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Form **990-EZ**

CHANGE OF ACCOUNTING PERIOD Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2013

OMB No 1545-1150

Department of the Treasury

▶ Do not enter Social Security numbers on this form as it may be made public.

Open to Public Inspection

		or the Treasury anue Service	► Information about Form 990-EZ and its ins	structions	is at ww	w.irs.gov/fon	m990.		Inspection
A F	or the	2013 calenda	ar year, or tax year beginning JAN 1, 201	4	and e	nding OC	T 3	1. 2	014
RC	heck if	C N	lame of organization	-					entification number
	–	ess change							
	7		ASONIC SCHOLARSHIP FUND OF MI	SSOU	RI IN	C	4	3-14	23940
	٦ .		mber and street (or P.O. box, if mail is not delivered to street addre			Room/suite	E Tele	phone r	number
	ר	I	033 MASONIC DRIVE			<i>B</i>	5	73-4	174-8561
	Amer	nded return City	or town, state or province, country, and ZIP or foreign postal coo	de			F Gro	up Exem	nption
	ח		OLUMBIA, MO 65202				Nur	nber ►	<u></u> .
G /	Accour	nting Method:	Cash X Accrual Other (specify) ▶				H Che	ck ▶[X if the organization is not
		_	.MOMASON.ORG				requ	uired to	attach Schedule B
JI	ax-ex	empt status (c	theck only one) — X 501(c)(3) 501(c) () ◀(Inser	rt no.)	4947(a)() or 527	(Fo	rm 990,	990-EZ, or 990-PF).
			X Corporation Trust Association	Oth	ier				
			7b, to line 9 to determine gross receipts. If gross receipts are \$20	0,000 or m	ore, or if to	tal assets (Part	:11,	-	
c	olumr	n (B) below) are	e \$500,000 or more, file Form 990 instead of Form 990-EZ					\$	<u> 27,134.</u>
	art I	Revenu	e, Expenses, and Changes in Net Assets or	Fund B	alance	S (see the instr	uctions	for Part	1)
		Check if the	e organization used Schedule O to respond to any question in this	Part I					X
	1		s, gifts, grants, and similar amounts received					1	12,614.
	2		vice revenue including government fees and contracts					2	
	3	Membership o	dues and assessments					3	
	4	Investment in	come	SEE	SCHE	DULE O		4	2,723.
	5a	Gross amount	it from sale of assets other than inventory	_ 5	ia	10,2	97.		
	b	Less: cost or	other basis and sales expenses	_ 5	ib	10,2	56.		
	С	Gain or (loss)	from sale of assets other than inventory (Subtract line 5b from lii	ne 5a)				5c	41.
	6	Gaming and fi	fundraising events						
o o	a	Gross income	e from gaming (attach Schedule G if greater than						
E G		\$15,000)		_ 6	Sa				
Revenue	Ь	Gross income	e from fundraising events (not including \$	01	contributi	ons			
ш	1	from fundrais	sing events reported on line 1) (attach Schedule G if the sum of su	ch ,					
ล		gross income	e and contributions exceeds \$15,000)	<u> 6</u>	3 b				
5	С		expenses from gaming and fundraising events		ic				
	d	Net income or	r (loss) from gaming and fundraising events (add lines 6a and 6b	and subtra	ct line 6c)			6d	
2	7a	Gross sales o	of inventory, less returns and allowances	<u> </u>	7a				
Ī	b	Less: cost of		تا	/b				
,	c		or (loss) from sales of inventory (Subtract line 7b from line 7a)					7c	4 500
}	8		e (describe in Schedule 0)	ŞEE	SCHE	DULE Q		8	1,500.
	9		e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8					9	16,878.
	10		imilar amounts paid (list in Schedule 0).	∕\ SEE	SCHE	DULE O		10	16,000.
	11	Benefits paid	to or for members	SSO-SH				11	
ės	12	Salaries, othe	r compensation, and employee benefits \	\ <i>&</i> }				12	0.055
ens	13	Professional t	fees and other payments to independent contractors 👢 🦥 💆	استرير	\			13	2,350.
Expenses	14	Occupancy, re	er compensation, and employee benefits fees and other payments to independent contractors 1 4 2015 rent, utilities, and maintenance	17	٦			14	
2	15	Printing, publ	rinting, publications, postage, and snipping					15	
	16		ses (describe in Schedule O)	ŞEE	ŞÇHE	DULE O	_	16	716.
_	17		ses. Add lines 10 through 16					17	19,066.
ţ	18	•	eficit) for the year (Subtract line 17 from line 9)					18	<2,188.
SSe	19		fund balances at beginning of year (from line 27, column (A))					,,	120 660
Net Assets			with end-of-year figure reported on prior year's return)	455	0011	ר פונות		19	139,669.
Š	20		es in net assets or fund balances (explain in Schedule 0)	SEE	SCHE	DÛLE O		20	2,025.
	21	Net assets or	r fund balances at end of year. Combine lines 18 through 20					21	139,506.

