Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-1150

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

| A | ror trie | 2017 Calendar year, or tax year beginning April , 2017, and ending | ivial Cri . | , 20 10 | | | | |
|--------------|-------------------------|--|-----------------|--|--|--|--|--|
| В | Check if ap | plicable: C Name of organization DE | mployer ic | lentification number | | | | |
| \checkmark | Address c | Conference of Grand Masters of Masons in North America | 80-0282526 | | | | | |
| | Name cha | | elephone r | umber | | | | |
| \sqcup | Initial retur | 1335 Greenmar Dr | 3 | 14-623-7840 | | | | |
| H | Final return Amended | City or town, state or province, country, and ZIP or foreign postal code | Group Exemption | | | | | |
| H | Application | eturi | Number 1 | | | | | |
| G | | | k D | if the organization is not | | | | |
| | Website | | | ach Schedule B | | | | |
| | | , | | 0-EZ, or 990-PF). | | | | |
| | | organization: Corporation Trust Association Other | , | | | | | |
| | | s 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total association | ots | ************************************** | | | | |
| | | umn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ | | | | | | |
| _ | art I | Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the inst | | for Part I) | | | | |
| | alli | | | 7 | | | | |
| | T - | Check if the organization used Schedule O to respond to any question in this Part I. | | | | | | |
| | 1 | Contributions, gifts, grants, and similar amounts received | | 22,030 | | | | |
| | 2 | Program service revenue including government fees and contracts | | 143,527 | | | | |
| | 3 | Membership dues and assessments | . 3 | 0 | | | | |
| | 4 | Investment income | . 4 | 4,807 | | | | |
| | 5a | Gross amount from sale of assets other than inventory 5a | 0 | | | | | |
| | Ь | Less: cost or other basis and sales expenses | 0 | | | | | |
| 3 | С | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | . <u>5c</u> | 0 | | | | |
| , | 6 | Gaming and fundraising events | | | | | | |
| | a | Gross income from gaming (attach Schedule G if greater than | | | | | | |
| Revenue | | \$15,000) | 0 | | | | | |
| Ver | b | Gross income from fundraising events (not including \$ 0 of contributions | | | | | | |
| Be | | from fundraising events reported on line 1) (attach Schedule G if the | | | | | | |
| | | sum of such gross income and contributions exceeds \$15,000) 6b | 0 | | | | | |
| | С | Less: direct expenses from gaming and fundraising events 6c | 0 | | | | | |
| | d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract | t | | | | | |
| | | line 6c) | - 6d | 0 | | | | |
| | 7a | Gross sales of inventory, less returns and allowances | 0 | | | | | |
| | b | Less: cost of goods sold | 0 | | | | | |
| | С | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | . 7c | 0 | | | | |
| | 8 | Other revenue (describe in Schedule O) | . 8 | 0 | | | | |
| | 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | 170,364 | | | | |
| | 10 | Grants and similar amounts paid (list in Schedule O) | . 10 | 0 | | | | |
| | 11 | Benefits paid to or for members | . 11 | 0 | | | | |
| Expenses | 12 | Salaries, other compensation, and employee benefits | . 12 | 0 | | | | |
| | (2)/2/2 | Professional fees and other payments to independent contractors | . 13 | 15,000 | | | | |
| | 14 | Occupancy, rent, utilities, and maintenance | . 14 | 158 | | | | |
| | 15 | Printing, publications, postage, and shipping | . 15 | 3,580 | | | | |
| | 16 | Other expenses (describe in Schedule O) | 1 10000000000 | 153,138 | | | | |
| | 17 | Total expenses. Add lines 10 through 16 | | 171,876 | | | | |
| - | 40 | Excess or (deficit) for the year (Subtract line 17 from line 9) | | -1,512 | | | | |
| Net Assets | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with | | .,012 | | | | |
| | | end-of-year figure reported on prior year's return) | | 144,541 | | | | |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) | | 0 | | | | |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | | 143,029 | | | | |
| | | | | | | | | |

