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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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 07-01-2018 , and ending 06-30-2019

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
MASONIC HOME OF MISSOURI

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) | Room/suite
6033 MASONIC DRIVE NO STE A

City or town, state or province, country, and ZIP or foreign postal code
COLUMBIA, MO 65202

D Employer identification number
43-0653370

E Telephone number
(573) 814-4663

G Gross receipts $ 71,843,542

F Name and address of principal officer:
STANTON T BROWN II
6033 MASONIC DRIVE NO STE A
COLUMBIA, MO 65202

H(a) Is this a group return for subordinates? ☐ Yes ☑ No

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

H(c) Group exemption number ▶

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

J Website: ▶ HTTP://WWW.MOHOME.ORG

K Form of organization: ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1889

M State of legal domicile: MO

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THE MASONIC HOME PROVIDES ASSISTANCE TO MISSOURI MASTER MASONS, THEIR WIVES OR WIDOWS, FEMALE MEMBERS OF THE ORDER OF THE EASTERN STAR AND MASONIC CHILDREN. ASSISTANCE IS ALSO PROVIDED STATEWIDE TO CHILDREN THROUGH A PARTNERSHIP WITH MISSOURI LODGES AND CHAPTERS WHO IDENTIFY CHILDREN IN NEED OF SCHOOL SUPPLIES, WINTER ATTIRE AND OTHER ITEMS OR PROJECTS. IN ADDITION, THE MASONIC HOME PARTNERS WITH MISSOURI LODGES AND CHAPTERS TO HELP GIVE VETERANS THE OPPORTUNITY TO VISIT THEIR MEMORIAL THROUGH THE HONOR FLIGHT PROGRAM OR TO ACTIVE MILITARY THROUGH CARE PACKAGES. IT IS THE GOAL OF THE MASONIC HOME TO REACH OUT STATEWIDE FINANCIALLY AND NON-FINANCIALLY TO THOSE ELIGIBLE APPLICANTS IN DISTRESS THROUGH THE OUTREACH SERVICES PROGRAMS.

Activities & Governance

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**	13
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	13
5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)	**5**	17
6	Total number of volunteers (estimate if necessary)	**6**	275
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

Revenue

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,057,963	1,170,931
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	13,049,233	6,741,449
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-29,511	-36,630
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	14,077,685	7,875,750

Expenses

13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,375,549	1,330,814
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	838,404	961,572
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶563,283		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	1,687,012	1,689,072
18	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	3,900,965	3,981,458
19	Revenue less expenses. Subtract line 18 from line 12	10,176,720	3,894,292

Net Assets or Fund Balances

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	149,142,734	156,235,483
21	Total liabilities (Part X, line 26)	163,518	282,306
22	Net assets or fund balances. Subtract line 21 from line 20	148,979,216	155,953,177

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

****** 2020-05-15
Signature of officer Date

BARBARA RAMSEY EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
				P01749573

Firm's name ▶ WILLIAMS-KEEPERS LLC — Firm's EIN ▶ 43-1126847

Firm's address ▶ 2005 WEST BROADWAY SUITE 100
COLUMBIA, MO 65203 — Phone no. (573) 442-6171

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

1 Briefly describe the organization's mission:

TO ASSIST ELIGIBLE ADULTS AND CHILDREN IN NEED BY PRACTICING THE PRINCIPLES OF FREEMASONRY.

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 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.

4a (Code:) (Expenses $ 2,689,463 including grants of $ 1,330,814) (Revenue $)

See Additional Data

4b (Code:) (Expenses $ including grants of $) (Revenue $)

4c (Code:) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)

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

4e **Total program service expenses ▶** 2,689,463

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* (see instructions)?	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, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
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		No
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		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 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	Yes	
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	Yes	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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	Yes	
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		No
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		No
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		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	Yes	
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		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, 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		No
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		No
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		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* (see instructions)	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	Yes	
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
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	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 1? *If "Yes," complete Schedule I, Parts I and II*	21	Yes	
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*	22	Yes	

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23		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 lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 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 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	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		No
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		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 (or a family member thereof) was an officer, director, trustee, or direct or indirect 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	Yes	
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, Part II, III, or IV, and Part V, line 1*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
b	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*	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	Yes	
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 11b 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

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	51		
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**	17		
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 (see instructions)			**2b**	Yes
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .			**3a**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .			**3b**	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .			**4a**	No
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
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?			**5c**	
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 as charitable contributions? . . .			**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**	
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**	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	Yes
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**			
e	Did the organization 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	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
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**	
9a	Did the sponsoring organization make any taxable distributions under section 4966? . . .			**9a**	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .			**9b**	
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**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O.			**13a**	
b	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	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N			**15**	No
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O			**16**	No

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.*
Check if Schedule O contains a response or note to any line in this Part VI . . . . . ☑

Section 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**	13		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.				
b	Enter the number of voting members included in line 1a, above, who are independent	**1b**	13		
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 governing documents since the prior Form 990 was filed?		**4**		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		**5**		No
6	Did the organization have members or stockholders?		**6**		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		**7a**	Yes	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		**7b**	Yes	
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	Did the organization have local chapters, branches, or affiliates?	**10a**		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	**10b**		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	**11a**	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	**12a**	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	**12b**		No
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	**12c**	Yes	
13	Did the organization have a written whistleblower policy?	**13**	Yes	
14	Did the organization have a written document retention and destruction policy?	**14**	Yes	
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 15a or 15b, 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," did the organization follow a written policy or procedure requiring 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?	**16b**		

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-A if applicable), 990, and 990-T (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)

19 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.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶JODI BLAKE DIRECTOR OF FINANCE 6033 MASONIC DRIVE SUITE A COLUMBIA, MO 65202 (573) 814-4663

Part VII **Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and 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, 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 neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
(1) ROBERT T THOMAS HONORARY CHAIRMAN	3.00 40.00	X		X				0	0	0
(2) STANTON T BROWN II PRESIDENT	5.00 25.00	X		X				0	0	0
(3) WILLIAM W BIRD DIRECTOR	0.00	X						0	0	0
(4) BARRY V CUNDIFF VICE PRESIDENT	5.00 15.00	X		X				0	0	0
(5) MICHAEL FLAGG DIRECTOR	3.00	X						0	0	0
(6) TAZ MEYER TREASURER	4.00 0.25	X		X				0	0	0
(7) JEFFREY QUIBELL DIRECTOR	4.00 0.25	X						0	0	0
(8) DAVID W RAMSEY DIRECTOR	4.00 0.25	X						0	0	0
(9) BUDDY ROBERTS SECRETARY	4.00 0.25	X		X				0	0	0
(10) TY TREUTELAAR DIRECTOR	5.00 15.00	X						0	0	0
(11) JAMES D JEFFERS DIRECTOR	3.00	X						0	0	0
(12) RICHARD W KAESER JR DIRECTOR	3.00 15.00	X						0	0	0
(13) DAVID POWELL DIRECTOR	3.00	X						0	0	0
(14) MICHAEL D VOYLES DIRECTOR	3.00	X						0	0	0
(15) BARBARA A RAMSEY EXECUTIVE DIRECTOR	40.00			X				105,166	0	15,174
(16) JODI M BLAKE DIRECTOR OF FINANCE & DEVE	40.00			X				88,476	0	30,646

