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CHANGE OF ACCOUNTING PERIOD

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning JUL 1, 2009 **and ending** OCT 31, 2009

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
MASONIC HOMES OF CALIFORNIA

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
1111 CALIFORNIA STREET

City or town, state or country, and ZIP + 4
SAN FRANCISCO, CA 94108

D Employer identification number
94-1156564

E Telephone number
415-776-7000

G Gross receipts $ 25,320,865.

F Name and address of principal officer DAVID RICHARD DOAN
34400 MISSION BLVD., UNION CITY, CA 94587

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☒ 501(c)(3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.MASONICHOMES.ORG

K Type of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1918 **M** State of legal domicile: CA

Part I Summary

1	Briefly describe the organization's mission or most significant activities: OPERATION OF HOMES FOR THE ELDERLY AND CHILDREN		
2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets		
3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of employees (Part V, line 2a)	5	407
6	Total number of volunteers (estimate if necessary)	6	15
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	5,603,454.	1,521,225.
9	Program service revenue (Part VIII, line 2g)	10,516,955.	3,358,842.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<93,998,774.>	1,379,273.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<1,319,687.>	769,433.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<79,198,052.>	7,028,773.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	4,133,137.	968,562.
14	Benefits paid to or for members (Part IX, column (A), line 4)		
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	17,451,580.	5,887,708.
16a	Professional fundraising fees (Part IX, column (A), line 11e)		
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 183,852.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	31,301,669.	7,930,946.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	52,886,386.	14,787,216.
19	Revenue less expenses Subtract line 18 from line 12	<132084438.>	<7,758,443.>

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	717,768,647.	776,123,816.
21	Total liabilities (Part X, line 26)	42,482,658.	37,622,835.
22	Net assets or fund balances Subtract line 21 from line 20	675,285,989.	738,500,981.

Part II Signature Block

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

Sign Here

Signature of officer — Date 3/15/10

TOM BOYER, CFO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature — Date 3/12/2010 — Check if self-employed ▶ ☐ — Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4
MOSS ADAMS LLP
3121 W. MARCH LANE, SUITE 100
STOCKTON, CA 95219

EIN ▶

Phone no. ▶ 209-955-6100

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

G20

Part III | Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission SEE SCHEDULE O FOR CONTINUATION
TO PROVIDE QUALITY CARE TO CALIFORNIA MASTER MASONS, THEIR WIVES, WIDOWS AND MOTHERS, AS WELL AS TO CHILDREN WITH AND WITHOUT MASONIC AFFILIATIONS, WITH DIGNITY AND COMPASSION, WITHIN AN ATMOSPHERE BASED ON MASONIC TENETS THAT FULFILL THE PHYSICAL, SOCIAL, SPIRITUAL AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes", describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes", describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code) (Expenses $ 9,738,695. including grants of $) (Revenue $ 3,358,842.)
OPERATION OF HOMES FOR THE ELDERLY (ADULT RESIDENTIAL SERVICE): MASONIC HOMES FOLLOWS AN "AGING IN PLACE" APPROACH TO CARE AND SERVICES. THIS MEANS WE TRY TO BRING NEEDED SERVICES TO RESIDENTS INSTEAD OF HAVING THEM GO TO THE SERVICES. RESIDENTS ENJOY THE SECURITY OF KNOWING THAT MULTIPLE LEVELS OF CARE WILL BE AVAILABLE TO THEM ON THE SAME CAMPUS. THE MASONIC HOMES OF CALIFORNIA OFFER THE FOLLOWING LEVELS OF SERVICE:

-INDEPENDENT LIVING - RESIDENTS WHO QUALIFY FOR INDEPENDENT LIVING ARE ABLE TO PROVIDE ALL OF THEIR OWN CARE, EVEN THOUGH SOME USE WALKERS OR CANES.
-ASSISTED LIVING - RESIDENTS ARE ABLE TO LIVE INDEPENDENTLY WHILE RECEIVING ASSISTANCE WITH ACTIVITIES OF DAILY LIVING, SUCH AS BATHING,

4b (Code) (Expenses $ 1,157,896. including grants of $ 888,981.) (Revenue $)
MASONIC OUTREACH PROGRAM: MASONIC HOMES OF CALIFORNIA KNOWS THAT MANY OF OUR CONSTITUENTS PREFER TO LIVE OUT THEIR LIVES IN THEIR OWN HOMES OR HOME COMMUNITIES. YET MANY NEED HELP COPING WITH THE CHALLENGES AND ISSUES ASSOCIATED WITH AGING. IN RESPONSE, THE MASONIC HOMES OF CALIFORNIA HAS EXPANDED THE MASONIC OUTREACH SERVICES (MOS) PROGRAM TO BETTER MEET THE NEEDS OF OUR ELDERLY CONSTITUENTS WHO WISH TO REMAIN IN THEIR OWN HOME OR COMMUNITY. MASONIC HOMES GOAL IS TO PROVIDE OUR FRATERNAL FAMILY MEMBERS ACCESS TO THE SERVICES AND RESOURCES THEY NEED TO STAY HEALTHY AND SAFE IN THEIR OWN HOMES OR IN RETIREMENT FACILITIES IN THEIR HOME COMMUNITIES.

