SCANNED JUL 1 1 2022

Return of Organization Exempt From Income Tax

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

Department of the Treasury Internal Revenue Service

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

Output

Description: Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

2018 A For the 2018 calendar year, or tax year beginning and ending JUN 30, 2019 JUL 1, D Employer identification number C Name of organization ANCIENT FREE AND MASONS OF 1300 Address change SUL ROSS LODGE Name change 23-7500389 Doing business as Number and street (or P 0. box if mail is not delivered to street address) Room/suite E Telephone number 979-680-1300 P.O. BOX 10110 City or town, state or province, country, and ZIP or foreign postal code 1,761,068. termin ated G Gross receipts \$ Amended COLLEGE STATION, TX 77842-0110 H(a) Is this a group return F Name and address of principal officer MICHAEL D. GERST Yes X No Applicafor subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? __Yes 501(c)(3) X 501(c) (10) **◄** (insert no.) 4947(a)(1) or If "No," attach a list (see instructions) Tax-exempt status ____ H(c) Group exemption number ▶ J Website: ► SULROSS . ORG Association Other > M State of legal domicile: TX K Form of organization: X Corporation Trust Year of formation Part I | Summary Briefly describe the organization's mission or most significant activities THE ORGANIZATION IS ORGANIZED & Governance SERVE THE COMMUNITY WITH SUPPORT SERVICES AND PROVIDE IMPROVEMENT Check this box | If the organization discontinued its operations or disposed of more than 25% of its net assets 0 Number of voting members of the governing body (Part VI, line 1a) 0 Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 23,490. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a -9,961. 7b b Net unrelated business taxable income from Form 990-T, line 38 Prior Year Current Year 15,917 14,053. Contributions and grants (Part VIII, line 1h) 0. 0 Program service revenue (Part VIII, line 2g) 22,547. 10,498 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 28,298. 23,490. Other revenue (Part VIII reglume (A), Times 5, 6d, 8c, 9c, 10c, and 11e) 11 venue availaese mough 11 (must equal Part VIII, column (A), line 12) 49,905. 64,898. Total re similar amounts paid (Par), column (A), lines 1-3) 27,494. 26,600 Grants and Benefits இid to ြေရြာ ကို ကို ကို မိုးရှိ Hart 🖟 column (A), line 4) 0. 0 15 Salaries Other compensation, employed benefits (Part IX, column (A), lines 5 10) 0. Ο. b Total fundraising expenses (Rart IX, column (A), line 11e) 0 0. 16a Professional fundrals 0. 74,537 87,618. 17 Other expenses (Part IX, column (A), lines 11a 11d, 11f-24e) 101.137 115.112. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -51,232 -50,214. Revenue less expenses. Subtract line 18 from line 12 Assets or Balances **Beginning of Current Year** End of Year 1,484,340. 434,126. 20 Total assets (Part X, line 16) 072,500. 072,500. 21 Total liabilities (Part X, line 26) 411,840 361,626. Net assets or fund balances Subtract line 21 from line 20 Part II | Signature Block 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 -Deckstation of preparer (other than officer) is based on all information of which preparer has any knowledge. true, correct, and complete. Signature of officer Date Sian JOSH REINBOLT TREASURER Here Type or print name and title Date PTIN Check Preparer's signature Print/Type preparer's name Ruchard & wall ₱00163300 1./15/4 self-employed Paid RICHARD L. WEBB 74-2073801 Firm's name | INGRAM, WALLIS & COMPANY, P.C. Firm's EIN Preparer Firm's address 2100 EAST VILLA MARIA RD, STE. Use Only Phone no (979) 776-2600 BRYAN, TX 77802 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

Form **990** (2018)

ANCIENT FREE AND MASONS OF 1300 SUL ROSS LODGE

ι Form	990 (2018) SUL ROSS LODGE	23-7500389	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	_	
1	Briefly describe the organization's mission NONE	· · · · · · · · · · · · · · · · · · ·	
			<u> </u>
2	Did the organization undertake any significant program services during the year which were not listed on the		
	prior Form 990 or 990-EZ?	L Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program services, as		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code) (Expenses \$)
	GRANTS ARE MADE TO SUPPPORT THE BRAZOS VALLEY MASONIC LI	IBRARY AND	
	MUSEUM AND PROVIDE SCHOLARSHIPS.		
			<u>-</u>
			-
			-
4b	(Code) (Expenses \$	ie \$)
			