| Form | 990-EZ (2017) | | | | | Page 2 |
|----------|--|---------------------------------------|--------------------------------------|--|-------|--|
| Pa | rt II Balance Sheets (see the instructions f | or Part II) | | | | |
| | Check if the organization used Schedule | O to respond to a | ny question in this | Part II | | 🗆 |
| | | | | (A) Beginning of year | | (B) End of year |
| 22 | Cash, savings, and investments | | | 144,541 | | 143,029 |
| 23 | Land and buildings | | | 0 | | |
| 24 | Other assets (describe in Schedule O) | | | 0 | - | |
| 25 | Total list life and describe in Cohedula () | | | 144,541 | | 143,029 |
| 26 27 | | (D) revert correct with | | | 26 | 110.000 |
| | Net assets or fund balances (line 27 of column Statement of Program Service Accom | | | 144,541 Part III) | 21 | 143,029 |
| r al | Check if the organization used Schedule | | | | | Expenses |
| Wha | at is the organization's primary exempt purpose? | | | 1 di Ciii | | quired for section |
| | | | | rogram contince | | (c)(3) and 501(c)(4) anizations; optional for |
| | cribe the organization's program service accomplis neasured by expenses. In a clear and concise m | | | | othe | |
| pers | ons benefited, and other relevant information for ea | ch program title. | o controvo promov | 2, 1110 110111201 01 | | |
| 28 | Annual meeting of Grand Masters and officers of the | Masonic Fraternity o | f North America to i | dentify | | T |
| | common problems facing the leadertship of the frate | rnity in teh states and | d provinces and revi | ew charitable | | |
| | (See Schedule O, Statement 2) | | | | | |
| | (Grants \$) If this amount | includes foreign gra | ants, check here . | ▶ □ | 28a | 1 (|
| 29 | | | | | | |
| | | | | | | |
| | | | | | | |
| | (Grants \$) If this amount | includes foreign gra | ints, check here . | ▶ ⊔ | 29a | 1 |
| 30 | | | | | | |
| | | | | | | |
| | (Grants \$) If this amount | includes foreign gra | nto about hara | | 30a | |
| 21 | Other program services (describe in Schedule O) | | ins, check here . | | 302 | • |
| 31 | The part of the pa | includes foreign gra | | | 31a | |
| 32 | Total program service expenses (add lines 28a t | | | | 32 | |
| - | List of Officers, Directors, Trustees, and Key | | | | nstru | ctions for Part IV) |
| | Check if the organization used Schedule | | | | | 🗀 |
| | | (b) Average | (c) Reportable | (d) Health benefits, | | Estimated amount of |
| | (a) Name and title | hours per week devoted to position | compensation (Forms W-2/1099-MISC | contributions to employ benefit plans, and | | other compensation |
| | | devoted to position | (if not paid, enter -0-) | deferred compensatio | n | |
| Davi | d W. Haywood (See Schedule O, Statement 4) | | | | | |
| Exec | cutive Secretary | 20 | 15,00 | 0 | 0 | |
| John | n M. Williamson | - | | 1 | | |
| | rman | 6 | | 0 | 0 | |
| | nzo E. Tibbitts | | | | | |
| Vice | Chairman | 4 | <u> </u> | 0 | 0 | |
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| Form 9 | 90-EZ (2017) | | F | age 3 |
|----------|--|-----------------|-----|-------------|
| Part | 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 | | ٧. | . 🗆 |
| 1 | | | Yes | No |
| 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 | | 1 |
| 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 | | | |
| 35a | change on Schedule O (see instructions) | 34 | | √ |
| | activities (such as those reported on lines 2, 6a, and 7a, among others)? | 35a 35b | | 1 |
| 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 | 35c | | 1 |
| 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 | | 1 |
| 37a b | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a Did the organization file Form 1120-POL for this year? | 37b | | 1 |
| 38a | | 38a | | 1 |
| b 39 | If "Yes," complete Schedule L, Part II and enter the total amount involved 38b Section 501(c)(7) organizations. Enter: | | | |
| a b | Initiation fees and capital contributions included on line 9 | | | |
| 40a | | | | |
| 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 | | |
| C | 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 | | 1 |
| 41 | List the states with which a copy of this return is filed ▶ | | | |
| 42a | The organization's books are in care of ▶ David W. Haywood-See Sched. O, Statement 3 Telephone no. ▶ Located at ▶ 1335 Greenmar Dr, Fenton, MO 63026-3350 ZIP + 4 ▶ | 314-62 63026 | | |
| b | At any time during the calendar year, did the organization have an interest in or a signature or other authority over | | | No |
| | 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: ▶ | 42b | | 1 |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| С | At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country: ▶ | 42c | | ✓ |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year | | | ▶ □ |
| | | | Yes | No |
| 44a | completed instead of Form 990-EZ | 44a | | 1 |
| 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 | | 1 |
| c | | 44c | | 1 |
| d | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 44d | | Contract to |
| 45a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | _ | 1 |
| b | 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) | 45b | | ✓ |

