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CLIENT'S COPY



August 3, 2021

Masonic Charity Foundation of Oklahoma  
P.O. Box 2406  
Edmond, OK 73083

Dear Masonic Charity Foundation of Oklahoma:

Enclosed are the original and one copy of the 2020 Exempt Organization returns, as follows...

2020 Form 990-PF

2020 Oklahoma Form 512-E

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend you retain all pertinent records for at least seven years.

Please inform us promptly of any significant changes in your financial affairs or of any correspondence received from taxing authorities so we may advise you in a timely and prompt manner.

If you have any questions, or if we can be of assistance in any way, please call.

Thank you for your business.

Sincerely,

A handwritten signature in black ink, appearing to read 'Josh Mullins', written in a cursive style.

Josh Mullins  
Arledge & Associates. P.C.

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-0047

For calendar year 2020, or fiscal year beginning \_\_\_\_\_, 2020, and ending \_\_\_\_\_, 20\_\_\_\_\_

# 2020

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.

Name of exempt organization or person subject to tax

Taxpayer identification number

**MASONIC CHARITY FOUNDATION OF OKLAHOMA**

**73-6097262**

Name and title of officer or person subject to tax

**JOHN LOGAN  
EXECUTIVE DIRECTOR**

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, or 7a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, or 7b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I.

1a Form 990 check here <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	
2a Form 990-EZ check here <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here <input checked="" type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	<b>63,636.</b>
5a Form 8868 check here <input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b	
6a Form 990-T check here <input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b	
7a Form 4720 check here <input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b	

### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above organization or  I am a person subject to tax with respect to (name of organization) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy

of the 2020 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

**PIN: check one box only**

I authorize **ARLEDGE & ASSOCIATES, P.C.** to enter my PIN **97262**  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the organization, I will enter my PIN as my signature on the tax year 2020 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

*John L Logan*

Date

**8/5/2021**

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**73324963003**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2020 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Return.

ERO's signature

*John Mule*

Date

**8-4-21**

**ERO Must Retain This Form - See Instructions  
Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2020)

023051 11-03-20

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**  
▶ **Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

<b>Type or print</b>	Name of exempt organization or other filer, see instructions. <b>MASONIC CHARITY FOUNDATION OF OKLAHOMA</b>	Taxpayer identification number (TIN) <b>73-6097262</b>
<small>File by the due date for filing your return. See instructions.</small>	Number, street, and room or suite no. If a P.O. box, see instructions. <b>P.O. BOX 2406</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>EDMOND, OK 73083</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 4

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**JOHN L LOGAN**

- The books are in the care of ▶ **PO BOX 2406 - EDMOND, OK 73083**  
Telephone No. ▶ **405-348-7500** Fax No. ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2021**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
▶  calendar year **2020** or  
▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

2 If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	<b>94,000.</b>
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	<b>64,000.</b>
c <b>Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	<b>30,000.</b>

**Caution:** If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

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

Go to www.irs.gov/Form990PF for instructions and the latest information.

2020

Open to Public Inspection

Form 990-PF

Department of the Treasury  
Internal Revenue Service

For calendar year 2020 or tax year beginning

, and ending

Name of foundation <b>MASONIC CHARITY FOUNDATION OF OKLAHOMA</b>		A Employer identification number <b>73-6097262</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>P.O. BOX 2406</b>	Room/suite	B Telephone number <b>405-348-7500</b>
City or town, state or province, country, and ZIP or foreign postal code <b>EDMOND, OK 73083</b>		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) <b>\$ 105,848,108.</b>	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received	390,347.		N/A	
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	818.	818.		STATEMENT 1
	4 Dividends and interest from securities	2,408,931.	2,408,931.		STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	1,917,272.			
	b Gross sales price for all assets on line 6a	89,579,690.			
	7 Capital gain net income (from Part IV, line 2)		1,917,272.		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss)					
11 Other income	586,383.	586,383.		STATEMENT 3	
12 Total. Add lines 1 through 11	5,303,751.	4,913,404.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	179,006.	17,901.		161,105.
	14 Other employee salaries and wages	116,479.	0.		116,479.
	15 Pension plans, employee benefits	93,460.	0.		93,460.
	16a Legal fees STMT 4	3,194.	0.		3,194.
	b Accounting fees STMT 5	61,880.	0.		61,880.
	c Other professional fees				
	17 Interest				
	18 Taxes STMT 6	64,410.	4,293.		20,117.
	19 Depreciation and depletion	24,505.	24,505.		
	20 Occupancy				
	21 Travel, conferences, and meetings	1,232.	0.		1,232.
	22 Printing and publications	35,110.	0.		35,110.
	23 Other expenses STMT 7	365,752.	288,604.		77,148.
	24 Total operating and administrative expenses. Add lines 13 through 23	945,028.	335,303.		569,725.
	25 Contributions, gifts, grants paid	3,944,286.			3,944,286.
26 Total expenses and disbursements. Add lines 24 and 25	4,889,314.	335,303.		4,514,011.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	414,437.				
b Net investment income (if negative, enter -0-)		4,578,101.			
c Adjusted net income (if negative, enter -0-)			N/A		

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only.		Beginning of year	End of year		
		(a) Book Value	(b) Book Value	(c) Fair Market Value			
Assets	1	Cash - non-interest-bearing		3,038,504.	5,134,958.	5,134,958.	
	2	Savings and temporary cash investments		392,613.	284,486.	284,486.	
	3	Accounts receivable					
		Less: allowance for doubtful accounts					
	4	Pledges receivable					
		Less: allowance for doubtful accounts					
	5	Grants receivable					
	6	Receivables due from officers, directors, trustees, and other disqualified persons					
	7	Other notes and loans receivable					
		Less: allowance for doubtful accounts					
	8	Inventories for sale or use					
	9	Prepaid expenses and deferred charges					
	10a	Investments - U.S. and state government obligations	STMT 8		29,144,824.	13,012.	13,012.
	b	Investments - corporate stock	STMT 9		63,486,875.	93,280,326.	93,280,326.
	c	Investments - corporate bonds					
	11	Investments - land, buildings, and equipment: basis					
	Less: accumulated depreciation						
12	Investments - mortgage loans						
13	Investments - other	STMT 10		7,176,251.	6,753,427.	6,753,427.	
14	Land, buildings, and equipment: basis		757,302.				
	Less: accumulated depreciation	STMT 11	375,422.	313,702.	381,880.	381,880.	
15	Other assets (describe)	STATEMENT 12		19.	19.	19.	
16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)			103,552,788.	105,848,108.	105,848,108.	
Liabilities	17	Accounts payable and accrued expenses					
	18	Grants payable					
	19	Deferred revenue					
	20	Loans from officers, directors, trustees, and other disqualified persons					
	21	Mortgages and other notes payable					
	22	Other liabilities (describe)					
23	Total liabilities (add lines 17 through 22)			0.	0.		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 24, 25, 29, and 30.						
	24	Net assets without donor restrictions		85,919,990.	86,529,590.		
	25	Net assets with donor restrictions		17,632,798.	19,318,518.		
	Foundations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 26 through 30.						
	26	Capital stock, trust principal, or current funds					
	27	Paid-in or capital surplus, or land, bldg., and equipment fund					
	28	Retained earnings, accumulated income, endowment, or other funds					
29	Total net assets or fund balances			103,552,788.	105,848,108.		
30	Total liabilities and net assets/fund balances			103,552,788.	105,848,108.		

Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	103,552,788.
2	Enter amount from Part I, line 27a	2	414,437.
3	Other increases not included in line 2 (itemize) <b>NET UNREALIZED GAIN/LOSS</b>	3	1,880,883.
4	Add lines 1, 2, and 3	4	105,848,108.
5	Decreases not included in line 2 (itemize)	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29	6	105,848,108.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a PUBLICLY TRADED SECURITIES</b>	P		
b			
c			
d			
e			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a 89,579,690.		87,662,418.	1,917,272.
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			1,917,272.
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 .....	2	1,917,272.
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8	3	N/A

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

**SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE.**

1 Reserved	(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
	Reserved			
	Reserved			
	Reserved			
	Reserved			
	Reserved			
2 Reserved .....				2
3 Reserved .....				3
4 Reserved .....				4
5 Reserved .....				5
6 Reserved .....				6
7 Reserved .....				7
8 Reserved .....				8

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948 - see instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)			
b Reserved		1	63,636.
c All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)			
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		2	0.
3 Add lines 1 and 2		3	63,636.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		4	0.
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5	63,636.
6 Credits/Payments:			
a 2020 estimated tax payments and 2019 overpayment credited to 2020	6a	63,550.	
b Exempt foreign organizations - tax withheld at source	6b	0.	
c Tax paid with application for extension of time to file (Form 8868)	6c	30,000.	
d Backup withholding erroneously withheld	6d	0.	
7 Total credits and payments. Add lines 6a through 6d	7	93,550.	
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0.	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	29,914.	
11 Enter the amount of line 10 to be: Credited to 2021 estimated tax <input type="checkbox"/> 29,914. Refunded <input type="checkbox"/>	11	0.	

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition. If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
1c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T.		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	X	
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ OK		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2020 or the tax year beginning in 2020? See the instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X



**Part VII-A Statements Regarding Activities** (continued)

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► WWW.MCFOK.ORG	X	
14 The books are in care of ► JOHN L LOGAN Telephone no. ► 405-348-7500 Located at ► PO BOX 2406, EDMOND, OK ZIP+4 ► 73083		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here and enter the amount of tax-exempt interest received or accrued during the year		N/A
16 At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ►		X

**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

	Yes	No
1a During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here		N/A
1b		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020?		X
1c		
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2020, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2020? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ►		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.)		N/A
2b		
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ►		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2020.)		N/A
3b		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020?		X
4b		

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (continued)

		Yes	No
<b>5a</b> During the year, did the foundation pay or incur any amount to:			
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	<b>5b</b>	
Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>		
<b>c</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "Yes," attach the statement required by Regulations section 53.4945-5(d).			
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		<b>6b</b>	X
If "Yes" to 6b, file Form 8870.			
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	<b>7b</b>	
<b>8</b> Is the foundation 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?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

**Part VIII** Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

**1 List all officers, directors, trustees, and foundation managers and their compensation.**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 13		179,006.	0.	0.

**2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000 0

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."

Table with 3 columns: (a) Name and address of each person paid more than \$50,000, (b) Type of service, (c) Compensation. Rows include BANK OF OKLAHOMA, SELLWOOD CONSULTING, and UBS TRUMBULL.

Total number of others receiving over \$50,000 for professional services 0

Part IX-A Summary of Direct Charitable Activities

Table with 2 columns: Description of activity and Expenses. Row 1 contains 'N/A'.

Part IX-B Summary of Program-Related Investments

Table with 2 columns: Description of investment and Amount. Row 1 contains 'N/A'.

Total. Add lines 1 through 3 0.

**Part X Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:			
a	Average monthly fair market value of securities	1a	94,937,699.
b	Average of monthly cash balances	1b	2,395,891.
c	Fair market value of all other assets	1c	680,188.
d	<b>Total</b> (add lines 1a, b, and c)	1d	98,013,778.
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	98,013,778.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,470,207.
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	96,543,571.
6	<b>Minimum investment return.</b> Enter 5% of line 5	6	4,827,179.

**Part XI Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here  and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	4,827,179.
2a	Tax on investment income for 2020 from Part VI, line 5	2a	63,636.
b	Income tax for 2020. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	63,636.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	4,763,543.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	4,763,543.
6	Deduction from distributable amount (see instructions)	6	0.
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	4,763,543.

**Part XII Qualifying Distributions** (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			
a	Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	4,514,011.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the:			
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	4,514,011.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b	5	0.
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	6	4,514,011.