			
		<u> </u>	
4c	(Code) (Expenses \$ including grants of \$) (Revenue)	ue \$	
70	(Code / (Expenses 5 / (Expenses 5 / (Nevenu		
			_
		· · · · · · · · · · · · · · · · · · ·	
			
		·	
			
	Other program services (Describe in Schedule O)		
. u	(Expenses \$ Including grants of \$) (Revenue \$	}	
4e	Total program service expenses ► 41,034.		
		Form 9	90 (2018)

23-7500389

Form 990 (2018) SUL ROSS LODGE
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			ļ
	If "Yes," complete Schedule A	1_		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2_		<u>X</u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_		<u> X</u>
4	Section 501(c)(3) organizations. 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	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C, Part III	5		<u> X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6_		X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_		1,,
	Schedule D, Part III	8_		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			32
	If "Yes," complete Schedule D, Part IV	9_		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			7.7
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
_	as applicable			ĺ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	v	
_	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	X	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	116		Х
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
U	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
а	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	x	ĺ
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			37
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		.
· · ·	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21	domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I. Parts I and II	21	x	

23-7500389

Page 4

Form **990** (2018)

Га	Checklist of Required Schedules (continued)			
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	1]
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	₩	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			ŀ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			₩.
04.5	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	 	X
24 a	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			ļ
	Schedule K. If "No," go to line 25a	24a	Ì	x
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	_	1
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease		 	
Ŭ	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	1		1
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II	26	Ĺ	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1		
	instructions for applicable filing thresholds, conditions, and exceptions)			Ì
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	-	X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	1		,,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29_	 	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			.
24	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations?	30_	 	Х
31	If "Yes," complete Schedule N, Part I	31]	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31	_	12
32	Schedule N. Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	UE		<u> </u>
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	l	x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	_37	<u> </u>	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			l
Par	Note. All Form 990 filers are required to complete Schedule 0	38	X	<u> </u>
Pai	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			
	Shook if Confedence Contains a response of note to any line in time rate v		v.	ليا
4 -	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	,	Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable Enter the number of Forms W 2G included in line 1a Enter -0- if not applicable 1b 1b	┥ :		1
b	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	† !		
Ü	(gambling) winnings to prize winners?	10		

