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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

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 04-01-2009 and ending 03-31-2010

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

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

C Name of organization
KANSAS MASONIC FOUNDATION INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
P O BOX 1217

City or town, state or country, and ZIP + 4
TOPEKA, KS 66601

D Employer identification number
48-6127355

E Telephone number
(785) 357-7646

G Gross receipts $ 8,765,912

F Name and address of principal officer

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: ▶ http //www kmfonline org/

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1966 | **M** State of legal domicile KS

Part I Summary

1 Briefly describe the organization's mission or most significant activities
TO ENCOURAGE AND EXPAND MASONIC PHILANTHROPY TO CHARITABLE, EDUCATIONAL AND SCIENTIFIC PROGRAMS

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

3	Number of voting members of the governing body (Part VI, line 1a)	3	11
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	11
5	Total number of employees (Part V, line 2a)	5	5
6	Total number of volunteers (estimate if necessary)	6	
7a	Total gross 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	

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	591,201	487,659
9	Program service revenue (Part VIII, line 2g)	75,040	76,857
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	340,479	2,689,625
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	36,864	30,669
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,043,584	3,284,810
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	24,850	24,218
14	Benefits paid to or for members (Part IX, column (A), line 4)		0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	360,327	366,108
16a	Professional fundraising fees (Part IX, column (A), line 11e)		0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶220,599		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	457,461	461,549
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	842,638	851,875
19	Revenue less expenses Subtract line 18 from line 12	200,946	2,432,935

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	24,069,343	31,391,030
21	Total liabilities (Part X, line 26)	10,117,146	10,673,931
22	Net assets or fund balances Subtract line 21 from line 20	13,952,197	20,717,099

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

****** | 2010-11-08
Signature of officer | Date

MARK NELSON Executive Director
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Bradley N Owen	Date	Check if self-empolyed ▶ ☐	Preparer's identifying number (see instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ Mize Houser & Company PA 534 S KANSAS AVE TOPEKA, KS 666033403			EIN ▶ Phone no ▶ (785) 233-0536

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission

TO ENCOURAGE AND EXPAND MASONIC PHILANTHROPY TO CHARITABLE, EDUCATIONAL AND SCIENTIFIC PROGRAMS

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

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

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

4a (Code) (Expenses $ 217,825 including grants of $) (Revenue $ 30,669)

OTHER CHARITABLE ACTIVITIES CONSISTENT WITH THE KANSAS MASONIC FOUNDATION'S MISSION TO ENCOURAGE AND EXPAND MASONIC PHILANTHROPY TO CHARITABLE, EDUCATIONAL AND SCIENTIFIC PROGRAMS

4b (Code) (Expenses $ 61,510 including grants of $) (Revenue $ 59,309)

ANNUAL HIGH SCHOOL BAND CAMP STUDENTS ARE SPONSORED BY LOCAL LODGES ACROSS KANSAS LOCAL LODGES PAY A FEE FOR EACH STUDENT (NO COST TO STUDENT) ALL NET PROCEEDS GO TO CANCER RESEARCH THE BAND CAMP PROGRAM HAS BEEN RECOGNIZED AND HAS BEEN COPIED BY OTHER STATES DETAILS ABOUT THE BAND CAMP ARE ATTACHED TO THIS RETURN

4c (Code) (Expenses $ 24,218 including grants of $ 24,218) (Revenue $ 17,548)

ASSIST THOSE IN NEED BY PROVIDING SCHOLARSHIPS

4d Other program services (Describe in Schedule O)

(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 303,553

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes	
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		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		No
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		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
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	Yes	
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	Yes	
11	Is the organization's answer to any of the following questions "Yes"? *If so,complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.*	11	Yes	
	● Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*			
	● Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*			
	● Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*			
	● Did the organization report an amount for other assets 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.*			
	● Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*			
	● Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? *If "Yes," complete Schedule D, Part X.*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12	Yes	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? **Yes** **No**			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional **12A** No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		No
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 U S ? *If "Yes," complete Schedule F, Part II*	15		No
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 U S ? *If "Yes," complete Schedule F, Part III*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		No

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
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**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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**		No
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 line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
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**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
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**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
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**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
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**		No
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**		No
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**		No
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**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
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**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

