN INMAN
0.	0.		0.	4	_		L	_	X	1.00	TRUSTEE
_											(3) RUSSELL ALTON WRIGHT
0.	0.		0.	4	_	_			X	1.00	TRUSTEE
^	١		00 000	- [ً ۔			20.00	(4) ROBERT W. CARPENTER, JR
0.	0.		22,200.	4	\dashv	<u> </u>	Х	 	 	29.00	GENERAL SECRETARY
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132007 01-23-12

		•		RICHMONI													
Form	990 (2011)			RITES (54-0	<u> 123</u>	<u> 385</u>	Pa	ige 8
Par	t VII	Section	on A. Office	ers, Directors, T	rustees, Key E	mpl	oyee	es, a	nd l	ligh	est	Compensated Employ	ees (continued)				_
		N	(A) Name and titl	le	(B) Average hours per week (describe	offi	(C) Position (do not check more the box, unless person is to officer and a director/to		than is bot	n an	from	(E) Reportable compensation from related	on d	Est am	(F) imate ount other	of	
					hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W·2/1099-MISC)	organization (W-2/1099-MIS		orga and	oensa om the inizat relate nizatie	ed ed
							ļ										-
							_										
					-												
			·														
	Sub-											22,200.		0.			0.
				sheets to Part	VII, Section A							0.		0.			0.
			nes 1b and				. 1 4					22,200.		0.	<u> </u>		0.
2				als (including but organization	not limited to tr	iose	IISTE	ea a	DOV	e) wr	io r	received more than \$100	J,UUU of reportab	/IE			(
	COIN	Jei isalic	on nom me c	Digariization -												Yes	No
3		-		•			e, ke	ey er	nplo	yee,	or	highest compensated e	mployee on				v
4			•	<i>te Schedule J for</i> on line 1a. is the		•	omp	ensa	atior	anc	l ot	her compensation from	the organization		3		<u>X</u>
•		•		•	•		•					for such individual	ano organization		4		X
5					•				•		elat	ted organization or indiv	idual for services	;			
			the organiza endent Con	tion? If "Yes," co	mplete Schedui	e J	or s	uch	pers	on			·-· ·		5	i	X
1					compensated in	dep	ende	ent c	onti	racto	rs 1	that received more than	\$100,000 of con	npens	sation fr	om	-
	the c	rganıza	tion. Report	compensation fo	or the calendar y	/ear	endi	ng v	vith	or w	thự	n the organization's tax	year.				
(A) (B) Name and business address NONE Description of services									services		(C) Compen		n				
											Ì						
													-				
											7						
											7						
				····													