23-7500389

Page 5

28. Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, Med of the Lecidendry year ending with or within the year covered by this nature. b If at least one is reported on line 22, did the organization file all required federal employment fax returns? Note, if the sum of files 1 and 22s greater than 250, you may be required to defide these instructions) 3a. Did the organization have unrelated business gross income of \$1,000 or more during the year? b If Yes, 'has if filed a Form 9907 for this year? If Wo'r o fine 3b, provide an éxplanation in Schedule O 4. At any fine during the calendar year, if of the organization have an inferest in, or a signiture or other authority over, a financial account in a fireign country (such as a bank account, securities account, or other financial accountry) See instructions for firing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Sa. Was the organization aparty to prohibelid rax shelfer transaction at any time during the tax year? b If any taxable party northly the organization that it was or is a party to a prohibelid rax shelfer transaction or a protein belief as shelfer transaction at any time during the tax year? b If Yes, 'if did the organization in the organization that it was or is a party to a prohibelid rax shelfer transaction are provided to the organization shelf were organization that were not tax deductibles or admitable contributions. b If Yes, 'if did the organization in the interest in a strip organization and party organiza				Yes	No
b If all least one is reported on hine 2a, did the organization file all required feeding employment tax returns? Note: if this sum of lines 1 and 2a is greater than 250, you may be required to e-file (see instructions) 3 Did the organization have unrelated business gross income of \$1,000 or more during the year? 3 A X 3 B X 3 B X 3 B X 3 B X 3 B X 3 B X 3 B X 4 At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. 5 B If Yes, a fine the name of the foreign country. 5 B B Was the organization share froeign country. 5 B Was the organization and foreign country. 5 B Was the organization and foreign country. 5 B Was the organization share for incide the shareter fransaction at any time during the tax year? 5 B Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization elocit any contributions that were not tax deductibles? 6 D Dos the organization have annual gross receipts that are normally greater than \$100,000, and did the organization elocit any contributions that were not tax deductibles? 7 D organizations that may receive deductible contributions under section 170(c). 8 D If Yes, a did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? 7 D organizations that may receive deductible contributions under section 170(c). 8 D If Yes, and the organization modify the donor of the value of the goods or services provided? 9 D If the organization contribution of call the goods or services provided? 10 D If the organization receives a contribution of call the goods or services provided? 11 D If the organization receives a contribution of call shelp of the goods or services provided? 12 D If the organization received a contribution of call shelp organization the services of the goods or services provided? 13 D If the organization receives a contribution of	2a	Enter the number of employees reported on Form W·3, Transmittal of Wage and Tax Statements,			
Note. If the sum of lines 1s and 2s is greater than 250, you may be required to e-file (see instructions) 2		filed for the calendar year ending with or within the year covered by this return 2a 0			
3a	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
b if Vess, *Nast riked a Form 990-T for the year? If *No* to line 3b, provide an explanation in Schedule O A stary time during the calendary reak, 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)? A If *Vess,* when the name of the foreign country, *P. See instructions for filing requirements for infoCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Sa. Was the organization a party to a prohibitote fax shelter transaction at any time during the tax year? Sa. Does the organization and every contribution of a single far and the organization stars of the organization that was or as a party to a prohibitote tax shelter transaction? Sb. X X Sb. M. Y. Yes 'to line Sa of Sb, did the organization file Form 8886-7? Sa. Does the organization nucled with every solicitation an express statement that such contributions or gifts were not tax deductible? Organization start were not tax deductible ocontributions under section 170(c). If the organization receive a payment in excess of 35 made party is a contribution and party for goods and services provided? Or the organization receive applyment in excess of 35 made party is a contribution and party for goods and services provided to the payor? A X The start of the organization excess and selected of the payor of the value of the goods or services provided? Of the organization selected and provided the services provided? If the organization selected and selected property, do the organization file Form 8893 is required to the organization exceived a contribution of crualified relatedual property, do the organization file Form 899 as required? If the organization received a contribution of crualified relatedual property, do the organization file Form 899 as required? If the organization related the unsurbang donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maint		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