MASONIC OUTREACH SERVICES INCLUDE:

4c (Code) (Expenses $ 79,581. including grants of $ 79,581.) (Revenue $)
SCHOLARSHIP (CHILDREN'S PROGRAM)

4d Other program services (Describe in Schedule O)
(Expenses $ 44,794. including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 11,020,966. *(Must equal Part IX, Line 25, column (B))*

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? *If "Yes," complete Schedule C, Part II*	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any 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, 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	X	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? *If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		X
13	Is the organization a school as 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 U S ?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X
21	Did the organization report more than $5,000 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 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, questions 3, 4, or 5? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b-24d and complete Schedule K. If "No", go to question 25*	24a		X
b	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 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		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? *If "Yes," complete Schedule L, Part I*	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	27		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? *If "Yes," complete Schedule L, Part IV*	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? *If "Yes," complete Schedule L, Part IV*	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? *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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35	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	X	
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

Part V Statements Regarding Other IRS Filings and Tax Compliance

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable	1a	174		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	407		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		5a		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5b		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5c		
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		6a		X
6a	Did the organization solicit any contributions that were not tax deductible?		6b		
b	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).**				
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		7h		
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter N/A				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter N/A				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A	12b			

Part VI Governance, Management, and Disclosure *(Sections A, B, and C request information about policies not required by the Internal Revenue Code.)*

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O See instructions			
1a	Enter the number of voting members of the governing body	1a 15		
b	Enter the number of voting members that are independent	1b 15		
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c	X	
13	Does the organization have a written whistleblower policy?	13	X	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
a	The organization's CEO, Executive Director, or top management official?	15a	X	
b	Other officers or key employees of the organization?	15b	X	
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ CA

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☒ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

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

TOM BOYER - 415-292-9133

1111 CALIFORNIA STREET, SAN FRANCISCO, CA 94108

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

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

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed

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

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

☐ Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DAVID R. DOAN PRESIDENT	3.00	X						0.	0.	0.
TIMOTHY A. WOOD VICE PRESIDENT	2.00	X						0.	0.	0.
GLENN D. WOODY TREASURER	2.00	X		X				0.	0.	0.
ALLAN L. CASALOU SECRETARY	10.00	X		X				0.	177,974.	10,268.
LARRY L. ADAMSON BOARD MEMBER	2.00	X						0.	0.	0.
FRED L. AVERY BOARD MEMBER	2.00	X						0.	0.	0.
WILLIAM J. BRAY, III BOARD MEMBER	2.00	X						0.	0.	0.
GARY G. CHARLAND BOARD MEMBER	2.00	X						0.	0.	0.
MICHAEL J. CORNELL BOARD MEMBER	2.00	X						0.	0.	0.
MARK N. GIBSON BOARD MEMBER	2.00	X						0.	0.	0.
JOHN W. HERRING BOARD MEMBER	2.00	X						0.	0.	0.
JOHN F. LOWE BOARD MEMBER	2.00	X						0.	0.	0.
MICHAEL D. NEBEN BOARD MEMBER	2.00	X						0.	0.	0.
JACK M. ROSE BOARD MEMBER	2.00	X						0.	0.	0.
TOM BOYER CFO	22.00			X				0.	123,450.	5,935.
MEL MATSUMOTO EXEC. VICE PRESIDENT	40.00			X				80,478.	0.	11,008.
ROBERT FALLON EXEC. DIR. - SENIOR SRVC	40.00				X			214,190.	0.	31,403.

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
STEFFANI KIZZIAR EXEC. DIR. - OUTREACH	40.00				X			214,334.	0.	14,678.
DIXIE REEVE ADMINISTRATOR - UC	40.00				X			158,272.	0.	18,830.
JOHN HOWL VP STRATEGIC DEVELOPMENT	40.00				X			235,346.	0.	24,439.
YVONNE WONG DIRECTOR OF PHARMACY	40.00					X		131,468.	0.	9,169.
SAMUEL BAUM DIRECTOR OF MKTNG & PR	40.00					X		104,380.	0.	15,661.
JOHN MARSHALL DIRECTOR OF FOOD SERVICE	40.00					X		122,195.	0.	27,105.
1b Total ▶								1,260,663.	301,424.	168,496.

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 8

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
BNBT BUILDERS INC., 1825 SOUTH GRANT ST, SUITE 600, SAN MATEO, CA 94402	ACACIA CREEK CONSTRUCTION	1,173,248.
NEC UNIFIED SOLUTIONS INC., JPM (CHASE) LOCKBOX-WEST, PASADENA, CA 91189	ACACIA CREEK CONSTRUCTION	368,728.
TANGRAM P.O. BOX 512206, LOS ANGELES, CA 90051	ACACIA CREEK CONSTRUCTION	200,000.
INTERIOR CONCEPTS 190 MONTURA WAY, IGNACIO, CA 94949	ACACIA CREEK CONSTRUCTION	196,787.
KAISER FOUNDATION HEALTH INC., P.O. BOX 60000, SAN FRANCISCO, CA 94160-3029	HEALTH/MEDICAL PAYMENTS	168,389.

