Form	990-EZ	

Short Form

OMB No. 1545-1150

2015

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 pu	blic.	Open to Public
		f the Treasury nue Service	Information about Form 990-EZ and its instructions is at www.irs.gov/for	m990.	Inspection
AF	or the	2015 calenda	ar year, or tax year beginning 04/01 , 2015, and ending	03	/31 , 20 16
B (Check if ap	oplicable:	C Name of organization	D Employe	er identification number
	Address c	-		80-0282526	
	Name cha	-	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite	E Telephor	ne number
	Initial retur Final retur	rn n/terminated	200 Birdbrook Dr		816-223-4443
	Amended		City or town, state or province, country, and ZIP or foreign postal code	•	Exemption
		n pending	Anna, TX, 75409-5177	Numbe	
G	Account	ing Method:	✓ Cash Accrual Other (specify) ► H	Check ►	✓ if the organization is not
IV	Vebsite	× ► www.	cgmna.org	required to	attach Schedule B
JТ	ax-exen	npt status (che	ck only one) – _ 501(c)(3)	(Form 990,	990-EZ, or 990-PF).
			Corporation Trust Association Other		
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tota		
			<i>v</i>) are \$500,000 or more, file Form 990 instead of Form 990-EZ		\$ 145,205
Ρ	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the		
			the organization used Schedule O to respond to any question in this Part I		<u></u>
_	1		ns, gifts, grants, and similar amounts received	[.	1 24,434
	2	Program se	ervice revenue including government fees and contracts	🔤	2 117,297
	3	Membersh	ip dues and assessments	📑	3 0
	4	Investment	income	[4	4 3,474
	5a	Gross amo	unt from sale of assets other than inventory 5a	0	
	b	Less: cost	or other basis and sales expenses	0	
	с 6		ss) from sale of assets other than inventory (Subtract line 5b from line 5a) d fundraising events	5	c 0
ne	а	Gross inco	ome from gaming (attach Schedule G if greater than	0	
Revenue	b	Gross inco	me from fundraising events (not including \$ 0 of contribution		
Sev			aising events reported on line 1) (attach Schedule G if the		
			h gross income and contributions exceeds \$15,000) 6b	0	
	с	Less: direc	t expenses from gaming and fundraising events 6c	0	
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and su	btract	
		line 6c) .			d 0
	7a	Gross sale	s of inventory, less returns and allowances 7a	0	
	b		of goods sold	0	
	c		t or (loss) from sales of inventory (Subtract line 7b from line 7a)	7	c 0
	8		nue (describe in Schedule O)	1	3 0
	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. 🕨 🧧	9 145,205
	10		similar amounts paid (list in Schedule O)		0 0
	11		lid to or for members		1 0
Š	12		her compensation, and employee benefits		2 0
Expenses	13		al fees and other payments to independent contractors		3 15,000
be	14		<i>y</i> , rent, utilities, and maintenance		4 1,374
Щ	15		blications, postage, and shipping		5 2,365
	16		nses (describe in Schedule O)		6 103,636
	17	Total expe	nses. Add lines 10 through 16	. 🕨 🗌	7 122,375
Ś	18		deficit) for the year (Subtract line 17 from line 9)		8 22,830
šet	19		or fund balances at beginning of year (from line 27, column (A)) (must agree		,
Ass			r figure reported on prior year's return)		9 133,551
Net Assets	20	Other chan	ges in net assets or fund balances (explain in Schedule O)		0 -4,842
Ž	21		or fund balances at end of year. Combine lines 18 through 20		1 151,539
	-				= 000 E7 (0015)