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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			
1b Sub-Total ▶										
c Total from continuation sheets to Part VII**, Section A** ▶										
d Total (add lines 1b and 1c) ▶								193,642	0	45,820

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1

			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 or individual 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. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
CENTRAL TRUST COMPANY 720 E BROADWAY COLUMBIA, MO 65205	INVESTMENT MANAGEMENT	149,716
COMMERCE TRUST COMPANY 901 E BROADWAY COLUMBIA, MO 65205	INVESTMENT MANAGEMENT	129,793
COLUMBIA MARKETING GROUP 300 ST JAMES ST STE 103 COLUMBIA, MO 65201	DESIGN AND PRINT SERVICES	120,743

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 3

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII . . . . . ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	**1a** Federated campaigns . .	1a			
	b Membership dues . .	1b			
	c Fundraising events . .	1c 63,635			
	d Related organizations	1d			
	e Government grants (contributions)	1e			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,107,296			
	g Noncash contributions included in lines 1a - 1f: $ 38,580				
	h Total. Add lines 1a-1f . . . . . ▶	1,170,931			
Program Service Revenue		Business Code			
	2a				
	b				
	c				
	d				
	e				
	f All other program service revenue.				
	g Total. Add lines 2a–2f . . . . ▶				
Other Revenue	**3** Investment income (including dividends, interest, and other similar amounts) . . . . . ▶	3,378,583			3,378,583
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties . . . . . ▶	8,247			8,247
		(i) Real / (ii) Personal			
	6a Gross rents	26,895			
	b Less: rental expenses	62,647			
	c Rental income or (loss)	-35,752			
	d Net rental income or (loss) . . . . . ▶	-35,752			-35,752
		(i) Securities / (ii) Other			
	7a Gross amount from sales of assets other than inventory	67,224,196			
	b Less: cost or other basis and sales expenses	63,861,330			
	c Gain or (loss)	3,362,866			
	d Net gain or (loss) . . . . . ▶	3,362,866			3,362,866
	8a Gross income from fundraising events (not including $ 63,635 of contributions reported on line 1c). See Part IV, line 18 . . . . **a**	34,465			
	b Less: direct expenses . . . **b**	43,815			
	c Net income or (loss) from fundraising events . . ▶	-9,350			-9,350
	9a Gross income from gaming activities. See Part IV, line 19 . . . **a**				
	b Less: direct expenses . . . **b**				
	c Net income or (loss) from gaming activities . . ▶				
	10a Gross sales of inventory, less returns and allowances . . **a**				
	b Less: cost of goods sold . . **b**				
	c Net income or (loss) from sales of inventory . . ▶				
	Miscellaneous Revenue / Business Code				
	11a MISCELLANEOUS 900099	225			225
	b				
	c				
	d All other revenue				
	e Total. Add lines 11a–11d . . . . . ▶	225			
	12 Total revenue. See Instructions. . . . . ▶	7,875,750	0	0	6,704,819

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).

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

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) Fundraisingexpenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	346,529	346,529		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	984,285	984,285		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	249,694	95,211	49,939	104,544
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	532,892	300,963	90,021	141,908
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	30,132	12,588	8,428	9,116
9 Other employee benefits	94,027	56,402	12,474	25,151
10 Payroll taxes	54,827	28,459	9,833	16,535
11 Fees for services (non-employees):				
a Management				
b Legal	18,975	925	18,050	
c Accounting	40,415	4,101	34,828	1,486
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	305,172	203,448	101,724	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
12 Advertising and promotion	31,997	30,125		1,872
13 Office expenses	72,923	23,704	16,231	32,988
14 Information technology	47,541	8,974	15,596	22,971
15 Royalties				
16 Occupancy	140,827	59,268	71,041	10,518
17 Travel	57,278	16,475	28,023	12,780
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	24,632	2,613	16,045	5,974
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	396,182	220,193	154,382	21,607
23 Insurance	135,155	32,907	97,580	4,668
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a MEMBER LISTING - GRAND	250,000	146,480		103,520
b PUBLICATIONS	146,987	104,609		42,378
c DONOR RECOGNITION	9,520		4,517	5,003
d MUSUEM DISPLAY	6,699	6,699		
e All other expenses	4,769	4,505		264
25 **Total functional expenses.** Add lines 1 through 24e	3,981,458	2,689,463	728,712	563,283
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX . . . . . ☐

			(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing	467,990	1	54,972
	2	Savings and temporary cash investments	4,545,863	2	4,515,263
	3	Pledges and grants receivable, net	1,400,487	3	1,464,704
	4	Accounts receivable, net	36,504	4	56,196
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	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 organizations (see instructions) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	184,142	9	172,888
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a: 14,055,441			
	b	Less: accumulated depreciation — 10b: 5,410,728	7,890,169	10c	8,644,713
	11	Investments—publicly traded securities	131,614,914	11	138,359,703
	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	3,002,665	15	2,967,044
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	149,142,734	16	156,235,483
Liabilities	17	Accounts payable and accrued expenses	74,248	17	184,614
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		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, 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	89,270	25	97,692
	26	**Total liabilities.** Add lines 17 through 25	163,518	26	282,306
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	77,924,221	27	81,898,942
	28	Temporarily restricted net assets	37,465,389	28	40,508,249
	29	Permanently restricted net assets	33,589,606	29	33,545,986
		Organizations that do not follow SFAS 117 (ASC 958), 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	148,979,216	33	155,953,177
	34	Total liabilities and net assets/fund balances	149,142,734	34	156,235,483

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12)	1	7,875,750
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,981,458
3	Revenue less expenses. Subtract line 2 from line 1	3	3,894,292
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	148,979,216
5	Net unrealized gains (losses) on investments	5	3,096,427
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-16,758
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	155,953,177

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII . . . . . ☑

			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
	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	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	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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		

Additional Data

Software ID:

Software Version:

EIN: 43-0653370

Name: MASONIC HOME OF MISSOURI

Form 990 (2018)

Form 990, Part III, Line 4a:

THE LIVES OF OVER 26,000 INDIVIDUALS WERE IMPACTED WITH OVER $1.3 MILLION IN DIRECT FINANCIAL ASSISTANCE PROVIDED BY THE MASONIC HOME DURING TAX YEAR 2018. THE LIVES OF OVER 16,700 CHILDREN AND 54 VETERANS WERE IMPACTED THROUGH INDIVIDUAL AND PROJECT-BASED FUNDING, WHILE 84 INDIVIDUALS AND MASONIC CHILDREN RECEIVED FINANCIAL ASSISTANCE. IN ADDITION, THE MASONIC HOME TOUCHED THE LIVES OF OVER 9,600 INDIVIDUALS THROUGH NON-FINANCIAL PROGRAMS. THE MASONIC HOME'S 10 OUTREACH PROGRAMS INCLUDE 3 FINANCIAL ASSISTANCE PROGRAMS, 3 PARTNERSHIP PROGRAMS, AND 4 RECOGNITION AND RESOURCE PROGRAMS. THE FINANCIAL PROGRAMS INCLUDE LONG-TERM FINANCIAL ASSISTANCE, SHORT-TERM FINANCIAL ASSISTANCE, AND CHILDREN'S OUTREACH. 83 MASONIC-AFFILIATED ADULTS AND CHILDREN RECEIVED FINANCIAL ASSISTANCE TO MEET THEIR MONTHLY NEEDS OR FOR MEDICAL AND OTHER EXPENSES.THE PARTNERSHIP PROGRAMS INCLUDE CREATING-A-PARTNERSHIP, PARTNERING TO HONOR, AND MASONIC FAMILY CARES. OVER 16,700 CHILDREN STATEWIDE RECEIVED ASSISTANCE THROUGH INDIVIDUAL AND PROJECT-BASED FUNDING WITHIN THE CREATING-A-PARTNERSHIP PROGRAM. THROUGH THIS PROGRAM, THE MASONIC HOME PARTNERS WITH MISSOURI LODGES AND CHAPTERS TO IDENTIFY CHILDREN IN NEED OF SCHOOL SUPPLIES, WINTER ATTIRE AND OTHER ITEMS OR PROJECTS AND WORKS WITH THE LODGE OR CHAPTER TO MEET THESE NEEDS. THROUGH THE PARTNERING TO HONOR PROGRAM, THE MASONIC HOME PARTNERS WITH MISSOURI LODGES AND CHAPTERS TO HELP GIVE VETERANS THE OPPORTUNITY TO VISIT THEIR MEMORIAL THROUGH THE HONOR FLIGHT PROGRAM OR TO ACTIVE MILITARY THROUGH CARE PACKAGES. 54 VETERANS' LIVES WERE TOUCHED THROUGH THIS PROGRAM. THE MASONIC FAMILY CARES PROGRAM HELPS FACILITATE CONNECTIONS BETWEEN LODGES AND CHAPTERS AND THE MASONIC BROTHERS AND SISTERS IN THEIR COMMUNITIES. WHEN A NEED ARISES, THE MASONIC HOME PROVIDES PROJECT FUNDING, WHILE THE LODGES AND CHAPTERS PERFORM THE WORK. ONE INDIVIDUAL RECEIVED ASSISTANCE THROUGH THIS PROGRAM DURING 2018.OVER 9,600 LIVES WERE TOUCHED THROUGH THE RECOGNITION AND RESOURCE PROGRAMS WHICH INCLUDE: SOCIAL SERVICES, FINANCIAL EDUCATION, THE WIDOWS PROGRAM, AND THE VETERANS PROGRAM. THESE PROGRAMS ARE DESIGNED TO ASSIST MASONS, THEIR WIVES OR WIDOWS, OR LADIES OF THE EASTERN STAR BY LOCATING SERVICES, PROVIDING EDUCATION ON BASIC PERSONAL FINANCE, HONORING VETERANS, ACTIVE MILITARY AND MASONIC WIDOWS, AND INFORMING INDIVIDUALS OF THE FINANCIAL AND NON-FINANCIAL SERVICES OF THE MASONIC HOME, SHOULD THEY FIND THEMSELVES IN NEED.

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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.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
MASONIC HOME OF MISSOURI

Employer identification number
43-0653370

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 12, check only one box.)

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

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university: _____

10 ☐ An organization that normally receives: (1) more than 331/3% 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 331/3% 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.)

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

12 ☐ 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a ☐ **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations . . . . . _____

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	1,470,567	1,739,918	1,136,062	1,057,963	1,170,931	6,575,441
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . . .						
3 The value of services or facilities furnished by a governmental unit to the organization without charge..						
4 **Total.** Add lines 1 through 3	1,470,567	1,739,918	1,136,062	1,057,963	1,170,931	6,575,441
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) . .						
6 **Public support.** Subtract line 5 from line 4.						6,575,441

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4. .	1,470,567	1,739,918	1,136,062	1,057,963	1,170,931	6,575,441
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . .	3,393,320	3,462,844	3,438,975	3,211,808	3,413,725	16,920,672
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 VI.). .	28,619	36,146	34,198	40,295	34,690	173,948
11 **Total support.** Add lines 7 through 10						23,670,061

12 Gross receipts from related activities, etc. (see instructions) **12**

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	**14**	27.780 %
15 Public support percentage for 2017 Schedule A, Part II, line 14	**15**	28.030 %

16a **33 1/3% support test—2018.** 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—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test—2018.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☑

b **10%-facts-and-circumstances test—2017.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 10 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 VI.) . .						
13 **Total support.** (Add lines 9, 10c, 11, and 12.). .						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2018** (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from **2017** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2018.** 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—2017.** 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 Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in* ***Part VI*** *how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509 (a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in* ***Part VI*** *when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in* ***Part VI*** *what controls the organization put in place to ensure such use.*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in* ***Part VI*** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in* ***Part VI*** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in* ***Part VI,*** *including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* ***Part VI.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in* ***Part VI.***	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in* ***Part VI.***	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in* ***Part VI.***	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).*	10b		

Part IV Supporting Organizations (continued)

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	**11a**		
b	A family member of a person described in (a) above?	**11b**		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	**11c**		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	**1**		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.*	**2**		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	**1**		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	**1**		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization (s) or (ii) serving on the governing body of a supported organization? *If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).*	**2**		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.*	**3**		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year **(see instructions)**:

- **a** ☐ The organization satisfied the Activities Test. Complete **line 2** below.
- **b** ☐ The organization is the parent of each of its supported organizations. Complete **line 3** below.
- **c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions)

			Yes	No
2	Activities Test. **Answer (a) and (b) below.**			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	**2a**		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	**2b**		
3	Parent of Supported Organizations. **Answer (a) and (b) below.**			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in **Part VI.***	**3a**		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in **Part VI.** the role played by the organization in this regard.*	**3b**		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

	Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	**Adjusted Net Income** (subtract lines 5, 6 and 7 from line 4)	8		

	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	1		
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	**Total** (add lines 1a, 1b, and 1c)	1d		
e	**Discount** claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	**Minimum Asset Amount** (add line 7 to line 6)	8		

	Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	**Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**). See instructions	
7 **Total annual distributions.** Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2018**	**(iii) Distributable Amount for 2018**
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018:			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7: $			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 **Excess distributions carryover to 2019.** Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
1. 26 FR SECTION 1.170A-9(F)(3)(I)	10% SUPPORT LIMITATION: THE MASONIC HOME OF MISSOURI ("THE MASONIC HOME") HAS CONSISTENTLY SATISFIED THE 33 1/3% REQUIREMENT OVER THE YEARS. SINCE QUALIFYING FOR PUBLIC CHARITY STA TUS, THE MASONIC HOME HAS FAILED THIS TEST 6 TIMES, INCLUDING THE CURRENT YEAR, BY A MARGI N NEVER EXCEEDING 5.55%. AT THE END OF TAX YEAR 2018, THE MASONIC HOME HAS AGAIN FAILED TH IS TEST FOR TWO CONSECUTIVE YEARS, BY MARGINS OF 5.55% AND 5.30% FOR 2018 AND 2017, RESPEC TIVELY. ALTHOUGH TOTAL DONATIONS HAVE GENERALLY INCREASED EACH YEAR FOR THE PAST 5 YEARS, INVESTMENT INCOME HAS INCREASED AS WELL, DILUTING ANY INCREASE IN THE PERCENTAGE OF TOTAL REVENUE COMING FROM DIRECT CONTRIBUTIONS. IN ADDITION, AS OUTLINED IN ITEM 3 BELOW, 30% OF TOTAL INCOME CAME FROM INCOME EARNED ON ENDOWMENTS ORIGINALLY CONTRIBUTED BY HUNDREDS OF INDIVIDUALS OVER A 100-YEAR TIMEFRAME. IF TAKEN INTO CONSIDERATION AND ADDED TO THE CURREN T PUBLIC SUPPORT OF 27.78%, THE TOTAL PUBLIC SUPPORT PERCENTAGE WOULD BE OVER 57%.

990 Schedule A, Supplemental Information

Return Reference	Explanation
2. PARAGRAPH (F)(3)(II)	ATTRACTION OF PUBLIC SUPPORT: THE MASONIC HOME'S FUNDRAISING DEPARTMENT CONSISTS OF TWO CO MPONENTS: ANNUAL GIVING AND MAJOR GIVING, WITH A DEDICATED STAFF PERSON FOR EACH PROGRAM. THE ANNUAL GIVING PROGRAM INCLUDES MULTIPLE FORMAL AND CONTINUOUS FUNDRAISING EVENTS AND O PPORTUNITIES. DURING A TYPICAL YEAR, THE MASONIC HOME CONDUCTS TWO DIRECT MAIL APPEALS (ON E IN THE SPRING AND ONE DURING THE HOLIDAYS) AND HOLDS TWO FUNDRAISERS: A CHARITY GOLF TOU RNAMENT AND A FUNDRAISING DINNER. REGIONAL FUNDRAISING EVENTS ARE HELD EACH YEAR AS WELL. THE MASONIC HOME OFFERS MULTIPLE GIVING OPPORTUNITIES THROUGHOUT THE YEAR, INCLUDING GRANI TE STONES AVAILABLE FOR ENGRAVING IN THE SQUARE & COMPASS COURTYARD. MEMBERS OF THE MASONI C FRATERNITY CAN ALSO DONATE VIA THE PENNY-A-DAY PROGRAM THROUGH THEIR ANNUAL DUES. THE MA SONIC HOME RECEIVES MEMORIAL DONATIONS FOR DECEASED MEMBERS, AND HAS BEEN INCLUDED IN THE WILLS AND TRUSTS OF MANY INDIVIDUALS OVER THE YEARS. THE MASONIC HOME CONTINUES TO WORK DI LIGENTLY TO EXPAND AND ENHANCE THE VARIOUS COMPONENTS OF THE ANNUAL GIVING PROGRAM. THE SE COND COMPONENT OF THE FUNDRAISING DEPARTMENT IS THE MAJOR GIVING PROGRAM. A DEDICATED STAF F PERSON FOCUSES ON BUILDING RELATIONSHIPS WITH DONORS TO SECURE LARGER GIFTS, BOTH AT THE PRESENT TIME AND IN THE FUTURE THROUGH WILLS AND BEQUESTS. TO ENCOURAGE PARTICIPATION IN OUR ANNUAL AND MAJOR GIVING PROGRAMS, WE OFFER VARIOUS TYPES OF DONOR RECOGNITION. "THE TR UMAN CLUB" RECOGNIZES INDIVIDUAL DONORS FOR THEIR COMMITMENT TO THE MASONIC HOME THROUGH M ULTIPLE TYPES OF RECOGNITION, INCLUDING PERMANENT RECOGNITION ON THE TRUMAN CLUB DONOR WAL L LOCATED AT THE MASONIC COMPLEX. IN ADDITION, THE MASONIC HOME OFFERS RECOGNITION TO THOS E INDIVIDUALS WHO HAVE REMEMBERED THE MASONIC HOME IN THEIR WILL OR OTHER PLANNED GIFT THR OUGH "THE VERN H. SCHNEIDER LEGACY SOCIETY". THESE INDIVIDUALS ALSO RECEIVE PERMANENT RECO GNITION AT THE MASONIC COMPLEX BY HAVING THEIR NAME ENGRAVED ON A LEAF OF THE SCHNEIDER LE GACY SOCIETY TREE. FINALLY, "THE VINCIL SOCIETY" RECOGNIZES MASONIC LODGES, EASTERN STAR C HAPTERS AND OTHER ORGANIZATIONS AND BUSINESSES FOR THEIR FINANCIAL SUPPORT, THROUGH AWARD PRESENTATIONS AS WELL AS PERMANENT RECOGNITION ON THE VINCIL SOCIETY DONOR WALL LOCATED AT THE MASONIC COMPLEX.

990 Schedule A, Supplemental Information

Return Reference	Explanation
3. PARAGRAPH (F)(3)(III)(A)	PERCENTAGE OF FINANCIAL SUPPORT: THROUGHOUT ITS HISTORY, MASONIC HOME HAS GENERALLY ENDED EACH YEAR EITHER ABOVE OR VERY CLOSE TO THE 33 1/3 PERCENT TEST, WELL ABOVE THE 10 PERCENT REQUIRED FOR THIS EXCEPTION. THE PERCENTAGE OF PUBLIC SUPPORT OF THE MASONIC HOME HAS, FO R MANY YEARS, BEEN SIGNIFICANTLY IMPACTED BY THE STRONG PERFORMANCE OF AND INCOME EARNED O N INVESTMENTS. THE FOLLOWING INFORMATION IS CONSISTENT WITH PRIOR YEARS. TOTAL INVESTMENT INCOME ACCOUNTS FOR 99% OF NON-PUBLIC SUPPORT INCOME. ENDOWMENTS RECEIVED FROM HUNDREDS OF INDIVIDUAL DONORS OVER A 100-YEAR TIMEFRAME ACCOUNT FOR 41% OF INVESTMENT INCOME. INVESTM ENT INCOME MADE UP 71% OF TOTAL INCOME. 30% OF TOTAL INCOME CAME FROM ENDOWMENTS FUNDED BY HUNDREDS OF INDIVIDUALS OVER A 100-YEAR TIMEFRAME. BECAUSE THE MASONIC HOME HAS BEEN CONS ERVATIVE IN ITS INVESTMENT APPROACH AND HAS BEEN FOCUSED ON BOTH GROWTH AND INCOME, THE PO RTFOLIOS HAVE GROWN AND HAVE PROVIDED MORE AND MORE INCOME OVER THE YEARS. AS A RESULT, TH E DOLLAR AMOUNT OF PUBLIC SUPPORT REQUIRED TO MEET THE 33 1/3 TEST HAS CONTINUED TO GROW H IGHER EACH YEAR, CAUSING IT TO BECOME INCREASINGLY MORE DIFFICULT TO OBTAIN CONSISTENTLY. AS STATED, INCOME EARNED OFF OF THE ENDOWMENT DONATIONS OF HUNDREDS OF INDIVIDUALS OVER A 100-YEAR TIMEFRAME COMPOSED 30% OF TOTAL INCOME. IF THIS INCOME WAS ALLOWED TO BE INCLUDED IN PUBLIC SUPPORT, BECAUSE THE UNDERLYING DONATION WAS ITSELF, BY DEFINITION, PUBLIC SUPP ORT, THE MASONIC HOME WOULD HAVE ENDED THE 2018 YEAR WITH OVER 57% IN PUBLIC SUPPORT.