Form **990-EZ** (2013)

LHA For Paperwork Reduction Act Notice, see the separate instructions.

orm 990-EZ (2013) MASONIC SCHOLARSHIP FUND Part II Balance Sheets (see the instructions for Part II)			<u>43-</u>		
Check if the organization used Schedule O to re	spond to any questi	on in this Part II			X
		(A) Beginning of year		(B) E	nd of year
22 Cash, savings, and investments		132,106	. 22		140,352
23 Land and buildings			23		
24 Other assets (describe in Schedule O) SEE SCHEDULE (7,563	. 24		7,154
25 Total assets		139,669	. 25		147,506
26 Total liabilities (describe in Schedule 0) SEE SCHEDULE (Q	0	. 26		8,000
27 Net assets or fund balances (line 27 of column (B) must agree with line 21))	139,669	. 27		139,506
Part III Statement of Program Service Accomplishme					penses
Check if the organization used Schedule O to re	spond to any questi	on in this Part III	X		for section and 501(c)(4)
/hat is the organization's primary exempt purpose? SEE SCHEDULE (0				ons and section
escribe the organization's program service accomplishments for each of its three largest program		ses In a clear and concise		4947(a)(1) for others.) trusts; optiona \
anner, describe the services provided, the number of persons benefited, and other relevant infor				ioi otilois.	
8 SCHOLARSHIP AWARDS TO COLLEGE STUD	<u>ENTS WITH FIN</u>	ANCIAL			
NEED.					
	 		_		
(Grants \$ 16,000.) If this amount includes foreign	grants, check here	▶	Щ	28a	<u>16,000</u>
9					
					
