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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

2014

Open to Public Inspection

Α	For the	e 2014 calenda:	year, or tax year beginning , 201	4, and endin	g		, 20
В	Checki	applicable	C Name of organization		D Employ	er ider	tification number
	Address	change	RED OAK MASONIC LODGE #66 AF & AM				23-7531597
	Name cl	nange	Number & street (or P.O. box, if mail is not delivered to street	t addr.)	E Telepho	ne num	nber
	Initial re	turn			l l		
Ш	Final ret	urn/terminated	P. O. BOX 542, RED OAK, OK.			(9	918) 424-4257
	Amende	d return	City or town, state or province, country, and ZIP or foreign po	ostal code	F Group E	xemptı	on
\Box	Applicat	ion pending	RED OAK OK 74563		Number	•	
G	Accour	nting Method.	☐ Cash ☐ Accrual Other (specify) ►		H Check ▶ 📙 rl	the or	ganization is not
1 '	Websi	te: ▶ <u>N/A</u>			required to a	attach S	Schedule B
<u>1</u>	Tax-ex	cempt status (ch	neck only one) 501(c)(3) X 501(c)(10) ∢ (insert no.) 4947(a	(1) or 527	(Form 990, 9	90-EZ	, or 990-PF).
K	Form o	f organization:	Corporation Trust Association	Other			
L	Add lın	es 5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts are \$2	200,000 or mo	ore, or if total ass	ets (Pai	
	column	(B) below) are	\$500,000 or more, file Form 990 instead of Form 990-EZ			▶ \$	98,332
Р	art I	-	Expenses, and Changes in Net Assets or Fun			ctions fo	or Part I)
		Check if the o	rganization used Schedule O to respond to any question in thi	s Part I	• •		
	1	Contributions	s, gifts, grants, and similar amounts received			1	76,846
	2	Program serv	vice revenue including government fees and contracts	•	• • • • • • • • • • • • • • • • • • • •	2	
	3	•				3	750
	4	Investment in	ncome			4	15,874
	5		nt from sale of assets other than inventory	5a	4,862		
			other basis and sales expenses	5b	4,669		
) from sale of assets other than inventory (Subtract line 5b from	n line 5a) · ·		5c	193
	6	•	fundraising events				
	,		e from gaming (attach Schedule G if greater than				
Š	<u> </u>			6a			
			e from fundraising events (not including \$	of con	tributions		
0	•		sing events reported on line 1) (attach Schedule G if the	ایما			
			gross income and contributions exceeds \$15,000)	6b			
			expenses from gaming and fundraising events	6c			
			or (loss) from gaming and fundraising events (add lines 6a and	6b and subtr	act		
	_	line 6c)		 - -		6d	
	'		of inventory, less returns and allowances				
	ı	b Less: cost of	<u> </u>	7b		70	
			or (loss) from sales of inventory (Subtract line 7b from line 7a) e (describe in Schedule O)			7c 8	
	9		ie. Add lines 1, 2, 3, 4, 5c, 63, 7c, and 8			9	93,663
	10		Imilar amounts paid (list in Schedule O)			10	89,628
	11					11	1,884
ų	- 1					12	
9	13		fees and other payments to independent contractors			13	100
Typenege	14		rent, utilities, and maintenance			14	1,626
ú	15		lications, postage, and shipping?0;5			15	66
	16		ses (describe in Schedule 0)			16	565
	17		ses. Add lines 10 through 16		•	17	93,869
	18		eficit) for the year (Subtract line 17 from line 9)			18	-206
Ť,	19		fund balances at beginning of year (from line 27, column (A))				
Not Accete	} "		figure reported on prior year's return)			19	349,529
1	20	-	es in net assets or fund balances (explain in Schedule O)			20	29,069
Ž	21	_	fund balances at end of year. Combine lines 18 through 20			21	378,392
For			n Act Notice, see the separate instructions.				orm 990–EZ (2014)

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Pa	rt II	Balance Sheets (see the instru- Check if the organization used Sche		nuection in this Part II			Г
		Theor in the organization used cone	dule o to respond to any t	·	nning of year	•	(B) End of year
22	Cach	, savings, and investments .		(A) Dogi	274,529	22	274,32
:2		•			75,000		75,00
		and buildings	· · · · · · · · · · · · · · · · · · ·	• •		24	29,06
:4 -		,	• • •		349,529		378,39
!5		assets					370,39.
26		liabilities (describe in Schedule O)				26	0.7.0
27		ssets or fund balances (line 27 of c			349,529	27	378,39
Pa	rt III	Statement of Program Sei	vice Accomplishme	ents (see the instructions	for Part III)		Expenses
Des as n pers	cribe the neasure sons ber	Check if the organization used Sch organization's primary exempt purpo e organization's program service acc d by expenses. In a clear and concis nefited, and other relevant information	se? omplishments for each of it e manner, describe the se			5010 orga	quired for section (c)(3) and 501(c)(4) inizations; optional others.)
:8	SEE	ATTACHMENT #1					
29	(Grants	\$) If this a	mount includes foreign gra	ants, check here	▶ []	28a	
	<u> </u>						
30	(Grants	\$) if this a	mount includes foreign gra	ints, check here		29a	
	(Grants	¢ \\ \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	mount includes foreign gra	ante check hore		30a	
31	`	rogram services (describe in Schedu	le O) · · · · ·				
	•	rogram service expenses (add line	mount includes foreign gra			31a	
						32	
ra	rt IV	List of Officers, Directors, Truste		,	•	e tne	Instructions for Part IV)
		Check if the organization used Sch	edule O to respond to any	'	r		<u>.</u>
		(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099 MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit pla deferred compensa	ns, &	(e) Estimated amount o other compensation
SΕ	E AT	TACHMENT #2		(ii noi paid, oilloi o /			