4a A any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account) or forms of the foreign country. ► b If "Yes," enter the name of the foreign country. ► Sa Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5a Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization of the organization from 888-77 to 1*Yes," to the Sa of 5b, did the organization from 888-77 to 50 bills the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible from 888-77 to 50 bills or the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions or greater than \$100,000, and did the organization solicit any contributions that may receive deductible contributions under section 170(c). b If Yes, "Indicate the number of feet the value of the goods or services provided?" c bill the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8822? d If Yes," indicate the number of Forms 8822 field during the year D If the organization received a contribution of qualified intellectual property, and the organization file from 8839 as required? If the organization received a contribution of qualified intellectual property, and the organization file from 8893 as required? If the organization received a contribution of care, beats, applicancy, and the organization file Form 8899 as required? If the organization received a contribution of care, beats, applications, or other velocities, did the organization file for many the year If the organization received a contribution of care, beats, applications, or other velocities of the organization file for many than the properties of the pro	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		
financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for filing requirements for FinCBN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited fax shelter transaction at any time during the tax year? 5b Did any texable party northy the organization that it was or is a party to a prohibited tax shelter transaction? 6b X X 6c If "Yes" to like Sa or Sb, did the organization file Form 8886-17? 8c Does the organization are not tax deductible as charatable contributions? 6c If "Yes", did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8d Did the organization receive a payment in excess of \$75 made party as a contribution of and partly for poods and services provided to the payor? 7a X Y 7b If "Yes", did the organization notify the donor of the value of the goods or services provided? 8d Did the organization receive a payment in excess of \$75 made party as a contribution of quantity or goods and services provided to the payor? 7a X Y 7b If "Yes", indicate the number of Forms 8282 filed during the year 8d If "Yes", indicate the number of Forms 8282 filed during the year 9d If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 9d If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 9d If the organization received a contribution of cars, boats, any planes, or other vehicles, did the organization file a Form 1098-C? 9d Sponsoring organization make any taxable distributions under section 4966? 9d Sponsoring organization make any taxable distributions under section	b	If "Yes," has it filed a Form 990·T for this year? If "No" to line 3b, provide an explanation in Schedule O	_3b	X	
b If Yes,* either the name of the foreign country. ▶ See instructions for filing requirements for Find Fortion 114, Report of Foreign Bank and Financial Accounts (FBAF) 5a Was the organization a party to a prohibited tax sheller transaction at any time during the tax year? 5b If Yes' to like Sar oSh, did the organization the organization file Form 888617 5c If Yes' to like Sar oSh, did the organization file Form 888617 5c Dess the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductibles as chariable contributions? 5c If Yes, "did the organization neith weight of the very solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 If Yes, "indicate the number of Forms 88287 filed during the year of the organization in Reaves any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098.C? 8 Spensoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organizations maintaining donor advised funds. 9 Deponsoring organizations maintaining donor advised funds. 9 Deponsoring organizations maintaining donor advised funds. 9 Section 50(c)(C) organizations have ex	4a				
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16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O		excess parachute payment(s) during the year?	15		<u> </u>
If "Yes," complete Form 4720, Schedule O		If "Yes," see instructions and file Form 4720, Schedule N			
	16		16		X
		If "Yes," complete Form 4720, Schedule O		000	