**Note:** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

**Part XIII** Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
<b>1</b> Distributable amount for 2020 from Part XI, line 7				4,763,543.
<b>2</b> Undistributed income, if any, as of the end of 2020:				
<b>a</b> Enter amount for 2019 only			1,043,435.	
<b>b</b> Total for prior years:		0.		
<b>3</b> Excess distributions carryover, if any, to 2020:				
<b>a</b> From 2015				
<b>b</b> From 2016				
<b>c</b> From 2017				
<b>d</b> From 2018				
<b>e</b> From 2019				
<b>f</b> Total of lines 3a through e	0.			
<b>4</b> Qualifying distributions for 2020 from Part XII, line 4: ▶ \$ 4,514,011.				
<b>a</b> Applied to 2019, but not more than line 2a			1,043,435.	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions)		0.		
<b>c</b> Treated as distributions out of corpus (Election required - see instructions)	0.			
<b>d</b> Applied to 2020 distributable amount				3,470,576.
<b>e</b> Remaining amount distributed out of corpus	0.			
<b>5</b> Excess distributions carryover applied to 2020 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.			0.
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		0.		
<b>c</b> Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
<b>e</b> Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
<b>f</b> Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021				1,292,967.
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	0.			
<b>8</b> Excess distributions carryover from 2015 not applied on line 5 or line 7	0.			
<b>9</b> Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a	0.			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2016				
<b>b</b> Excess from 2017				
<b>c</b> Excess from 2018				
<b>d</b> Excess from 2019				
<b>e</b> Excess from 2020				

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9) N/A

**1 a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling ▶

**b** Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
<b>2 a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
<b>b</b> 85% of line 2a					
<b>c</b> Qualifying distributions from Part XII, line 4, for each year listed					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test - enter:					
<b>(1)</b> Value of all assets					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed					
<b>c</b> "Support" alternative test - enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)**

**1 Information Regarding Foundation Managers:**  
**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**  
 Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d.

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed:

**SEE STATEMENT 14**

**b** The form in which applications should be submitted and information and materials they should include:

**c** Any submission deadlines:

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

**Part XV** Supplementary Information *(continued)*

<b>3 Grants and Contributions Paid During the Year or Approved for Future Payment</b>				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
<b>a Paid during the year</b>				
CAVETT KIDS FOUNDATION 3801 N CLASSEN BLVD STE 300 OKLAHOMA CITY, OK 73118		PUBLIC CHARITY	SERVE CHILDREN WITH VARIOUS LIFE-THREATENING AND CHRONIC ILLNESSES	20,000.
CHARITY FDN PUBLIC ED PO BOX 2406 EDMOND, OK 73083-2406		PRIVATE FDN	ASSISTANCE FOR COMMUNITY	4,000.
CHILDREN'S CENTER 6800 NW 39TH EXPRESSWAY BETHANY, OK 73008		PUBLIC CHARITY	MEDICAL EQUIPMENT FOR CHILDREN'S CENTER	100,000.
COMMUNITY FOOD BANK OF EASTERN OKLAHOMA 1304 N KENOSHA AVE TULSA, OK 74106		PUBLIC CHARITY	FEED THE HUNGRY OF EASTERN OKLAHOMA	7,000.
DEMOLAY PO BOX 2406 EDMOND, OK 73083-2406		PRIVATE FDN	OK MASONIC YOUTH ORG ANNUAL DONATION	124,584.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>3,944,286.</b>
<b>b Approved for future payment</b>				
NONE				
<b>Total</b>				<b>0.</b>







**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
GWMNM 101 CALLAHAN DRIVE ALEXANDRIA, VA 22301		PUBLIC CHARITY	SUPPORT OF THE GEORGE WASHINGTON MASONIC NATIONAL MUSEUM	70,135.
HEARTS FOR HEARING 11500 N PORTLAND AVE OKLAHOMA CITY, OK 73120		PUBLIC CHARITY	CHILDREN'S AUDIOLOGY CARE	25,000.
JOBS DAUGHTERS PO BOX 2406 EDMOND, OK 73083-2406		PRIVATE FDN	OK MASONIC YOUTH ORG ANNUAL DONATION	6,681.
JUNIOR ACHIEVEMENT OF OKLAHOMA 211 N ROBINSON AVE #201 OKLAHOMA CITY, OK 73102		PUBLIC CHARITY	GRANT FOR RURAL SCHOOL PROGRAM	50,000.
MASONIC CHARITY FDN MATCHING FUNDS PROGRAM PO BOX 2406 EDMOND, OK 73083-2406		PRIVATE FDN	ASSISTANCE FOR EDUCATION & COMMUNITY	1,278,091.
MASONIC CHARITY FDN PUBLIC CHARITY PO BOX 2406 EDMOND, OK 73083-2406		PRIVATE FDN	ASSISTANCE FOR COMMUNITY	68,626.
MASONIC CHARITY FND INDIVIDUAL SCHOLARSHIP YOUTH PROGRAM PO BOX 2406 EDMOND, OK 73083-2406		PRIVATE FDN	71 RECIPIENTS PLUS EXPENSES	200,186.
MASONIC CHARITY FND SENIOR ESSAY CONTEST PO BOX 2406 EDMOND, OK 73083-2406		PRIVATE FDN	36 RECIPIENTS PLUS EXPENSES	26,409.
MASONIC INFORMATION CENTER 8120 FENTON STREET SILVER SPRING, MO 20910-4785		PUBLIC CHARITY	SUPPORT OF MASONIC EDUCATION TO PUBLIC	1,500.
MASONIC SERVICE ASSN 8125 FENTON STREET SILVER SPRING, MD 20910-4785		PUBLIC CHARITY	SUPPORT FOR DISASTER RELIEF, ETC.	5,093.
<b>Total from continuation sheets</b>				<b>3,688,702.</b>

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
MCF'S STUDENT AND TEACHER OF TODAY PROGRAMS PO BOX 2406 EDMOND, OK 73083-2406		PRIVATE FDN	ASSISTANCE FOR EDUCATION & COMMUNITY	1,931.
OK ALLIANCE FOR ARTS ED PO BOX 1275 JENKS, OK 74037-1275		PUBLIC CHARITY	DOE ARTS OF EXCELLENCE CEREMONY	8,200.
OK ASSN AREAS AGCY AGING 719 WEST MAINE ENID, OK 73701-5413		PUBLIC CHARITY	DIRECT SERVICES TO THE ELDERLY	760,638.
OKLAHOMA STATE SUPERINTENDENT'S TEACHER OF THE YEAR PROGRAM 2500 N LINCOLN BLVD OKLAHOMA CITY, OK 73105		HIGHER ED FD	1 RECIPIENTS PLUS EXPENSES	67.
PAYNE EDUCATION CENTER 3240 WEST BRITTON ROAD OKLAHOMA CITY, OK 73120		PUBLIC CHARITY	SCHOLARSHIPS FOR OKLAHOMA TEACHERS	130,000.
PM GRANTS PO BOX 2406 EDMOND, OK 73083-2406		PRIVATE FDN	ASSISTANCE FOR EDUCATION & COMMUNITY	27,156.
REGIONAL FOOD BANK 3355 S. PURDUE OKLAHOMA CITY, OK 73137		PUBLIC CHARITY	ASSISTANCE FOR EDUCATION & COMMUNITY	64,839.
VIZAVANCE 6 NE 63RD OKLAHOMA CITY, OK 73105		PUBLIC CHARITY	VISION SCREENING CHILDREN IN PUB SCH	290,000.
YMCA 7130 AIR CARGO RD OKLAHOMA CITY, OK 73159		PUBLIC CHARITY	MILITARY WELCOME CENTER	10,000.
UNIVERSITY OF SCIENCE & ARTS OF OKLAHOMA FOUNDATION 1727 W ALABAMA CHICKASHA, OK 73018		PUBLIC CHARITY	SUPPORT GENERAL SCHOLARSHIP AWARDS AND PROGRAM COSTS	5,000.
<b>Total from continuation sheets .....</b>				