2 Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

54-0123385

Form 990 (2011) SCOTTISH RITES OF FREEMASONRY

Part VIII | Statement of Revenue

ra	V	Statement of Nevel	iue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
क्ष थ	1.0	Fodomtod compound	1a					313,01314
E E		Federated campaigns Membership dues	1b	125,000.				
٥٤		Fundraising events	10	123,000.				
Contributions, Gifts, Grants and Other Similar Amounts		Related organizations	1d					
S,E	e							
ig is	f	All other contributions, gifts, gran						
	_	similar amounts not included abo		1,767.				
들임	g	Noncash contributions included in lines	1a-1f \$					
<u>8 ह</u>	h	Total. Add lines 1a-1f		•	126,767.			
				Business Code				
8	2 a			531120	30,705.	30,705.		
e Š	b	MASONIC LODGE U	ISER/REN	531120	19,171.	19,171.		
S E	C							
e a	d	·						
Program Service Revenue	е						·	_
٦	f	All other program service reve	enue .		49,876.			<u> </u>
\rightarrow		Total. Add lines 2a-2f	dudadaaba		49,070.			
	3	Investment income (including other similar amounts)	dividends, inter	est, and	180,971.			180,971.
	4	Income from investment of ta	x-exempt bond r	proceeds	200 / 5 / 20			1 200,000
	5	Royalties	r oxompt bond p	>				
		•	(ı) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
	С	Rental income or (loss)	L	<u> </u>				
	d	Net rental income or (loss)		<u> </u>				
- 1	7 a	Gross amount from sales of	(i) Securities	(II) Other				1
		assets other than inventory	1,289,104.					1
1	b	Less: cost or other basis	999737.					
-		and sales expenses	289367.					
- 1		Gain or (loss)	209307.	<u> </u>	289,367.			289,367.
- 1		Net gain or (loss) Gross income from fundraisin	a ayanta (aat		209,307.			209,307.
enne	o a	including \$	• '					
Ş		contributions reported on line						
Other Rev		Part IV, line 18	а					
ફ	b	Less: direct expenses	b					
0		Net income or (loss) from fund	draising events				The state of the s	
	9 a	Gross income from gaming ad	ctivities. See					
		Part IV, line 19	. a					
ŀ		Less: direct expenses	b	L				
		Net income or (loss) from gam	-					
	10 a	Gross sales of inventory, less	retums					
		and allowances	a					
		Less: cost of goods sold	b	L				-
ł	с	Net income or (loss) from sale Miscellaneous Revenu		Business Code				
ŀ	11 0	ST.ANDREWS AND		900099	2,128.	2,128.		
- 1	ii a b	01 EED ED		900099	256.	256.	<u>.</u>	
	C				250.	230.		
	d							
- 1		Total. Add lines 11a-11d	• ••		2,384.			
	12	Total revenue. See instructions.			649,365.	52,260.	0.	470,338.
13200	12							Form 990 (2011)

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)

Check if Schedule O contains a respons		s Part IX	765	<u></u>
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 United States. See Part IV, line 21			,	
2 Grants and other assistance to individuals in				1.00
the United States. See Part IV, line 22	3,200.			
3 Grants and other assistance to governments,				
organizations, and individuals outside the			,	
United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				1
5 Compensation of current officers, directors,				·
trustees, and key employees	22,200.			
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and				
persons described in section 4958(c)(3)(B)				· · · · · · · · · · · · · · · · · ·
7 Other salanes and wages	35,976.			
8 Pension plan accruals and contributions (include				
section 401(k) and section 403(b) employer contributions)	4,877.			
9 Other employee benefits	9,994.			
0 Payroll taxes	4,863.			
11 Fees for services (non-employees):				
a Management				
b Legal	0.074			
c Accounting	8,871.	<u> </u>		
d Lobbying			_	
e Professional fundraising services. See Part IV, line 17	05 605			
f Investment management fees	25,695.			
g Other				
12 Advertising and promotion	10 017			
13 Office expenses	19,817.			
I4 Information technology		 		
15 Royalties	117,024.			
16 Occupancy	764.			
7 Travel	/04.			
18 Payments of travel or entertainment expenses				
for any federal, state, or local public officials	19,440.			
9 Conferences, conventions, and meetings	13,440.			
20 Interest	39,214.		 	······································
Payments to affiliates	94,756.			
2 Depreciation, depletion, and amortization	20,551.			
Insurance Other expenses. Itemize expenses not covered	20,331.			
Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line				•
24e amount exceeds 10% of line 25, column (A)	,		1	
amount, list line 24e expenses on Schedule 0.) a MISCELLANEOUS	5,983.			
HODETON MANEG LITMINIST D	1,856.			
EDITONI C VOLIMII	<427.			
·	74410	<u> </u>		
d				
e All other expenses	434,654.			
Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization	232,034.			
· · · · · · · · · · · · · · · · · · ·				
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				
Check here following SOP 98-2 (ASC 958-720)			<u> </u>	Form 990 (201