Form 990 (2018)

Form 990 (2018)

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Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions

	to line da, db, or rob below, describe the circumstances, processes, or changes in correduce of dee instructions			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
		г	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 0	4		
	If there are material differences in voting rights among members of the governing body, or if the governing			•
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
Ь	Enter the number of voting members included in line 1a, above, who are independent	1		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		}	
	of officers, directors, or trustees, or key employees to a management company or other person?	_3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	_ 5		Х
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	_7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	ĺ	l	l
	persons other than the governing body?	7b	X	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		_X_
14	Did the organization have a written document retention and destruction policy?	14		_X_
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a		<u> </u>
b	Other officers or key employees of the organization	15b		<u> X</u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		<u> </u>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
<u>Sec</u>	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	s only)	avaıla	ble
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	cial	
	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records 🕨			
	MICHAEL D GERST - 979-255-1506		<u>.</u>	
	P.O. BOX 10110, COLLEGE STATION, TX 77842	_		

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Page 7

Form Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII	
CHECK II SCHEUUE O CUITAINS A TESDUNSE OF HULE TO ANY INE III THIS FAIL VII	

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

(A) Name and Title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
,	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) R RYAN HOGAN	0.00									<u>-</u>
WORSHIPFUL MASTER			ļ <u>.</u>	X				0.	0.	0.
(2) MATTHEW ABEGGLEN	0.00									
SENIOR WARDEN		<u></u>		X	<u></u>			0.	0.	0.
(3) JAMES HAGEN	0.00									
JUNIOR WARDEN		<u> </u>		X				0.	0.	0.
(4) MICHAEL D GERST	0.00									
TREASURER				X	ļ			0.	0.	0.
(5) CALEB WILLIAMS	0.00				ĺ					
SECRETARY				X				0.	0.	0.
							<u> </u>			
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Part VII Section A. Officers, Directors,		ploy	ees			ghe	st C	ompensated Employe	es (continued)				
` (A)	(B)			_ (0				(D)	(E)			(F)	
Name and title	Average	(do		Pos heck			one	Reportable	Reportable	ortable E		tımate	ed
	hours per	box	, unle	ss pe	rson	ıs bot	h an	compensation	compensation			ount	
	week	-	ser an	o a o	recto	171108	100)	from	from related			other	
	(list any hours for	recte					Ì	the	organizations	,		pensa	
	related	5	<u> </u>		1	saled	ĺ	organization (W-2/1099-MISC)	(W-2/1099-MIS	"		om th	-
	organizations	1 ag	trus		8	ua du		(***271099*****130)			_	anızat 1 relat	
	below	量	tona		oldr	st co						ınızatı	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	E E	}		- 1	5-		
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		<u> </u>											
1b Sub-total							>	0.		0.			0
c Total from continuation sheets to Pa	rt VII, Section A							0.		0.			0
d Total (add lines 1b and 1c)							>	Ō.		0.			0
2 Total number of individuals (including b	ut not limited to th	nose	liste	ed at	oove	e) wh	no re	eceived more than \$100	,000 of reportable				
compensation from the organization									•				
												Yes	No
3 Did the organization list any former off	cer, director, or tr	uste	e, ke	y en	npio	yee	, or I	highest compensated ei	mployee on				
line 1a? If "Yes," complete Schedule J				•	•	•	•		. ,	ļ	3		X
4 For any individual listed on line 1a, is th			ama	ensa	ation	and	d oth	ner compensation from	the organization				
and related organizations greater than											4		x
5 Did any person listed on line 1a receive			•						dual for services				
rendered to the organization? If "Yes,"	•				-		J	od organization of marri	444, 10, 00, 1,000		5		x
Section B. Independent Contractors	complete delicadi	<u> </u>	0, 36	2011 }	00,0	,0,,					<u> </u>		
Complete this table for your five highes	t compensated in	dene	nde	nt c	ontr	acto	ors ti	hat received more than	\$100,000 of comp	onest	tion fr	om.	
the organization Report compensation										Ciisai	LIOIT II	OIII	
	ioi the calendar y	cai c	71 IUII	ilg w	/11/1 (OI W			eai			٠	
(A) Name and busir	ess address	NIC	NE	7				(B) Description of s	ervices	Co	C) mper	<i>)</i> isatio	n
		TAC)INI				-+						
									ļ				
<u> </u>							\dashv						
							-+						
			_				\dashv	 					
							_						
<u> </u>													
2 Total number of independent contractor	rs (including but n	ot lir	nite	d to	thos	se lis	sted	above) who received m	ore than				
\$100,000 of compensation from the organization	anization					<u>) </u>		·					
											orm S		

SUL ROSS LODGE

Statement of Revenue Part VIII Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded from tax under (B) (C) Related or Unreláted Total revenue exempt function business sections 512 - 514 revenue revenue Gifts, Grants ilar Amounts 1 a Federated campaigns 1a b Membership dues 1b 8,752 c Fundraising events 1c 1d d Related organizations Contributions, and Other Simi 1,500 e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 3,801 g Noncash contributions included in lines 1a-1f \$ 14,053 h Total, Add lines 1a-1f Business Code Program Service Revenue 2 a f All other program service revenue Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (II) Personal (ı) Real 6 a Gross rents 23,490 b Less rental expenses c Rental income or (loss) 23,490. 23,490 23,490 d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory 1,679,926 b Less cost or other basis and sales expenses ,696,170 c Gain or (loss) -16,244 d Net gain or (loss) -16,244 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c) See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Business Code Miscellaneous Revenue 4.808 4,808 11 a MISC INCOME d All other revenue e Total. Add lines 11a-11d 4,808 64 898 27,355 23,490 Total revenue. See instructions 12

Form 990 (2018) SUL ROSS LODGE
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			implete column (A)	X
Do r	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	Bb, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	22,344.	22,344.		
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22	5,150.	5,150.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
^	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits Payroll taxes				
10 11	Fees for services (non-employees)				
	Management				
	Legal				
	Accounting				
	Lobbying				
е	D (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	13,540.	13,540.		
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest		-		- .
21	Payments to affiliates				
22	Depreciation, depletion, and amortization		-		
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule O.)				
а	REPAIRS	33,451.		33,451.	
b	MISCELLANEOUS	15,159.		15,159.	
С		7,664.		7,664.	
d		4,892.		4,892.	
е	All other expenses SEE SCH O	12,912.	41 004	12,912.	
25	Total functional expenses Add lines 1 through 24e	115,112.	41,034.	74,078.	0.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here Fig. 1 following SOP 98-2 (ASC 958-720)				
	Check here if following SOP 98-2 (ASC 958-720)			<u></u>	

