	_			$\overline{}$			<u> </u>			
		00						-		OMB-No; 1545-0047
	Fom	, 99	JU	Return	of Organization E	xempt Fro	m inc	ome 18	ax	20046
•		`		Under section 501(c),	, 527, or 4947(a)(1) of the Inte	ernal Revenue Co	ode (exce	 pt private fo	undations	<u>-2016</u>
	Depa	utment o	of the Treasury nue Service	▶ Do not enf	ter social security numbers on about Form 990 and its in	on this form as	it may be	made publi	ic.1201	Open to Public Inspection
	A			endar year, or tax year b			nd ending		nber 31	, 20 16
	В				&AM of Missouri, Polar Sta					er identification number
	_		change	Doing business as Gate	way Lodge #40					26-0123308
		Name c	hange	Number and street (or P.C	D. box if mail is not delivered to st	treet address)	Room/suit	8	E Telephor	ne number
	Ø	initial re	turn	11122 Olive Blvd						314-440-5392
		Final retu	rn/terminated	City or town, state or prov	vince, country, and ZIP or foreign	postal code	10-			
			ed return	Creve Coeur MO 6314			<u> </u>	<u></u>	G Gross re	
	П	Applicat	bon pending	ľ	cipal officer: D David Miller,	Treasurer		1	•	subordinates? Yes V No included? Yes No
	-	Tax axa			e Coeur MO 63141-7651	1 4947(a)(1) or 1	☐ 527V			list. (see instructions)
		Website	mpt status	w.Gateway40.org	Doutel to 14 lugarine.	L 494/Jaj(/) C	<u></u>		exemption	•
					Association ✓ Other ► Mar	sonic LYea	r of formation			of legal domicile. MO
		art I	Summ							
		1	Briefly de	escribe the organization	n's mission or i	activities:	Masonio	Lodge - Lo	cal activi	ies under Grand Lodge
•	8		of Missou	uri AF&AM)				
	Activities & Governance		•••••			,				
69 .	Ş Q	2		nis box ▶☐ if the organ			•			ts net assets.
SEP 1 3 2000	Ö	3			the governing body (Part V				3	9
€\ 	S S	4 5		_	members of the governing			•	5	<u>9</u>
74	Σį	6		mber of volunteers (esti	ployed in calendar year 20 imate if necessary)			•	6	50
۵.	Act	7a			ue from Part VIII, column (•	7a	0
SE	-	ь			income from Form 990-T,	-		·	7b	0
	_						1.	Prior Ye	Br	Current Year
TENVELOPE Postmark date		8	Contribut	tions and grants (Part \	/ill, line 1h)		🗀			13136
·ENVELOPE Stimark da	Revenue	9	-	service revenue (Part \	•		—			0
	Rev	10			olumn (A), lines 3, 4, and 7					11900
E E		11		Territoria de la companya de la comp	n (A), lines 5, 6d, 8c, 9c, 10					0
百	_	12 13			igh 11 (must equal Part VIII d (Part IX, column (A), line					<u>25036</u>
		14		·	s (Part IX, column (A), line	-				1132 0
		15			nployee benefits (Part IX, co		· · · · · · · · · · · · · · · · · · ·			5291
	6 0868	16a	Professio	onal fundraising fees (P	Part IX column (A) June 11	٠				0
₽ `	9	ь	Total fund	draising expenses (Par	t IX, column (中的)	VED				
50 2	3	17	Other exi	oenses (Part IX, column	n (A). (mes 1912—11d. 131–2	74e) . I/Al				19231
		18	Total exp	enses. Add lines 13-17	7 (must equal Part IX, coll	ாந்டு (த), 1 ரிஜ்2்(5)) . 🗀			25654
84	_	19	Revenue	less expenses. Subtra-	ct line 18 from tine 12 .	· · · · · · · · · · · · · · · · · · ·	<u> </u>			(618)
8€	200		.		OGDE	v. UT	Be	ginning of Cu		End of Year
₹	Bes	20		sets (Part X, line 16) .		<u>:1</u>	· ·		1652712	1739972
~	Net Assets or Fund Belances	21 22		oilities (Part X, line 26) .	ubtract line 21 from line 20	· · · · ·	· · ⊢		0 1652712	1720072
H.		ri II		ture Block	DUACE III DE L'II OIT IN DE ZU	<u>, , , , , , , , , , , , , , , , , , , </u>	· · · ·		1032/12	1739972
STATE OF MARK 21	Unc	ter pena	tues of perju	iry, I declare that I have exam	nned this return, including accom					y knowledge and belief, it is
	true	, correct	t, and compi	ete. Declaration of preparer (c	other than officer) is based on all	Information of which	h preparer h	as any knowle	edge 	
5	o:	_	ئط ا	219 and M	Ller	· · · · · · · · · · · · · · · · · · ·				, , , , , , , , , , , , , , , , , , ,
5	Sig He		Signa	ature of officer Parid N	niller - The			Dat	°09/11	2018
	Hei	U	Type	or print name and title	niller - Tre	esarer			<u> </u>	
			1.	pe preparer's name	Preparer's signature		Date		T	PTIN
	Pai			po proportir o ricino		•			Check self-empi	J (f
		pare	1	name Þ				Firm	's EIN ▶	·/1
	US	e Onl	,	ddress >					ne no.	
,	May	the IF			eparer shown above? (see	e instructions)				. Yes No
	For	Paperu	vork Redu	ction Act Notice, see the	separate instructions.		Cat. No.	11282Y		Form 990 (2016)
	/	110	. In	~ INCOF	Dame	An. C = =		$\alpha \cap$. 4	1-10-
	(<u> </u>) 11	17616	No not c	DYVCSI	pon	d +0	Y 51	gnature