990 Schedule A, Supplemental Information

Return Reference	Explanation
4. PARAGRAPH (F)(3)(III)(B)	SOURCES OF SUPPORT: THE MASONIC HOME RECEIVES SUPPORT FROM MASONS, EASTERN STAR MEMBERS, N ON-MASONIC INDIVIDUALS, AND CORPORATIONS. AN ESTIMATED 20,000 MASONIC AND NON-MASONIC INDI VIDUALS, ORGANIZATIONS, AND BUSINESSES FINANCIALLY SUPPORTED THE MASONIC HOME DURING THE F IVE-YEAR PERIOD IN QUESTION. THIS INCLUDES APPROXIMATELY 3200 INDIVIDUALS AND ORGANIZATION S VIA DIRECT DONATIONS, 225 LOCAL AND NATIONAL BUSINESSES, AND 16,400 MASONS AND EASTERN S TAR MEMBERS THROUGH THE PENNY-A-DAY PROGRAM. THE MASONIC HOME REACHES OUT TO ALL MISSOURI MASONS AND RECEIVES DONATIONS FROM A LARGE PERCENTAGE OF THEM IN SOME WAY. ACCORDING TO TH E PROCEEDINGS OF THE GRAND LODGE OF MISSOURI, AS OF 6/30/2018 THERE WERE 22,594 DUES PAYIN G MISSOURI MASONS (OF A TOTAL MEMBERSHIP OF NEARLY 33,000). BASED ON AVERAGE ANNUAL MEMBER SHIP, OVER THE 5-YEAR PERIOD, APPROXIMATELY 53% OF DUES PAYING MASONS AND 13% OF THE TOTAL EASTERN STAR MEMBERSHIP FINANCIALLY SUPPORTED THE MASONIC HOME. IN ADDITION, THE MASONIC HOME RECEIVES OCCASIONAL DONATIONS FROM INDIVIDUALS THAT HAVE DESIGNATED THE MASONIC HOME IN THEIR ESTATE OR TRUST. THE MASONIC HOME HAS BEEN PROVIDING SERVICES FOR 130 YEARS, EVOL VING FROM BRICKS-AND-MORTAR BEGINNING IN 1889 TO 100% OF SERVICES PROVIDED THROUGH TEN PRO GRAMS WITHIN THE OUTREACH PROGRAM BY TAX YEAR 2018. DURING THE YEAR, THE MASONIC HOME ASSI STED 84 MASONIC-AFFILIATED INDIVIDUALS AND OVER 16,700 NON-MASONIC CHILDREN. OVER THE PAST FIVE YEARS, THE MASONIC HOME ASSISTED 361 MASONIC-AFFILIATED INDIVIDUALS AND NEARLY 62,00 0 NON-MASONIC CHILDREN THROUGHOUT THE STATE.

990 Schedule A, Supplemental Information

Return Reference	Explanation
5. PARAGRAPH (F)(3)(III)(C)	REPRESENTATIVE GOVERNING BODY: THE MEMBERS OF THE MASONIC HOME BOARD OF DIRECTORS ARE ELEC TED BASED ON THE BY-LAWS OF THE MASONIC HOME OF MISSOURI AND OF THE GRAND LODGE OF MISSOUR I. THE TOP FIVE OFFICERS REPRESENT THE LEADERSHIP OF THE GRAND LODGE OF MISSOURI. THE REMA INING EIGHT MEMBERS ARE ELECTED DURING THE ANNUAL COMMUNICATION OF THE GRAND LODGE AND ARE CHOSEN GEOGRAPHICALLY TO REPRESENT EACH AREA OF THE STATE.

990 Schedule A, Supplemental Information

Return Reference	Explanation
6. PARAGRAPH (F)(3)(III)(D)(1)	AVAILABILITY OF PUBLIC FACILITIES OR SERVICES: THE MASONIC HOME PROVIDES SERVICES THROUGH TEN DISTINCT PROGRAMS: THREE FINANCIAL ASSISTANCE PROGRAMS, THREE PARTNERSHIP PROGRAMS AND FOUR RECOGNITION AND RESOURCE PROGRAMS. PROGRAMS ARE AVAILABLE TO MEMBERS AND NON-MEMBERS , WHERE APPLICABLE, YEAR-ROUND. THE MASONIC HOME PROVIDES FINANCIAL ASSISTANCE ON AN ON-GO ING MONTHLY BASIS OR FOR ONE-TIME NEEDS. THE MASONIC HOME ASSISTED 60 INDIVIDUALS ON A MON THLY BASIS DURING 2018. OF THOSE, 13% WERE ASSISTED FOR A PERIOD OF 6 TO 11 CONTINUOUS MON THS, AND 60% WERE ASSISTED FOR A PERIOD OF 12 MONTHS OR MORE.

990 Schedule A, Supplemental Information

Return Reference	Explanation
7. PARAGRAPH (F)(3)(III)(D)(3)(I)	PARTICIPATION BY MEMBERS OF THE PUBLIC HAVING SPECIAL KNOWLEDGE, PUBLIC OFFICIALS, OR CIVIC COMMUNITY LEADERS: THROUGH THE CREATING-A-PARTNERSHIP PROGRAM, THE MASONIC HOME PARTNERS WITH LODGES AND CHAPTERS THROUGHOUT THE STATE TO HELP CHILDREN IN NEED. THROUGH THIS PROGRAM, THE MASONIC HOME WORKS WITH PUBLIC SCHOOLS, FOOD BANKS, CHURCHES, BACKPACK PROGRAMS, AND OTHER CHARITABLE GROUPS THROUGHOUT THE STATE OF MISSOURI. IN ADDITION, THROUGH THE PARTNERING TO HONOR PROGRAM, THE MASONIC HOME PARTNERS WITH HONOR FLIGHT TO HELP FUND THE COSTS OF VETERANS VISITING THEIR MEMORIALS IN WASHINGTON, D.C.