SUL ROSS LODGE

Part X | Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 8,578. 1 15,430. 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Assets Notes and loans receivable, net 7 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other 202,350. basis Complete Part VI of Schedule D 10a 202,350. 202,350. b Less accumulated depreciation 10b 10c 1,125,529. ,058,734. Investments - publicly traded securities 11 11 Investments - other securities See Part IV, line 11 12 12 Investments - program-related See Part IV, line 11 13 13 14 Intangible assets 14 147,883. 157,612. 15 Other assets See Part IV, line 11 15 1,484,340. 1,434,126. Total assets. Add lines 1 through 15 (must equal line 34) 16 16 Accounts payable and accrued expenses 17 17 18 Grants payable 18 1,072,500. 1,072,500. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, Liabilities key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 1,072,500. 1,072,500. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 27 Temporarily restricted net assets 28 28 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 0 30 Capital stock or trust principal, or current funds 30 Ó. Ο. 31 Paid-in or capital surplus, or land, building, or equipment fund 31 411,840. 361,626. 32 32 Retained earnings, endowment, accumulated income, or other funds 361,626. 33 Total net assets or fund balances 411,840. 33 484,340 34 434,126. Total liabilities and net assets/fund balances

ANCIENT FREE AND MASONS OF 1300 SUL ROSS LODGE

Form	990 (2018) SUL ROSS LODGE	_23-	7500389	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
		} }			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>98.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2			12.
3	Revenue less expenses Subtract line 2 from line 1	3			<u>14.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	41	<u>1,8</u>	40.
5	Net unrealized gains (losses) on investments	_ 5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,	}			
	column (B))	10	363	1,6	26.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis		1 1		
b	Were the organization's financial statements audited by an independent accountant?		2b		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basis,			
	consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c		ŀ
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
	Act and OMB Circular A-133?	•	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired aud			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3ь		ĺ

Form **990** (2018)

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ➤ Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

2018
Open to Public Inspection

Name of the organization

ANCIENT FREE AND MASONS OF 1300

Employer identification number 23-7500389

SUL ROSS LODGE Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) 3 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year a Total number of conservation easements 2a Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year 🕨 Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 8 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

	dule D (Form 990) 2018 SUL ROSS							<u> 23-75</u>			
Pa	rt III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	reasures, or	Othe	r Simil	ar Asse	ts(contin	iued)	
3 '	Using the organization's acquisition, accession	on, and other record	is, check	any of the	following that a	re a sig	ınıfıcant	use of its	collection	ı ıtem	าร
	(check all that apply)										
а	Public exhibition	c	ι 🔲 ι	_oan or exc	hange program:	S					
b	Scholarly research	е	. 🔲	Other	_						
С	Preservation for future generations										
4	Provide a description of the organization's co	llections and explai	n how th	ey further t	he organization	's exem	pt purp	ose in Par	t XIII		
5	During the year, did the organization solicit or										
	to be sold to raise funds rather than to be ma	intained as part of	the organ	nization's c	ollection?				Yes] No
Pa	t IV Escrow and Custodial Arrang					es" on F	orm 99	0, Part IV,	line 9, or		
	reported an amount on Form 990, Par			_							
1a	Is the organization an agent, trustee, custodia	an or other intermed	diary for d	contribution	ns or other asset	ts not i	ncluded				
	on Form 990, Part X?		•						Yes		No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fo	llowing t	able							1
		•	J						Amount		
С	Beginning balance						1c				
d	Additions during the year						1d				
e	Distributions during the year						1e				
f	Ending balance						1f				
2a	Did the organization include an amount on Fo	orm 990, Part X, line	21, for e	scrow or c	ustodial accoun	t liabilit			Yes	$\neg \Box$	No
	If "Yes," explain the arrangement in Part XIII						, -				กี
Pai											
		(a) Current year	(b) Pt	rior year	(c) Two years b	ack (d) Three	vears back	(e) Four	vears	back
1a	Beginning of year balance	· · · · · · · · · · · · · · · · · · ·	` `						,-,-		
ь	Contributions							-			
c	Net investment earnings, gains, and losses										
d	Grants or scholarships								-		
e	Other expenditures for facilities										
_	and programs										
f	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the curre	ent vear end balanc	e (line 1c	a. column (a	a)) held as						
а	Board designated or quasi-endowment	,	%	,, ,	,,						
b	Permanent endowment	%									
С	Temporarily restricted endowment ▶	<u>~</u>									
	The percentages on lines 2a, 2b, and 2c shou	ıld equal 100%.									
За	Are there endowment funds not in the posses	•	ation tha	t are held a	ınd admınıstered	for the	e organiz	zation			
	by .	ŭ					J		Γ	Yes	No
	(i) unrelated organizations								3a(i)		
	(ii) related organizations								3a(iı)		
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as requi	red on So	chedule R?					3b		
4	Describe in Part XIII the intended uses of the	•									
Par	t VI Land, Buildings, and Equipme		-	_							
	Complete if the organization answered	"Yes" on Form 990	, Part IV	, line 11a S	See Form 990, P	art X, lı	ne 10				
	Description of property	(a) Cost or o					umulate	ed	(d) Book	valu	<u></u>
	. , , ,	basis (investi		, ,	(other)		eciation		, = = =		
1a	Land	129,	600.	_					129	9,6	00.
	Buildings		750.								50.
	Leasehold improvements										
	Equipment										
	Other		77					$\neg op $			
	Add lines 1s through 1s. (Column (d) must no	ual Form 990 Part	Y colum	n (R) line 1	1001				202	<u> </u>	50