**Part XV** Supplementary Information

**3 Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
NEWVIEW OKLAHOMA 501 N DOUGLAS AVE OKLAHOMA CITY, OK 73106		PUBLIC CHARITY	SUPPORT NEWVIEWS MISSION TO ENABLE TO BLIND TO REACH INDEPENDENCE	256,650.
AUTISM CENTER FOUNDATION 3901 NW 63RD ST OKLAHOMA CITY, OK 73116		PUBLIC CHARITY	TO HELP CHILDREN WITH AUTISM THROUGH INTERNSHIPS, COACHING, MENTORING PROGRAMS	25,000.
OKLAHOMA 4-H 205 4-H YOUTH DEVELOPMENT BUILDING STILLWATER, OK 74078		PUBLIC CHARITY	SUPPORT YOUTH DEVELOPMENT IN OKLAHOMA	100,000.
DALE K. GRAHAM VETERANS FOUNDATION 1268 N INTERSTATE DR NORMAN, OK 73072		PUBLIC CHARITY	TO ASSIST VETERANS WITH ADMINISTRATION CLAIMS PROCESS	25,000.
NEXTGEN UNDER 30 FOUNDATION 3240 W BRITTON RD STE 101 OKLAHOMA CITY, OK 73120		PUBLIC CHARITY	TO RECOGNIZE MILLENNIAL LEADERS IN OKLAHOMA	2,500.
OKLAHOMA MEDICAL RESEARCH FOUNDATION 825 NE 13TH STREET OKLAHOMA CITY, OK 73104		PUBLIC CHARITY	DEVELOP A BETTER UNDERSTANDING OF MORE EFFECTIVE TREATMENTS FOR HUMAN DISEASE	250,000.
<b>Total from continuation sheets</b> .....				

**Schedule B**

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2020**

Name of the organization

Employer identification number

**MASONIC CHARITY FOUNDATION OF OKLAHOMA**

**73-6097262**

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( ) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... ▶ \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization <b>MASONIC CHARITY FOUNDATION OF OKLAHOMA</b>	Employer identification number <b>73-6097262</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	GERTRUDE MOORE TESTAMENTARY TRUST PO BOX 5555 MCALLEN, TX 78502-5555	\$ 22,359.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ROBERT G. MORELAND REVOCABLE TRUST 400 MARKET STREET CANTON, OH 44702	\$ 10,243.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	CLYDE R. EVANS ESTATE PO BOX 21708 OKLAHOMA CITY, OK 73156	\$ 62,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	THROCKMORTON CHARITABLE TRUST PO BOX 2406 EDMOND, OK 73083	\$ 7,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	ARTHUR JOHN EASTWOOD TRUST 3801 VIA DE LA URRACA GREEN VALLEY, AZ 85614	\$ 9,986.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	ESTATE OF WILLIAM AND MARILYN CAMMACK PO BOX 2406 EDMOND, OK 73083	\$ 88,996.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization <b>MASONIC CHARITY FOUNDATION OF OKLAHOMA</b>	Employer identification number <b>73-6097262</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization <b>MASONIC CHARITY FOUNDATION OF OKLAHOMA</b>	Employer identification number <b>73-6097262</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	



FORM 990-PF INTEREST ON SAVINGS AND TEMPORARY CASH INVESTMENTS STATEMENT 1

SOURCE	(A) REVENUE PER BOOKS	(B) NET INVESTMENT INCOME	(C) ADJUSTED NET INCOME
NOW INTEREST	818.	818.	
TOTAL TO PART I, LINE 3	818.	818.	

FORM 990-PF DIVIDENDS AND INTEREST FROM SECURITIES STATEMENT 2

SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
DIVIDENDS	1,534,909.	0.	1,534,909.	1,534,909.	
INVESTMENT INTEREST	874,022.	0.	874,022.	874,022.	
TO PART I, LINE 4	2,408,931.	0.	2,408,931.	2,408,931.	

FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
ROYALTIES	585,428.	585,428.	
FIDUCIARY FEE INCOME	171.	171.	
MISCELLANEOUS INCOME	784.	784.	
TOTAL TO FORM 990-PF, PART I, LINE 11	586,383.	586,383.	

FORM 990-PF LEGAL FEES STATEMENT 4

DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
LEGAL AND PROFESSIONAL EXPENSE	3,194.	0.		3,194.
TO FM 990-PF, PG 1, LN 16A	3,194.	0.		3,194.

FORM 990-PF	ACCOUNTING FEES			STATEMENT 5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ACCOUNTING EXPENSE	61,880.	0.		61,880.
TO FORM 990-PF, PG 1, LN 16B	61,880.	0.		61,880.

FORM 990-PF	TAXES			STATEMENT 6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
FOREIGN TAX	3,145.	3,145.		0.
MINERAL TAXES	881.	881.		0.
REAL ESTATE TAXES	267.	267.		0.
PAYROLL TAXES	20,117.	0.		20,117.
EXCISE TAX	40,000.	0.		0.
TO FORM 990-PF, PG 1, LN 18	64,410.	4,293.		20,117.