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**	2		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		**1c**	Yes	
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**	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note:** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?		**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*		**3b**		No
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**	Yes	
b	If "Yes," enter the name of the foreign country ▶ CJ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		**5c**		No
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		No
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**		No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**	0		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		**7f**		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		**7h**		No
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		**8**		No
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		**9a**		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?		**9b**		No
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		No
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			

Part VI **Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body . .	1a 11		
b	Enter the number of voting members that are independent . .	1b 11		
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		No
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		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets? . .	5		No
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .	7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		No
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Yes	
11A	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		No
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		No
13	Does the organization have a written whistleblower policy?	13		No
14	Does the organization have a written document retention and destruction policy?	14		No
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	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line a or b, 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		No
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		No

Section C. Disclosure

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

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

☐ Own website ☐ Another's website ☑ Upon request

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

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

MARK NELSON
320 SW 8TH
TOPEKA, KS 66603
(785) 357-7646

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 Report compensation for the calendar year ending with or within the organization's tax year Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, or 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 current or former 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			
WESLEY BAINTER Director	0	X						0	0	0
VICTOR J OLSON EXECUTIVE vp	0	X		X				0	0	0
ROY T SULLIVAN JR Director	0	X						0	0	0
RON L CAPPS Vice President	0	X		X				0	0	0
MARK NELSON Executive Direc	40 00			X				78,732	0	9,118
LELAND G DENTON sEC/TREAS	0	X		X				0	0	0
L KENT NEEDHAM Director	0	X						0	0	0
JEFFREY L SOWDER President	0	X		X				0	0	0
JAMES J WHITE Director	0	X						0	0	0
DONALD D SCHOENI Director	0	X						0	0	0
CRAIG STALLWITZ Director	0	X						0	0	0
ADLEY E JOHNSON Director	0	X						0	0	0

1b Total . . . . . ▶	78,732		9,118

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

			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**		No
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**		No
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**		No

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns . . 1a				
	b	Membership dues 1b				
	c	Fundraising events 1c				
	d	Related organizations . . . 1d				
	e	Government grants (contributions) 1e				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f 487,659				
	g	Noncash contributions included in lines 1a-1f $ _____				
	h	**Total.** Add lines 1a-1f . . . . . ▶	487,659			
Program Service Revenue		Business Code				
	2a	STUDENT LOAN INTEREST	17,548	17,548		
	b	HIGH SCHOOL BAND CAMP	59,309	59,309		
	c					
	d					
	e					
	f	All other program service revenue				
	g	**Total.** Add lines 2a–2f . . . . . ▶	76,857			
	3	Investment income (including dividends, interest and other similar amounts) . . . . . ▶	607,221			607,221
	4	Income from investment of tax-exempt bond proceeds . . ▶	0			
	5	Royalties . . . . . ▶	0			
		(i) Real / (ii) Personal				
	6a	Gross Rents				
	b	Less rental expenses				
	c	Rental income or (loss)				
	d	Net rental income or (loss) . . . . . ▶	0			
		(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory: 7,563,506				
	b	Less cost or other basis and sales expenses: 5,481,102				
	c	Gain or (loss): 2,082,404				
	d	Net gain or (loss) . . . . . ▶	2,082,404			2,082,404
Other Revenue	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 . . ▶	0			
	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 . . ▶	0			
	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 . . ▶	0			
		Miscellaneous Revenue / Business Code				
	11a	AGENCY FUND ADMIN FEES	30,669	30,669		
	b					
	c					
	d	All other revenue				
	e	**Total.** Add lines 11a–11d . . . . . ▶	30,669			
	12	**Total revenue.** See Instructions . . . ▶	3,284,810	107,526		2,689,625