990 Schedule A, Supplemental Information

Return Reference	Explanation
8. PARAGRAPH (F)(3)(III)(D)(3)(II)	MAINTENANCE OF A DEFINITIVE PROGRAM OF CHARITABLE WORK: THE MASONIC HOME OFFERS TEN DISTINCT PROGRAMS THAT ARE AVAILABLE YEAR-ROUND TO MEMBERS AND NON-MEMBERS, WHERE APPLICABLE. THE THREE FINANCIAL ASSISTANCE PROGRAMS INCLUDE: LONG-TERM FINANCIAL ASSISTANCE, SHORT-TERM FINANCIAL ASSISTANCE, AND CHILDREN'S OUTREACH. THE THREE PARTNERSHIP PROGRAMS INCLUDE: CREATING-A-PARTNERSHIP, PARTNERING-TO-HONOR, AND MASONIC FAMILY CARES. THE FOUR RECOGNITION AND RESOURCE PROGRAMS INCLUDE: SOCIAL SERVICES, WIDOWS PROGRAM, VETERANS PROGRAM, AND FINANCIAL EDUCATION. THE CASELOAD IS HANDLED BY SIX EMPLOYEES, COMPRISED OF THREE FINANCIAL ASSISTANCE CASEWORKERS, TWO PARTNERSHIP PROGRAM COORDINATORS, AND ONE ACCREDITED FINANCIAL COUNSELOR. OVER 26,500 INDIVIDUAL LIVES WERE TOUCHED THROUGH ALL PROGRAMS COMBINED, WITH THIS NUMBER CONTINUING TO RISE YEAR OVER YEAR.

990 Schedule A, Supplemental Information

Return Reference	Explanation
9. PARAGRAPH (F)(3)(III)(E)(3)	APPEAL OF ORGANIZATIONS ACTIVITIES TO PERSONS HAVING SOME BROAD COMMON INTEREST OR PURPOSE : THE ACTIVITIES OF THE ORGANIZATION APPEAL TO THOSE THAT ARE INTERESTED IN THE WELL-BEING OF THOSE WITH FINANCIAL DIFFICULTIES, SPECIFICALLY CHILDREN, THE ELDERLY, FAMILIES WITH C HILDREN, INDIVIDUALS THAT HAVE FALLEN ON HARD TIMES (LOSS OF JOB, MEDICAL EMERGENCY, ETC.) , AND THOSE THAT NEED ASSISTANCE LEARNING BASIC PERSONAL FINANCE SKILLS.

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
MASONIC HOME OF MISSOURI

Employer identification number
43-0653370

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of 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 can 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" on 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 education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 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 7/25/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 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, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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 section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, 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" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), 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 XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), 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) Revenue included on 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 (ASC 958) relating to these items:

a Revenue included on 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 acquisition, 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 XIII.

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" on 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 XIII 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, for escrow or custodial account liability? . . . ☐ Yes ☑ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII . . . . ☐

Part V Endowment Funds. Complete if the organization answered "Yes" on 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	61,801,932	58,742,625	55,737,897	55,870,522	56,329,121
b Contributions	100	100	225	121,875	150
c Net investment earnings, gains, and losses	5,087,665	4,577,533	4,627,611	1,444,291	1,110,276
d Grants or scholarships					
e Other expenditures for facilities and programs	1,478,449	1,361,114	1,484,466	1,566,785	1,435,272
f Administrative expenses	150,592	157,212	138,642	132,006	133,753
g End of year balance	65,260,656	61,801,932	58,742,625	55,737,897	55,870,522

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment ▶ 0 %
- b Permanent endowment ▶ 47.620 %
- c Temporarily restricted endowment ▶ 52.380 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

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" on 3a(ii), are the related organizations listed as required on Schedule R? . . . 3b

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		575,058		575,058
b Buildings		11,988,317	4,467,976	7,520,341
c Leasehold improvements				
d Equipment		269,284	253,742	15,542
e Other		1,222,782	689,010	533,772
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				8,644,713

Part VII **Investments—Other Securities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)* ▶		

Part VIII **Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 13.)* ▶		

Part IX **Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 15.)* ▶	

Part X **Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
ACCRUED PAYROLL AND PAYROLL TAXES	91,578
CHARITABLE GIFT ANNUITY LIABILITY	6,114
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col.(B) line 25.)* ▶	97,692

2. Liability for uncertain tax positions. In Part XIII, 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 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	10,756,709
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) on investments	2a	3,096,427		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	-16,758		
e	Add lines **2a** through **2d**			2e	3,079,669
3	Subtract line **2e** from line **1**			3	7,677,040
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	305,172		
b	Other (Describe in Part XIII.)	4b	-106,462		
c	Add lines **4a** and **4b**			4c	198,710
5	Total revenue. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 12.)			5	7,875,750

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	3,782,748
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 XIII.)	2d	106,462		
e	Add lines **2a** through **2d**			2e	106,462
3	Subtract line **2e** from line **1**			3	3,676,286
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	305,172		
b	Other (Describe in Part XIII.)	4b			
c	Add lines **4a** and **4b**			4c	305,172
5	Total expenses. Add lines **3** and **4c.** (This must equal Form 990, Part I, line 18.)			5	3,981,458

Part XIII Supplemental Information

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, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 43-0653370
Name: MASONIC HOME OF MISSOURI

Supplemental Information

Return Reference	Explanation
PART V, LINE 4:	INCOME (INTEREST AND DIVIDENDS, NET OF FEES) GENERATED FROM THE ENDOWMENT FUNDS IS USED TO HELP FUND OPERATING EXPENSES, WHICH MAY INCLUDE MANAGEMENT AND GENERAL EXPENSES, FUNDRAISING EXPENSES AND/OR PROGRAM EXPENSES NOT OTHERWISE SUPPORTED THROUGH DONATIONS. IT IS THE POLICY OF THE MASONIC HOME THAT THE APPRECIATION OF THE ORIGINAL GIFTS NOT BE EXPENDED, EXCEPT IN THE CASE OF A CATASTROPHIC EVENT.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS:	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -16,758.

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS:	RENTAL EXPENSES -62,647. FUNDRAISING EXPENSES -43,815.

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS:	RENTAL EXPENSES 62,647. FUNDRAISING EXPENSES 43,815.