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Га	instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V			Γ
	· · · · · · · · · · · · · · · · · · ·		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		ł	
	detailed description of each activity in Schedule O	33	 	X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed		1	
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			l
	change on Schedule O (see instructions)	34	 	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)?	35a	<u> </u>	X
þ	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	Ь—	X
C	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	 	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	36	↓	X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	- -		l
Ь	Did the organization file Form 1120-POL for this year?	37b	—	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?	38a	 	X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	_		ŀ
39	Section 501(c)(7) organizations. Enter:	-		
a	Initiation fees and capital contributions included on line 9	4		
þ	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 ; section 4912 ; section 4955 ; section 4955	_		
b	Section 501(c)(3) and 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			l
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	 	X
С	Section 501(c)(3) and 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on		1	
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958	.		
d	Section 501(c)(3) and 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	<u> L</u>	X
41	List the states with which a copy of this return is filed MR OK			
42a	The organization's books are in care of ► SEE ATTACHMENT #3 Telephone no. ►			
	Located at ZIP + 4 ZIP + 4		N/	NI.
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	Anh	Yes	+
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	┼	X
	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 Financial Accounts (FBAR).	42c	 	X
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	420		<u> </u>
42	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			⊾Г
43	and enter the amount of tax-exempt interest received or accrued during the tax year		• • •	L
	and enter the amount of tax-exempt interest received of accided during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		1.55	1.45
440	completed instead of Form 990-EZ	44a	† -	X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be		 	+^
U		44b		X
_	completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year?	44c	-	X
٦ C	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	++0		 ^`
d	explanation in Schedule O	44d		
AE-	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	440 45a	 	X
45a 45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	750	\vdash	A
750	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	<u> </u>	X
		1 .00	i	1 47

Form **990-EZ** (2014)

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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

2014 Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

23-7531597

RED OAK MASONIC LODGE #66 AF & AM ORGANIZATION'S INVESTMENTS INCREASED IN FAIR MARKET VALUE BY \$29,069.00 -

IN 2014 ACCORDING TO THE EDWARD JONES STATEMENTS. -

2014 FORM 990 PROGRAM SERVICE ACCOMPLISHMENT

2014 FORM 990 PROGRAM SERVICE ACCOMPLISHMENT

ATTACHMENT 1: PAGE 2 -	990-EZ PAGE 3, PART I	<u>II</u>	
	, or tax period beginning	, and ending	
ame of Organization	, or tax period boginning	Employer Identification	Number
ED OAK MASONIC LODGE	#66 AF & AM	23-7531597	
Part III - Statement of Program Service A	ccomplishments		
Grants and allocations	Amount includes foreign grants	Program service expenses	
	Exempt Purpose Achieven	nents	
ONE			
	•		
		1	

2014 FORM 990 PROGRAM SERVICE ACCOMPLISHMENT

FTACHMENT 1: PAGE 3 -	990-EZ PAGE 3, PART	C III	
MSPECTION For calendar year 2014, me of Organization	or tax period beginning	, and ending	er Identification Number
ED OAK MASONIC LODGE	#66 AF & AM		531597
art III - Statement of Program Service A	ccomplishments	<u> </u>	
rants and allocations	Amount includes foreign gra	ants Program service expenses	
	Exempt Purpose Act		
ONE	-		

2014 FORM 990 CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

ATTACHMENT 2: PAGE 1 - 99 OPEN,TO PUBLIC	0-EZ PAGE 2,	PART IV		
INSPECTION For calendar year 2014, or tax	y period beginning	and a	ending	
Name of Organization	x period beginning	, 4110		ification Number
RED OAK MASONIC LODGE #66	AF & AM		23-75315	97
(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	10.00	0	0	0
ROY BRIAN MESSEX SENIOR WARDEN	10.00	0	0	0
JAMES ROSCOE HULSEY JUNIOR WARDEN	10.00	0.	0	0
JAMES ROY ALFORD TREASURER	10.00	0	0	0
VINCE EDMOND HIATT SECRETARY	10.00	0	0	0
	,			

2014 FORM 990 BOOKS ARE IN CARE OF

ATTACHMENT 3 - 990-EZ PAGE 3, PART V, I OPEN TO PUBLIC	JINE 42A
	, and ending
Name of Organization RED OAK MASONIC LODGE #66 AF & AM	Employer Identification Number
Part V - Line 42a	
Individual Name	ROY ALFORD
or	
Business Name ⁻	
Street Address	718 NE 1160 AVENIE
	710 112 1100 11121112
U.S. Address	
Zip code 74563- City RED OAK	State <u>OK</u>
or	
or Foreign Address	
Foreign Address	
Foreign Address City	· · · · · · · · · · · · · · · · · · ·
Foreign Address	
Foreign Address City Province or State	
Foreign Address City	
Foreign Address City Province or State Country	
Foreign Address City Province or State	
Foreign Address City Province or State Country	
City Province or State	
City Province or State	
Foreign Address City	

2014 FORM 990 PART VII - FIVE HIGHEST COMPENSATED INDEPENDENT CONTRACTORS

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