NE g14

Form 990 (2016) Page 2 Part III Statement of Program Service Accomplishments Check If Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: Masonic Lodge - to support and fulfill the tenents and fraternal purposes of The Grand Lodge of Ancient Free and Accepted Masons of the state of Missouri through local lodge activities Did the organization undertake any significant program services during the year which were not listed on the If "Yes." describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. (Code: including grants of \$) (Revenue \$) (Expenses \$ Support to Masonic youth organizations and other organizations that are 501(c)(3) entities.) (Expenses \$ including grants of \$) (Revenue \$ (Code: ? Support to wives, widows, orphans and distressed brother Master Masons in relief of temporary financial needs. (Code: ____) (Expenses \$ including grants of \$) (Revenue \$ No other programs. Other program services (Describe in Schedule O.)

) (Revenue \$

3023, 24 33

(Expenses \$

Total program service expenses >

including grants of \$



Part	IV Checklist of Required Schedules		<u></u>	
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
•	complete Schedule A	1	[1
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
c	Did the organization report an amount for Investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
	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 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		1
12 a	Did the organization obtain separate, Independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		<u>·</u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV.	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
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		√
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		✓
		Form	990	(2016)

Form 99	0 (2016)			Page 4
Part	Checklist of Required Schedules (continued)			
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	Yes	No.
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			<u>√</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		-
	organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond Issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part 1	24d 25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		\
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		1
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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	29		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<u> </u>
3 2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		<u> </u>
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		<u>~</u> ✓
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	\dashv	<u> </u>
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35a 35b		₹ ✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		•
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,	30		
	Part VI	37	ı	1
	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note. All Form 990 filers are required to complete Schedule O.	38	<u>/</u>	
		Form	990	(2016)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	_Check if Schedule O contains a response or note to any line in this Part V			
_			Yes	No
18	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	4 1		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	4		
·	reportable gaming (gambling) winnings to prize winners?	10		
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? .	2b	1	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		/
ь	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	<u>3b</u>		
48	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1		
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1
b	If "Ves." enter the name of the foreign country:			•
-	See Instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		Ì	
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓_
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	ļ	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the		- 1	,
h	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
	qifts were not tax deductible?	6ь		
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		<u>√</u>
Þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	\Box	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		,
d	required to file Form 8282?	7c		<u>√</u> ,
•	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	-	,
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	71		"
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	79		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the]
_	sponsoring organization have excess business holdings at any time during the year?	8		
8	Sponsoring organizations maintaining donor advised funds.			
a b	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
10	Section 501(c)(7) organizations. Enter:	917		
a	Initiation fees and capital contributions included on Part VIII, line 12		Ī	Ì
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		- {	
11	Section 501(c)(12) organizations. Enter:	1	-	1
8	Gross income from members or shareholders	- 1	1	
Þ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	- 1		
120	against amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		\dashv	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		-	
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.		\Box	
	Enter the amount of reserves the organization is required to maintain by the states in which]	
	the organization is licensed to issue qualified health plans		- 1	- 1
	Enter the amount of reserves on hand	148	-+	,
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	-+	<u>*</u>
	The state of the s		990 (2016)