FORM 990-PF	OTHER EXPENSES			STATEMENT 7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
ADMINISTRATIVE EXPENSE	120.	0.		120.
BANK CHARGES	1,885.	0.		1,885.
COMPUTER EXPENSE	14,537.	0.		14,537.
INSURANCE	13,007.	0.		13,007.
MANAGEMENT FEE	288,604.	288,604.		0.
MISCELLANEOUS EXPENSES	111.	0.		111.
OFFICE SUPPLIES	7,155.	0.		7,155.
POSTAGE	4,630.	0.		4,630.
PROPERTY MAINTENANCE	16,819.	0.		16,819.
REPAIRS AND EQUIPMENT	605.	0.		605.
TELEPHONE	7,777.	0.		7,777.
TRAINING AND MEMBERSHIPS	403.	0.		403.
UTILITIES	10,099.	0.		10,099.
TO FORM 990-PF, PG 1, LN 23	365,752.	288,604.		77,148.

FORM 990-PF U.S. AND STATE/CITY GOVERNMENT OBLIGATIONS STATEMENT 8

DESCRIPTION	U.S. GOV'T	OTHER GOV'T	BOOK VALUE	FAIR MARKET VALUE
US SAVINGS BOND	X		13,012.	13,012.
TOTAL U.S. GOVERNMENT OBLIGATIONS			13,012.	13,012.
TOTAL STATE AND MUNICIPAL GOVERNMENT OBLIGATIONS				
TOTAL TO FORM 990-PF, PART II, LINE 10A			13,012.	13,012.

FORM 990-PF CORPORATE STOCK STATEMENT 9

DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
CORPORATE STOCK	93,280,326.	93,280,326.
TOTAL TO FORM 990-PF, PART II, LINE 10B	93,280,326.	93,280,326.

FORM 990-PF OTHER INVESTMENTS STATEMENT 10

DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
INVESTMENT IN LIMITED PARTNERSHIP	COST	6,752,636.	6,752,636.
MINERAL RIGHTS	COST	775.	775.
REAL ESTATE	COST	16.	16.
TOTAL TO FORM 990-PF, PART II, LINE 13		6,753,427.	6,753,427.

FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 11

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
ACCOUNTING SOFTWARE	6,000.	6,000.	0.
COMPUTER(3)-WORKROOM, HP LAPTOP	3,727.	3,727.	0.
SERVER SOFTWARE	540.	540.	0.
BUILDING	359,833.	269,879.	89,954.
PARKING LOT ADDITION	20,987.	20,987.	0.
SERVER	12,024.	12,024.	0.
CARPET/LINOLEUM-NORTHCUTT	13,083.	13,083.	0.
MELODIE PC	1,008.	1,008.	0.
DELL LAPTOP	673.	673.	0.
SIDEWALK, PICNIC PAD	4,332.	1,589.	2,743.
CABLE/ELEC/LED FIXTURE INSTALL	1,793.	293.	1,500.
INTAACT ACCOUNTING SOFTWARE	8,730.	8,730.	0.
PROJECTOR	906.	815.	91.
HVAC UNIT, SOUTH SIDE	7,162.	910.	6,252.
POSTAGE MACHINE	1,826.	1,369.	457.
XEROX C8045H2 COPIER	12,414.	7,656.	4,758.
SAMSUNG REFRIGERATOR	1,228.	738.	490.
LAND	147,457.	0.	147,457.
SPRINKLER SYSTEM REPLACEMENT	2,520.	336.	2,184.
HVAC UNIT, 2 OF 3	7,162.	650.	6,512.
HVAC UNIT, 3 OF 3	8,018.	730.	7,288.
2018 FORD EXPLORER	36,443.	18,224.	18,219.
3 PCS (JOHN/JULIE/ETHEL)	3,974.	1,987.	1,987.
BECKY PC	1,030.	515.	515.
TAG, TAX, & TITLE	1,750.	700.	1,050.
ROOF REPLACEMENT	84,946.	1,635.	83,311.
OFFICE CHAIRS	1,169.	468.	701.
DELL LATITUDE LAPTOP	1,566.	157.	1,409.
<b>TOTAL TO FM 990-PF, PART II, LN 14</b>	<b>752,301.</b>	<b>375,423.</b>	<b>376,878.</b>

FORM 990-PF OTHER ASSETS STATEMENT 12

DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
ENTAILED BEQUESTS	15.	15.	15.
INSURANCE POLICIES	4.	4.	4.
<b>TO FORM 990-PF, PART II, LINE 15</b>	<b>19.</b>	<b>19.</b>	<b>19.</b>

FORM 990-PF

PART VIII - LIST OF OFFICERS, DIRECTORS  
TRUSTEES AND FOUNDATION MANAGERS

STATEMENT 13

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
BEDFORD ROWLAND JR. 1104 CANTERBURY BLVD ALTUS, OK 73521	DIRECTOR 1.00	0.	0.	0.
BOBBY LAWS 1202 N. HUDSON ALTUS, OK 73521	DIRECTOR 1.00	0.	0.	0.
CHARLES CALLAHAN PO BOX 1254 BLANCHARD, OK 73010	2ND VICE PRESIDENT 1.00	0.	0.	0.
CHARLES STUCKEY 132 ROADRUNNER DRIVE PONCA CITY, OK 74604	DIRECTOR 1.00	0.	0.	0.
D. RIDGE SMITH PO BOX 851123 YUKON, OK 73085	DIRECTOR 1.00	0.	0.	0.
DAVID RAY 11921 MAPLE VALLEY DRIVE OKLAHOMA CITY, OK 73170	DIRECTOR 1.00	0.	0.	0.
DON STANTON 6729 S 223RD EAST AVE BROKEN ARROW, OK 74014	DIRECTOR 1.00	0.	0.	0.
GENE MCKELVEY 6704 NW 61ST ST. WARR ACRES, OK 73122	DIRECTOR 1.00	0.	0.	0.
JACK PAINTER 19498 E 650 RD HENNESSEY, OK 73742	DIRECTOR 1.00	0.	0.	0.
JOHN ALLFORD PO BOX 3361 MCALESTER, OK 74502	DIRECTOR 1.00	0.	0.	0.