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 10

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,521,225.				
	g Noncash contributions included in lines 1a-1f $					
	h **Total.** Add lines 1a-1f	▶	1521225.			
Program Service Revenue		Business Code				
	2a RESIDENT REVENUE	623990	3164967.	3164967.		
	b MEDICARE PAYMENTS	623990	193,875.	193,875.		
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a-2f	▶	3358842.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶	5095442.			5,095,442.
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶	80,653.			80,653.
		(i) Real / (ii) Personal				
	6a Gross Rents	6,709.				
	b Less rental expenses					
	c Rental income or (loss)	6,709.				
	d Net rental income or (loss)	▶	6,709.			6,709.
		(i) Securities / (ii) Other				
	7a Gross amount from sales of assets other than inventory	14,575,923.				
	b Less. cost or other basis and sales expenses	18,292,092.				
	c Gain or (loss)	<3,716,169.>				
	d Net gain or (loss)	▶	<3,716,169.>			<3,716,169.>
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less direct expenses	b				
	c Net income or (loss) from fundraising events	▶				
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
	10a Gross sales of inventory, less returns and allowances	a				
	b Less cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
	Miscellaneous Revenue	Business Code				
	11a SPLIT INT. AGREEMENT	525990	655,603.			655,603.
	b RESIDENT REIMBURSEMENT	623990	26,468.			26,468.
	c					
	d All other revenue					
	e **Total.** Add lines 11a-11d	▶	682,071.			
	12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e	▶	7028773.	3358842.	0.	2,148,706.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22	968,562.	968,562.		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	425,620.	144,787.	280,833.	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	3,790,691.	3,484,811.	197,641.	108,239.
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	224,435.	197,915.	26,520.	
9 Other employee benefits	1,160,717.	1,096,142.	63,172.	1,403.
10 Payroll taxes	286,245.	261,119.	25,126.	
11 Fees for services (non-employees)				
a Management				
b Legal	121,937.	35,795.	84,038.	2,104.
c Accounting	42,579.	42,579.		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	388,048.		388,048.	
g Other	1,030,286.	190,171.	811,188.	28,927.
12 Advertising and promotion				
13 Office expenses	484,647.	409,330.	37,595.	37,722.
14 Information technology				
15 Royalties				
16 Occupancy	490,739.	490,739.		
17 Travel	70,479.	19,738.	45,566.	5,175.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	1,417,930.		1,417,930.	
22 Depreciation, depletion, and amortization	1,684,730.	1,681,644.	3,086.	
23 Insurance	395,845.	380,850.	14,995.	
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a RESIDENT SERVICES	1,359,260.	1,359,260.		
b DUES & LICENSES	212,183.	63,846.	148,055.	282.
c OUTPLACEMENTS	109,016.	109,016.		
d PROPERTY TAXES	77,342.	77,342.		
e MISCELLANEOUS EXPENSE	45,925.	7,320.	38,605.	
f All other expenses				
25 **Total functional expenses.** Add lines 1 through 24f	14,787,216.	11,020,966.	3,582,398.	183,852.
26 **Joint Costs.** Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		209,046.	1	181,328.
	2	Savings and temporary cash investments		10,298,981.	2	15,043,083.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		316,695.	4	314,284.
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net		2,000,000.	7	2,000,000.
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		3,237,537.	9	545,898.
	10a	Land, buildings, and equipment cost basis	10a 168,460,992.			
	b	Less accumulated depreciation Complete Part VI of Schedule D	10b 79,855,751.	88,179,701.	10c	88,605,241.
	11	Investments - publicly traded securities		594,928,284.	11	649,312,063.
	12	Investments - other securities See Part IV, line 11			12	
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		18,598,403.	15	20,121,919.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		717,768,647.	16	776,123,816.
Liabilities	17	Accounts payable and accrued expenses		11,791,077.	17	9,261,134.
	18	Grants payable			18	
	19	Deferred revenue		17,853,986.	19	18,190,127.
	20	Tax-exempt bond liabilities			20	
	21	Escrow account liability. Complete Part IV of Schedule D			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		42,327.	23	29,449.
	24	Unsecured notes and loans payable			24	
	25	Other liabilities Complete Part X of Schedule D		12,795,268.	25	10,142,125.
	26	**Total liabilities.** Add lines 17 through 25		42,482,658.	26	37,622,835.
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		524,870,854.	27	586,551,686.
	28	Temporarily restricted net assets		7,065,059.	28	8,513,538.
	29	Permanently restricted net assets		143,350,076.	29	143,435,757.
		Organizations that do not follow SFAS 117, check here ▶ [ ] and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		675,285,989.	33	738,500,981.
	34	Total liabilities and net assets/fund balances		717,768,647.	34	776,123,816.

Part XI Financial Statements and Reporting

				Yes	No
1	Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a			X
b	Were the organization's financial statements audited by an independent accountant?	2b			X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a			X
b	If "Yes," did the organization undergo the required audit or audits?	3b			

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization	**Employer identification number**
MASONIC HOMES OF CALIFORNIA	94-1156564

Part I Reason for Public Charity Status (All organizations must complete this part) (see instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).** (Attach Schedule H)

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete the Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).** (see instructions)

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

h Provide the following information about the organizations the organization supports

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	8,138,397.	14,175,085.	5,052,477.	5,603,454.	1,521,225.	34,490,638.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 - 3	8,138,397.	14,175,085.	5,052,477.	5,603,454.	1,521,225.	34,490,638.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1,720,854.
6 **Public Support.** Subtract line 5 from line 4						32,769,784.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	8,138,397.	14,175,085.	5,052,477.	5,603,454.	1,521,225.	34,490,638.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16,918,479.	22,628,575.	25,685,504.	24,009,610.	5,182,804.	94,424,972.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	70,142.					70,142.
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)		776.	120,600.	114,091.	682,072.	917,539.
11 **Total support.** Add lines 7 through 10						129,903,291.

12 Gross receipts from related activities, etc (see instructions) 12 42,953,497.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 25.23 %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 29.62 %

16a **33 1/3% support test - 2008.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2007.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☒

b **10% -facts-and-circumstances test - 2007.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 - 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11, and 12)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3% support tests - 2008.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12 Provide any other additional information (see instructions)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

OTHER INCOME

UNDER IRC REG. SECTION 1.170A-9(F)(3), IF AN ORGANIZATION FAILS TO MEET THE 33 1/3 PERCENT-OF-SUPPORT TEST UNDER SUBPARAGRAPH (2), IT CAN STILL QUALIFY AS A PUBLICLY SUPPORTED ORGANIZATION UNDER IRC SECTION 170(B)(1)(A)(VI) IF IT MEETS THE "FACTS AND CIRCUMSTANCES" TEST UNDER SUBPARAGRAPH (3).

REQUIREMENT 1: SUBSTANTIAL PUBLIC SUPPORT:

THE ORGANIZATION DERIVES LESS THAN 33 1/3% FROM DIRECT CONTRIBUTION FROM THE GENERAL PUBLIC, BUT MORE THAN 10%.

REQUIREMENT 2: ATTRACTION OF PUBLIC SUPPORT:

THE CALIFORNIA MASONIC HOMES HAS AN ANNUAL FUND CAMPAIGN WHERE IT SOLICITS 60,000 PLUS POTENTIAL DONORS EACH YEAR. PARTICIPATION IS IN THE 10-13% RANGE. TOTAL GIVING EACH YEAR RANGES BETWEEN $600,000 AND $800,000, DEPENDING ON THE NATURE OF THE PROGRAM. THE ORGANIZATION ALSO SOLICIT AND RECEIVE PLANNED GIFTS, SUCH AS CHARITABLE TRUSTS, AND CHARITABLE GIFT ANNUITIES.