Pa	rt X	Balance Sheet				
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		116,533.	1	122,541.
	2	Savings and temporary cash investments	[185,028.	2	312,550.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		5,530.	4	6,260.
	5	Receivables from current and former officers, directors, trustees,	key			
		employees, and highest compensated employees. Complete Par	EII			
		of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under se	ction			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contri			·	
		employers and sponsoring organizations of section 501(c)(9) volu	ntary			
		employees' beneficiary organizations (see instructions)	-	* ******* * **************************	6	
	7	Notes and loans receivable, net	[. ,	7	
	8	Inventories for sale or use		3,628.	8	2,116
•	9	Prepaid expenses and deferred charges	·	3,377.	9	3,015
	10a	Land, buildings, and equipment: cost or other				
			678,344.			
	Ь	Less: accumulated depreciation 10b 1,	953,476.	819,624.	10c	724,868
	11	Investments - publicly traded securities		4,476,533.	11	4,707,830
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets	· I		14	
	15	Other assets. See Part IV, line 11	•	1,953.	15	2,958
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1	5,612,206.	16	5,882,138
	17	Accounts payable and accrued expenses		2,235.	17	2,295
	18	Grants payable	Ì		18	·
	19	Deferred revenue		19	•	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedu	le D		21	
	22	Payables to current and former officers, directors, trustees, key e	1	· ½ ¾		-
		highest compensated employees, and disqualified persons. Com	plete Part II	` "	11	·
		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	•	1,000.	24	1,000
	25	Other liabilities (including federal income tax, payables to related	third	·		
		parties, and other liabilities not included on lines 17-24). Complete				
		Schedule D		79,928.	25	71,926.
	26	Total liabilities. Add lines 17 through 25		83,163.	26	75,221.
			d complete	-	-	
!		lines 27 through 29, and lines 33 and 34.	•			
	27	Unrestricted net assets		5,523,961.	27	5,801,718
į	28	Temporanly restricted net assets	l	5,082.	28	5,199.
) ;	29	Permanently restricted net assets	ľ		29	
j		Organizations that do not follow SFAS 117, check here	and			
		complete lines 30 through 34.				
1	30	Capital stock or trust principal, or current funds	ł		30	
	31	Paid in or capital surplus, or land, building, or equipment fund	· }		31	
	32	Retained earnings, endowment, accumulated income, or other fu	nde · }		32	
	33	Total net assets or fund balances		5,529,043.	33	5,806,917.
		•	ł	5,612,206.		5,882,138.
	34	Total liabilities and net assets/fund balances	<u> </u>	3,012,200.	34	J,002,130.

Form 990 (2011)

54-0123385 Page 12 SCOTTISH RITES OF FREEMASONRY Form 990 (2011) Part XI Reconciliation of Net Assets \mathbf{X} Check if Schedule O contains a response to any question in this Part XI 649,365. Total revenue (must equal Part VIII, column (A), line 12) 434,654. 2 Total expenses (must equal Part IX, column (A), line 25) 2 214,711.3 3 Revenue less expenses. Subtract line 2 from line 1 5,529,043. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 63,163. 5 Other changes in net assets or fund balances (explain in Schedule O) 5,806,917. Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response to any question in this Part XII Yes No Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. X 2a 2a Were the organization's financial statements compiled or reviewed by an independent accountant? $\overline{\mathbf{x}}$ b Were the organization's financial statements audited by an independent accountant? 2b c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, X review, or compilation of its financial statements and selection of an independent accountant? 2c 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: X 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 X Act and OMB Circular A-133? За 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.

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements Complete if the organization answered "Yes," to Form 990,

➤ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990. ➤ See separate instructions.

2011
Openito Rublic

Name of the organization

RICHMOND BODIES ANCIENT & ACCEPTED

Employer identification number 54-0123385

B -1	SCOTTISH RITES OF I		34-0123303
Ha	Organizations Maintaining Donor Advise		or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
	-	(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 v		sed 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 ac	dvisors in writing that grant funds can be	used only
	for chantable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose	
II 'I	impermissible private benefit?		Yes No
Rai	Conservation Easements. Complete if the org	anization answered "Yes" to Form 990, F	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ea	ducation) $igsqcup Preservation of an his$	storically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ed 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
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the pen	odic 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 d	lunng the year ▶
7	Amount of expenses incurred in monitoring, inspecting, and e	enforcing conservation easements during	the year ► \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	I(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation	on easements in its revenue and expense	e statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pa	Collections Maintaining Collections of	Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stater	ment and balance sheet works of art.
	historical treasures, or other similar assets held for public exh		
	the text of the footnote to its financial statements that describ		,
b	If the organization elected, as permitted under SFAS 116 (AS		t and balance sheet works of art. historical
	treasures, or other similar assets held for public exhibition, ed		
	relating to these items:	, o	and an individual and individual and an individu
	(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 trea		
_	the following amounts required to be reported under SFAS 11		a gairi, provido
_	·	TO VICE 300) relating to these items:	. •
a	Revenues included in Form 990, Part VIII, line 1	•	-
D	Assets included in Form 990, Part X		> \$

