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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**

A For the 2014 calendar year, or tax year beginning , 2014, and ending , 20

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final 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.): 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 ▶ \$ 98,332

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		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1	76,846	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2		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)
3	Membership dues and assessments	3	750	20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4	15,874	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	5a	4,862		
5b	Less: cost or other basis and sales expenses	5b	4,669		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	193		
6	Gaming and fundraising events				
6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a			
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)	6b			
6c	Less: direct expenses from gaming and fundraising events	6c			
6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d			
7a	Gross sales of inventory, less returns and allowances	7a			
7b	Less: cost of goods sold	7b			
7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c			
8	Other revenue (describe in Schedule O)	8			
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	93,663		
10	Grants and similar amounts paid (list in Schedule O)	10	89,628		
11	Benefits paid to or for members	11	1,884		
12	Salaries, other compensation, and employee benefits	12			
13	Professional fees and other payments to independent contractors	13	100		
14	Occupancy, rent, utilities, and maintenance	14	1,626		
15	Printing, publications, postage, and shipping	15	66		
16	Other expenses (describe in Schedule O)	16	565		
17	Total expenses. Add lines 10 through 16 ▶	17	93,869		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-206		
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)	19	349,529		
20	Other changes in net assets or fund balances (explain in Schedule O)	20	29,069		
21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	378,392		

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2014)

SCANNED JUN 22 2015

Handwritten signature: *gjs*

Handwritten number: *7*

7

Form **990-EZ** (2014)

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

	Yes	No
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 ☐

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

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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b If "Yes," was the related organization a section 527 organization?

49b		
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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 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 <i>Roy Alford</i> Date				
	ROY ALFORD TREASURER Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name DWIGHT BOMER	Preparer's signature <i>Dwight Bomer</i>	Date 5-11-2015	Check <input type="checkbox"/> if self-employed	PTIN P00379531
	Firm's name ▶ H AND R BLOCK			Firm's EIN ▶ 200534741	
	Firm's address ▶ 1331 E CARL ALBERT PKWY			Phone no. 918-426-1040	

May the IRS discuss this return with the preparer shown above? See instructions

☐ Yes ☒ No

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.

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

RED OAK MASONIC LODGE #66 AF & AM

Employer identification number

23-7531597

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

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

OPEN TO PUBLIC

INSPECTION

For calendar year 2014, or tax period beginning

, and ending

Name of Organization

Employer Identification Number

RED OAK MASONIC LODGE #66 AF & AM

23-7531597

Part III - Statement of Program Service Accomplishments

Grants and allocations

Amount includes foreign grants

Program service expenses

Exempt Purpose Achievements

ORGANIZATION HELPED MANY INDIVIDUALS IN THE LOCAL AREA BY RAISING OVER \$89,628.00 IN THE LOCAL AREA AND GIVING IT BACK TO THE COMMUNITY. THE ORGANIZATION GAVE 18 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 TO SENIOR CITIZENS GROUPS. THIS GROUP WORKS TO MEET ANY NEED IN THE LOCAL AREA; AND HAS NO PAID MEMBERS.

2014 FORM 990 PROGRAM SERVICE ACCOMPLISHMENT

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

OPEN TO PUBLIC
INSPECTION For calendar year 2014, 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

2014 FORM 990 PROGRAM SERVICE ACCOMPLISHMENT

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

OPEN TO PUBLIC

INSPECTION

For calendar year 2014, or tax period beginning

, and ending

Name of Organization

Employer Identification Number

RED OAK MASONIC LODGE #66 AF & AM

23-7531597

Part III - Statement of Program Service Accomplishments

Grants and allocations

Amount includes foreign grants

Program service expenses

Exempt Purpose Achievements

NONE

2014 FORM 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 2014, 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	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, LINE 42A

OPEN TO PUBLIC
INSPECTION

For calendar year 2014, 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

2014 FORM 990 PART VII – FIVE HIGHEST COMPENSATED INDEPENDENT CONTRACTORS

OPEN TO PUBLIC INSPECTION	For Calendar year 2014, or tax year period beginning	and ending
Name of Organization RED OAK MASONIC LODGE #66 AF & AM	Employer Identification Number 23-7531597	
(a) Name and address of each independent contractor paid more than \$100,000 NONE	(b) Type of service	(c) Compensation