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JOHN CHURCH 11904 S RANGE RD PERKINS, OK 74059	DIRECTOR 1.00	0.	0.	0.
JOHN LOGAN 13913 KIRKLAND RIDGE EDMOND, OK 73013	EXECUTIVE DIRECTOR 40.00	179,006.	0.	0.
LANNY SANDER PO BOX 141 SEILING, OK 73663	DIRECTOR 1.00	0.	0.	0.
MATTHEW CARGILL PO BOX 472150 TULSA, OK 74147	DIRECTOR 1.00	0.	0.	0.
MICHAEL MAXEY 4339 E 58TH PLACE TULSA, OK 74135	DIRECTOR 1.00	0.	0.	0.
NEIL STITT 710 W. BROADWAY ARDMORE, OK 73401	1ST VICE PRESIDENT 1.00	0.	0.	0.
RICHARD ALLISON 2502 WILDWOOD ENID, OK 73703	DIRECTOR 1.00	0.	0.	0.
ROBERT DAVIS 411 E NOBLE GUTHRIE, OK 73044	SECRETARY 1.00	0.	0.	0.
RONALD CHAMBERS 8301 E LANSING STREET BROKEN ARROW, OK 74014	TREASURER 1.00	0.	0.	0.
THEDA WISE 10230 BENTHAM WAY YUKON, OK 73099	DIRECTOR 1.00	0.	0.	0.
TIMOTHY ISRAEL PO BOX 1596 ELK CITY, OK 73648	DIRECTOR 1.00	0.	0.	0.
WILLIAM CLOUD PO BOX 651 BLANCHARD, OK 73010	PRESIDENT 1.00	0.	0.	0.

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73-6097262

TOTALS INCLUDED ON 990-PF, PAGE 6, PART VIII

<u>179,006.</u>	<u>0.</u>	<u>0.</u>
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FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION  
PART XV, LINES 2A THROUGH 2D

STATEMENT 14

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NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

---

MASONIC CHARITY FOUNDATION OF OKLAHOMA  
PO BOX 2406  
EDMOND, OK 73083

TELEPHONE NUMBER

---

405-348-7500

FORM AND CONTENT OF APPLICATIONS

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THE APPLICATION MUST BE MADE IN AN APPROVED FORMAT, AND MUST SPECIFY  
PURPOSE AND NEED.

ANY SUBMISSION DEADLINES

---

NO SPECIFIC DEADLINES ARE APPLICABLE

RESTRICTIONS AND LIMITATIONS ON AWARDS

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SUPPORT OF CHARITABLE, BENEVOLENT, EDUCATIONAL, AND PHILANTHROPIC  
ORGANIZATIONS OR PURPOSES



## GENERAL EXPLANATION

STATEMENT 15

## FORM/LINE IDENTIFIER AND DESCRIPTION/RETURN REFERENCE

## PART II LINE 10B - DETAIL TO SUPPORT LINE 10B

## EXPLANATION:

## SECURITIES DESCRIPTION, TOTAL MARKET VALUE

FHLMC SER 1239 CL J 23.09  
 FNR SER 2013-41 CL WS 737,407.04  
 FNR SER 2013-73 CL JS 363,082.61  
 FNR SER 2016-24 CL HA 1,134,621.89  
 FNR SER 2017-60 CL MT 62,552.87  
 FHR SER 4118 CL SC 849,204.81  
 FHR SER 4178 CL CS 103,543.92  
 FHR SER 4932 CL KF 1,405,307.75  
 FHR SER 4932 CL KS 114,774.83  
 FHR SER 4956 CL KT 673,047.88  
 GNR SER 2004-106 CL SB 249,113.55  
 GNR SER 2004-106 CL CS 0.13  
 GNR SER 2009-57 CL DS 242,728.96  
 GNR SER 2009-94 CL MS 558,264.55  
 GNMA SER 2012 130 CL SA 905,303.27  
 GNMA SER 2012 141 CL WC 273,769.70  
 GNR SER 2012-106 CL US 1,896,975.17  
 GNR SER 2013-71 CL DS 1,340,021.91  
 GNR SER 2013-82 CL NS 2,656,380.20  
 GNR SER 2013-79 CL US 10,406.55  
 GNR SER 2013-88 CL LS 1,098,084.95  
 GNR SER 2014-142 CL UW 67,201.14  
 GNR SER 2016-17 CL GS 2,481,210.60  
 GNR SER 2016-141 CL KB 386,810.75  
 GNR SER 2017-101 CL UT 633,756.93  
 GNR SER 2019-44 CL DL 123,100.88  
 GNMA SER 9 CL 65 857,100.88  
 GNR SER 2019-70 CL US 335,545.27  
 GNR SER 2019-86 CL FT 249,222.12  
 GNR SER 2019-111 CL TE 588,283.07  
 GNR SER 2020-134 CL XL 794,756.61  
 GNR SER 2020-149 CL WG 985,446.20  
 GNMA II POOL #MA4516 210,744.29

TOTAL ISO HILLTOP 22,387,794.37

## SECURITIES DESCRIPTION, TOTAL MARKET VALUE

RAYONIER INC REIT 528.84  
 DFA GLBL R/E SECURITIES-I #5416 2,840,245.26  
 DFA GLBL R/E SECURITIES-I #5416 463,617.57  
 DFA GLBL R/E SECURITIES-I #5416 171,311.89  
 DODGE & COX INTL STK #1048 7,275,487.49  
 DODGE & COX INTL STK #1048 1,262,332.71  
 DODGE & COX INTL STK #1048 464,706.67  
 JENSEN QUALITY GRWTH-Y #6299 7,525,608.50

JENSEN QUALITY GRWTH-Y #6299 1,332,834.02  
 JENSEN QUALITY GRWTH-Y #6299 477,270.38  
 MFS INTL EQ-INST #0403 7,348,131.77  
 MFS INTL EQ-INST #0403 1,449,605.09  
 MFS INTL EQ-INST #0403 448,828.05  
 VANGUARD EQ INC-ADM #0565 6,664,122.68  
 VANGUARD EQ INC-ADM #0565 1,215,034.78  
 VANGUARD EQ INC-ADM #0565 412,063.42  
 VANGUARD INSTL INDX-INST #0094 8,371,167.45  
 VANGUARD INSTL INDX-INST #0094 1,486,450.37  
 VANGUARD INSTL INDX-INST #0094 497,834.46  
 BLACKROCK MULTI-ASSET INC-K #1981 4,978,169.21  
 BLACKROCK MULTI-ASSET INC-K #1981 875,921.34  
 BLACKROCK MULTI-ASSET INC-K #1981 280,419.95  
 VANGUARD TOT BD MKT INDX-INST #0222 1,754,108.30  
 VANGUARD TOT BD MKT INDX-INST #0222 520,506.90  
 VANGUARD TOT BD MKT INDX-INST #0222 301,236.87