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

Schedule D (Form 990) 2011

RICHMOND BODIES ANCIENT & ACCEPTED

	Schedule D (Form 990) 2011 SCOTTISH RITES OF FREEMASONRY 54-0123385 Page 2						
Pai	Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)						
3	3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items						
	(check all that apply):						
а	Public exhibition	d	I └── Loan or exc	hange progran	ns		
b	Scholarly research	e	Other				·····
C	Preservation for future generations						
4	Provide a description of the organization's co	ollections and explai	n how they further t	he organization	n's exemp	t purpose in f	Part XIV.
5	During the year, did the organization solicit of	or receive donations	of art, historical trea	sures, or other	r sımılar as	sets	
	to be sold to raise funds rather than to be m	aintained as part of	the organization's co	ollection?			Yes No
Pai	rt IV Escrow and Custodial Arran	-	ete if the organizatio	on answered "Y	Yes" to Fo	rm 990, Part I	IV, line 9, or
	reported an amount on Form 990, Pa	rt X, line 21.					
1a	Is the organization an agent, trustee, custod	ian or other intermed	diary for contribution	ns or other ass	ets not inc	luded	
	on Form 990, Part X?					ł	└─ Yes └─ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing table:				
							Amount
С	Beginning balance		-			1c	
d	Additions during the year	•	-			1d	
е	Distributions during the year			•		1e	
f	Ending balance						
	Did the organization include an amount on F		21?				└─ Yes └─ No
	If "Yes," explain the arrangement in Part XIV						
Pai	rt V Endowment Funds. Complete		T	T"			
		(a) Current year	(b) Pnor year	(c) Two years		Three years ba	-
1a	Beginning of year balance	151,473.	134,610.	<u>-</u>	,783.	145,13	
b	Contributions	5,190.	2,555.		,160.	9,97	
C	Net investment earnings, gains, and losses	6,370.	14,508.	19,	,667.	<47,32	1
đ	Grants or scholarships						DETERMINE THE
е	Other expenditures for facilities		•••				
_	and programs		200.				1297 1 1 2 2 4 4
T	• • • • • • • • • • • • • • • • • • • •	162,022	151 472	124	<u></u>	105.50	
g	End of year balance	163,033.	151,473.		,610.	107,78	13. (************************************
2	Provide the estimated percentage of the cur	rent year end baland	e (line 1g, column (a	a)) held as:			
a	Board designated or quasi-endowment		_%				
b	Permanent endowment	%					
С	Temporarily restricted endowment	%					
•	The percentages in lines 2a, 2b, and 2c should be a sh	•					
3a	Are there endowment funds not in the possession of the organization that are held and administered for the organization						
	by:						Yes No
	(i) unrelated organizations					•	3a(i) X 3a(ii) X
	(ii) related organizations	-1.4.1	0 1 1 1 50	-			
	If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?					_3b	
	4 Describe in Part XIV the intended uses of the organization's endowment funds.						
í≅ďi	Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.						
	Description of property	(a) Cost or o		or other	(c) Accu		(d) Book value
	Lond	Dasis (IIIVesti		(other)	debie	ciation	67,434.
	Land .			7,434. 8,830.			608,157.
	Buildings		4,33	0,030.	Ι,/3	0,673.	000,157.
	Leasehold improvements		27	2,080.	22	2,803.	49,277.
	Equipment		21	4,000.	44	4,003.	43,411.
	e Other					721 060	
ı otal	. Add lines 1a through 1e. (Column (d) must e	quai ronn 990, Pârt	∧, coiumn (B), line 1	U(C).)			724,868.