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	0			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	24,218	24,218		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	79,310	30,138	15,069	34,103
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	209,583	58,450	73,458	77,675
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9 Other employee benefits	54,629	12,505	24,118	18,006
10 Payroll taxes	22,586	5,647	8,808	8,131
11 Fees for services (non-employees)				
a Management	0			
b Legal	0			
c Accounting	0			
d Lobbying	0			
e Professional fundraising *See Part IV, line 17*	0			
f Investment management fees	0			
g Other	0			
12 Advertising and promotion	1,280	221	345	714
13 Office expenses	7,524	1,488	2,478	3,558
14 Information technology	15,638	3,763	6,457	5,418
15 Royalties	0			
16 Occupancy	15,660	3,915	6,107	5,638
17 Travel	14,343	6,305	6,064	1,974
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	3,938		3,938	
23 Insurance	0			
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 PROFESSIONAL FEES	83,692	12,915	24,716	46,061
b Printing and Publications	17,204	1,155	14,340	1,709
c INVESTMENT EXPENSE	126,132		126,132	
d Contribution	72,489	72,489		
e BAND CAMP EXPENSE	61,510	60,545	691	274
f All other expenses	42,139	9,799	15,002	17,338
25 **Total functional expenses.** Add lines 1 through 24f	851,875	303,553	327,723	220,599
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		330,955	1	224,329
	2	Savings and temporary cash investments			2	0
	3	Pledges and grants receivable, net		406,020	3	95,376
	4	Accounts receivable, net			4	0
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	0
	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	0
	7	Notes and loans receivable, net		1,008,272	7	1,054,037
	8	Inventories for sale or use			8	0
	9	Prepaid expenses and deferred charges			9	0
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 101,338			
	b	Less accumulated depreciation	10b 94,578	9,804	10c	6,760
	11	Investments—publicly traded securities			11	0
	12	Investments—other securities See Part IV, line 11		20,144,194	12	27,121,069
	13	Investments—program-related See Part IV, line 11			13	0
	14	Intangible assets			14	0
	15	Other assets See Part IV, line 11		2,170,098	15	2,889,459
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		24,069,343	16	31,391,030
Liabilities	17	Accounts payable and accrued expenses			17	
	18	Grants payable		6,158,805	18	5,136,236
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*		3,958,341	21	5,537,695
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		10,117,146	26	10,673,931
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		6,786,340	27	11,382,051
	28	Temporarily restricted net assets		3,015,183	28	4,465,014
	29	Permanently restricted net assets		4,150,674	29	4,870,034
		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		13,952,197	33	20,717,099
	34	Total liabilities and net assets/fund balances		24,069,343	34	31,391,030

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
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	3b		No

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
KANSAS MASONIC FOUNDATION INC

Employer identification number
48-6127355

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 (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches **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).**

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 Part III)

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

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?

	Yes	No
(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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(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? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support?
Total									

Part II Support Schedule for Organizations Described in IRC 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	320,451	277,333	258,261	199,201	342,135	1,397,381
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 **Total.** Add lines 1 through 3	320,451	277,333	258,261	199,201	342,135	1,397,381
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)						41,696
6 **Public Support.** Subtract line 5 from line 4						1,355,685

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	320,451	244,963	258,261	199,201	342,135	1,397,381
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	419,823	244,963	601,356	611,877	607,221	2,485,240
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets						0
11 **Total support** (Add lines 7 through 10)						3,882,621

12	Gross receipts from related activities, etc (See instructions)	12	559,666

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

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2009 (line 6 column (f) divided by line 11 column (f))	14	34 920 %
15	Public Support Percentage for 2008 Schedule A, Part II, line 14	15	37 720 %

16a **33 1/3% support test—2009.** 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—2008.** If the organization did not check the 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—2009.** 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—2008.** 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 IRC 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 through 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 $5,000 or 1% of the amount on line 13 for the year						
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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(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 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2009 (line 8 column (f) divided by line 13 column (f))	15
16	Public support percentage from 2008 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c column (f) divided by line 13 column (f))	17
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18

19a **33 1/3% support tests—2009.** 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—2008.** 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.** 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

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
KANSAS MASONIC FOUNDATION INC

Employer identification number
48-6127355

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 for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 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 ▶ $ _____

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

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

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

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

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

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

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

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

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

Part IV Escrow and Custodial Arrangements. Complete if the 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 the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance	4,150,674	5,336,702			
b Contributions					
c Investment earnings or losses	719,360	-1,186,028			
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	4,870,034	4,150,674			

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

- a Board designated or quasi-endowment ▶ %
- b Permanent endowment ▶ 100 000 % %
- c Term endowment ▶ %

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)		No
(ii) related organizations	3a(ii)		No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		No