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

▶ **Go to *www.irs.gov/Form990* for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
MASONIC HOME OF MISSOURI

Employer identification number
43-0653370

Part I **Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ **Yes** ☐ **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions?		**(iv)** Gross receipts from activity	**(v)** Amount paid to (or retained by) fundraiser listed in col. **(i)**	**(vi)** Amount paid to (or retained by) organization
		Yes	**No**			
Total . . . . . ▶						

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II **Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 GOLF TOURNAMENT (event type)	(b) Event #2 DONOR DINNER (event type)	(c) Other events 1 (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	57,342	40,058	700	98,100
	2 Less: Contributions	33,122	29,813	700	63,635
	3 Gross income (line 1 minus line 2)	24,220	10,245		34,465
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	750			750
	6 Rent/facility costs	11,771			11,771
	7 Food and beverages	720	15,007	600	16,327
	8 Entertainment				
	9 Other direct expenses	11,011	3,607	349	14,967
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				43,815
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-9,350

Part III **Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? . . . . . ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . . ☐ Yes ☐ No

13 Indicate the percentage of gaming activity conducted in:

a	The organization's facility	**13a**	%
b	An outside facility	**13b**	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ ----------

Address ▶ ----------

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . . ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____.

c If "Yes," enter name and address of the third party:

Name ▶ ----------

Address ▶

----

16 Gaming manager information:

Name ▶ ----------

Gaming manager compensation ▶ $----------

Description of services provided ▶ ----------

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . . ☐ Yes ☐ No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

Return Reference	Explanation

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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," on Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Go to *www.irs.gov/Form990* for the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
MASONIC HOME OF MISSOURI

Employer identification number
43-0653370

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 Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶ 18

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) CASH ASSISTANCE	988	982,036			
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV **Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2:	GRANTS ARE PROVIDED DIRECTLY TO A SERVICE PROVIDER OR TO AN INDIVIDUAL. SERVICE PROVIDERS INCLUDE MEDICAL PROVIDERS, FACILITIES, UTILITIES, RETAIL ESTABLISHMENTS, ETC. RECEIPT OF PAYMENT IS REQUIRED. ASSISTANCE TO INDIVIDUALS IS MONITORED BY OUTREACH STAFF AND RECONCILED BY FINANCE STAFF. FULL FINANCIAL REASSESSMENTS ARE PERFORMED BY OUTREACH STAFF NOT LESS FREQUENTLY THAN EVERY SIX MONTHS. OVER $1.3 MILLION IN GRANTS WAS PROVIDED TO 988 INDIVIDUALS AND TO 267 ORGANIZATIONS WHICH IMPACTED THE LIVES OF NEARLY 15,900 INDIVIDUALS.

Additional Data

Software ID:
Software Version:
EIN: 43-0653370
Name: MASONIC HOME OF MISSOURI

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PIERCE CITY SCHOOLS 400 N GIBBS AVE PIERCE CITY, MO 65723	44-6003884		20,200				ASSISTED APPROX 1347 CHILDREN BY PROVIDING FUNDS FOR THEIR BACKPACK PROGRAM.
FIRST CHRISTIAN CHURCH 500 S MADISON AVE LEBANON, MO 65536	44-0581497		15,500				ASSISTED APPROX 270 CHILDREN BY PROVIDING FUNDS FOR THEIR BACKPACK PROGRAM.

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MARSHFIELD R-1 650 N LOCUST MARSHFIELD, MO 65706	44-6006015		9,000				ASSISTED APPROX 600 CHILDREN BY PROVIDING FUNDS FOR THEIR BACKPACK PROGRAM.
MARCELINE R-V 420 E CALIFORNIA MARCELINE, MO 64658	43-6002173		5,000				ASSISTED APPROX 333 CHILDREN BY PROVIDING FUNDS FOR THEIR BACKPACK PROGRAM.

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LOGAN-ROGERSVILLE PTA 306 S MILL ST ROGERSVILLE, MO 65742	23-7126453		0	7,000			ASSISTED APPROX 350 CHILDREN BY PROVIDING SHOES.
EAST BUCHANAN BULLDOG BUDDIES 100 SMITH ST GOWER, MO 64454	43-0893695		12,000				ASSISTED APPROX 800 CHILDREN BY PROVIDING FUNDS FOR THEIR BACKPACK PROGRAM

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
LATHROP FOOD PANTRY 406 ELM ST LATHOP, MO 64465	43-1075588		5,344				ASSISTED APPROX 356 CHILDREN BY PROVIDING FUNDS FOR THEIR BACKPACK PROGRAM.
NEVADA R-V SCHOOL DISTRICT 800 W HICKORY NEVADA, MO 64772	44-6003641		6,019				ASSISTED 182 CHILDREN BY PROVING CLOTHING, SHOES, COATS AND SCHOOL SUPPLIES.

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
MT ZION UNITED METHODIST CHURCH 1485 CRAIG RD ST LOUIS, MO 63146	36-2167731		5,000				ASSISTED APPROX 333 CHILDREN BY PROVIDING FUNDS FOR THEIR BACKPACK PROGRAM.
BRANSON UNITED METHODIST CHURCH 1208 W 76 COUNTRY BLVD BRANSON, MO 65616	43-1133688		5,000				ASSISTED APPROX 200 CHILDREN BY PROVIDING SOCKS AND UNDERGARMENTS.

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
FOUNDATION FOR SPRINGFIELD PUBLIC SCHOOLS 1131 N BOONVILLE SPRINGFIELD, MO 65802	43-1560366		5,210				ASSISTED APPROX 174 CHILDREN BY PROVIDING COATS.
COLUMBIA PUBLIC SCHOOLS 1818 W WORLEY ST COLUMBIA, MO 65203	43-6000318		10,128				ASSISTED APPROX 202 CHILDREN BY PAYING BALANCES OF OVERDUE LUNCH ACCOUNTS.

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
PARKWAY SCHOOL DISTRICT 455 N WOODS MILL RD CHESTERFIELD, MO 63017	43-6000857		5,000				ASSISTED 200 CHILDREN BY PAYING BALANCES OF OVERDUE LUNCH ACCOUNTS.
PATTONVILLE SCHOOL DISTRICT 2497 CREVE COEUR MILL RD MARYLAND HEIGHTS, MO 63043	43-6002710		11,008				ASSISTED 220 CHILDREN BY PAYING BALANCES OF OVERDUE LUNCH ACCOUNTS.

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
ROCKWOOD R-6 111 E NORTH ST EUREKA, MO 63025	43-6004215		5,000				ASSISTED 200 CHILDREN BY PAYING BALANCES OF OVERDUE LUNCH ACCOUNTS.
WILLARD R-2 4151 W DIVISION ST SPRINGFIELD, MO 65802	44-6004826		5,330				ASSISTED 106 CHILDREN BY PROVIDING CLOTHING, FOOD AND HYGIENE ITEMS.

Form 990,Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	**(b)** EIN	**(c)** IRC section if applicable	**(d)** Amount of cash grant	**(e)** Amount of non-cash assistance	**(f)** Method of valuation (book, FMV, appraisal, other)	**(g)** Description of non-cash assistance	**(h)** Purpose of grant or assistance
CARROLLTON PUBLIC SCHOOL DISTRICT 103 E 9TH ST CARROLLTON, MO 64633	44-6005261		5,286				ASSISTED 106 CHILDREN BY PAYING BALANCES OF OVERDUE LUNCH ACCOUNTS.
GREAT RIVER HONOR FLIGHT 513 HAMPSHIRE QUINCY, IL 62301	47-4587469		5,000				PROVIDED FUNDING TO ALLOW 17 VETERANS TO VIEW THEIR MEMORIAL THROUGH HONOR FLIGHT PROGRAM.

