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Form 990

Department of the Treasury
Internal Revenue Service

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.

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

OMB No. 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
THE GRAND COUNCIL OF THE ALLIED
MASONIC DEGREES OF THE USA INC

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
PO BOX 11423

City or town, state or province, country, and ZIP or foreign postal code
OKLAHOMA CITY, OK 731360423

F Name and address of principal officer:
CLYDE H SCHOOLFIELD JR
PO BOX 11423
OKLAHOMA CITY, OK 731360423

D Employer identification number

58-1584857

E Telephone number

(405) 427-3388

G Gross receipts \$ 245,744

I Tax-exempt status: ☐ 501(c)(3) ☒ 501(c) (10) ◀(insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.AMDUSA.ORG

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

L Year of formation: 1933

M State of legal domicile: NC

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
TO ASSUME, HOLD, AND EXERCISE JURISDICTION AND CONTROL OVER SUCH MASONIC DEGREES THAT ARE NOT UNDER JURISDICTION AND CONTROL OF SOME OTHER RECOGNIZED AND REGULARLY CONSTITUTED BODY OF FREEMASONRY; TO PRESERVE THOSE DEGREES, TO ENGAGE IN, FOSTER, AND ENCOURAGE MASONIC STUDY AND RESEARCH; TO ESTABLISH AND ORGANIZE COUNCILS OF THE ALLIED MASONIC DEGREES AND BODIES ATTACHED THERETO, SUBORDINATE TO THE GRAND COUNCIL, AND TO ENACT LAWS, RULES AND REGULATIONS FOR THE GOVERNMENT THEROF.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)3

4 Number of independent voting members of the governing body (Part VI, line 1b)4

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)5

6 Total number of volunteers (estimate if necessary)6

7a Total unrelated business revenue from Part VIII, column (C), line 127a

b Net unrelated business taxable income from Form 990-T, line 397b

Revenue

8 Contributions and grants (Part VIII, line 1h)

9 Program service revenue (Part VIII, line 2g)186,631

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)9,405

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)196,036

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)6,000

14 Benefits paid to or for members (Part IX, column (A), line 4)0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)14,000

16a Professional fundraising fees (Part IX, column (A), line 11e)0

b Total fundraising expenses (Part IX, column (D), line 25) ▶0

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)139,969

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)159,969

19 Revenue less expenses. Subtract line 18 from line 1236,067

Net Assets or Fund Balances

20 Total assets (Part X, line 16)527,836

21 Total liabilities (Part X, line 26)0

22 Net assets or fund balances. Subtract line 21 from line 20527,836

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 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

CLYDE H SCHOOLFIELD JR GRAND SECRETARY
Type or print name and title

2020-06-15
Date

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date 2020-07-08

Check ☐ if self-employed

PTIN P01228402

Firm's name ▶ LUTON & CO PLLC

Firm's EIN ▶ 73-1331618

Firm's address ▶ 201 NW 63RD ST STE 100
OKLAHOMA CITY, OK 73116

Phone no. (405) 848-7313

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

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2019)

Part 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:

TO ASSUME, HOLD, AND EXERCISE JURISDICTION AND CONTROL OVER SUCH MASONIC DEGREES THAT ARE NOT UNDER JURISDICTION AND CONTROL OF SOME OTHER RECOGNIZED AND REGULARLY CONSTITUTED BODY OF FREEMASONRY; TO PRESERVE THOSE DEGREES, TO ENGAGE IN, FOSTER, AND ENCOURAGE MASONIC STUDY AND RESEARCH; TO ESTABLISH AND ORGANIZE COUNCILS OF THE ALLIED MASONIC DEGREES AND BODIES ATTACHED THERETO, SUBORDINATE TO THE GRAND COUNCIL, AND TO ENACT LAWS, RULES AND REGULATIONS FOR THE GOVERNMENT THEROF.