THIS IS A FULL TIME AND CONTINUOUS PART OF OUR FUNDRAISING STRATEGY. THE ORGANIZATION DOES NOT TYPICALLY SEEK FUNDS FROM GOVERNMENT UNITS OR OTHER PUBLIC CHARITIES.

ADDITIONAL FACTS:

PERCENTAGE OF SUPPORT DERIVED BY THE ORGANIZATION FROM THE PUBLIC OR FROM GOVERNMENTAL UNITS: 25.23%

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12 Provide any other additional information (see instructions)

THE ORGANIZATION'S SUPPORT IS SOURCED FROM THE GENERAL PUBLIC, A FEW LARGE DONORS AND INVESTMENT INCOME.

CALIFORNIA MASONIC HOMES SOLICITS DONATION THROUGH DIRECT MAIL, MASONIC HOMES WEBSITE AND FACE-TO-FACE COMMUNICATION WITH PROSPECTIVE DONORS.

OVER THE PAST SEVERAL YEARS, CALIFORNIA MASONIC HOMES HAS SOLICITED AND RAISED FUNDS FROM MORE THAN 8,000 DIFFERENT DONORS. THE AVERAGE GIFT IS APPROXIMATELY $150. THIS BROAD LEVEL OF GIVING CONTRASTS THE MAJOR GIFT PORTION OF THE PROGRAM, WHERE A SMALL GROUP OF DONORS HAS MADE GIFTS OR PLEDGES IN THE $25,000 TO $100,000 RANGE.

THE ORGANIZATION HAS A GOVERNING BODY THAT IS DIVERSE AND IS MADE UP OF INDIVIDUALS ELECTED PURSUANT TO THE ORGANIZATION'S GOVERNING BYLAWS BY A BROAD MEMBERSHIP BASE. PLEASE SEE FORM 990, PART VII FOR A FULL LIST OF BOARD MEMBERS.

IN CARRYING OUT ITS EXEMPT PURPOSES, THE ORGANIZATION PROVIDES THE FOLLOWING SERVICES AND/OR FUNCTIONS:

CALIFORNIA MASTER MASONS FOUNDED THE MASONIC HOMES OF CALIFORNIA OVER 100 YEARS AGO TO PROVIDE ORGANIZED RELIEF TO THOSE IN NEED. INSPIRED BY BROTHERLY LOVE, THEY BUILT MAGNIFICENT AND SOUND BUILDINGS TO LAST CENTURIES AND TO SHELTER OUR FRATERNAL FAMILY.

TODAY, IN RESIDENTIAL AND COMMUNITY-BASED PROGRAMS, THE MASONIC HOMES CARES FOR SENIORS AND CHILDREN IN THE NAME OF EVERY MASON IN CALIFORNIA -- PAST, PRESENT AND FUTURE. WE CONTINUALLY STRIVE FOR EXCELLENCE IN ALL THAT WE DO TO ENSURE THAT OUR SERVICES ARE DELIVERED IN A MANNER BEFITTING OUR FOUNDING IDEALS.

THE MASONIC HOMES OF CALIFORNIA OFFER A RANGE OF SERVICES THAT INCLUDE:

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12 Provide any other additional information (see instructions)

1. ADULT RESIDENT SERVICE

THE FOLLOWING ARE THE RANGE OF SERVICES THAT WE OFFER TO OUR RESIDENTS IN UNION CITY AND COVINA CAMPUSES.

HEALTH SERVICES THAT INCLUDE ON-SITE MEDICAL AND DENTAL CLINICS, REHABILITATION SERVICES AND HYDROTHERAPY POOL SERVICES. OUR WELLNESS PROGRAMS OFTEN INCLUDE YOGA, MASSAGE, T'AI CHI, LECTURES AND NUTRITIONAL COUNSELING. THE UNION CITY CAMPUS HAS AN ONSITE PHARMACY, AND THE COVINA CAMPUS HAS AN ESTABLISHED RELATIONSHIP WITH A COMMUNITY PHARMACY.

THREE PROFESSIONALLY PREPARED MEALS A DAY ARE SERVED IN SPACIOUS AND ATTRACTIVE DINING ROOMS. RESIDENTS ENJOY SHARING MEALS TOGETHER, AND TABLES SET WITH CHINA AND LINEN IS THE NORM. DAILY SALAD BARS AND AN ELEGANT SUNDAY BUFFET BRUNCH AT BOTH HOMES ARE AMONG THE WEEK'S DINING HIGHLIGHTS. RESIDENTS' SPECIAL DIETARY NEEDS ARE ACCOMMODATED.

OUR HOMES FOLLOW AN "AGING IN PLACE" APPROACH TO CARE AND SERVICES. THIS MEANS WE TRY TO BRING NEEDED SERVICES TO RESIDENTS INSTEAD OF HAVING THEM GO TO THE SERVICES. RESIDENTS ENJOY THE SECURITY OF KNOWING THAT MULTIPLE LEVELS OF CARE WILL BE AVAILABLE TO THEM ON THE SAME CAMPUS.

THE MASONIC HOMES OF CALIFORNIA OFFER THE FOLLOWING LEVELS OF SERVICE:

A) INDEPENDENT LIVING -- RESIDENTS WHO QUALIFY FOR INDEPENDENT LIVING ARE ABLE TO PROVIDE ALL OF THEIR OWN CARE, EVEN THOUGH SOME USE WALKERS OR CANES.

B) ASSISTED LIVING -- RESIDENTS ARE ABLE TO LIVE INDEPENDENTLY WHILE RECEIVING ASSISTANCE WITH ACTIVITIES OF DAILY LIVING, SUCH AS BATHING, TAKING MEDICATIONS AND DRESSING.