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
MASONIC HOME OF MISSOURI

Employer identification number
43-0653370

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	1	10,305	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (OTHER - SILENT AUCTION & RAFFLE ITEMS)	X	81	14,389	FMV
26 Other ▶ (OTHER - GIVEAWAY ITEMS)	X	59	13,886	FMV
27 Other ▶ ( )				
28 Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29

		Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b	If "Yes," describe the arrangement in Part II.		
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		No
b	If "Yes," describe in Part II.		
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II **Supplemental Information.**

Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Return Reference	Explanation

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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.
▶ Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
MASONIC HOME OF MISSOURI

Employer identification number
43-0653370

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7A	FIVE MEMBERS OF THE BOARD OF DIRECTORS ARE OFFICERS OF THE GRAND LODGE OF ANCIENT FREE AND ACCEPTED MASONS OF THE STATE OF MISSOURI, WITH THE TOP THREE OFFICERS HOLDING THE FOLLOWI NG OFFICES ON THE BOARD BY VIRTUE OF THEIR POSITION WITHIN THE GRAND LODGE: HONORARY CHAIR MAN, PRESIDENT AND VICE-PRESIDENT. THE REMAINING EIGHT MEMBERS OF THE BOARD OF DIRECTORS A RE MASTER MASONS IN GOOD STANDING IN MISSOURI LODGES. TWO MEMBERS OF THE BOARD ARE ELECTED BY THE MEMBERSHIP OF THE GRAND LODGE AT THE ANNUAL CONVENTION EACH SEPTEMBER. VACANCIES A MONG THE BOARD OF DIRECTORS ARE FILLED BY THE BOARD UNTIL THE FOLLOWING ANNUAL COMMUNICATI ON OF THE GRAND LODGE AF & AM OF MISSOURI.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 7B	THE BOARD OF DIRECTORS SHALL ALTER, CHANGE OR AMEND THE BY-LAWS AT ANY REGULAR MEETING OF THE BOARD OF DIRECTORS BY A MAJORITY VOTE OF THE MEMBERS PRESENT. ALL SUCH ALTERATIONS, CH ANGES OR AMENDMENTS SHALL BE SUBJECT TO RATIFICATION BY THE GRAND LODGE OF AF & AM OF THE STATE OF MISSOURI AT THE NEXT ANNUAL COMMUNICATION OF THE GRAND LODGE OF AF & AM OF THE ST ATE OF MISSOURI, EITHER THROUGH THE ADOPTION AND APPROVAL OF THE REPORT OF THE PRESIDENT O F THE BOARD TO THE ANNUAL COMMUNICATION OR BY DIRECT VOTE UPON THE MATTER DURING THE ANNUA L COMMUNICATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE FORM 990 IS PROVIDED TO THE ENTIRE FINANCE COMMITTEE TO REVIEW AND APPROVE PRIOR TO FI LING. UPON APPROVAL BY THE COMMITTEE, THE FORM 990 IS PROVIDED TO THE REMAINDER OF THE BOA RD OF DIRECTORS PRIOR TO FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	CONFLICT OF INTEREST POLICY MONITORING: EACH BOARD MEMBER AND KEY EMPLOYEE SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH PERSON HAS RECEIVED A COPY OF THE CONFLICTS OF INTERES T POLICY, HAS READ AND UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE POLICY, AND U NDERSTANDS THE ORGANIZATION IS CHARITABLE AND IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTI ON IT MUST ENGAGE PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX EXEMPT P URPOSES.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	THE SITTING PRESIDENT, ALONG WITH THE IN-COMING BOARD PRESIDENT, ARE RESPONSIBLE FOR PERFO RMING ANNUAL EVALUATIONS OF THE EXECUTIVE DIRECTOR AND DETERMINING SALARY. UPON REVIEW OF PERFORMANCE AND COMPARABLE EXTERNAL DATA, WHICH MAY INCLUDE A COMPENSATION STUDY PERFORMED BY A THIRD PARTY, A DETERMINATION IS MADE WITH REGARD TO POTENTIAL SALARY ADJUSTMENTS. IF APPLICABLE, THE ACTION IS FORMALIZED IN WRITING, INDICATING THE ACTION TAKEN AND THE EFFE CTIVE DATE, WITH ALL PARTIES SIGNING. THIS PROCESS WAS MOST RECENTLY COMPLETED FOR THE EXE CUTIVE DIRECTOR IN JUNE 2018. THE EXECUTIVE DIRECTOR IS RESPONSIBLE FOR DETERMINING THE SA LARY OF THE ORGANIZATION'S KEY EMPLOYEES WITHIN THE BUDGET PARAMETERS SET BY THE BOARD OF DIRECTORS. PERFORMANCE EVALUATIONS ARE DONE ON AN ANNUAL BASIS. UPON REVIEW OF PERFORMANCE AND COMPARABLE EXTERNAL DATA, WHICH MAY INCLUDE A COMPENSATION STUDY PERFORMED BY A THIRD PARTY, THE EXECUTIVE DIRECTOR DETERMINES ANY SALARY MODIFICATION TO BE MADE AND COMPLETES PAPERWORK DOCUMENTING THE DETAILS OF THE DECISION, WHICH INCLUDE THE ACTION APPROVED AND THE EFFECTIVE DATE. THIS PROCESS WAS MOST RECENTLY COMPLETED FOR THE DIRECTOR OF FINANCE A ND DEVELOPMENT IN JUNE 2019.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	THE GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST. THE AU DITED FINANCIAL STATEMENTS, THE ANNUAL REPORT AND IRS FORM 990 ARE POSTED ON THE MASONIC H OME WEBSITE UPON COMPLETION. THE AUDITED FINANCIAL STATEMENTS ARE ALSO DISTRIBUTED TO ATTE NDEES AT THE ANNUAL COMMUNICATION OF THE GRAND LODGE (ANNUAL MEETING) AND SUBSEQUENTLY PUB LISHED IN THE GRAND LODGE OF MISSOURI PROCEEDINGS. ALL DOCUMENTS ARE ALSO AVAILABLE BY CON TACTING THE MASONIC HOME OFFICE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9:	CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -16,758.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THERE HAS BEEN NO CHANGE IN THE OVERSIGHT OR SELECTION PROCESS FROM THE PREVIOUS YEAR.

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization
MASONIC HOME OF MISSOURI

Employer identification number
43-0653370

Part I **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) Section 512(b)(13) controlled entity? No
(1)GRAND LODGE AF & AM OF MISSOURI 6033 MASONIC DRIVE COLUMBIA, MO 65202 43-0160306	FELLOWSHIP OF MEMBERS TO RAISE FUNDS FOR BENEVOLENCE	MO	501(C)10				No

Part III **Identification of Related Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income(related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations? Yes	(h) Disproprtionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership

Part IV **Identification of Related Organizations Taxable as a Corporation or Trust** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) Section 512(b)(13) controlled entity? No

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

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

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)GRAND LODGE AF & AM OF MISSOURI	N	250,000	CASH
(2)GRAND LODGE AF & AM OF MISSOURI	S	79,821	CASH

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

Return Reference	Explanation