2 Did the organization undertake any significant program services during the year which were not listed on

the prior Form 990 or 990-EZ? ☐ Yes ☒ 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 ☒ 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 measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a	(Code:) (Expenses \$ 39,191 including grants of \$ 6,000) (Revenue \$ 137,735)
See Additional Data	

4b	(Code:) (Expenses \$ 52,880 including grants of \$) (Revenue \$ 60,327)
See Additional Data	

4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
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4d	Other program services (Describe in Schedule O.)	(Expenses \$ including grants of \$) (Revenue \$)
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4e	Total program service expenses ▶	92,071
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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)? If "Yes," complete Schedule A	1	No
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	No
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	No
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 98-19? If "Yes," complete Schedule C, Part III	5	No
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	No
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	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
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? If "Yes," complete Schedule D, Part IV	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	No
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	No
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	No
d 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 Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	No
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	No
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
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	No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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	No
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	No
16 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	No
17 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 (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	No

Part IV 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 Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22	No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 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	
25a	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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</i>	25b	
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	No
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	No
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	No
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33	No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34	No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	No
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R, Part VI</i>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	1
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	No

Part V **Statements Regarding Other IRS Filings and Tax Compliance** (continued)

2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	<div style="border: 1px solid black; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> 2a 0 </div> </div>			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">2b</div> <div></div> <div></div> </div>			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">3a</div> <div></div> <div>No</div> </div>			
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . .	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">3b</div> <div></div> <div></div> </div>			
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">4a</div> <div></div> <div>No</div> </div>			
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;"></div> <div></div> <div></div> </div>			
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">5a</div> <div></div> <div>No</div> </div>			
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">5b</div> <div></div> <div>No</div> </div>			
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">5c</div> <div></div> <div></div> </div>			
6a Does 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 as charitable contributions? . . .	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">6a</div> <div></div> <div>No</div> </div>			
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">6b</div> <div></div> <div></div> </div>			
7 Organizations that may receive deductible contributions under section 170(c).				
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">7a</div> <div></div> <div>No</div> </div>			
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">7b</div> <div></div> <div></div> </div>			
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">7c</div> <div></div> <div>No</div> </div>			
d If "Yes," indicate the number of Forms 8282 filed during the year	<div style="border: 1px solid black; padding: 2px;">7d</div>			
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">7e</div> <div></div> <div>No</div> </div>			
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">7f</div> <div></div> <div>No</div> </div>			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">7g</div> <div></div> <div>No</div> </div>			
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">7h</div> <div></div> <div>No</div> </div>			
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?				
9 Sponsoring organizations maintaining donor advised funds.				
a Did the sponsoring organization make any taxable distributions under section 4966?	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">9a</div> <div></div> <div></div> </div>			
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">9b</div> <div></div> <div></div> </div>			
10 Section 501(c)(7) organizations. Enter:				
a Initiation fees and capital contributions included on Part VIII, line 12	<div style="border: 1px solid black; padding: 2px;">10a</div>			
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<div style="border: 1px solid black; padding: 2px;">10b</div>			
11 Section 501(c)(12) organizations. Enter:				
a Gross income from members or shareholders	<div style="border: 1px solid black; padding: 2px;">11a</div>			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<div style="border: 1px solid black; padding: 2px;">11b</div>			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<div style="border: 1px solid black; padding: 2px;">12b</div>			
13 Section 501(c)(29) qualified nonprofit health insurance issuers.				
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">13a</div> <div></div> <div></div> </div>			
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	<div style="border: 1px solid black; padding: 2px;">13b</div>			
c Enter the amount of reserves on hand	<div style="border: 1px solid black; padding: 2px;">13c</div>			
14a Did the organization receive any payments for indoor tanning services during the tax year?	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">14a</div> <div></div> <div>No</div> </div>			
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . .	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">14b</div> <div></div> <div></div> </div>			
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">15</div> <div></div> <div>No</div> </div>			
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.	<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; padding: 2px;">16</div> <div></div> <div>No</div> </div>			

Part VI

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

Check if Schedule O contains a response or note to any line in this Part VI ☒

Section A. Governing Body and Management

		Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year	1a 3,600		
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.			
b Enter the number of voting members included in line 1a, above, who are independent	1b 3,600		
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		No
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		No
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5 Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6 Did the organization have members or stockholders?	6	Yes	
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	Yes	
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a The governing body?	8a	Yes	
b Each committee with authority to act on behalf of the governing body?	8b	Yes	
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		No

Section 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 Yes	
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 Yes	
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a Yes	
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	No
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	
13 Did the organization have a written whistleblower policy?	13	No
14 Did the organization have a written document retention and destruction policy?	14	No
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 Yes	
b Other officers or key employees of the organization	15b Yes	
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	No
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	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed

18 Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website ☐ Another's website ☒ 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 financial 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:
 ▶CLYDE H SCHOOLFIELD JR PO BOX 11423 OKLAHOMA CITY, OK 731360423 (405) 427-3388

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 ☐**Section A. 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, or 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.