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and	for-a	-"No
	response to line 8a, 8b; or 10b below, describe the circumstances, processes, or changes in Schedule O. S			
	Check if Schedule O contains a response or note to any line in this Part VI			. 🗹
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9			
	If there are material differences in voting rights among members of the governing body, or		1	1
	if the governing body delegated broad authority to an executive committee or similar		1	1
	committee, explain in Schedule O.	1	1	
Ь	Enter the number of voting members included in line 1a, above, who are independent . 1b 9	j	I	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	<u></u>	<u> </u>	
	any other officer, director, trustee, or key employee?	2	<u></u>	✓
3	Did the organization delegate control over management duties customanly performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		1
6	Did the organization have members or stockholders?	6	1	<u></u>
7a	and the different manner of constructions, or come become man because the construction of the construction			
	one or more members of the governing body?	7a	1	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7Ь	✓	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			1
	the year by the following:		<u> </u>	!
a	The governing body?	8a	1	<u> </u>
b	Each committee with authority to act on behalf of the governing body?	8b	1	Ļ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at		ĺ	
	the organization's malling address? If "Yes," provide the names and addresses in Schedule O	9	ــــــــــــــــــــــــــــــــــــــ	<u> </u>
ecu	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
		· · ·	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	 	/
0	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
44-	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	 _ _	├
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	✓	
ь 10-	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40-		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		/
Ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		 -
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	40-		
40		12c		
13	Did the organization have a written whistleblower policy?	13	-	1
14 15	Did the organization have a written document retention and destruction policy?	14	-	ļ,
19	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?			
_		45-		لہا
a	The organization's CEO, Executive Director, or top management official	15a		1
U	Other officers or key employees of the organization	15b		
l6a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
va	with a taxable entity during the year?	46-		

List the states with which a copy of this Form 990 is required to be filed ▶ none
 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)
 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records: ► D David Miller, Treasurer, 11122 Olive Blvd, Creve Coeur MO 63141, Phone: 314-440-5392

b If "Yes," did the organization follow a written policy or procedure requining the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

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Form 990 (2016)

Form	990	C 201	61

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	artv	411	Compensation	n or Omcers,	Directors,	musices,	Key Employees	Lindingar	on ibenouse	. Employees,	
_											
			Independent (Contractors							

Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

☐ Check this box if neither the organization	n nor any relate	d org	aniz		n c	ompe	nsa	ited any currer	nt officer, director	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box.	ot ch unles er and	Pos eck	ition more	than (is both	n an tee)	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)	ndividua or direct	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Sam Wilk - Trustee	1/4	1						0	_0	
(2) Richard Huddleston - Trustee	1/4	1						0	0	
(3) Richard Smith - Trustee	1/4	1	П					0	0	
(4) Floyd Brown - Trustee	1/4	1	П					o	0	
(5) Ken Harper - Trustee	1/4	1							0	
(6) Scott Sergel - Trustee	1/4	1						0	0	
(7) Jack Olson - Master	3		П	_				0	0	
(8) Daniel Silverman - Senior Warden				1				0	0	
(9) Paul Smith - Junior Warden	1			_				0	0	
(10) Michael Boyd - Secretary	6			/				1250	٥	
(11) D David Miller - Treasurer	3							625	0	
[12] Harry Moppins Jr Organist	1							400	0	
(13) C Ray White - Assistant Treasurer	1/4						-	140	0	
(14) Harvey Soule - Building Manager	6			_		,		2500	0	

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yee:	s, a	nd h	lighe	st C	ompensated E	imployees (conti 	nued) /		
<u>.</u>	(A) Name and title	(B) Average	(do r	ot ch	Pos 1 0 Ck	ution mon		one	(D) Reportable	(E) Reportable		(F)	i
		hours per week (list any hours for related organizations below dotted line)	offici Individua	er euro	dad		or/trus Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	com fr org: and	nount of other pensation om the anzation d related anization	on on d
(15)													
(16)													
17)	•••••••••••••••••••••••••••••••••••••••		-										
18)						\vdash							
19)			 					-			 -		
20)													
				H									
(22)			-							<u> </u>			
								-			<u> </u>		
		l		\dashv					•				
1b c	Sub-total . Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio	n A					* * *	4915 0 4915	0			 -
2	Total number of individuals (including but reportable compensation from the organi	not limited) wl		ore than \$100,00	00 of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete s							-		est compensate	ed	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	•				•			•				1
5	Did any person listed on line 1a receive of for services rendered to the organization?									ation or individu			7
ectio	on B. Independent Contractors												<u> </u>
1	Complete this table for your five highest compensation from the organization. Rep year.												ЭX
	(A) Name and business add	ress							(B) Description of se	nvices	(C) Compens		
													_
2	Total number of independent contracto	rs (includin	a hir	l no	ot li	mite	ad to	thr	ose listed abo	ve) who			
	received more than \$100,000 of compensation							uil	00	,		- 000	
											⊢ол	m 990	(201

