Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

2020

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form, as it may be made public.
▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

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	OI LITE	ZVZU Calelluai	year, or tax year beginning JANUARY U1 , 2020, and ending DECEMBE	<u> </u>	<u>, 20</u> 20	
ВС	Check if applicable		C Name of organization D Employe	er identifica	tion number	
П	Address change		ANCIENT FREE & ACCEPTED MASONS OF 66 RED OAK		3-7531597	
н	lame cha		Number and street (or P.O. box if mail is not delivered to street address) Rogm/ suite E Telepho		5 1331331	
н		•	suite E Telephio	ne number	į.	
н	nitial retu		D 0 D0V 540	(010)		
Н		rn/terminated	P O BOX 542 City or town, state or province, country, and ZIP or foreign postal code , F Group E) 424 <u>-4257</u>	
н			1 () 1			
			tells officer (1909)			
			Cash			
		:: ► <u>N/A</u>	required to atta			
JT	ax-exe	mpt status (ch		990-EZ, or 990-PF).		
KF	orm of	organization				
LA	dd line:	s 5b, 6c, and 7	b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total asset	s		
(1	art II, c	olumn (B)) are	\$500,000 or more, file Form 990 instead of Form 990-EZ	▶ \$	57,164	
			Expenses, and Changes in Net Assets or Fund Balances (see the instruc		ED)	
			rganization used Schedule O to respond to any question in this Part I			
	1	· · · · · · · · · · · · · · · · · · ·	, gifts, grants, and similar amounts received	1	43,853	
	2	_	rice revenue including government fees and contracts	2		
	3	_	dues and assessments	3	350	
					12,961	
	4	_	come	4	12,901	
	5a		t from sale of assets other than inventory 5a			
	- 1		other basis and sales expenses			
	C	Gain or (loss)	from sale of assets other than inventory (subtract line 5b from line 5a)	5c		
	6	Gaming and t	fundraising events.			
ອ ອີ	a	Gross income	e from gaming (attach Schedule G if greater than			
SCANNED		\$15,000) .	6a			
Z §	b	Gross income	e from fundraising events (not including \$ of contributions			
K 8		from fundrais	ing events reported on line 1) (attach Schedule G if the			
Ü			gross income and contributions exceeds \$15,000)			
	- 1		xpenses from gaming and fundraising events 6c			
ב בו	- 1		r (loss) from gaming and fundraising events (add lines 6a and 6b and subtract			
	"	line 6c)	, (loss) from gaming and landialising events (add lines of and obtained subtract	6d		
0	7.	•	1 1			
07	- 1		f inventory, less returns and allowances			
2023		Less cost of	~			
\Im	c	•	r (loss) from sales of inventory (subtract line 7b from line 7a)	7c		
	8		e (describe in Schedule O)	8	F7 164	
	9			9	57,164	
	10	Grants and si	milar amounts paid (list in Schedule O) · · · · · · · · · · · · · · · · · ·	10	46,306	
	11	Benefits paid	to or for members	11	169	
ies Ses	12	Salaries, othe	r compensation, and employee benefits	12		
Expenses	13	Professional f	ees and other payments to independent contractorsOGDENUT	13	100	
Š	14	Occupancy, r	rent, utilities, and maintenance	14	1,286	
ш	15	Printing, publ	ications, postage, and shipping	15	150	
	16		es (describe in Schedule O)	16		
	17		ses. Add lines 10 through 16 · · · · · · · · · · · · · · · · · ·	17	48,011	
_	18		ficit) for the year (subtract line 17 from line 9)	18	9,153	
şis	19		fund balances at beginning of year (from line 27, column (A)) (must agree with			
Net Assets			figure reported on prior year's return)	10	390,571	
Ă	20			19	330,371	
ž	20		es in net assets or fund balances (explain in Schedule O)	20	200 704	
=	21		fund balances at end of year. Combine lines 18 through 20	21	399,724	
			n Act Notice, see the separate instructions.	Form	990–EZ (2020)	
FDA	20	990EZ1 BV	NF 990 Form Software Copyright 1996 – 2021 HRB Tax Group, Inc.	~ 10		