See instructions for the order in which to list the persons above.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) CLYDE H SCHOOLFIELD JR GRAND SECRET	20.00			X				15,000	0	0
(2) W CHARLES SMITHSON GRAND TREASU	5.00			X				1,500	0	0
(3) MICHAEL D CECIL SENIOR GRAND	5.00			X				0	0	0
(4) GLEN A COOK DEPUTY GRAND	5.00			X				0	0	0
(5) JEFFREY L COOK GRAND LECTUR	5.00			X				0	0	0
(6) JOHN C ELKINTON GRAND CHAPLA	5.00			X				0	0	0
(7) CHRIS M JESSEN GD DIR OF MU	5.00			X				0	0	0
(8) DOUGLAS R KNAUER GRD DIR CERE	5.00			X				0	0	0
(9) DAVID J KUSSMAN GRAND TYLER	5.00			X				0	0	0
(10) PAUL S NEWHALL SOV. GRAND M	10.00			X				0	0	0
(11) W BERRY RIGDON JUNIOR GRAND	5.00			X				0	0	0
(12) AARON M SHOEMAKER JUNIOR GRAND	5.00			X				0	0	0
(13) LAWRENCE E TUCKER GRAND TREASU	5.00			X				0	0	0
(14) DUANE L VAUGHT GRAND MARSHA	5.00			X				0	0	0
(15) MOHAMAD A YATIM SENIOR GRAND	5.00			X				0	0	0

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								16,500		

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►									
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>								Yes	No
								3	No
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>								4	No
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>								5	No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		
(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►		

Form 990 (2019)										Page 9			
Part VIII Statement of Revenue													
Check if Schedule O contains a response or note to any line in this Part VIII										<input type="checkbox"/>			
										(A)	(B)	(C)	(D)
										Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .		1a										
	b Membership dues . . .		1b										
	c Fundraising events . . .		1c										
	d Related organizations		1d										
	e Government grants (contributions)		1e										
	f All other contributions, gifts, grants, and similar amounts not included above		1f										
	g Noncash contributions included in lines 1a - 1f:\$		1g										
	h Total. Add lines 1a-1f		▶										
Program Service Revenue			Business Code										
	2a PER CAPITA AND FEES			137,735	137,735								
	b MASONIC WEEK			60,327	60,327								
	c												
	d												
	e												
	f All other program service revenue.												
	g Total. Add lines 2a-2f.		198,062										
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			▶		16,247			16,247				
	4 Income from investment of tax-exempt bond proceeds			▶									
	5 Royalties			▶									
	6a Gross rents	6a	(i) Real	(ii) Personal									
	b Less: rental expenses	6b											
	c Rental income or (loss)	6c											
	d Net rental income or (loss)			▶									
	7a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other									
	b Less: cost or other basis and sales expenses	7b											
	c Gain or (loss)	7c											
	d Net gain or (loss)			▶									
	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18	8a											
b Less: direct expenses	8b												
c Net income or (loss) from fundraising events			▶										
9a Gross income from gaming activities. See Part IV, line 19	9a												
b Less: direct expenses	9b												
c Net income or (loss) from gaming activities			▶										
10aGross sales of inventory, less returns and allowances . . .	10a	31,435											
b Less: cost of goods sold . . .	10b	20,355											
c Net income or (loss) from sales of inventory			▶		11,080			11,080					
Miscellaneous Revenue			Business Code										
11a													
b													
c													
d All other revenue													
e Total. Add lines 11a-11d			▶										
12 Total revenue. See instructions			▶		225,389	198,062		27,327					

Form 990 (2019)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	6,000	6,000		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
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	16,500		16,500	
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				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	1,650		1,650	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	795		795	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12 Advertising and promotion				
13 Office expenses	3,442	2,432	1,010	
14 Information technology	3,328	828	2,500	
15 Royalties				
16 Occupancy	2,180		2,180	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	65,003	65,003		
20 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.)				
a PRINTING	17,176	17,176		
b CEREMONIAL REGALIA	632	632		
c FOREIGN TAX PAID	150		150	
d BANK CHARGES	47		47	
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	116,903	92,071	24,832	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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	205,274	1	210,259
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	5 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	48,600	8	36,800
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments—publicly traded securities	273,962	11	424,768
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 34)	527,836	16	671,827	
Liabilities	17 Accounts payable and accrued expenses		17	
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 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	
	26 Total liabilities. Add lines 17 through 25	0	26	0
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	527,836	27	671,827
	28 Net assets with donor restrictions		28	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
32 Total net assets or fund balances	527,836	32	671,827	
33 Total liabilities and net assets/fund balances	527,836	33	671,827	