			_		
(Grants \$) If this amount includes foreign	grants, check here	<u> </u>	Ш	29a	
0				<u> </u>	
				i	
			_		
(Grants \$) If this amount includes foreign	grants, check here		<u> </u>	30a	
Other program services (describe in Schedule O)				11	
(Grants \$) If this amount includes foreign	grants, check here		لبا	31a	
2 Total program service expenses (add lines 28a through 31a)					
D-4 W. List of Officers Directors Trustees and Key	Employees			32	16,000
Part IV List of Officers, Directors, Trustees, and Key					16,000 for Part IV)
Part IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to re	spond to any questi	on in this Part IV	<u> </u>	instructions f	for Part IV)
Part IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to re	espond to any questi (b) Average hours	(c) Reportable compensation (Forms	(d) He	ealth benefits,	or Part IV) (e) Estimated
Part IV List of Officers, Directors, Trustees, and Key	spond to any questi	on in this Part IV	(d) He contr emple plans,	ealth benefits, ributions to oyee benefit and deferred	(e) Estimated
Part IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to re (a) Name and title	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contr emple plans,	paith benefits, ributions to oyee benefit	(e) Estimated
Part IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to re (a) Name and title TON B BROYLES	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contr emple plans,	paith benefits, ributions to oyee benefit and deferred opensation	(e) Estimated amount of othe compensation
Check if the organization used Schedule O to re (a) Name and title ON B BROYLES PRESIDENT - OUTGOING	(b) Average hours per week devoted to	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) He contr emple plans,	ealth benefits, ributions to oyee benefit and deferred	(e) Estimated amount of othe compensation
Check if the organization used Schedule O to re (a) Name and title ON B BROYLES PRESIDENT - OUTGOING DAVID W HAYWOOD	(b) Average hours per week devoted to position 1.00	on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contr emple plans,	matructions for the structions for the structions to copie benefit and deferred and deferred appensation	(e) Estimated amount of othe compensation
Check if the organization used Schedule O to re (a) Name and title ON B BROYLES PRESIDENT - OUTGOING OAVID W HAYWOOD PRESIDENT - INCOMING/BOARD MEMBER	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contr emple plans,	paith benefits, ributions to oyee benefit and deferred opensation	(e) Estimated amount of othe compensation
Part IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to re (a) Name and title JON B BROYLES PRESIDENT - OUTGOING DAVID W HAYWOOD PRESIDENT - INCOMING/BOARD MEMBER C BRENT STEWART	(b) Average hours per week devoted to position 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contr emple plans,	paith benefits, ributions to oyee benefit and deferred pensation	(e) Estimated amount of othe compensation
Part IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to re (a) Name and title JON B BROYLES PRESIDENT - OUTGOING DAVID W HAYWOOD PRESIDENT - INCOMING/BOARD MEMBER C BRENT STEWART BOARD MEMBER	(b) Average hours per week devoted to position 1.00	on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contr emple plans,	matructions for the structions for the structions to copie benefit and deferred and deferred appensation	(e) Estimated amount of othe compensation
Part IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to re (a) Name and title JON B BROYLES PRESIDENT - OUTGOING DAVID W HAYWOOD PRESIDENT - INCOMING/BOARD MEMBER C BRENT STEWART BOARD MEMBER RICHARD L SMITH	(b) Average hours per week devoted to position 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contr emple plans,	paith benefits, ributions to oyee benefit and deferred opensation 0.	(e) Estimated amount of othe compensation
Part IV List of Officers, Directors, Trustees, and Key Check if the organization used Schedule O to re (a) Name and title JON B BROYLES PRESIDENT - OUTGOING DAVID W HAYWOOD PRESIDENT - INCOMING/BOARD MEMBER C BRENT STEWART BOARD MEMBER RICHARD L SMITH BOARD MEMBER	(b) Average hours per week devoted to position 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contr emple plans,	paith benefits, ributions to oyee benefit and deferred pensation	(e) Estimated amount of othe compensation
Check if the organization used Schedule O to re (a) Name and title (a) Name and title (b) RESIDENT - OUTGOING (c) OAVID W HAYWOOD (c) PRESIDENT - INCOMING/BOARD MEMBER (c) BRENT STEWART (d) SOARD MEMBER (d) ROARD D JONES	(b) Average hours per week devoted to position 1.00 1.00 1.00	on in this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 0.	(d) He contr emple plans,	paith benefits, ributions to oyee benefit and deferred appensation O . O .	(e) Estimated amount of othic compensation
Check if the organization used Schedule O to re (a) Name and title ON B BROYLES PRESIDENT - OUTGOING DAVID W HAYWOOD PRESIDENT - INCOMING/BOARD MEMBER C BRENT STEWART BOARD MEMBER RICHARD L SMITH BOARD MEMBER RONALD D JONES BOARD MEMBER RONALD D JONES BOARD MEMBER	(b) Average hours per week devoted to position 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contr emple plans,	paith benefits, ributions to oyee benefit and deferred opensation 0.	(e) Estimated amount of othe compensation
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Check if the organization used Schedule O to re (a) Name and title ON B BROYLES PRESIDENT - OUTGOING DAVID W HAYWOOD PRESIDENT - INCOMING/BOARD MEMBER C BRENT STEWART BOARD MEMBER RICHARD L SMITH BOARD MEMBER RONALD D JONES BOARD MEMBER RONALD D JONES BOARD MEMBER	(b) Average hours per week devoted to position 1.00 1.00 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contr emple plans,	paith benefits, ributions to oyee benefit and deferred pensation O. O.	(e) Estimated amount of othic compensation
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Check if the organization used Schedule O to re (a) Name and title ON B BROYLES PRESIDENT - OUTGOING DAVID W HAYWOOD PRESIDENT - INCOMING/BOARD MEMBER C BRENT STEWART BOARD MEMBER RICHARD L SMITH BOARD MEMBER RONALD D JONES BOARD MEMBER RONALD D JONES BOARD MEMBER RICHAMBER RONALD THOMAS	(b) Average hours per week devoted to position 1.00 1.00 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contr emple plans,	paith benefits, ributions to oyee benefit and deferred pensation O. O.	(e) Estimated amount of othe compensation 0 0
Check if the organization used Schedule O to re (a) Name and title ON B BROYLES PRESIDENT - OUTGOING DAVID W HAYWOOD PRESIDENT - INCOMING/BOARD MEMBER C BRENT STEWART BOARD MEMBER RICHARD L SMITH BOARD MEMBER RONALD D JONES BOARD MEMBER RONALD D JONES BOARD MEMBER RICHAMBER RONALD THOMAS	(b) Average hours per week devoted to position 1.00 1.00 1.00 1.00	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) He contr emple plans,	paith benefits, ributions to oyee benefit and deferred pensation O. O.	(e) Estimated amount of othe compensation