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 106421

Form	990-EZ (2015)					Page 2
Pa	rt II Balance Sheets (see the instructions f	,				
	Check if the organization used Schedule	O to respond to an				
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			133,551		151,539
23	Land and buildings				23	0
24	Other assets (describe in Schedule O)		· · · · · · ·		24	0
25	Total assets			133,551		151,539
26	Total liabilities (describe in Schedule O)				26	0
27	Net assets or fund balances (line 27 of column	()	,	133,551	27	151,539
Par				,		Expenses
14/1	Check if the organization used Schedule	· · · · · · · · · · · · · · · · · · ·	• •	Part III 📋	(Red	quired for section
	o i j i i i	See Schedule O, Sta			501	(c)(3) and 501(c)(4)
as m	ribe the organization's program service accompli- neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the			•	anizations; optional for ers.)
28	Annual meeting of Grand Masters and officers of the common problems facing the leadership of the frate (Continued on Schedule O, Statement 2)					
		includes foreign gra	ints check here		28a	a 103,636
29		includes foreight gra	into, check here .	🕨 🗖	200	103,030
20						
	(Grants \$) If this amount	includes foreign gra	ints, check here		29 a	4
30		included foreign gre				
	(Grants \$) If this amount	includes foreign gra	ints. check here .	▶ □	30a	a
31	Other program services (describe in Schedule O)					
		includes foreign gra			31a	a 0
20						
32	Total program service expenses (add lines 28a t	through 31a)		🕨	32	103,636
Par	Total program service expenses (add lines 28a t List of Officers, Directors, Trustees, and Key			🕨		
_		r Employees (list each	n one even if not comp	►		
_	t IV List of Officers, Directors, Trustees, and Key	r Employees (list each	n one even if not comp	Densated—see the in Part IV (d) Health benefits, contributions to employe	istru ee (e)	ictions for Part IV)
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	 / Employees (list each O to respond to an (b) Average hours per week devoted to position 	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	 ee (e)	Instrumentation Instrumentation Instrumentation Instrumentation Instrumentation Instrumentation
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title	A Employees (list each O to respond to an (b) Average hours per week	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	istru ee (e)	ictions for Part IV)
Par Glen Exec	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title n E Means cutive Secretary	A to respond to an (b) Average hours per week devoted to position 20	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 15,000	Densated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	ee (e)) Estimated amount of other compensation
Par Glen Exec Kenn	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title n E Means cutive Secretary meth Hurmence	 / Employees (list each O to respond to an (b) Average hours per week devoted to position 	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	Densated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	 ee (e)	Instrumentation Instrumentation Instrumentation Instrumentation Instrumentation Instrumentation
Par Glen Exec Kenn Chai	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title n E Means cutive Secretary meth Hurmence rman	C to respond to an (b) Average hours per week devoted to position 20 3	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 15,000	Coensated — see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	 ee (e) 0) Estimated amount of other compensation 0
Glen Exec Kenn Chai Lewi	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule (a) Name and title n E Means sutive Secretary neth Hurmence rman s K Smith	A to respond to an (b) Average hours per week devoted to position 20	n one even if not comp ny question in this l (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) 15,000	Coensated — see the in Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	ee (e)) Estimated amount of other compensation
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Form 99	0-EZ (2015)		Pa	age 3
Part	V Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this		V	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No V
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		~
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		~
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		~
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		~
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 0 Did the organization file Form 1120-POL for this year?	37b		~
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		~
b 39 a b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: 39a Initiation fees and capital contributions included on line 9	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► ; section 4912 ► ; section 4955 ►			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		~
41	List the states with which a copy of this return is filed			
			3-4443	
b	Located at ► 200 Birdbrook Dr, Anna, TX 75409-5177 ZIP + 4 ► 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)? If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and	75409 42b	Yes	No ✓
с	Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		~
43	If "Yes," enter the name of the foreign country: ► Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here	420		
	and enter the amount of tax-exempt interest received or accrued during the tax year \ldots \therefore	· ·	Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		~
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		~
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		v
45a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a 45b		V
		HOD		v