Part	VIII	Check if Schedule O cor		nonse or note to	any line in this	Part VIII		
		Oneck if Schedule O cor	italis a res	SONSO OF HOLE A	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
क्ष क	1a	Federated campaigns .	1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues		7809				1
Am A	C	Fundraising events		1527				
GH	d	Related organizations .		2500				1
ž,	e	Government grants (contributed)						
rio er S	f	All other contributions, gifts,					1	
ξę.		and similar amounts not included		1300				
on pu	9	Noncash contributions included in		0			1	
<u>0 8</u>	<u>h</u>	Total. Add lines 1a-1f .	• • • •	Business Code	13136		ļ	
Program Service Revenue	2-			BUSINESS CODE	·		 	
Jev.	2a 6	***************************************					 	
8	c	***************************************					 	
ervi	ď	***************************************					 	
E	ē					 		
E S	f	All other program service	revenue .					
E.	g	Total. Add lines 2a-2f .		▶				
	3	Investment income (incli						
		and other similar amounts	•		11900			
	4	Income from investment of to						ļ
	5	Royalties		· · · · · · · · ·			ļ	ļ
			(i) Fleat	(ii) Personal				
	6a	Gross rents					1	j
	b	Less: rental expenses					1	1
	d	Rental income or (loss) Net rental income or (loss)					 	
	7a		Securities	(i) Other				
	'"	assets other than inventory		.,,	ļ		1	
	b	Less: cost or other basis						
		and sales expenses .					1	
	C	Gain or (loss)					 	
	d	Net gain or (loss)		<u> ▶</u>				
her Revenue	8a	Gross income from fundra events (not including \$ of contributions reported on See Part IV, line 18	line 1c).					
윰	b	Less: direct expenses .	b					
		Net income or (loss) from	fundraising					
	9a	Gross income from gaming See Part IV, line 19						
	ь	Less: direct expenses .	_		1			
		Net income or (loss) from		vities 🕨				
	10a	Gross sales of invent returns and allowances						
	b	Less cost of goods sold						
	c	Net income or (loss) from		entory				
		Miscellaneous Revenu		Business Code				
	11a			Î				
	b							
	С							
	đ	All other revenue						<u> </u>
	8	Total. Add lines 11a-11d						
	12	Total revenue. See Instru	ctions	🕨	25036			<u></u>
								Form 990 (2016)

Part IX Stater	ment of Funct	tional Expenses
Faire State	nent of Funci	uonai Exbenses

	on 501(c)(3) and 501(c)(4) organizations must con			ns must complete co	lumn (A).
	Check if Schedule O contains a respon				
	ot include amounts reported on lines 6b, 7b, b, 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 domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1132			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.				
4 5	Benefits paid to or for members	4915			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	4913			-
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	376	·		
11	Fees for services (non-employees)				
8	Management				
Ь	Legal			<u> </u>	
0	Accounting				
d	Lobbying				
e f	Professional fundraising services. See Part IV, line 17				
g	Investment management fees	5668			
40	• • • • • • • • • • • • • • • • • • • •	345			
12 13	Advertising and promotion	243			
14	Office expenses	610			
15	Royalties	40	-		·
16	Occupancy	5025			
17	Travel	5825 530			
18	Payments of travel or entertainment expenses	330			
-	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1462			
20	Interest				
21	Payments to affiliates		-		
22	Depreciation, depletion, and amortization			······································	
23	Insurance				
24	Other expenses, Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				!
	line 24e amount exceeds 10% of line 25, cotumn (A) amount, list line 24e expenses on Schedule O.)				
a	Member Per Capita	220			
ь	Lodge Consolidation	180			
C	Kitchen & Cleaning Supplies	138			
d	Meals & Refreshments	3970			
0	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	25654			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs			T	
	from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2016) Page **11** Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X --. -. - - -Beginning of year End of year 11292 6761 2 2 Pledges and grants receivable, net 3 3 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary ß **Assets** 7 8 Prepaid expenses and deferred charges . . . 9 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D Less: accumulated depreciation 105 10c 11 Investments—publicly traded securities . . . 1641421 11 1733211 12 Investments—other securities. See Part IV, line 11 . . . 12 13 Investments—program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . 16 1652712 1739972 Accounts payable and accrued expenses 17 17 18 18 19 19 Tex-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 22 Loans and other payables to current and former officers, directors, Jabilities 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 Unsecured notes and loans payable to unrelated third parties . . . 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27

28

30 31

32

33

Ret

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds .

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and

Permanently restricted net assets . . .

Total liabilities and net assets/fund balances . . .

complete lines 30 through 34.

1739972 Form 990 (2016)

1739972

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29

31

32

1652712 33

1652712 34

Page 1		90 (2016) t XI Reconciliation of Net Assets			
· · · · · · · · · · · · · · · · · · ·		Check if Schedule O contains a response or note to any line in this Part XI			
2503	ŤŤŤ	Total revenue (must equal Part VIII, column (A), line 12)			
2565	2	Total expenses (must equal Part IX, column (A), line 25)			
(618	3	The substitute of the substitu			
1652712					
	5	Net unrealized gains (losses) on investments			
	6	Donated services and use of facilities			
	7	Investment expenses			
	8	Prior period adjustments			
8787	9				
		Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
173997	10	33, column (B))			
	_	XII Financial Statements and Reporting			
<u> </u>	<u></u>	Check if Schedule O contains a response or note to any line in this Part XII			
Yes No	•				
建设	Accounting method used to prepare the Form 990: 🗹 Cash 🔲 Accrual 🔲 Other				
18 A	uplain in	If the organization changed its method of accounting from a prior year or checked "Other," ex			
透 園 [美]/		Schedule O.			
2a ✓		Were the organization's financial statements compiled or reviewed by an independent accountant?			
	piled or	If "Yes," check a box below to indicate whether the financial statements for the year were com			
		reviewed on a separate basis, consolidated basis, or both:			
BANK BANKS		Separate basis Consolidated basis Both consolidated and separate basis			
2b ✓		Were the organization's financial statements audited by an independent accountant?			
	ed on a	If "Yes," check a box below to indicate whether the financial statements for the year were audit			
		separate basis, consolidated basis, or both:			
你会就是我的。		Separate basis Consolidated basis Both consolidated and separate basis			
	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?				
2c	If the organization changed either its oversight process or selection process during the tax year, explain in				
	cpiain in	Schedule O.			
	forth in	As a result of a federal award, was the organization required to undergo an audit or audits as set			
3a 🗸		the Single Audit Act and OMB Circular A-133?			
1		If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits and the organization did not undergo.			
3b	uaits.	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a			

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Internal Revenue Service	Information about Schedule O (Form 850 of 850-22) and its absolutions is at with	INS DECITOR
Name of the organization		Employer identification number
AF&AM of Missouri, P	olar Star Rose Hil #79, DBA Gateway Lodge #40	26-0123308
Parts A.B.C: Polar S	tar-Rose Hill Lodge #79 and Mizpah Mount Mariah Lodge #40 merged and forme	d Gateway Lodge #40. This is the Initial
990 for DBA Gateway	Lodge #40, and it follows directly after the fiscal year last filed by DBA Polar-Sta	r Rose Hill (08/01/2015 to 07/31/2016).
Gateway Lodge #40 cl	nanged its Fiscal Year to a Calendar Year Basis effective January 1, 2017. An IRS	Form 1128 is attached hereto.
An Amended IRS Form	n 990 for Calendar Year Jan 1 to Dec 31, 2017 is filed at same time as This Short	Year for Aug 1, 2016 to Dec 31, 2016.
-Part VI,A 6: Governir	ng Body consists of six Trustees, Worshipful Master, Senior Warden and Junior \	Warden - nine governing members
Part VI,A 7a: Member	rs of the lodge elect all nine governing members	
-Part VI,A 7b: Member	rs of lodge approve budget, changes to bylaws, and election of new members in	to lodge
Part VI,11b: Form 99	o is discussed among governing body and members at regular lodge meetings a	nd is on file in the secretary's office.
Forms 990 are availab	le for members and governing body to view and copy on request.	
-Part VI 19: No reques	sts were received - documents are provided by the lodge secretary upon request	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Part X, 1A-B: Bank cl	hecking account balances.	······································
-Part X, 11A-B: invest	ment Account Balances	
Part XI, 9: Rounding	errors, timing of changes in value of investments and transfers to operating acc	ount.
·	IO FURTHER SUPPLEMENTAL INFORMATION	
> + + + + + + + + + + + + + + + + + + +		49814-2244881001111111111111111111111111111111
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