C) SKILLED NURSING -- THE MEDICAL FACILITY AT UNION CITY MAKES AROUND-THE-CLOCK NURSING AND CUSTODIAL CARE AVAILABLE TO RESIDENTS. RESIDENTS OF COVINA RECEIVE THIS LEVEL OF CARE IN FACILITIES OF COMMUNITY

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b; or Part III, line 12 Provide any other additional information (see instructions)

PARTNERS OR ON THE UNION CITY CAMPUS, DEPENDING UPON THEIR CHOICES.

D) ALZHEIMER'S/DEMENTIA -- A NEW 16-BED SECURE UNIT NAMED TRADITIONS RECENTLY OPENED ON THE UNION CITY CAMPUS. IT HAS BEEN RENOVATED AND REFURBISHED TO ALLOW STAFF TO PROVIDE OPTIMAL CARE -- AND A PROTECTIVE ENVIRONMENT -- FOR THE RESIDENTS.

E) HOSPICE -- BOTH HOMES OFFER A HOSPICE PROGRAM INTENDED FOR RESIDENTS WHO ARE SUFFERING FROM A TERMINAL ILLNESS OR ARE IN NEED OF PAIN MANAGEMENT. HOSPICE ALLOWS RESIDENTS TO STAY IN THEIR OWN HOMES AS LONG AS POSSIBLE.

2. MASONIC OUTREACH SERVICES

WE KNOW THAT MANY OF OUR CONSTITUENTS PREFER TO LIVE OUT THEIR LIVES IN THEIR OWN HOMES OR HOME COMMUNITIES. YET MANY NEED HELP COPING WITH THE CHALLENGES AND ISSUES ASSOCIATED WITH AGING. IN RESPONSE, THE MASONIC HOMES OF CALIFORNIA HAS EXPANDED THE MASONIC OUTREACH SERVICES (MOS) PROGRAM TO BETTER MEET THE NEEDS OF OUR ELDERLY CONSTITUENTS WHO WISH TO REMAIN IN THEIR OWN HOME OR COMMUNITY.

MASONIC HOMES GOAL IS TO PROVIDE OUR FRATERNAL FAMILY MEMBERS ACCESS TO THE SERVICES AND RESOURCES THEY NEED TO STAY HEALTHY AND SAFE IN THEIR OWN HOMES OR IN RETIREMENT FACILITIES IN THEIR HOME COMMUNITIES.

MASONIC OUTREACH SERVICES INCLUDE:

A) ONGOING FINANCIAL AND CARE SUPPORT FOR THOSE WITH DEMONSTRATED NEED

B) INTERIM FINANCIAL AND CARE SUPPORT FOR THOSE ON THE WAITING LIST FOR THE MASONIC HOMES OF CALIFORNIA

C) INFORMATION AND REFERRALS TO COMMUNITY-BASED SENIOR PROVIDERS ACROSS CALIFORNIA

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b, or Part III, line 12 Provide any other additional information (see instructions)

3. MASONIC FAMILY RESOURCE CENTER

IN RESPONSE TO THE CHANGING NEEDS OF MASONIC FAMILIES, THE HOMES TRANSITIONED OUT OF RESIDENTIAL CARE FOR CHILDREN IN 2009 AND EXPANDED THE MASONIC FAMILY RESOURCE CENTER.

THE MASONIC FAMILY RESOURCE CENTER WAS FOUNDED IN 2008 BY PAST GRAND MASTER RICHARD WAKEFIELD HOPPER TO PROVIDE SUPPORT FOR THE CHALLENGES FACED BY TODAY'S MASONIC FAMILIES. WE IDENTIFY RESOURCES FOR FAMILIES STRUGGLING WITH COMPLEX ISSUES, SUCH AS THE IMPACT OF DIVORCE, THE STRESSES OF A SPECIAL NEEDS CHILD, AND OTHER SIGNIFICANT LIFE CHALLENGES. OUR CASE MANAGEMENT SERVICES ARE BROAD, FLEXIBLE, AND ABLE TO SERVE FAMILIES IN THEIR OWN COMMUNITIES. WE CURRENTLY PROVIDE SUPPORT TO MASONIC FAMILIES IN NORTHERN AND SOUTHERN CALIFORNIA AND PLAN TO SIGNIFICANTLY EXPAND OUR SERVICES AND REACH.

THE MASONIC FAMILY RESOURCE CENTER IS ALSO DEVELOPING SERVICES AND PROGRAMS SPECIFICALLY TO SUPPORT FAMILIES NEGATIVELY IMPACTED BY ECONOMIC EVENTS, SUCH AS JOB LOSS, FORECLOSURE, AND OTHER DIFFICULTIES.

THE MASONIC FAMILY RESOURCE CENTER ALSO PROVIDES ONGOING CASE MANAGEMENT AND SCHOLARSHIPS FOR ALUMNI OF OUR RESIDENTIAL PROGRAM.

Schedule D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
MASONIC HOMES OF CALIFORNIA

Employer identification number
94-1156564

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

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

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

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

☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of certified historic structure

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

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

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

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

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

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

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

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

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

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ 0.
(ii) Assets included in Form 990, Part X ▶ $ 0.

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ 0.
b Assets included in Form 990, Part X ▶ $ 319,537.

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☒ Other FOR ENJOYMENT OF RESIDENTS

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

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

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

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

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	263,765,514.				
b Contributions	436,625.				
c Investment earnings or losses	30,035,244.				
d Grants or scholarships					
e Other expenditures for facilities and programs	128,319.				
f Administrative expenses	321,934.				
g End of year balance	293,787,130.				

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

a Board designated or quasi-endowment ▶ 48.00 %
b Permanent endowment ▶ 49.00 %
c Term endowment ▶ 3.00 %

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	
(ii) related organizations 3a(ii)		X
b 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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land		7,188,406.		7,188,406.
b Buildings		135103556.	62,918,666.	72,184,890.
c Leasehold improvements				
d Equipment		9,953,806.	7,748,298.	2,205,508.
e Other		16,215,224.	9,188,787.	7,026,437.
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				88,605,241.