Schedule	D	(Form	990)	2011

Part VII Investments - Other Securities. See Form 990, Part X, line 12.						
(a) Description of security or category (including name of security)	(b) Book value		od of valuation: of-year market value			
(1) Financial derivatives						
(2) Closely-held equity interests						
(3) Other						
(A)						
(B)	ļ					
(C)	 					
(E)						
(F)			 			
(G)						
(H)						
(1)						
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)						
Part VIII Investments - Program Related.	See Form 990, Part X, lir					
(a) Description of investment type	(b) Book value		od of valuation: of-year market value			
<u>(1)</u>						
(2)						
(3)						
(4)						
<u>(5)</u> (6)	- 					
(7)	· · · · · · · · · · · · · · · · · · ·					
(8)		····				
(9)	<u> </u>		-			
(10)						
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)		,				
Part IX Other Assets. See Form 990, Part X, Im	e 15. a) Description		(b) Book value			
(1)			, ,			
(2)						
(3)						
(4)						
<u>(4)</u> <u>(5)</u>						
(5)						
(5) (6)						
(5) (6) (7) (8) (9)						
(5) (6) (7) (8) (9) (10)						
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) In			>			
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. See Form 990, Part X		(b) Rook value				
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. See Form 990, Part > 1. (a) Description of liability		(b) Book value	>			
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. See Form 990, Part X 1. (a) Description of liability (1) Federal income taxes			>			
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) PREPAID DUES	(, line 25.	67,139.				
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) PREPAID DUES (3) DUE TO CHILDHOOD LANGUAG	K, line 25. E CENTER	67,139. 3,829.				
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) PREPAID DUES (3) DUE TO CHILDHOOD LANGUAG (4) DUE TO LIBRARY AND SCHOL	K, line 25. E CENTER	67,139.				
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) PREPAID DUES (3) DUE TO CHILDHOOD LANGUAG	K, line 25. E CENTER	67,139. 3,829.				
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) Interest X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) PREPAID DUES (3) DUE TO CHILDHOOD LANGUAG (4) DUE TO LIBRARY AND SCHOL.	K, line 25. E CENTER	67,139. 3,829.				
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) PREPAID DUES (3) DUE TO CHILDHOOD LANGUAG (4) DUE TO LIBRARY AND SCHOL (5) (6)	K, line 25. E CENTER	67,139. 3,829.				
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) PREPAID DUES (3) DUE TO CHILDHOOD LANGUAG (4) DUE TO LIBRARY AND SCHOL (5) (6) (7)	K, line 25. E CENTER	67,139. 3,829.				
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) PREPAID DUES (3) DUE TO CHILDHOOD LANGUAG (4) DUE TO LIBRARY AND SCHOL (5) (6) (7) (8)	K, line 25. E CENTER	67,139. 3,829.				
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) In Part X Other Liabilities. See Form 990, Part X (a) Description of liability (1) Federal income taxes (2) PREPAID DUES (3) DUE TO CHILDHOOD LANGUAG (4) DUE TO LIBRARY AND SCHOL. (5) (6) (7) (8) (9) (10) (11)	E CENTER ARSHIP	67,139. 3,829. 958.				
(5) (6) (7) (8) (9) (10) Total. (Column (b) must equal Form 990, Part X, col (B) lin Part X Other Liabilities. See Form 990, Part X (1) Federal income taxes (2) PREPAID DUES (3) DUE TO CHILDHOOD LANGUAG (4) DUE TO LIBRARY AND SCHOL (5) (6) (7) (8) (9) (10)	E CENTER ARSHIP	67,139. 3,829. 958.				