Part XI Reconciliation of Net AssetsCheck 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	225,389
2	Total expenses (must equal Part IX, column (A), line 25)	2	116,903
3	Revenue less expenses. Subtract line 2 from line 1	3	108,486
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	527,836
5	Net unrealized gains (losses) on investments	5	35,505
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	671,827

Part XII Financial Statements and ReportingCheck 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: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

Software ID:

Software Version:

EIN: 58-1584857

Name: THE GRAND COUNCIL OF THE ALLIED
MASONIC DEGREES OF THE USA INC

Form 990 (2019)

Form 990, Part III, Line 4a:

TO ADVANCE FREEMASONRY THROUGH STUDY AND RESEARCH, AND TO PRESERVE AND HOLD JURISDICTION OVER MASONIC DEGREES THAT ARE NOT UNDER JURISDICTION AND CONTROL OF ANOTHER RECOGNIZED AND REULARLY CONSTITUTED BODY OF FREEMASONRY; TO ESTABLISH AND ORGANIZE COUNCILS OF THE ALLIED MASONIC DEGREES AND ENACT LAWS, RULES, AND REGULATIONS OF THE GOVERNMENT THEREOF. DURING 2019, THE 2019 ANNALS WERE PUBLISHED, 2 NEW COUNCILS WERE FORMED AND 4 WERE RESTORED, THE SOVEREIGN GRAND MASTER MADE NUMEROUS OFFICIAL VISITS INCLUDING OVERSEAS TO THE GRAND COUNCIL OF ENGLAND AND WALES, MEMBERSHIP INCREASED BY 26, THE RED BRANCH OF ERI WAS CONFERRED ON 98 MEMBERS, 5 SCARLET CORD CONFERRALS WERE HELD FOR 242 MEMBERS, AND EMERITUS STATUS WAS GRANTED TO 132 MEMBERS.

Form 990, Part III, Line 4b:

THE MASONIC WEEK NATIONAL CONVENTION WAS ATTENDED BY 350 MEMBERS.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization
THE GRAND COUNCIL OF THE ALLIED
MASONIC DEGREES OF THE USA INC**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.

OMB No. 1545-0047

2019**Open to Public
Inspection****Employer identification number**

58-1584857

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	TO ASSUME, HOLD, AND EXERCISE JURISDICTION AND CONTROL OVER SUCH MASONIC DEGREES THAT ARE NOT UNDER JURISDICTION AND CONTROL OF SOME OTHER RECOGNIZED AND REGULARLY CONSTITUTED BODY OF FREEMASONRY; TO PRESERVE THOSE DEGREES, TO ENGAGE IN, FOSTER, AND ENCOURAGE MASONIC STUDY AND RESEARCH; TO ESTABLISH AND ORGANIZE COUNCILS OF THE ALLIED MASONIC DEGREES AND BODIES ATTACHED THERETO, SUBORDINATE TO THE GRAND COUNCIL, AND TO ENACT LAWS, RULES AND REGULATIONS FOR THE GOVERNMENT THEROF.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 6	THIS IS A MEMBERSHIP ORGANIZATION.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7A	OFFICERS ARE ELECTED BY THE MEMBERSHIP ANNUALLY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 7B	GOVERNANCE DECISIONS MAY BE SUBJECT TO APPROVAL OF THE MEMBERS WITHIN THE BOUNDS OF THE ORGANIZATION'S WRITTEN CONSTITUTION AND CODE.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 11B	AN ELECTRONIC COPY OF THE FORM 990 IS PROVIDED TO OFFICERS PRIOR TO FILING.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15A	COMPENSATION OF OFFICERS AND KEY PERSONNEL IS REVIEWED AND APPROVED BY THE MEMBERSHIP IN THE ANNUAL BUDGET.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 15B	COMPENSATION OF OFFICERS AND KEY PERSONNEL IS REVIEWED AND APPROVED BY THE MEMBERSHIP AS PART OF THE ANNUAL BUDGETING PROCESS.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 6, PART VI, LINE 19	GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.