TOTAL MUTUAL FUNDS 58,417,543.97

SECURITIES DESCRIPTION, TOTAL MARKET VALUE

CORE-MARK HOLDING CO INC 37,476.12  
 GILDAN ACTIVEWEAR INC 31,903.39  
 PAPA JOHN'S INTL INC 24,012.55  
 QUOTIENT TECHNOLOGY INC 38,292.30  
 REV GROUP INC 45,750.33  
 SP PLUS CORP 38,142.09  
 SIX FLAGS ENTERTAINMENT 125,488.00  
 TAPESTRY INC NPV 69,557.04  
 UNDER ARMOUR INC-CLASS A 95,087.46  
 HAIN CELESTIAL GROUP INC 282,776.45  
 INTER PARFUMS INC 30,910.39  
 PILGRIM'S PRIDE CORP 21,159.19  
 TREEHOUSE FOODS INC 119,566.86  
 DRIL-QUIP INC 53,789.92  
 HELMERICH & PAYNE 39,997.32  
 NEXTIER OILFIELD SOLUTIONS INC 17,839.84  
 PDC ENERGY INC 61,590.00  
 WPX ENERGY INC 42,640.80  
 COMMUNITY BANK SYSTEM INC 61,811.52  
 COUSINS PROPERTIES INC REIT 25,929.00  
 EMPIRE STATE REALTY TRUST INC REIT 35,816.76  
 ENTERPRISE FINANCIAL SERVICE 55,221.00  
 EQUITY COMMONWEALTH REIT 259,296.40  
 FIRST BUSEY CORP 46,030.80  
 GLACIER BANCORP INC 68,462.88  
 HURON CONSULTING GROUP INC 43,328.25  
 INVESTORS BANCORP INC 55,799.04  
 LAKELAND FINANCIAL CORP 82,941.84  
 NATIONAL BANK HOLDINGS CORP 96,347.16  
 PHYSICIANS REIT 54,859.60  
 RENASANT CORP 65,305.52  
 SEACOAST BANKING CORP OF FLORIDA 100,660.10  
 UMPQUA HOLDINGS CORP 96,835.44  
 UNITED COMMUNITY BANKS INC 104,858.28  
 WESBANCO INC 54,796.84  
 ALKERMES PLC 26,573.40  
 ANGIODYNAMICS INC 22,105.86  
 CHEMBIO DIAGNOSTICS INC 11,020.00

HAEMONETICS CORP/MASS 29,568.75  
 ICU MEDICAL INC 87,726.41  
 MAGELLAN HEALTH, INC. 221,182.80  
 MEDNAX INC 133,055.88  
 ORTHOFIX MEDICAL INC 287,622.16  
 AAR CORP 77,184.82  
 AZZ INC 77,849.04  
 ASTEC INDUSTRIES INC 60,079.44  
 BEACON ROOFING SUPPLY INC 28,976.99  
 CIRCOR INTERNATIONAL INC 70,422.08  
 COLUMBUS MCKINNON CORP/NY 55,353.60  
 ENERSYS 134,806.38  
 QUANEX BUILDING PRODUCTS 80,144.55  
 REGAL BELOIT 315,498.89  
 SPX CORP 168,419.52  
 STERLING CONSTRUCTION CO 59,645.05  
 CSG SYSTEMS INTL INC 44,889.72  
 COMMVault SYSTEMS INC 24,196.69  
 CONDUENT INC 24,489.60  
 EVOLent HEALTH INC 22,938.93  
 FARO TECHNOLOGIES INC 197,905.26  
 NCR CORPORATION 448,247.67  
 PROGRESS SOFTWARE CORP 225,001.01  
 COEUR MINING INC 16,218.45  
 COMPASS MINERALS INTERNATION 103,381.00  
 ELEMENT SOLUTIONS INC 35,442.27  
 FERRO CORP 38,857.28  
 GLATFELTER CORP 105,159.60  
 SCHNITZER STEEL INDS INC-A 46,843.88  
 SILGAN HOLDINGS INC 77,571.36  
 SIERRA WIRELESS INC 46,562.07  
 ALLETE INC 67,514.60  
 CALIFORNIA WATER SERVICE GRP 51,814.77  
 NEW JERSEY RESOURCES CORP 64,274.40  
 PNM RESOURCES INC 74,299.43  
 DUE FROM BROKERS 6,346.76  
 DUE TO BROKERS -8,038.63

TOTAL SBH 6,145,432.22

SECURITIES DESCRIPTION, TOTAL MARKET VALUE

COHEN & STEERS LP - COHEN & STEERS 6,421,764.96  
 CHEVRON STOCK 272,715.00

SUMMARY OF SECURITIES:

FUND	TOTAL PER FUND	MASONIC	*THROCKMORTON
ISO HILLTOP	22,387,794	22,148,860	238,934
MUTAL FUNDS	58,417,544	58,417,544	
SBH SMALL CAP	6,145,432	6,145,432	
COHEN & STEERS	6,421,765	6,355,099	66,666
CHEVRON STOCK	272,715	272,715	
<b>TOTAL</b>	<b>93,645,251</b>	<b>93,339,650</b>	<b>305,600</b>

\*FLOYD THROCKMORTON TESTIMENTARY CHARITABLE TRUST MASONIC CHARITY FOUNDATION OF OKLAHOMA ASSETS ARE REPORTED ON FORM 990 (EIN: 73-6202955)