Form	990-EZ	(2015)
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orm 9	90-EZ (2015)							age
					. –	Y	/es	No
46	Did the organization engage, directly or in							
	to candidates for public office? If "Yes," of		, Part I		• 4	6		V
Part		-						
	All section 501(c)(3) organization	is must answer que	estions 47–49b and	52, and complete th	e table	s for	rline	es
	50 and 51.							_
	Check if the organization used Sc	hedule O to respond	to any question in t	his Part VI				
						Y	/es	No
47	Did the organization engage in lobbying year? If "Yes," complete Schedule C, Par		ι,	•		_		
					_	7		
	Is the organization a school as described i	n section 170(b)(1)(A)(If "Yes," complete \$	Schedule E	. 4	8		
	-					•		
49a	Did the organization make any transfers t	o an exempt non-cha	aritable related organiz	zation?	. 49	9a		
48 49a b	Did the organization make any transfers t If "Yes," was the related organization a se	o an exempt non-cha ection 527 organizatio	aritable related organiz	zation?	. 49 . 49	9b		
49a b	Did the organization make any transfers t If "Yes," was the related organization a so Complete this table for the organization's	o an exempt non-cha ection 527 organizations five highest comper	aritable related organiz on?	zation?	. 49 . 49 tors, true	9b stees		d ke
49a b	Did the organization make any transfers t If "Yes," was the related organization a se	to an exempt non-cha ection 527 organizations five highest comper n \$100,000 of compe	aritable related organiz on? Insated employees (oth Insation from the organ	zation?	. 49 . 49 tors, true	9b stees		d k
49a	Did the organization make any transfers to If "Yes," was the related organization a se Complete this table for the organization's employees) who each received more that	to an exempt non-char ection 527 organizations five highest comperent \$100,000 of comperent (b) Average	aritable related organiz on? Isated employees (oth Insation from the organ (c) Reportable	zation?	. 49 tors, trus ne, enter	9b stees "Nor nated a	ne." amou	nt o
49a b	Did the organization make any transfers t If "Yes," was the related organization a so Complete this table for the organization's	to an exempt non-cha ection 527 organizations five highest comper n \$100,000 of compe	aritable related organiz on? Insated employees (oth Insation from the organ	ation?	. 49 tors, trus ne, enter	9b stees "Nor nated a	ne." amou	nt of
49a b 50	Did the organization make any transfers to If "Yes," was the related organization a se Complete this table for the organization's employees) who each received more that (a) Name and title of each employee	to an exempt non-cha ection 527 organizations five highest comperent \$100,000 of comperent (b) Average hours per week	aritable related organiz on? Isated employees (oth nsation from the organ (c) Reportable compensation	zation?	. 49 tors, trus ne, enter	9b stees "Nor nated a	ne." amou	nt o
49a b	Did the organization make any transfers to If "Yes," was the related organization a se Complete this table for the organization's employees) who each received more that (a) Name and title of each employee	to an exempt non-cha ection 527 organizations five highest comperent \$100,000 of comperent (b) Average hours per week	aritable related organiz on? Isated employees (oth nsation from the organ (c) Reportable compensation	ation?	. 49 tors, trus ne, enter	9b stees "Nor nated a	ne." amou	nt o
49a b 50	Did the organization make any transfers to If "Yes," was the related organization a se Complete this table for the organization's employees) who each received more that (a) Name and title of each employee	to an exempt non-cha ection 527 organizations five highest comperent \$100,000 of comperent (b) Average hours per week	aritable related organiz on? Isated employees (oth nsation from the organ (c) Reportable compensation	ation?	. 49 tors, trus ne, enter	9b stees "Nor nated a	ne." amou	nt o
49a b 50	Did the organization make any transfers to If "Yes," was the related organization a se Complete this table for the organization's employees) who each received more that (a) Name and title of each employee	to an exempt non-cha ection 527 organizations five highest comperent \$100,000 of comperent (b) Average hours per week	aritable related organiz on? Isated employees (oth nsation from the organ (c) Reportable compensation	ation?	. 49 tors, trus ne, enter	9b stees "Nor nated a	ne." amou	nt o
49a b 50	Did the organization make any transfers to If "Yes," was the related organization a se Complete this table for the organization's employees) who each received more that (a) Name and title of each employee	to an exempt non-cha ection 527 organizations five highest comperent \$100,000 of comperent (b) Average hours per week	aritable related organiz on? Isated employees (oth nsation from the organ (c) Reportable compensation	ation?	. 49 tors, trus ne, enter	9b stees "Nor nated a	ne." amou	nt o
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Complete this table for the organization's five highest compe \$100,000 of compensation from the organization. If there is no	ntractors who each	received more than

(a)	Name and business address of each independer	nt contractor	(b) Type of	service	(c) Cor	npensation	
None							
52 Did to comp	number of other independent contrac the organization complete Schedule bleted Schedule A	A? Note: All se	ction 501(c)(3) o	rganizations n	•	Yes No	
	d complete. Declaration of preparer (other than c						
Sign Here	Signature of officer Glenn Means, Executive Secretary Type or print name and title			Dat	te		
Paid Preparer		Preparer's signature		Date	Check if self-employed	PTIN	
Use Only	Firm's name				Firm's EIN ►		
May the IRS	Firm's address ► discuss this return with the preparer s	shown above? See i	nstructions	Pho	one no.	Yes 🗌 No	

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SCHEDULE O			OMB No. 1545-0047	
(Form 990 or 990-EZ)			2015	
Department of the Treasury Internal Revenue Service	 Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.ir 	s.gov/form990.	Open to Public Inspection	
Name of the organization	E	mployer identifica	tion number	
Conference of Grand	Masters of Masons in North America Inc	80-	0282526	
Form 990-EZ, Part I, Li	ne 16 - Office Expenses and Annual Conference Expenses			
Form 990-EZ, Part I, Li	ne 20 - Change in net value of investments			

Primary Exempt Purpose

Primary Exempt Purpose

An Annual meeting of Grand Masters and officers of the Masonic Fraternity of North America to identify common problems of the Masonic Fraternity and discuss solutions. Annual meeting also receives reports of various charities supported by organization

First Program Service Accomplishments Description

Description

accomplishments. 375,000 children have received free identification packets. This program works closely with the National Center for Missing and Exploited Children. Annual review of the Masonic Services Ass'n's expenditures of monies as donations to disaster areas, armed force personnel, Veterans Hospitals and other charitable organizations.