Schedule D (Form 990) 2018 SUL ROSS LOI	GE	23-	-7500389 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation. Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
			
(G)			
(H)			
Total (Col (b) must equal Form 990, Part X, col. (B) line 12.)			· —
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" or			
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end	-of-year market value
(1)			·
(2)			
(3)		<u> </u>	
(4)			
(5)			
(6)			
(8)			
(9)			·· ·····
Total (Col. (b) must equal Form 990, Part X, col (B) line 13.) ▶ Part IX Other Assets.		L	
<u></u>	- Farm COO Dant IV Inc	11d Can Form 000 Dart V line 15	
Complete if the organization answered "Yes" o	escription	TTG See Form 990, Fart X, line 15	(b) Book value
	escription		157,612.
			157,012.
(2)			
(3)			
(4)			
(5) (6)	, ·		·
(7)			
(8)	<u></u> .,		
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line	15.)		157,612.
Part X Other Liabilities.			
Complete if the organization answered "Yes" o	n Form 990, Part IV, line	11e or 11f See Form 990, Part X, line 25	
1. (a) Description of liability	<u> </u>	(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			

(7) (8) Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

Sche	dule D (Form 990) 2018 SUL ROSS LODGE		23-7500389 Page 4
	t XI Reconciliation of Revenue per Audited Financial State	ements With Reve	enue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a	
1	Total revenue, gains, and other support per audited financial statements	· · · · · · · · · · · · · · · · · · ·	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
þ	Other (Describe in Part XIII)	_4b	
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	hamanda Midh Eum	
Pal	T XII Reconciliation of Expenses per Audited Financial State	•	enses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12 a	
1	Total expenses and losses per audited financial statements		_1
5	Amounts included on line 1 but not on Form 990, Part IX, line 25	1 - 1	
a	Donated services and use of facilities	2a	
ь	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII)	_2d	
	Add lines 2a through 2d		
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1.1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
_	Add lines 4a and 4b		4c
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) † XIII Supplemental Information.	 	5
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4,	Part IV lines 1h and 2h	Port V line 4 Port V line 2 Port VI
	2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any		o, rait v, line 4, rait A, line 2, rait Al,
	zu and 40, and Fart XII, lines zu and 40 Also complete this part to provide any	additional information	
	······································	· -	
	······································		
	•		
		-	
		· · · · · · · · · · · · · · · · · · ·	
		,	
		· · · · · · · · · · · · · · · · · · ·	

832054 10-29-18

Schedule D (Form 990) 2018

SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

% ×

Employer identification number 23-7500389 Inspection __ 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection ► Go to www.irs.gov/Form990 for the latest information. ANCIENT FREE AND MASONS OF 1300 Part I General Information on Grants and Assistance SUL ROSS LODGE Name of the organization

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	recipient that received more than \$5,000 Part II can be duplicated if additional space is needed
2 Desc	Part II	

criteria used to award the grants or assistance?