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) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other	101,338		94,578	6,760
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				6,760

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		
Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶	27,121,069	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) 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
BENEFICIAL INTEREST IN TRUST	245,000
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	2,889,459

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
See Additional Data Table	
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	

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

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	3,284,810
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	851,875
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	2,432,935
4	Net unrealized gains (losses) on investments	4	5,703,456
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,371,489
9	Total adjustments (net) Add lines 4 - 8	9	4,331,967
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	6,764,902

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	7,540,393
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	5,703,456		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	-1,321,741		
e	Add lines **2a** through **2d**			2e	4,381,715
3	Subtract line **2e** from line **1**			3	3,158,678
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	126,132		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	126,132
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	3,284,810

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

1	Total expenses and losses per audited financial statements			1	725,743
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	725,743
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	126,132		
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	126,132
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	851,875

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 Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
Part XI, Line 8	Part XI, Line 8 Other Changes in Net Assets or Fund Balances	CHG VALUE BENEFICIAL INTEREST- BUECHNER $15000 NET ALLOCATIONS OF INCOME TO AGENCY FUNDS $0 UNREALIZED LOSS ON INVESTMENTS $ -0 change in benefit obligation $ -49748 NET ALLOCATIONS OF INCOME TO AGENCY FUNDS $ -1336741
Part V, Line 4	Part V, Line 4 Intended uses of the endowment fund	Student loans, scholarships and other charitable and scientific purposes
Part IV, Line 2b	Part IV, Line 2b Explanation of escrow account liability	Various organizations or donors have transferred assets to the Foundation through an agency transaction

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493312013290

Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
KANSAS MASONIC FOUNDATION INC

Employer identification number
48-6127355

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? . . . ☑ Yes ☐ No

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" to 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 . . . ▶ ☑

(a) Name and address of organization or government	(b) EIN	(c) IRC Code 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 . . . ▶ 0

3 Enter total number of other organizations . . . ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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
SCHOLARSHIP	12	24,218			
See Additional Data Table					

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

Identifier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		GRANT APPLICATIONS AND INFORMATION ON SCHOLARSHIPS ATTACHED

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493312013290

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization
KANSAS MASONIC FOUNDATION INC

Employer identification number
48-6127355

Identifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	This information is available upon request
Form 990, Part VI, Line 15b	Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	The President shall appoint from among the Board a Human Resources Committee which shall review the evaluations presented by the Executive Director on all employees, and then present them to the Board of Trustees at the Annual Meeting The committee shall prepare an evaluation of the Executive Director and upon approval of the President, present it to the Board of Trustees at the Annual Meeting The committee shall make sure the personnel policy is reviewed and updated as necessary The committee shall present Salary and Promotion adjustments made by the Executive Director to the Board of Trustees at the Annual Meeting The Committee shall advise the Board on personnel grievance resolutions and other significant human resources issues All evaluations shall be on file by the end of the fiscal year All recommendations for pay increases shall be on file after the end of the fiscal year, March 31st
Form 990, Part VI, Line 11	Form 990, Part VI, Line 11 Form 990 Review Process	Provided to the Finance Committee for their review

Deadline Wednesday, April 15, 2010

KANSAS MASONIC FOUNDATION, INC.

P.O. Box 1217
Topeka, Kansas 66601-1217

Student Loan Application
2010-2011, subsequent years

Loan # _____
Date Rcvd. _____
Maturity Date: _____
Kansas Masonic Foundation office use only

Phone (785) 357-7646 Fax (785) 357-7406 www.kmfonline.org Email: kmf@kmfonline.org

Print Clearly or Type **(This form is to be completed by the student)**

Name: _____ Cell Phone: _____
(Last) (First) (Middle) (Maiden)

Home Address: _____ Home Phone: _____
(No /street) (City) (State) (Zip)

Age. ____ Marital Status: _____ Date of Birth: _____ Sex: Male ___ Female ___ E-Mail: _____

I will be attending a: College _____ University _____ Vocational School _____ Intended Major: _____

Academic year: Freshman ___ Sophomore ___ Junior ___ Senior ___ Post Grad; 1st yr. ___ Post Grad 2nd yr. ____

