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Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490





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Form 990-EZ

Department of the Treasury
Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

- ▶ Do not enter Social Security numbers on this form as it may be made public.
▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2013

Open to Public
Inspection

A For the 2013 calendar year, or tax year beginning , 2013, and ending , 20

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
RED OAK MASONIC LODGE #66 AF & AM
 Number & street (or P O box, if mail is not delivered to street addr) Room/suite
 P. O. BOX 542, RED OAK, OK.
 City or town, state or province, country, and ZIP or foreign postal code
 RED OAK OK 74563

D Employer identification number
23-7531597

E Telephone number
(918) 424-4257

F Group Exemption Number ▶

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶

H Check ☐ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ N/A

J Tax-exempt status (check only one) -- ☐ 501(c)(3) ☒ 501(c)(10) (insert no.) 4947(a)(1) or 527

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 78,952

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

REVENUE	1	Contributions, gifts, grants, and similar amounts received	60,791
	2	Program service revenue including government fees and contracts	
	3	Membership dues and assessments	3,403
	4	Investment income	14,758
	5a	Gross amount from sale of assets other than inventory	
	5b	Less cost or other basis and sales expenses AUSTIN, TEXAS	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
	6	Gaming and fundraising events	
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	
6c	Less direct expenses from gaming and fundraising events		
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		
7a	Gross sales of inventory, less returns and allowances		
7b	Less cost of goods sold		
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
8	Other revenue (describe in Schedule O)		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	78,952	
EXPENSES	10	Grants and similar amounts paid (list in Schedule O)	66,685
	11	Benefits paid to or for members	3,403
	12	Salaries, other compensation, and employee benefits	
	13	Professional fees and other payments to independent contractors	100
	14	Occupancy, rent, utilities, and maintenance	1,374
	15	Printing, publications, postage, and shipping	255
	16	Other expenses (describe in Schedule O)	
	17	Total expenses. Add lines 10 through 16	71,817
NET ASSETS	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	7,135
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	267,394
	20	Other changes in net assets or fund balances (explain in Schedule O)	75,000
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	349,529

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2013)

SCANNED JUN 30 2014

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	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.		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions).		X
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)?		X
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O.		X
35c 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.		X
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.		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a		
37b Did the organization file Form 1120-POL for this year?		X
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?		X
38b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter:		
39a Initiation fees and capital contributions included on line 9		
39b Gross receipts, included on line 9, for public use of club facilities		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 40a , section 4912 40a , section 4955 40a		
40b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c		
40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d		
40e 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		X
41 List the states with which a copy of this return is filed OK		
42a The organization's books are in care of SEE ATTACHMENT #3 Telephone no 42a Located at 42a ZIP + 4 42a		
42b 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 42b		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
42c At any time during the calendar year, did the organization maintain an office outside the U S? If "Yes," enter the name of the foreign country 42c		X
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 43		
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		X
44b 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		X
44c Did the organization receive any payments for indoor tanning services during the year? 44c		X
44d 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		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a		X
45b 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		X

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		
46		X

Part VI Section 501(c)(3) organizations only

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 Schedule O to respond to any question in this Part VI ☐

	Yes	No
47 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		
47		
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
48		
49a Did the organization make any transfers to an exempt non-charitable related organization?		
49a		
b If "Yes," was the related organization a section 527 organization?		
49b		
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"		

(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 benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ☐

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
SEE ATTACHMENT #4		

d Total number of other independent contractors each receiving over \$100,000 ☐

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☐ Yes ☐ No

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	Signature of officer		Date		
	ROY ALFORD <i>Ray Alford</i> TREASURER		5-8-14		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	DWIGHT BOMER	<i>Dwight Bomer</i>	5-5-14		P00379531
	Firm's name <input type="checkbox"/> H AND R BLOCK	Firm's EIN <input type="checkbox"/> 200534741		Phone no 918-426-1040	
	Firm's address <input type="checkbox"/> 1331 E CARL ALBERT PKWY				