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	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total (Col (b) should equal Form 990, Part X, col (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Col (b) should 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
Total. *(Column (b) should equal Form 990, Part X, col (B) line 15.)* ▶	

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

(a) Description of liability	(b) Amount
Federal income taxes	
MINIMUM PENSION LIABILITY	4,383,345.
LIABILITY TO BENEFICIARIES OF	
SPLIT-INTEREST AGREEMENTS	2,927,921.
NOTE PAYABLE - RELATED PARTY	2,000,000.
DUE TO OTHER FUNDS	329,273.
INTERCOMPANY PAYABLES	501,586.
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	10,142,125.

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

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

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

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue 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				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	

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

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4; Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

PART III, LINE 4: VARIOUS DONATED ITEMS FROM MEMBERS OF THE MASONIC FRATERNITY IN CALIFORNIA AND ELSEWHERE. THE COLLECTIONS INCLUDE WORKS OF ARTS, MASONIC REGALIA AND NUMERIOUS HISTORICAL PIECES LOCATED IN MASONIC HOMES UNION CITY AND COVINA CAMPUSES.

PART V, LINE 4: OPERATIONS OF MASONIC HOMES FOR THE ELDERLY AND CHILDREN

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

▶ **Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.**

▶ **Attach to Form 990.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

MASONIC HOMES OF CALIFORNIA

Employer identification numbe

94-1156564

Part I **General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] N

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000 Check this box if no one recipient received more than $5,000 Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations ▶

3 Enter total number of other organizations ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22
Use Schedule I-1 (Form 990) if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
MASONIC OUTREACH PROGRAM	69	888,981.	0.		
SCHOLARSHIP	5	79,581.	0.		

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information

SCHEDULE I, PART I, LINE 2: GRANT FUNDS ARE MONITORED BY THE BOARD, THE APPROPRIATE COMMITTEES AND KEY EMPLOYEES OF THE ORGANIZATION. THE BOARD AND THE APPROPRIATE COMMITTEES SET GUIDELINES ON HOW FUNDS ARE USED.

FOR MOS CLIENT - A CARE PLAN AND BUDGET IS DEVELOPED THAT SUPPORTS THEIR PHYSICAL, EMOTIONAL AND SOCIAL WELL-BEING. THE AMOUNT OF SUPPORT CLIENTS RECEIVE IS DETERMINED BY THEIR NEEDS. AS NEEDS CHANGE, SO DOES THE AMOUNT OF SUPPORT.

Part IV Supplemental Information

FOLLOWING ARE THE MOS PROCEDURES:

THE APPLICATION FOR ASSISTANCE IS INITIALLY APPROVED BY THE ADMISSIONS COMMITTEE. EACH YEAR THE CLIENT GOES THROUGH A RECERTIFICATION PROCESS IN WHICH THEY NEED TO PRODUCE NEW BANK STATEMENTS, FINANCIAL RECORDS, ETC AND THEIR BUDGET IS VERIFIED. THE CASE MANAGER RECOMMENDS ANY CHANGES TO THE BUDGET TO THE MOS MANAGER. THE MANAGER THEN FORWARDS TO THE DIRECTOR FOR FINAL APPROVAL. EVERY BUDGET INCREASE/DECREASE IS REPORTED IN A SUMMARY REPORT TO THE FULL BOARD OF TRUSTEES ON A QUARTERLY BASIS.

THE ORIGINAL DOCUMENTATION THAT INCLUDES BANK STATEMENTS, BUDGET CALCULATIONS, RECEIPTS ARE KEPT IN THE CLIENT FILE. ALL CHANGES TO THE BUDGET ARE SUBSTANTIATED WITH BACK-UP DOCUMENTATION (E.G., DOCUMENTS SHOWING RENT INCREASES, ETC). EACH YEAR THE CLIENT PRODUCES NEW DOCUMENTATION DURING THEIR RECERTIFICATION PROCESS. THE CLIENTS MONTHLY BUDGET AND CARE PLANS ARE REVIEWED EACH MONTH BY THE MANAGER AND THE DIRECTOR OF THE PROGRAM.

CLIENTS BECOME FINANCIAL CLIENT OF THE MOS PROGRAM WHEN THEY DO NOT HAVE ENOUGH INCOME TO SUSTAIN THEIR DAILY COST OF LIVING, WHICH IS "NEED BASED" AND THEY DO NOT HAVE MORE THAT $2,000 IN LIQUID ASSETS. IF THEY OWN A HOME, MH TAKES OVER THE DEED OF THEIR PROPERTY OR OWNERSHIP OF POLICIES (LIFE INSURANCE, ETC).

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

MASONIC HOMES OF CALIFORNIA

Employer identification number

94-1156564

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax indemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☒ Written employment contract ☒ Independent compensation consultant ☒ Compensation survey or study ☐ Form 990 of other organizations ☒ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a.			
a	Receive a severance payment or change of control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations must complete lines 5-8.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of.			
a	The organization?	5a	X	
b	Any related organization?	5b		X
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
	(i)	0.	0.	0.	0.	0.	0.	0
ALLAN L. CASALOU	(ii)	177,974.	0.	0.	0.	10,268.	188,242.	188,242
	(i)	214,190.	0.	0.	14,289.	17,114.	245,593.	245,593
ROBERT FALLON	(ii)	0.	0.	0.	0.	0.	0.	0
	(i)	187,802.	26,532.	0.	14,678.	0.	229,012.	229,012
STEFFANI KIZZIAR	(ii)	0.	0.	0.	0.	0.	0.	0
	(i)	134,336.	23,936.	0.	12,021.	6,809.	177,102.	177,102
DIXIE REEVE	(ii)	0.	0.	0.	0.	0.	0.	0
	(i)	206,585.	28,761.	0.	17,018.	7,421.	259,785.	259,785
JOHN HOWL	(ii)	0.	0.	0.	0.	0.	0.	0
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

PART I, LINE 5: THE ORGANIZATION HAS A MANAGEMENT INTENSIVE PROGRAM PRIMARILY FOR EXEMPT EMPLOYEES BASED UPON DEPARTMENT RESPONSIBILITIES. THIS PROGRAM IS BASED ON A) NET EARNING PERFORMANCE AGAINST BUDGET B) SAFETY - WORKERS COMP INCIDENT C) RESIDENT SURVEY SATISFACTION.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

MASONIC HOMES OF CALIFORNIA

Employer identification number

94-1156564

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

NURTURING NEEDS OF OUR EXTENDED COMMUNITY.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS

TAKING MEDICATIONS AND DRESSING.