Curriculum: Liberal Arts ___ Professional ___ Engineering ___ Education ___ Business ___ Science ___ Other ___

Financial Information
For academic Year 2010-11

Amount requested for this loan:

For the Upcoming School Year: $_____

To complete Education: $_____

Will you have other loan/s? Yes___ No ___ (If Yes list below)

Lender: _____ $_____

Lender: _____ $_____

Lender: _____ $_____

Costs I will Incur		Resources I will use	
Tuition/Fees	$_____	Savings	$_____
Books	$_____	Scholarships	$_____
Room	$_____	Parent/Guard.	$_____
Meals	$_____	Vacation Inc.	$_____
Travel	$_____	Part-time Inc.	$_____
Clothing	$_____	Spouse Inc.	$_____
Personal	$_____	GI Benefits	$_____
Other	$_____	Other	$_____
		This Loan	$_____
Total	$_____	**Total**	$_____

Both totals must equal each other

STUDENT'S Present Indebtedness of $100.00 or more

Creditor's Name and Address	Date Incurred	Unpaid Bal.	Monthly Pmt.	Due Date

2009 Adjusted Gross Income of Co-Signer #1: $_____

Name: _____ **Age:** _____
Co-Signer #1

Address: _____

Hm. Phone: _____ **Wk:** _____

Employer: _____ **Position:** _____

'09 Adjusted Gross Income Co-Signer #2: $_____

Name: _____ **Age:** _____
Co-Signer #2 (can't be from same household as Co-Signer #1)

Address: _____

Hm. Phone: _____ **Wk:** _____

Employer: _____ **Position:** _____

I certify that the information given above, which you are authorized to verify, is true and correct, and I agree to notify the Lender of any material changes in the facts. This application shall remain the property of the Lender whether approved, not approved or withdrawn, both before and after the loan is paid

Mr., Mrs., Miss _____ **Mr., Mrs.** _____
(Signature of Applicant) Signature of Co-Signer #1 No application will be considered without 2 Co-signers.

IMPORTANT: Student should submit with this form the following information:
Students latest Grade transcript, At least one letter of reference, Statement of goals (100 words or less), Financial Aid Verification Form

Deadline Wednesday, April 15, 2010

KANSAS MASONIC FOUNDATION, INC

Financial Aid Verification Form

Loan # _____

Maturity Date: _____

Kansas Masonic Foundation office use only

The applicant will be responsible for taking this form to the Financial Aid Office to be completed and mailed to: **Kansas Masonic Foundation, Inc.** P.O. Box 1217, Topeka, KS 66601-1217.

NOTE: Your financial needs will be taken into consideration, however, that does not guarantee that you will receive the full amount of funding that you are requesting.

(This section is to be completed by the student)

Name: _____ _____ Social Security #: _____
(last) (First) (Middle) (Maiden)

Age: _____ Marital Status: _____ Date of Birth: _____ Sex: Male _____ Female _____

(This section is to be completed by the Institutions Financial Aid Office)

Name of Institution : _____ Student's address as in your records: _____

Academic year: Freshman ___ Sophomore ___ Junior ___ Senior ___ Post Grad, 1st yr. ___ Post Grad. 2nd yr. ___

Curriculum: Liberal Arts ___ Professional ___ Engineering ___ Education ___ Business ___ Science ___ Other ___

Degree Sought: _____ Academic Performance: Excellent ___ Good ___ Average ___ Unsat. ___

Full time ___ Part time ___ Good credit history with school: Yes ___ No ___ Expected Graduation date _____

School Expenses		**Student Resources**	
Tuition and Fees	$_____	Student Contribution	$_____
Books and Supplies	$_____	Parent Contribution	$_____
Room and Board	$_____	Spouse Contribution	$_____
Transportation	$_____	Veteran's Benefits	$_____
Personal Expenses	$_____	Social Security	$_____
Other Expenses (list)	$_____	Vocational Rehabilitation	$_____
_____	$_____	Other Resources (list)	$_____
_____	$_____	_____	$_____
Total Expenses	$_____	**Total Resources**	$_____

We have made the following awards:

PELL	$_____	NDSL (Subsidized)	$_____
SEOG	$_____	NDSL (Unsubsidized)	$_____
WORK STUDY	$_____	TUITION GRANTS	$_____
SCHOLARSHIPS	$_____	OTHER RESOURCES	$_____
GRANTS	$_____		

Comments concerning this loan please:

Funding shortfall:

Fall $_____ Spring $_____

Signature: _____
Financial Aid Officer Date Telephone

Name & Address of Institution: _____
Number and Street City/State Zip code

Dear Student,

Thank you for your interest in the Kansas Masonic Foundation's Student Loan program. As stated in our brochure, you must be a Kansas resident and attend a Kansas institution of higher learning to qualify for one of our loans.