May the IRS discuss this return with the preparer shown above? See instructions ☐ Yes ☒ No

990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 1: PAGE 1 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2013, or tax period beginning , and ending
Name of Organization RED OAK MASONIC LODGE #66 AF & AM	Employer Identification Number 23-7531597

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses
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Exempt Purpose Achievements

ORGANIZATION HELPED MANY INDIVIDUALS IN THE LOCAL AREA BY RAISING OVER \$78,900.00 IN THE LOCAL AREA AND GIVING IT BACK TO THE COMMUNITY. THE ORGANIZATION GAVE 19 SCHOLARSHIPS TO HIGH SCHOOL STUDENTS IN THE LOCAL AREA. THE ORGANIZATION CONTRIBUTES MONEY TO LOCAL NON-PROFIT RADIO STATION WHICH THOUSANDS LISTEN TO ON A REGULAR BASIS. THE ORGANIZATION HELPED THOUSANDS OF INDIVIDUALS BY GIVING OVER \$4,000.00 TO SENIOR CITIZENS GROUPS, OVER \$500.00 TO CASA, AND OVER \$150.00 TO PICK A STAR. THIS GROUP WORKS TO MEET ANY NEED IN THE LOCAL AREA.

990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 1: PAGE 2 - 990-EZ PAGE 3, PART III

OPEN TO PUBLIC INSPECTION	For calendar year 2013, or tax period beginning , and ending
Name of Organization RED OAK MASONIC LODGE #66 AF & AM	Employer Identification Number 23-7531597

Part III - Statement of Program Service Accomplishments

Grants and allocations	Amount includes foreign grants	Program service expenses
Exempt Purpose Achievements		

NONE

990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 1: PAGE 3 - 990-EZ PAGE 3, PART III

OPEN-TO PUBLIC
INSPECTION

For calendar year 2013, or tax period beginning

, and ending

Name of Organization

RED OAK MASONIC LODGE #66 AF & AM

Employer Identification Number

23-7531597

Part III - Statement of Program Service Accomplishments

Grants and allocations

Amount includes foreign grants

Program service expenses

Exempt Purpose Achievements

NONE

990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 2: PAGE 1 - 990-EZ PAGE 2, PART IV

OPEN TO PUBLIC INSPECTION		For calendar year 2013, or tax period beginning , and ending		
Name of Organization RED OAK MASONIC LODGE #66 AF & AM				Employer Identification Number 23-7531597
(A) Name and Title	(B) Average hours per week devoted to position	(C) Compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(D) Cont to employee ben plans & def comp.	(E) Expense account & other compensation
BILLY LYNN SHAFFER WORSHIPFUL MASTER	8.00	0	1	1
JAMES ROSCOE HULSEY SENIOR WARDEN	8.00	0	0	0
BRYAN MESSEX JUNIOR WARDEN	7.00	0	0	0
JAMES ROY ALFORD TREASURER	8.00	0	0	0
VINCE EDMOND HIATT SECRETARY	8.00	0	0	0

990 BOOKS ARE IN CARE OF

ATTACHMENT 3 - 990-EZ PAGE 3, PART V, LINE 42A

OPEN TO PUBLIC INSPECTION	For calendar year 2013, or tax period beginning	, and ending
Name of Organization RED OAK MASONIC LODGE #66 AF & AM		Employer Identification Number 23-7531597
Part V - Line 42a		

Individual Name ROY ALFORD
or
Business Name

Street Address 718 NE 1160 AVENIE

U S Address

Zip code 74563- City RED OAK State OK
or

Foreign Address

City

Province or State

Country

Postal code

Phone Number

Fax Number

990 PART VII - FIVE HIGHEST COMPENSATED INDEPENDENT CONTRACTORS

OPEN TO PUBLIC INSPECTION	For Calendar year 2013, or tax year period beginning	and ending	
Name of Organization	Employer Identification Number		
RED OAK MASONIC LODGE #66 AF & AM	23-7531597		
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation	
NONE			