332172 11-25-13

	990-EZ (2013) MASONIC SCHOLARSHIP FUND OF MISSOURI INC 43-1423 Tt V Other Information (Note the Schedule A and personal benefit contract statement requirement instructions for Part V) Check if the organization used Sch. O to respond to any question in the	ts in t	he	Page 3
			Yes	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each			
	activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended			
	documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported			4,5
	on lines 2, 6a, and 7a, among others)?	35a	NT /	X
	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule 0	35b	N/	Α
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax	25.		x
96	requirements during the year? If "Yes," complete Schedule C, Part III Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes,"	35c	_	A
36	complete applicable parts of Schedule N	36		x
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.	$\overline{}$		
	Did the organization file Form 1120-POL for this year?	37b		x
	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	0.5	_	
-	in a prior year and still outstanding at the end of the tax year covered by this return?	38a		х
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:	1		
	Initiation fees and capital contributions included on line 9 39a N/A			
	Gross receipts, included on line 9, for public use of club facilities 39b N/A	1		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ▶ 0 • ; section 4912 ▶ 0 • ; section 4955 ▶ 0 •			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
	year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ?			Ì
	If "Yes," complete Schedule L, Part I	40b	i	х
C	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
	or disqualified persons during the year under sections 4912, 4955, and 4958		ĺ	
`` d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the		1	
	organization O.			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e	<u> </u>	X
41	List the states with which a copy of this return is filed NONE			
42 a	The organization's books are in care of ▶ DALE BRYAN Telephone no. ▶ 573-47			
	Located at ► 6033 MASONIC DRIVE, COLUMBIA, MO ZIP+4 ► 6	<u>5520</u>	<u> 2 </u>	
b	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		Yes	No
	account)?	42b		X
	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.			,,
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	37 / 3		ш
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A	·	
			Vos	No
	Did the assessment and the second found advance the second LEN/on \$ Form 000 must be considered unstead of	Γ	165	140
448	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of	1440		v
	Form 990-EZ	44a		X
0	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead	AAL		v
_	of Form 990-EZ	44b 44c		X
	Did the organization receive any payments for indoor tanning services during the year? If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No." provide an explanation	446	 	 ^
o	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	44d		
AE ~	in Schedule O Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	 	х
	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section	754		^
750	512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		
	STEAM 1971 1991 1 01111 000 and Contobate 11 may need to be completed indicate of 1 of 11 330 EZ [360 indications]	Form 9	90-F7	(2013
		TOTAL S	,,,,,,,,	(CUIV