We require the following documentation: a recent official transcript of your academic experience, a statement of your educational goals (100 words or less) and at least one letter of reference. You also need to complete the enclosed Application Form and forward the Financial Aid Verification Form to the Financial Aid office of the school you wish to attend. The deadline for paperwork in our office is **no later than Thursday, April 15, 2010** for you to be eligible for a loan in the 2010-11 school year. Please read the brochure and application form very carefully to ensure that you are not disqualified for consideration. We will not accept fax copies of the application and financial aid form.

If your paperwork is complete, we will be contacting you to schedule an interview before June 1, 2010. The interviews will be held in late-May or early-June, so please keep that in mind when planning your activities and vacations for the summer. You are required to have two co-makers and they can't be from the same household. You **must** bring the page of each of the last three years' tax forms that shows co-maker #1 (parents) Adjusted Gross Income to the interview. If you've claimed yourself as independent for financial aid purposes, then bring the page of each of your last three years' tax forms that shows your Adjusted Gross Income in addition to your co-makers' tax forms. If approved for a loan, you must maintain at least a 2.0 term grade point average and remain full-time or your loan status will be on review by the Educational Committee.

We wish you great success and look forward to helping you achieve a higher education through one of our student loans.

Sincerely,

Gary Van Cleave
Assistant Director

GVC
encl: Student Loan Brochure
Loan Application/Financial Aid Verification forms

REMEMBER: Send the application form, financial aid verification form, a recent transcript, a statement of educational goals, and letters of recommendation to us by **April 15, 2010**.

Application for Cynthia Ruth Russell Memorial Grant

THE KANSAS MASONIC FOUNDATION, INC.

"Dedicated to Serving Humanity" 320 W Eighth St – PO Box 1217

2010-11 school year only Topeka, KS 66601-1217

(785) 357-7646 FAX (785) 357-7406

www.kmfonline.org Email: kmf@kmfonline.org

Deadline April 15, 2010

Name of student (please print clearly or type:)_____
(Last) (First) (Middle) (Maiden)

Home Address:_____ KS_____ (___)_____
(City) Zip Code Telephone Number

Your e-mail Address:_____ Parent's e-mail address:_____

Birth date:_____ Sex:____ Age:_____ Marital Status:_____ Cell phone:_____

Parent's Name & Address:_____

School Attending:_____ School Address:_____
(Circle) **College University / Vo-Tech** (Circle) **Freshman Sophomore Junior Senior**

Financial Information -- This Academic Year -- August 2010 to May 2011

Costs I will incur		**Resources I will use**	
Tuition & Fees:	$_____	Savings:	$_____
Books:	_____	Scholarships (including this one):	_____
Room/Meals:	_____	Parents/Guardian:	_____
Travel.	_____	Vacation Income:	_____
Clothing	_____	Part-Time Income:	_____
Personal	_____	Income from Spouse:	_____
Special Needs:	_____	G.I. Benefits:	_____
Other Costs:	_____	Other Income:	_____
Total	$_____ **<Totals must equal>Total**		$_____

Student's Present Indebtedness of $100 or more

Creditor's Name, Address	**Date Incurred**	**Unpaid Balance**	**Monthly Payment**	**Due Date**

Name of Father, Guardian or Spouse:_____
Address:_____ **City:**_____ **KS Zip Code:**_____
Employer:_____ **Day Phone #:**_____ **Position:**_____

Name of Mother:_____
Address:_____ **City:**_____ **KS Zip Code:**_____
Employer:_____ **Day Phone #:**_____ **Position:**_____

I certify that the information given above, which you are authorized to verify, is true and correct, and I agree to notify the Kansas Masonic Foundation of any material changes in the facts. This application shall remain the property of the Kansas Masonic Foundation whether approved, not approved or withdrawn for a grant. I also declare that I am physically challenged as required for this grant.