Pa	art li	Balance Sheets (see the instruc						
		Check if the organization used Schei	dule O to respond to any	question in thi				
					(A) Beg	inning of year	_	(B) End of year
22	Cash	, savings, and investments				315,57		324,724
23	Land	l and buildings				75,000		75,000
24	Othe	r assets (describe in Schedule O)					24	
25	Tota	l assets				390,57	25	399,724
26	Tota	I liabilities (describe in Schedule O)					26	0
27	Net a	assets or fund balances (line 27 of co	lumn (B) must agree with	h line 21)		390,57	L 27	399,724
Pa	art III	Statement of Program Se	rvice Accomplishm	ents (see the	e instruction	s for Part III)		Expenses
Des as r per	cribe the measure sons be	Check if the organization used Scherorganization's primary exempt purpose organization's program service accord by expenses. In a clear and concise inelited, and other relevant information	se? SEE ATTACHI implishments for each of its manner, describe the se	MENT	st program s	ervices, per of	50	Required for section 01(c)(3) and 501(c)(4) rganizations, optional or others.)
28	<u>2FF</u>	ATTACHMENT						
29	(Grants	s\$) If this ar	nount includes foreign gra	ants, check he	re	▶ []	28	за
30	(Grants	s\$) If this ar	nount includes foreign gra	ants, check he	re	•	29	Эа
-								
	(Grants) If this ar	nount includes foreign gra	ants, check he	re .	▶	30)a
31	Other p	program services (describe in Schedul	e O) · · · · · · · · · · · · · · · · · ·			· · · · · · · · · · · · · · · · · · ·		
	(Grants	7	nount includes foreign gra				31	la l
32	Total p	program service expenses (add lines						2 0
Pa	irt IV	List of Officers, Directors, Truste	es, and Key Employees	s (list each one	e even if not	compensated	see 1	the instructions for Part IV)
		Check if the organization used Sch	edule O to respond to an	y question in t	this Part IV.			, .
(a) Name and title			(b) Average hours per week devoted to position	(C) Reportable compensation (Forms W-2/1099 - MISC) (if not paid, enter -0-)			to plans	
SE	E A	TTACHMENT			,	,	-	
		-						
_		·						
					 			
								

Form 990-EZ (2020) ANCIENT FREE & ACCEPTED MA 23-7531597 Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V Yes No Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . 33 Χ 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the 34 Χ 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business 35a If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b Χ Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C. Part III X 35c Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets 36 37a Enter amount of political expenditures, direct or indirect, as described in the instructions Did the organization file Form 1120-POL for this year? 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were 39 Section 501(c)(7) organizations. Enter h Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under 40a section 4911 ▶ ; section 4912 ▶ , section 4955 ▶ Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b Х Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed ightharpoonup OK 41 42a The organization's books are in care of ▶ SEE ATTACHMENT Telephone no. ▶ Located at ▶ **b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b X If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). c At any time during the calendar year, did the organization maintain an office outside the United States? X If "Yes," enter the name of the foreign country and enter the amount of tax-exempt interest received or accrued during the tax year No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be X **b** Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ... d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O N/A Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a Χ b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of

45b

SCHEDULE O

(Form 990 or 990-EZ)

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.

OMB No 1545-0047

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Department of the Treasury Internal Revenue Service

Name of the organization

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

ANCIENT FREE & ACCEPTED MASONS OF 66 RED OAK

23-7531597

Employer identification number

ORGANIZATION RAISED OVER 44K TO HELP LOCAL FAMILIES IN NEED IN THE LOCAL AREA OF OKLAHOMA. PROVIDED SCHOLARSHIPS FOR STUDENTS IN THE RED OAK AREA. -