orn	990-EZ (2	(013)	<u>MASO</u>	<u>NIC</u>	<u>SCHOI</u>	<u>LARSHI</u>	P FUNI	OF MI	<u>sso</u>	<u>URI I</u>	NC_		<u>43-</u>	<u>1423</u>	<u>940</u>		age 4
46	Did the or	nanizatin	n ennane d	rectly or	indirectly i	ın nolitical c	amnainn activ	vities on behalf	of or in	n nnnositio	n to cand	lidates for n	ublic off	ice?		Yes	No
70			Schedule C, I		man cony, i	in ponticar of	ampaign acut	niios on bonan	01 01 11	Торрозию	11 10 04110	100 101 p	GD 110 O11	100;	46		Χ
Pa			n 501(c)		janizati	ons only	,			•							
		All section	on 501(c)(3) organı	zations m	iust answei	r questions	47-49b and 5	2, and	d complet	e the tal	oles for line	s 50 a	nd 51.			
	9	Check if	the organi	zation u	sed Sche	dule 0 to r	espond to a	ny question	ın thıs	Part VI						<u> </u>	
																Yes	No
47		-						lection in effec		-	ear? If "Yo	es," complet	e Sch. (, Part II	47		X
48	_							," complete Sc		E					48		X
		-	n make any lated organiz			•		organization?							49a 49b		X
50	-		-			-		ees (other thar	officer	rs director	s trustee	s and kev e	mnlovee	s) who e		Ceived i	more
•							is none, ente			o, an oo.o.	o, oo			,			
	-		(a) Name an						/erage	hours	(C) F	Reportable	(d) неа	alth benefit	s, (6) Estim	ated
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51	•		-		_	=	sated indepen	ident contracto	rs who	each rece	ived mor	e than \$100	,000 of	compens	ation 1	rom the	;
			re is none, e			NONE			Τ		T			(-)	0		
	(a) N	ame ano	business ad	aress or	each indep	penaent com	tractor	· · · · · · · · · · · · · · · · · · ·		(0)	Type of	service		(C)	Сопір	ensatio	1
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	charitable	trusts m	uist attach a	complete	ed Schedul	le A								▶ [X Y	es 「	□ No
Unde Decla	r penalties of	periury. I	declare that I h	ave exami	ned this retur	rn, including a	ccompanying so reparer has any	chedules and sta knowledge	ements,	, and to the b	est of my	knowledge an	d belief, i	is true, co	rrect, a	nd comp	lete
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May	the IRS di	scuss this					e instructions	3						▶ [ΧY	es 🗆	No
															Form	990-EZ	(2013)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

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.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Open to Public

Inspection

Name of the organization

Employer identification number

<u> </u>		Dagger		SCHOLARSHIP					<u> </u>	4	3-142	<u> </u>	
Pa	rt I	Heason	for Public Char	ity Status (All organiz	ations mus	st complet	e this part	:.) See inst	ructions.				
he	organi			because it is: (For lines 1	_		•	•					
1	Щ	A church, cor	nvention of churche	s, or association of churc	ches desc	nbed in se	ction 170	(b)(1)(A)(i)	•				
2	Щ	A school des	cribed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E)								
3	\square	A hospital or	a cooperative hospi	tal service organization o	described	n section	170(b)(1)((A)(iii).					
4		A medical res	search organization	operated in conjunction	with a hos	pıtal desci	nbed in se	ction 170	(b)(1)(A)(ii	i). Enter	the hospita	al's nam	e,
		city, and stat	e:										
5		An organizati	on operated for the	benefit of a college or ur	niversity ov	vned or op	erated by	a governi	nental uni	t describ	ed in		
		section 170	(b)(1)(A)(iv). (Comple	ete 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											
		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		-		section 170(b)(1)(A)(vi). ((Complete	Part II.)							
	$\overline{\mathbf{x}}$			eives: (1) more than 33 1			rom contri	hutione m	ambarshii	n face a	nd arose re	ecointe (from
•				nctions - subject to certa									
				axable income (less sect							_		
			509(a)(2). (Complete		iononia	A) IIOIII Du	311103303 6	icquired b	y ii l o oiga	inzation	aitei Julie	30, 197	J.
10				perated exclusively to tes	et for publi	a cafaty S	co costio	n E00/a)//	18				
14	Ħ	_	•	•	•	-		` ''	•			of one .	
•	ш	-	- ·	perated exclusively for the		•				•			or
				ations described in section) See sec	ilen 509(i	a)(3). On	eck the bo	x tnat	
				organization and comple		•			. — -				
	\Box	a Type I		•	pe III - Fui	•	•		• • •		n-functiona	, ,	•
е	ш	-	-	at the organization is not		-	-	•		•	•		n
				han one or more publicly		-				8(a)(1) or	section 50	9(a)(2)	
f		-		ten determination from t	the IRS tha	ititisaly	pe I, Type	II, or Type	÷ III				
			rganization, check th		_								
g		_		organization accepted an			•		•				
		• •	-	lirectly controls, either al	one or tog	ether with	persons d	lescribed i	n (II) and (I	ii) below	'·	Yes	No
		_		upported organization?			•				11g(i)	4	
				n described in (i) above?							11g(ii	4	
		(iii) A 35% d	controlled entity of a	person described in (i) o	or (ii) above	?					11g(iii	<u>) </u>	
h		Provide the fe	ollowing information	about the supported org	ganızatıon(s).							
					,								
(i)	Name	of supported	(ii) EIN	(iii) Type of organization		rganization			(vi) Is organizatio	the	(vii) Amou	nt of mor	netary
	orga	nızatıon			in col. (i) lis		organizat		(i) organiz	ed in the	su	pport	-
				above or IRC section (see instructions))	governing	Jocument?	(i) of your	support?	U.S.	.?	Į		
				(acc manuchona))	Yes	No	Yes	No	Yes	No			
										1	·		
											·		
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Schedule A (Form 990 or 990-EZ) 2013 MASONIC SCHOLARSHIP FUND OF MISSOURI INC43-1423940 Page 2 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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