-SKILLED NURSING - THE MEDICAL FACILITY AT UNION CITY MAKES AROUND-THE-CLOCK NURSING AND CUSTODIAL CARE AVAILABLE TO RESIDENTS. RESIDENTS OF COVINA RECEIVE THIS LEVEL OF CARE IN FACILITIES OF COMMUNITY PARTNERS OR ON THE UNION CITY CAMPUS, DEPENDING UPON THEIR CHOICES.

-ALZHEIMER'S/DEMENTIA - A NEW 16-BED SECURE UNIT NAMED TRADITIONS RECENTLY OPENED ON THE UNION CITY CAMPUS. IT HAS BEEN RENOVATED AND REFURBISHED TO ALLOW STAFF TO PROVIDE OPTIMAL CARE AND A PROTECTIVE ENVIRONMENT FOR THE RESIDENTS.

-HOSPICE - BOTH HOMES IN UNION CITY AND COVINA OFFER A HOSPICE PROGRAM INTENDED FOR RESIDENTS WHO ARE SUFFERING FROM A TERMINAL ILLNESS OR ARE IN NEED OF PAIN MANAGEMENT. HOSPICE ALLOWS RESIDENTS TO STAY IN THEIR OWN HOMES AS LONG AS POSSIBLE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS

-ONGOING FINANCIAL AND CARE SUPPORT FOR THOSE WITH DEMONSTRATED NEED, INTERIM FINANCIAL AND CARE SUPPORT FOR THOSE ON THE WAITING LIST FOR THE MASONIC HOMES OF CALIFORNIA INFORMATION AND REFERRALS TO COMMUNITY-BASED SENIOR PROVIDERS ACROSS CALIFORNIA, SOME CLIENTS NEED HELP IDENTIFYING APPROPRIATE SERVICE PROVIDERS IN THEIR AREA; OTHERS

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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2008

Open to Public Inspection

Name of the organization

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NEED HELP DEVELOPING A COMPREHENSIVE CARE PLAN THAT ADDRESSES THEIR PHYSICAL, EMOTIONAL AND FINANCIAL NEEDS. MOS TAILORS ITS SERVICES TO THE NEEDS OF THE CLIENT. FOR THOSE CLIENTS WHO NEED FINANCIAL ASSISTANCE, A CARE PLAN AND BUDGET IS DEVELOPED THAT SUPPORTS THEIR PHYSICAL, EMOTIONAL AND SOCIAL WELL-BEING. THE AMOUNT OF SUPPORT CLIENTS RECEIVE IS DETERMINED BY THEIR NEEDS. AS NEEDS CHANGE, SO DOES THE AMOUNT OF SUPPORT. MOS ALSO PROVIDES FINANCIAL AND CARE MANAGEMENT SUPPORT TO THOSE WITH IMMEDIATE AND PRESSING NEEDS WHO ARE ON THE WAITING LIST FOR THE MASONIC HOMES OF CALIFORNIA. WE KNOW WAITING CAN BE DIFFICULT WHEN YOUR NEEDS ARE URGENT.

FORM 990, PART VI, SECTION A, LINE 10: THE SENIOR ACCOUNTANT PREPARES THE FORM 990 SUPPORTING SCHEDULES/DATA, THEN THE CONTROLLER REVIEWS THE SCHEDULES/DATA AND SUBMITS TO CFO FOR FINAL APPROVAL. ONCE APPROVED, THE SCHEDULES ARE SUBMITTED TO THE TAX CONSULTANT FOR THE PREPARATION OF THE FORM 990. THE TAX CONSULTANT SUBMITS THE COMPLETED 990 TO THE CFO FOR FINAL REVIEW AND APPROVAL. CFO SIGNS THE FORM 990 AND FILES WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: AS REQUIRED, ANNUALLY, EACH MEMBER OF THE BOARD EXECUTES AND SIGNS A CONFLICT OF INTEREST DISCLOSURE STATEMENT. IN THIS STATEMENT, THE BOARD AND THE BOARD LEVEL COMMITTEE DISCLOSES KNOWN, EXISTING, POTENTIAL AND POSSIBLE CONFLICTS OF INTEREST. IF NO SUCH INTERESTS OR ACTIVITIES EXIST, THE PARTY WRITES THE WORD "NONE" IN THE SPACE PROVIDED. IN ADDITION, THESE STATEMENTS ARE UPDATED WHEN AN INTERESTED PARTY SUBSEQUENTLY BECOMES A MATTER OF BOARD ACTION. THE INTERESTED PARTY DISCLOSES THE CIRCUMSTANCES TO THE PRESIDENT OF THE BOARD

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OF DIRECTORS. IN THE EVENT THE INTERESTED PARTY IN QUESTION IS THE PRESIDENT OF THE BOARD, THE POTENTIAL CONFLICT IS DISCLOSED TO THE FULL BOARD. THE CONFLICT OF INTEREST DISCLOSURE STATEMENT FOR BOARD AND NON-BOARD COMMITTEE MEMBERS IS SUBMITTED TO THE PRESIDENT OF THE BOARD FOR REVIEW. THE PLANS FOR MITIGATION OF ANY CONFLICT RELATING TO BOARD MEMBERS OR NON-BOARD COMMITTEE MEMBERS ARE PRESENTED BY THE PRESIDENT TO THE BOARD AND THE GRAND MASTER. FOLLOWING THEIR REVIEW, ALL CONFLICT OF INTEREST DISCLOSURE STATEMENTS ARE KEPT ON FILE WITH THE GRAND SECRETARY