_____ _____ _____ _____
(Signature of Applicant) (Date) (Signature of Parent, Guardian or Spouse) (Date)

IMPORTANT: Applicant should submit with this form the following information:

1) Student's latest grade transcript 2) Letters of Reference 3) Copy of ACT-SAT scores
4) Copy of first page of parents' 1040 tax forms that show their Adjusted Gross Income for last 3 years
5) Financial Aid Verification Form must be mailed to the Foundation by the Financial Aid Office of the School you plan to attend.

PLEASE COMPLETE THE BACK SIDE

In 300 words or less, please give a statement of educational goals (type or write clearly):

Please give a short autobiography including a discussion of your physical challenge:

Please list your extracurricular activities in school:

Employment History: Please list your last two employers

Employer/Supervisor	Position	How Long	Address & Phone Number

KANSAS MASONIC FOUNDATION, INC.

Financial Aid Verification Form

For Cynthia Ruth Russell Grant

Deadline Thursday, April 15, 2010

The applicant will be responsible for taking this form to the Financial Aid Office to be completed and mailed to: **Kansas Masonic Foundation, Inc.** P.O. Box 1217, Topeka, KS 66601-1217.

NOTE: Your financial needs will be taken into consideration, however, that does not guarantee that you will receive the full amount of funding that you are requesting.

(This section is to be completed by the student)

Name: _____ _____ Social Security #. _____
(last) (First) (Middle) (Maiden)

Age. _____ Marital Status: _____ Date of Birth. _____ Sex: Male _____ Female _____

(This section is to be completed by the Institutions Financial Aid Office)

Name of Institution : _____ Student's address as in your records: _____

Academic year: Freshman ___ Sophomore ___ Junior ___ Senior ___ Post Grad; 1st yr. ___ Post Grad. 2nd yr. ___

Curriculum: Liberal Arts ___ Professional ___ Engineering ___ Education ___ Business ___ Science ___ Other ___

Degree Sought: _____ Academic Performance: Excellent ___ Good ___ Average ___ Unsat. ___

Full time ___ Part time ___ Good credit history with school: Yes ___ No ___ Expected Graduation date _____

School Expenses		**Student Resources**	
Tuition and Fees	$_____	Student Contribution	$_____
Books and Supplies	$_____	Parent Contribution	$_____
Room and Board	$_____	Spouse Contribution	$_____
Transportation	$_____	Veteran's Benefits	$_____
Personal Expenses	$_____	Social Security	$_____
Other Expenses (list)	$_____	Vocational Rehabilitation	$_____
_____	$_____	Other Resources (list)	$_____
_____	$_____	_____	$_____
Total Expenses	$_____	**Total Resources**	$_____

We have made the following awards:

PELL	$_____	NDSL (Subsidized)	$_____
SEOG	$_____	NDSL (Unsubsidized)	$_____
WORK STUDY	$_____	TUITION GRANTS	$_____
SCHOLARSHIPS	$_____	OTHER RESOURCES	$_____
GRANTS	$_____		

Funding shortfall:

Fall $_____ Spring $_____

Comments concerning this grant please:

Signature: _____
Financial Aid Officer Date Telephone

Name & Address of Institution: _____
Number and Street City/State Zip code

Dear Student,

Thank you for your interest in a Cynthia Ruth Russell Memorial Grant for the physically challenged (handicapped) from the Kansas Masonic Foundation. You must be a Kansas resident, attend a Kansas institution of higher education, maintain at least a 2.5 cumulative GPA and be a full-time student to qualify.

We require the following documentation: a recent transcript of your academic experience, at least one letter of reference and a copy of your ACT-SAT scores. You also need to complete the enclosed application form (front and back) and forward the Financial Aid Verification Form to the Financial Aid office of the school you wish to attend. The deadline for paperwork in our office is **no later than Thursday, April 15, 2010** for you to be eligible for a grant in the 2010-11 school year.