<u>Se</u>	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						•
	membership fees received. (Do not						
	include any "unusual grants.")					İ	
2	Tax revenues levied for the organ-						
	ızatıon's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities		<u> </u>		_		
_	furnished by a governmental unit to		1				
	the organization without charge						
4	Total, Add lines 1 through 3					-	
	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)						
_	·· · ·		 			· 	
<u> </u>	Public support. Subtract line 5 from line 4 ction B. Total Support		1	L		<u> </u>	
		4 1 0000		1	1 1 2 2 4 2	T	
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
- 1	Amounts from line 4				 		
8	Gross income from interest,						
	dividends, payments received on		1				
	securities loans, rents, royalties						
	and income from similar sources		ļ				
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain					•	
	or loss from the sale of capital						
	assets (Explain in Part IV.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ions)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thu	rd, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	
	organization, check this box and stop	here					▶□
<u>Sec</u>	ction C. Computation of Publi	ic Support Pe	rcentage				
14	Public support percentage for 2013 (I	ine 6, column (f) d	livided by line 11, o	column (f))		14	%
15	Public support percentage from 2012	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2013. If the o	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or i	more, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	oorted organization	า			ightharpoons
b	33 1/3% support test - 2012. If the o	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization quali	fies as a publicly	supported organiz	ation			ightharpoons
17a	10% -facts-and-circumstances test	•	•		e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	_					•
	meets the "facts-and-circumstances"						• ▶□
b	10% -facts-and-circumstances test				-		10% or
_	more, and if the organization meets th						
	organization meets the "facts-and-circ				•		
18	Private foundation. If the organizatio		•	•		•	
<u></u>		3.0 onoon a	200 007 1110 10, 10	<u> </u>	O. h		· · · · · · · · · · · · · · · · · · ·

Schedule A (Form 990 or 990-EZ) 2013 MASONIC SCHOLARSHIP FUND OF MISSOURI INC43-1423940 Page 3 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(ь) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	12,713.	13,623.	12,226.	119,502.	12,614.	170,678.
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 bus-	•					
	iness under section 513						
4	Tax revenues levied for the organ-				·		
	zation'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	12,713.	13,623.	12,226.	119,502.	12,614.	170,678.
	Amounts included on lines 1, 2, and	22//201			225,0020	12/0110	2,0,0,00
•	3 received from disqualified persons				107,624.		107,624.
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				107,021		0.
_	amount on line 13 for the year				107,624.		107,624.
	l				107,024.		63,054.
	Public support (Subtract line 7c from line 6) ction B. Total Support	1					03,034.
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	12,713.	13,623.	12,226.	119,502.	12,614.	170,678.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	147.	53.	27.	470.	2,723.	3,420.
h	Unrelated business taxable income						
_	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
,	Add lines 10a and 10b	147.	53.	27.	470.	2,723.	3,420.
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		331	2			,,==0
12	Other income. Do not include gain or loss from the sale of capital					1,500.	1,500.
12	assets (Explain in Part IV.) · ···	12,860.	13,676.	12,253.	119,972.	16,837.	175,598.
	Total support. (Add lines 9, 10c, 11, and 12)] First five years. If the Form 990 is for						
14	-	u io Organization S	mat, a c cond, thire	i, iourur, or mar te	an your as a socill	ii oo i(c)(o) digaliiz	.aon,
Sol	check this box and stop here	ic Support Par	centage	• •		····	
	Public support percentage for 2013 (I			aluma (fl)		45	35.91 %
			=	Siullin (1))	•	15	25 42
<u>16</u>	Public support percentage from 2012 ction D. Computation of Inves					16	37.13 %
		·	_	- 10k (6)		47	1.95 %
17	·	•		e 13, column (t))		17	
18	Investment income percentage from 2			 	. 45	18	1.00 %
198	33 1/3% support tests - 2013. If the	-					
	more than 33 1/3%, check this box at						. ▶ [X]
t	33 1/3% support tests - 2012. If the	_					
	line 18 is not more than 33 1/3%, che		-			=	▶⊣
<u>20</u>	Private foundation. If the organization	n did not check a l	box on line 14, 19a	i, or 195, check th	-	structions .	