FORM 990, PART VI, SECTION B, LINE 15: BENCHMARKING IS COMPLETED ON ALL POSITIONS BY AN INDEPENDENT THIRD PARTY COMPENSATION CONSULTANT. REVIEW IS DONE BY THE INDEPENDENT VOLUNTEER LEADERSHIP BOARD OF TRUSTEES AND APPROVED BY THE PRESIDENT OF THE BOARD. SALARY BENCHMARKING IS CONDUCTED BY AN INDEPENDENT THIRD PARTY COMPENSATION CONSULTANT UTILIZING NUMEROUS PUBLISHED SALARY SURVEYS FOR EACH POSITION BASED ON TITLE AND JOB DESCRIPTION.

FORM 990, PART VI, SECTION C, LINE 19: THE AUDITED FINANCIAL STATEMENTS, GOVERNING/ORGANIZING DOCUMENTS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE TO THE PUBLIC AT THE CORPORATE OFFICE.

FORM 990, PART XI, LINE 2 & PART IV, LINE 12

AUDITED FINANCIAL STATEMENTS WERE NOT PREPARED FOR THE SHORT YEAR ENDED OCTOBER 31, 2009. INSTEAD, THE ORGANIZATION WILL BE ISSUING CONSOLIDATED AUDITED FINANCIAL STATEMENTS FOR THE 16 MONTHS ENDED OCTOBER 31, 2009, TO CORRESPOND WITH A CHANGE IN YEAR END.

SCHEDULE O
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Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

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THE CONSOLIDATED FINANCIAL STATEMENTS FOR THE PERIOD ENDED OCTOBER 31, 2009 WILL INCLUDE SEPARATE FINANCIAL INFORMATION FOR THIS ORGANIZATION, REPORTED IN THE SUPPLEMENTAL SCHEDULES.

PER IRS INSTRUCTIONS, FORM 990, PART XI, LINE 2 AND PART IV, LINE 12 HAVE BEEN ANSWERED "NO", AND SCHEDULE D, PARTS XI THROUGH XIII HAVE NOT BEEN COMPLETED.

SCHEDULE R (Form 990)
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Related Organizations and Unrelated Partnerships

▶ **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**

▶ **See separate instructions.**

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2008

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Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
GRAND LODGE OF THE FREE & ACCEPTED MASONS OF CALIFORNIA - 94-0487790, 1111 CALIFORNIA ST., SAN FRANCISCO, CA 94108	FRATERNAL ORGANIZATION	CALIFORNIA	501(C)(10)		N/A
CALIFORNIA MASONIC MEMORIAL TEMPLE - 94-1266937, 1111 CALIFORNIA ST., SAN FRANCISCO, CA 94108	SUPPORTING ORGANIZATION	CALIFORNIA	501(C)(3)	11B	N/A
CALIFORNIA MASONIC FOUNDATION - 23-7013074 1111 CALIFORNIA ST. SAN FRANCISCO, CA 94108	CHARITABLE FOUNDATION SUPPORTING EDUCATIONAL AND COMMUNITY-BASED PROGRAMS	CALIFORNIA	501(C)(3)	7	N/A
ACACIA CREEK, A MASONIC SENIOR LIVING COMMUNITY AT UNION CITY - 20-4688615, 34400 MISSION BLVD., UNION CITY, CA 94587	CONTINUING CARE AND RETIREMENT ACTIVITY	CALIFORNIA	501(C)(3)	9	N/A

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportionate allocations? Yes	(H) No	(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) Genera manag partne Yes	N

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percenta ownershi
NOB HILL MASONIC CENTER, INC. - 61-1511651 1111 CALIFORNIA ST. SAN FRANCISCO, CA 94108	OPERATION OF MASONIC TEMPLE PARKING FACILITY	CA	N/A	C CORP	N/A	N/A	N/A

Part V Transactions With Related Organizations

			Yes	No
Note. Complete line 1 if any entity is listed in Parts II, III, or IV				
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties **(iv)** rent from a controlled entity	1a		X
b	Gift, grant, or capital contribution to other organization(s)	1b		X
c	Gift, grant, or capital contribution from other organization(s)	1c		X
d	Loans or loan guarantees to or for other organization(s)	1d	X	
e	Loans or loan guarantees by other organization(s)	1e		X
f	Sale of assets to other organization(s)	1f		X
g	Purchase of assets from other organization(s)	1g		X
h	Exchange of assets	1h		X
i	Lease of facilities, equipment, or other assets to other organization(s)	1i		X
j	Lease of facilities, equipment, or other assets from other organization(s)	1j		X
k	Performance of services or membership or fundraising solicitations for other organization(s)	1k		X
l	Performance of services or membership or fundraising solicitations by other organization(s)	1l		X
m	Sharing of facilities, equipment, mailing lists, or other assets	1m		X
n	Sharing of paid employees	1n	X	
o	Reimbursement paid to other organization for expenses	1o	X	
p	Reimbursement paid by other organization for expenses	1p		X
q	Other transfer of cash or property to other organization(s)	1q		X
r	Other transfer of cash or property from other organization(s)	1r		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds

(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1) ACACIA CREEK UNION CITY	D	93,000,000
(2) GRAND LODGE OF FREE AND ACCEPTED MASONS OF CALIFORNIA	N	1,359,343
(3) GRAND LODGE OF FREE AND ACCEPTED MASONS OF CALIFORNIA	O	298,392
(4)		
(5)		
(6)		

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization See instructions regarding exclusion for certain investment partnerships

(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations? Yes	(D) No	(E) Share of end-of-year assets	(F) Disproportionate allocations? Yes	(F) No	(G) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(H) General or managing partner? Yes	(H) No