We will be contacting you to schedule an interview after May 1, 2010. The interviews will be held the first two weeks of June, so please keep that in mind when planning your activities and vacations for the summer. You **must** bring the page of the last three years' tax forms that shows your parents' Adjusted Gross Income to the interview. If you've claimed yourself as independent for financial aid purposes, then bring the page of your last three years' tax forms that shows your Adjusted Gross Income in addition to your parents' tax forms. If approved for a grant, you must maintain at least a 2.5 cumulative grade point average and complete at least 12 hours each semester. It is important to remember that this grant is only for one year. Grant recipients may re-apply each year, but they must go through the interview process with each application.

We wish you great success in your future endeavors. Please call our office weekdays during business hours if you have any questions.

Sincerely,

Gary Van Cleave
Assistant Director

GVC
encl: Grant Application/Financial Aid Verification forms

REMEMBER: Send the application form (complete both sides), a recent transcript, at least one letter of reference and a copy of your ACT-SAT scores to us by **April 15, 2010**. Also send the Financial Aid Verification Form to your chosen institution so they can complete the form and get to us by April 15.

Kansas Masonic All-State Band

The 26th Kansas Masonic All-State High School Marching Band Camp was held July 21-25 on the Wichita State University campus. A total of 188 of Kansas’ best high school musicians were showcased in this event that was capped by the halftime performance in the Kansas East-West All-Star Shrine Bowl football game.The band performed on July 24th at the Shrine Bowl Banquet at Century II The next morning, the band led the hour-long Shrine Bowl Parade through downtown Wichita. The Shrine Bowl game followed that night at Cessna Stadium, where the band performed during pre-game and halftime ceremonies.

Students were sponsored by Masonic organizations throughout the state. The all-state musicians were treated to a hamburger cookout provided by members of North Star Lodge #168, AF&AM; informational meeting to learn more about Masonry and Shrinedom; and recreational time bowling at Rhatigan Student Center on the WSU campus.

Band Camp XXVII will be held July 27-31, 2010, on the Pittsburg State University campus Fliers will be mailed to high school band directors in January, 2010, with applications going to Masonic organizations in February, 2010.

To order photos, videotapes and pins of the 2009 band camp, 2009_order_form

Members of the 2009 Kansas Masonic All-State High School Marching Band

KANSAS MASONIC FOUNDATION, INC.
INTERNAL POLICY DOCUMENT
UNUSUAL CONTRIBUTIONS
For purposes of the public support test under IRC 509(a) (1)

This document is intended only to provide guidance in identifying unusual contributions made to the Kansas Masonic Foundation. The guidance in this document may need interpretation or modification based on facts and circumstances surrounding a particular contribution.

The Foundation actively solicits and receives public support in the form of contributions from the public. Solicitation activity concentrates on the Masonic membership in Kansas and solicitation is made through all Kansas lodges and directly to Masons. Each year contributions are received from a substantial number of persons and generally in small amounts, $100 or less.

The Foundation also actively solicits contributions by suggesting that Masons make bequests to the Foundation through their will or trust. Over many years this solicitation has been successful and has allowed the Foundation to build a permanent fund which, in turn, has allowed the creation of ongoing charitable activity at significant levels.

Contributions received by bequest are unusual because: bequests are not received every year; some bequests are very large; the Foundation does not necessarily know that a bequest has been made; and the Foundation cannot predict when or if a bequest will be received.

Bequests have not been received from related parties or from substantial contributors (as measured before the bequest is received) or from control persons. This circumstance should continue in the future.

A single large contribution can adversely affect the public support test under IRC 509(a) (1). An organization is allowed to exclude unusual contributions from its public support test under IRC 509(a) (1).

The following shall be considered unusual contributions to be excluded from the public support test:

BEQUESTS RECEIVED FROM ONE DONOR DURING THE FIVE YEAR TEST PERIOD WHICH TOTAL MORE THAN $100,000.

Additional Data

Software ID:
Software Version:
EIN: 48-6127355
Name: KANSAS MASONIC FOUNDATION INC

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
PROFESSIONAL FEES	83,692	12,915	24,716	46,061
Printing and Publications	17,204	1,155	14,340	1,709
INVESTMENT EXPENSE	126,132		126,132	
Contribution	72,489	72,489		
BAND CAMP EXPENSE	61,510	60,545	691	274