Schedule A (Form 990 or 990-EZ Part IV Supplemental									
Also complete this									
SCHEDULE A, PART	III:								
EXPLANATION: THE		RETURN	TS FOR	THE	SHORT-	-PERIOD	JANUARY	7 1.	2014
THROUGH OCTOBER	31, 2014	. AUL	PREVIOU	S IEA	KS PKI	PSENTED	ENDED (N DE	CEMBER _
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SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990

Open to Public Inspection

MASONIC SCHOLARSHIP FUND OF MISSOURI

Employer identification number

43-1423940

INC

FORM 990-EZ, PART I, LINE 4, OTHER INVESTMENT INCOME:	
DESCRIPTION OF PROPERTY:	AMOUNT:
INTEREST INCOME	2,720.
DIVIDENDS	3.
TOTAL INCLUDED ON FORM 990-EZ, LINE 4	2,723.
FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:	
DESCRIPTION OF OTHER REVENUE:	AMOUNT:
RETURNED SCHOLARSHIPS	1,500.
FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:	
ACTIVITY CLASSIFICATION: SCHOLARSHIPS	
AMOUNT GIVEN:	16,000.
FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:	
DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
COMMITTEE EXPENSES	416.
BUSINESS REGISTRATION FEES	20.
INVESTMENT EXPENSES	280.
TOTAL TO FORM 990-EZ, LINE 16	716.
FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:	
CHANGES IN NET ASSETS OR FUND BALANCES:	AMOUNT:
UNREALIZED GAINS	2,025.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ. ► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047 Open to Public

Inspection

Name of the organization

Employer identification number 43-1423940

MASONIC SCHOLARSHIP FUND OF MI	ISSOURI INC	43-1	423940	
FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:				
DESCRIPTION	BEG. OF	YEAR	END OF	YEAR
AUDIT ACCOUNTS RECEIVABLE	7	,563.	7	,154.
FORM 990-EZ, PART II, LINE 26, OTHER LIABILITY	ES:			
DESCRIPTION	BEG. OF	YEAR	END OF	YEAR
GRANTS PAYABLE		0.	8	,000.
FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE COLLEGE STUDENTS WITH FINANCIAL NEED.	- GRANT SC	HOLARSH	IPS TO	
FORM 990-EZ, PART V, INFORMATION REGARDING PER	RSONAL BENE	FIT CON	TRACTS:	
THE ORGANIZATION DID NOT, DURING THE YEAR, REC			<u>-</u>	
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL I				
THE ORGANIZATION, DID NOT, DURING THE YEAR, PA	AY ANY PREM	IUMS, D	IRECTLY	
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT	•	·		
			-	
			_	
		·		
				<u></u>