RICHMOND BODIES ANCIENT & ACCEPTED

	dule D (Form 990) 2011 SCOTTISH RITES OF FREEMASONS			0123385	Page 4
<u>Pa</u>	述义 Reconciliation of Change in Net Assets from Form 990 to A	udited Finance	cial Statement	<u> </u>	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1_		
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities	-	5		
6	Investment expenses		6	-	
7	Pnor penod adjustments		7		
8	Other (Describe in Part XIV.)	• • •	8	-	
9	Total adjustments (net). Add lines 4 through 8	·	9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	9	10		
	Reconciliation of Revenue per Audited Financial Statement	ts With Rever	ue per Return		
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:		المتعرب المتعرب		
	Net unrealized gains on investments	2a	4. 4		
b	Donated services and use of facilities	2b			
	Recovenes of prior year grants	2c			
c	· · · ·	2d			
d	Other (Describe in Part XIV)	20			
_	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:	. 1	1		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	B		
b	Other (Describe in Part XIV.)	4b			
С	Add lines 4a and 4b		4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	-A- Midh Franc	5		
	Reconciliation of Expenses per Audited Financial Statemer	nts with Expe		m	
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:	1			
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
C	Other losses	2c			
d	Other (Describe in Part XIV.)	2d			
е	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:	_			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<i>*</i>		
b	Other (Describe in Part XIV.)	4b			
С	Add lines 4a and 4b		4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5		
	tXIV Supplemental Information				
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, I	lines 1a and 4; Pa	rt IV, lines 1b and 2	2b; Part V, line 4	: Part
	2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complet	· · · · · · · · · · · · · · · · · · ·			•
	T X, LINE 2: THE BODIES IS A QUALIFYING NOT				
IS	EXEMPT FROM FEDERAL AND STATE INCOME TAXES	UNDER IN	TERNAL REV	VENUE CO	DE
SEC	TION 501(C)(10) AND THE TAX STATUTES OF THE	E COMMONW	EALTH OF V	VIRGINIA	
ACCORDINGLY, THE ACCOMPANYING FINANCIAL STATEMENTS DO NOT REFLECT A					
PRO	VISION OR LIABILITY FOR FEDERAL AND STATE	INCOME TA	XES. THE		
<u>ASS</u>	OCIATION HAS DETERMINED THAT IT DOES NOT HA	AVE ANY M	ATERIAL U	NRECOGNI	ZED
TAX	BENEFITS OR OBLIGATIONS AS OF DECEMBER 31,	, 2011.	FISCAL YE	ARS ENDI	NG
ON OR AFTER 2008 REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE TAX					
			Sched	ule D (Form 99	0) 2011

RICHMOND BODIES ANCIENT & ACCEPTED 54-0123385 Page 5 SCOTTISH RITES OF FREEMASONRY Schèdule D (Form 990) 2011 Part XIV Supplemental Information (continued) AUTHORITIES. THE INTENDED USE OF ENDOWMENT FUNDS IS TO SUPPORT THE FRATERNAL ACTIVITIES OF THE RICHMOND SCOTTISH RITE BODIES.

SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury Internal Revenue Service	Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.	Openyto/Publicy Inspection
Name of the organization	RICHMOND BODIES ANCIENT & ACCEPTED SCOTTISH RITES OF FREEMASONRY	Employer identification number 54-0123385
FORM 990, PA	RT I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
BROTHERHOOD	OF FREEMASONRY.	
FORM 990, PA	RT VI, SECTION A, LINE 7A: MEMBERS ELECT THE	TRUSTEES, WHO ARE
THEN CONFIRM	ED BY THE CIRCUIT COURT.	
FORM 990, PA	RT VI, SECTION B, LINE 11: THE GENERAL SECRET	ARY OF THE
ORGANIZATION	, WHO IS THE FINANCIAL OFFICER, REVIEWS THE 9	90.
		
FORM 990, PA	RT 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 B	Y THE FINANCE
COMMITTE, AN	D THE FEDERAL COLA IS USED TO DETERMINE INCRE	ASES.
FORM 990, PA	RT VI, SECTION C, LINE 19: THE ORGANIZATION M	AKES ITS POLICIES
AVAILABLE TO	THE PUBLIC UPON REQUEST.	
	· · · · · · ·	
FORM 990, PA	RT XI, LINE 5, CHANGES IN NET ASSETS:	
UNREALIZED O	AIN ON INVESTMENTS - CURRENT YEAR	63,163
		