| | | | | | | | res | NO | |
|--------------|--|--|--|--|--|-----------|-----------------------|---------|--|
| 46 | Did the organization engage, directly or i | ndirectly, in political c | ampaign activities or | behalf of or | in opposi | tion | | | |
| Part | to candidates for public office? If "Yes," | | , Part I | • • • • | • • • | . 4 | 16 | ✓ | |
| Part | | | etions 17_19h and | 52 and cor | mnlete th | e table | e for lir | 201 | |
| | All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51. | | | | | | | | |
| | Check if the organization used So | hedule O to respond | to any question in t | his Part VI | | | | . 🗆 | |
| | | | | | | | Yes | No | |
| 47 | Did the organization engage in lobbying | | section 501(h) election | n in effect d | luring the | tax | | | |
| | year? If "Yes," complete Schedule C, Par | | | S#2 D#2 F# # | | . 4 | 17 | | |
| 48 | Is the organization a school as described i | | | | | _ | 18 | - | |
| 49a | Did the organization make any transfers t | | | zation? | | _ | 9a 9b | - | |
| 50 | If "Yes," was the related organization a so Complete this table for the organization's | | | er than office | ers direct | 10.0 | | nd kev | |
| 50 | employees) who each received more than | | | | | | | | |
| | (a) Name and title of each employee | (b) Average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health I contributions t benefit plans, a compens | benefits, to employee and deferred | (e) Estin | nated amo compensa | ount of | |
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| | | | | | | | | | |
| 51 f | Total number of other employees paid ov Complete this table for the organization | | | contractors | who eacl | h receiv | ed mor | e than | |
| | \$100,000 of compensation from the orga | anization. If there is no | one, enter "None." | | | - | | | |
| | (a) Name and business address of each indepen | dent contractor | (b) Type of ser | vice | (0 |) Compen | sation | | |
| | | | | | | | | | |
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| | | | 1 | | | | | | |
| | | | - | | | | | | |
| | | | - | | | | | | |
| | | | | | | | | -11 | |
| d | Total number of other independent contr | actors each receiving | over \$100 000 | > | | | | | |
| 52 | Did the organization complete Sched | | | | ust attac | | /ac 🗆 | No | |
| I be at | completed Schedule A | roturn including accom | wing schadulas and states | ents and to the | hest of my | nowledge | | | |
| true, co | penalties of perjury, I declare that I have examined this prect, and complete. Declaration of preparer (other that | an officer) is based on all info | ormation of which preparer | has any knowled | dge. | owieuge | and belle | ., к.ю | |
| C: | Signature of officer Date | | | | | | | | |
| Sign Here | y Gightage of Strices | | | | | | | | |
| | | | Type or print name and title Preparer's signature Date PTIN | | | | | | |
| | The second of the second secon | Te | | ata . | 1 | - 10 | INI | | |
| Paid | Distr. | Preparer's signature | D | ate | Check Self-emple | J if | IN | | |
| Prep | Print/Type preparer's name | Preparer's signature | D | | self-empl | J if | ÎN . | | |
| Prep | Print/Type preparer's name | Preparer's signature | D | Firm | | J if | IN | | |

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

▶ Attach to Form 990 or 990-EZ. ▶ Go to www.irs.gov/Form990 for the latest information.

Open to Public Inspection

Employer identification number

| Conferece of Grand Masters of Masons of North America | 80-0282526 | | | |
|---|--|--|--|--|
| | | | | |
| Form 990-EZ, Part I, Line 16: | | | | |
| For the planning and annual meetings of Grand Masters and principal officers of the Masonic Fraternity of North America to identify common problems of the Masonic Fraternity and discuss solutions. Annual meeting also receives reports from various charities supported | | | | |
| | | | | |
| | | | | |
| Form 990-EZ, Part III Primary Exempt Purpose: Schedule O, Statement 1 | | | | |
| An annual meeting of Grand Masters and officers of the Masonic Fraternity of North America to identi | fy common problems of the Masonic | | | |
| Fraternity and discuss solutions. Annual meeting also receives reports from various charities support | rted by organization. See Part I, Line | | | |
| 16. | | | | |
| | | | | |
| Form 990-EZ, Part III, Line28: Schedule O, Statement 2 | | | | |
| Annual meeting of Grand Masters and officers of the Masonic Fraternity of North America to identify of | | | | |
| of the fraternity in the states and provinces and review charitable accomplishments. Over 500,000 ch | | | | |
| packets. This program works closely with the National Center for Missing and Exploited Children. Ar | | | | |
| Association's expenditures of monies as donations to disaster areas, armed force personnel, Veteran | is Hospitals and other Charitable | | | |
| organizations. | | | | |
| Form 990-EZ, Part V, Line 42a: Schedule O, Statement 3 | | | | |
| David W. Haywood was not re-elected to the position of Executive Secretary in February 18th, 2018's | Annual Meeting. The new Executive | | | |
| Secretary is Michael A. DeWolf, 36275 Sunset Drive, Dousman, WI 53118; Office: 262-965-2200; Mobile | e: 715-574-3151. Conference materials | | | |
| are being sent to him. | | | | |
| | | | | |
| Form 990-EZ, Part IV: Schedule O, Statement 4 | | | | |
| Attached is 2017 1099-MISC for David W. Haywood for \$5,000.00. The remainder of his compensation | (\$10,000.00) shows here and | | | |
| will be filed with his 2018 income taxes. | | | | |