If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box Xote Only complete Part II if you have already been granted an automatic 3 month extension on a previously field Form 8868. Xote Only complete Part II if you have already been granted an automatic 3 month extension on a previously field Form 8868. Xote Only Complete Part II if you have already been granted an automatic 3 month extension on a previously field Form 8868. Xote Only Complete Part II if you have already been granted an automatic 3 month extension on a previously field Form 8868. Xote Only Complete Part II if you have already search and common source on the a PO box, see instructions Xote Only Complete Part II if you have already search and common source on the application is for file a separate application for each return) Xote Only Complete Part II if you were not already granted an automatic 3 month extension on a previously filed Form 8868. Xote Only Complete Part II if you were not already granted an automatic 3 month extension on a previously filed Form 8868. Xote Only Complete Part II if you were not already granted an automatic 3 month extension on a previously filed Form 8868. Xote Only Complete Part II if you were not already granted an automatic 3 month extension on a previously filed Form 8868. Xote Only Complete Part II if you were not already granted an automatic 3 month extension on a previously filed Form 8868. Xote Only Complete Part II if you were not already granted an automatic 3 month extension on a previously filed Form 8868. Xote Only Complete Part II if you were not already granted an automatic 3 month extension on a previously filed Form 8868. Xote Only Complete Part II if you were not already granted an automatic 3 month extension on a previously filed Form 8868. Xote Only Complete Part II if you were not already granted an automatic 3 month extension of time unit Xote Only Complete Part II if you were not already you not dept X	Form 8868 (Rev. 1 2014)				Page 2
If you are fuling for an Automatic 3-Month Extension, complete only Part I (on page 1). Fart II		n Extension,	complete only Part II and check thi	s box	▶ [X]
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).	Note. Only complete Part II if you have already been granted	an automatic	3 month extension on a previously f	filed Form 8868.	
Type or print the typing of print the typing of print the typing of print the typing of typing of typing of typing of typing of the typing of typing of the typing of typing of typing of typing of the typing of ty					
Type or print the tributy free fine the first year of the filter, see instructions MASONIC SCHOLARSHIP FUND OF MISSOURI INC 43-1423940 Number, street, and room or suite no if a P O box, see instructions City, town or post office, state, and ZIP code For a foreign address, see instructions COLUMBIA, MO 65202 Enter the Return code for the return that this application is for (file a separate application for each return) Application See Term 990 or Form 990 E2 Form 990 or Form 990 E2 Form 990 [(individual) 03 Form 990 ((individual) 03 Form 990 ((individual) 05 Form 990 ((i	Part II Additional (Not Automatic) 3-Mont	h Extensio	n of Time. Only file the origin	nal (no copies nee	ded).
MASONIC SCHOLARSHIP FUND OF MISSOURI INC MASONIC SCHOLARSHIP FUND OF MISSOURI INC Number, street, and room or suite no if a P O box, see instructions Social security number (SSN) Soc	· · · · · · · · · · · · · · · · · · ·		Enter filer's	identifying number,	see instructions
MASONIC SCHOLARSHIP FUND OF MISSOURI INC 43-1423940 Number, street, and room or suite no. If a PO box, see instructions Social security number (SSN) Social security number (SSN) City, town or post office, state, and ZIP code. For a foreign address, see instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions Coty, town or post office, state, and ZIP code. For a foreign address, see instructions Coty, town or post office, state, and ZIP code. For a foreign address, see instructions Coty, town or post office, state, and ZIP code. For a foreign address, see instructions Coty, town or post office, state, and ZIP code. For a foreign address, see instructions Coty, town or post office, state, and ZIP code. For a foreign address, see instructions Coty, town or post office, state, and ZIP code. For a foreign address, see instructions Coty, town or post office, state, and ZIP code. For a foreign address, see instructions Coty, town or post office, state, and ZIP code. For a foreign address, see instructions Coty, town or post office, state, and ZIP code. For a foreign address, see instructions Coty, town or post office, state, and ZIP code. For a foreign address, see instructions Coty, town or post office, state, and ZIP code. For a foreign address, see instructions Coty, town or post office, state, and ZIP code. For a foreign address, see instructions Coty, town or post office, state, and ZIP code. For a foreign address, see instructions Coty, town or post office, state, and ZIP code. For a foreign address, see instructions Coty, town or post office, state, and ZIP code. For a foreign address, see instructions Coty town or post office. See instructions C	, -	structions		Employer identification	n number (EIN) or
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City, town or post office, state, and ZIP code. For a foreign address, see instructions. COLUMBIA, MO 65202 Enter the Return code for the return that this application is for (file a separate application for each return) Application Return Application Is For Code Second	due date for Number, street, and room or suite no. If a P.O. bo			Social security number	er (SSN)
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Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Dale ► 6/15/2015 Form 8868 (Rev 1-2014)