I	1		1		[[
	(h) Purpose of grant or assistance	TO SUPPORT THE LIBRARY AND MUSEUM				
	(g) Description of noncash assistance					
	(f) Method of valuation (book, FMV, appraisal, other)					-
ded	(e) Amount of non-cash assistance	0.0				
ional space is need	(d) Amount of cash grant	22,344.		`		
be duplicated if additi	(c) IRC section (if applicable)					
5,000 Part II can	(b) EIN					
recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	1 (a) Name and address of organization or government	BRAZOS VALLEY MASONIC LIBRARY P.O. BOX 10110 COLLEGE STATION, TX 77842				

ons listed in the l	22
Enter total number of section 501(c)(3) and government organizations listed in the I	Enter total number of other organizations listed in the line 1 table
ber of section 501(c)(3) a	ber of other organization
Enter total numl	Enter total numl

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

line 1 table

Schedule I (Form 990) (2018)

Page 2

23-7500389

Schedule I (Form 990) (2018) SUL ROSS LODGE

Part III

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed

(f) Description of noncash assistance								
(e) Method of valuation (book, FMV, appraisal, other)			dditional information				,	
(d) Amount of non- cash assistance			(b), and any other a					
(c) Amount of cash grant			e 2, Part III, column	1		•		
(b) Number of recipients			ured in Part I, Im					
(a) Type of grant or assistance			Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information					

Schedule I (Form 990) (2018)

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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. ► Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No 1545-0047

Inspection

Name of the organization

ANCIENT FREE AND MASONS OF 1300 SUL ROSS LODGE

Employer identification number 23-7500389

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
THE COMMON GOOD THROUGH EDUCATION AND COMMUNITY SERVICE.	
FORM 990, PART VI, SECTION A, LINE 7A:	
MEMBERS ARE ELECTED IN ACCORDANCE WITH THE BYLAWS.	
FORM 990, PART VI, SECTION A, LINE 7B:	
APPROVALS ARE SUBJECT TO THE RULES OF THE BYLAWS.	
FORM 990, PART VI, SECTION B, LINE 11B:	
FORM 990 IS REVIEWED BY THE TREASURER WHO REPORTS TO THE MEMBER	S
FORM 990, PART VI, SECTION C, LINE 19: THE GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE NOT MADE A	VAILABLE TO
THE PUBLIC	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
OTHER FEES: PROGRAM SERVICE EXPENSES	13,540.
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	13,540.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	13,540.
FORM 990, PART IX, LINE 24E, ALL OTHER FUNCTIONAL EXPENSES:	
MEALS:	,

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization ANCIENT FREE AND MASONS OF 1300	Page 2 Employer (dentification number
· SUL ROSS LODGE	23-7500389
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	3,248.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	3,248.
WEDERLYGG & DANGUERG	
MEETINGS & BANQUETS:	
	0.
MANAGEMENT AND GENERAL EXPENSES	
FUNDRAISING EXPENSES	
TOTAL EXPENSES	2,201.
SECRETARY EXPENSES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,800.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,800.
INSURANCE:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,490.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,490.
FIRST RESPONDER:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,000.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES 832212 10-10-18	1,000. Schedule O (Form 990 or 990-EZ) (2018)

Schedule O (Form 990 or 990-EZ) (2018) Name of the organization ANCIENT FREE AND MASONS OF 1300 SUL ROSS LODGE	Employer identification number 23-7500389
FUNDRAISING EXPENSES	
TOTAL EXPENSES	320
BANK CHARGES:	
PROGRAM SERVICE EXPENSES	0
MANAGEMENT AND GENERAL EXPENSES	295.
FUNDRAISING EXPENSES	0,
TOTAL EXPENSES	295.
SUPPLIES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	. 113.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	113.
TOTAL OTHER EXPENSES ON FORM 990, PART IX, LINE 24E, COL	A 12,912.