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
4	ACCOUNTING SOFTWARE	06/21/05	SL	5.00		16	6,000.				6,000.	6,000.		0.	6,000.
9	COMPUTER(3)-WORKROOM, HP LAPTOP	07/03/05	SL	5.00		16	3,727.				3,727.	3,727.		0.	3,727.
10	SERVER SOFTWARE	01/01/13	SL	5.00		16	540.				540.	540.		0.	540.
12	BUILDING	06/13/05	SL	40.00		16	359,833.				359,833.	260,883.		8,996.	269,879.
13	PARKING LOT ADDITION	06/15/05	SL	20.00		16	20,987.				20,987.	20,987.		0.	20,987.
15	SERVER	01/01/13	SL	5.00		16	12,024.				12,024.	12,024.		0.	12,024.
16	CARPET/LINOLEUM-NORTHCUTT	01/31/13	SL	7.00		16	13,083.				13,083.	13,083.		0.	13,083.
18	MELODIE PC	06/30/14	SL	5.00		16	1,008.				1,008.	1,008.		0.	1,008.
20	DELL LAPTOP	12/31/14	SL	5.00		16	673.				673.	673.		0.	673.
21	SIDEWALK, PICNIC PAD	10/08/15	SL	15.00		16	4,332.				4,332.	1,300.		289.	1,589.
23	CABLE/ELEC/LED FIXTURE INSTALL	10/11/16	SL	27.50	MM	16	1,793.				1,793.	228.		65.	293.
24	INTFAACT ACCOUNTING SOFTWARE	03/11/16	SL	3.00		16	8,730.				8,730.	8,730.		0.	8,730.
25	PROJECTOR	07/28/16	SL	5.00		16	906.				906.	634.		181.	815.
26	HVAC UNIT, SOUTH SIDE	06/21/17	SL	27.50	MM	16	7,162.				7,162.	650.		260.	910.
27	POSTAGE MACHINE	04/05/17	SL	5.00		16	1,826.				1,826.	1,004.		365.	1,369.
28	XEROX C8045H2 COPIER	11/30/17	SL	5.00		16	12,414.				12,414.	5,173.		2,483.	7,656.
29	SAMSUNG REFRIGERATOR	12/28/17	SL	5.00		16	1,228.				1,228.	492.		246.	738.
30	LAND	01/01/90	L				147,457.				147,457.			0.	

028111 04-01-20

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

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Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
31	SPRINKLER SYSTEM REPLACEMENT	12/31/18	SL	15.00		16	2,520.				2,520.	168.		168.	336.
32	HVAC UNIT, 2 OF 3	12/31/18	SL	27.50	MM	16	7,162.				7,162.	390.		260.	650.
33	HVAC UNIT, 3 OF 3	12/31/18	SL	27.50	MM	16	8,018.				8,018.	438.		292.	730.
34	2018 FORD EXPLORER	12/03/18	SL	5.00		21	36,443.				36,443.	10,935.		7,289.	18,224.
35	3 PCS (JOHN/JULIE/ETHEL)	03/20/18	SL	5.00		16	3,974.				3,974.	1,192.		795.	1,987.
38	BECKY PC	12/31/18	SL	5.00		16	1,030.				1,030.	309.		206.	515.
39	TAG, TAX, & TITLE	01/01/19	SL	5.00		16	1,750.				1,750.	350.		350.	700.
40	ROOF REPLACEMENT	08/04/20	SL	27.50		16	84,946.				84,946.			1,635.	1,635.
41	OFFICE CHAIRS	03/18/20	SL	5.00		16	1,169.				1,169.			468.	468.
42	DELL LATITUDE LAPTOP	04/03/20	SL	5.00		16	1,566.				1,566.			157.	157.
	* TOTAL 990-PF PG 1 DEPR						752,301.				752,301.	350,918.		24,505.	375,423.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						664,620.			0.	664,620.	350,918.			373,163.
	ACQUISITIONS						87,681.			0.	87,681.	0.			2,260.
	DISPOSITIONS/RETIRED						0.			0.	0.	0.			0.
	ENDING BALANCE						752,301.			0.	752,301.	350,918.			375,423.
	ENDING ACCUM DEPR											375,423.			

028111 04-01-20

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2020 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-PF PAGE 1

990-PF

Asset No.	Description	Date Acquired	Method	Life	Conv	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction in Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	ENDING BOOK VALUE											376,878.			

**Depreciation and Amortization**  
(Including Information on Listed Property) **990-PF**

Department of the Treasury  
Internal Revenue Service (99)  
Name(s) shown on return

▶ Attach to your tax return.  
▶ Go to [www.irs.gov/Form4562](http://www.irs.gov/Form4562) for instructions and the latest information.

Business or activity to which this form relates

Identifying number

**MASONIC CHARITY FOUNDATION OF OKLAHOMA** **FORM 990-PF PAGE 1** **73-6097262**

**Part I Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,040,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,590,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2019 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2021. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	17,216.

**Part III MACRS Depreciation (Don't include listed property. See instructions.)**

**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2020	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

**Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System**

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L	
		/			MM	S/L	

**Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System**

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	30-year	/		30 yrs.	MM	S/L	
d	40-year	/		40 yrs.	MM	S/L	

**Part IV Summary (See instructions.)**

21	Listed property. Enter amount from line 28	21	7,289.
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	24,505.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)  
 Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

24a Do you have evidence to support the business/investment use claimed?  Yes  No 24b If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
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25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use ..... 25

26 Property used more than 50% in a qualified business use:

2018 FORD		%						
EXPLORER	120318	100.00 %	36,443.	36,443.	5.00	SL -HY	7,289.	
		%						

27 Property used 50% or less in a qualified business use:

		%				S/L -		
		%				S/L -		
		%				S/L -		

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 ..... 28 7,289.

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 ..... 29

**Section B - Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle 1		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
30 Total business/investment miles driven during the year (don't include commuting miles) .....												
31 Total commuting miles driven during the year ...												
32 Total other personal (noncommuting) miles driven .....												
33 Total miles driven during the year. Add lines 30 through 32 .....												
34 Was the vehicle available for personal use during off-duty hours? .....												
35 Was the vehicle used primarily by a more than 5% owner or related person? .....												
36 Is another vehicle available for personal use? .....												

**Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees? .....		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners .....		
39 Do you treat all use of vehicles by employees as personal use? .....		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? .....		
41 Do you meet the requirements concerning qualified automobile demonstration use? .....		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
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42 Amortization of costs that begins during your 2020 tax year: .....

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43 Amortization of costs that began before your 2020 tax year ..... 43

44 Total. Add amounts in column (f). See the instructions for where to report ..... 44



# Oklahoma Return of Organization Exempt from Income Tax

Section 501(c) of the Internal Revenue Code

Form 512E  
2020



<b>PART 1</b>	For the year January 1 - December 31, 2020, or other taxable year <b>beginning:</b> <input type="text"/> , <b>2020</b> <b>ending:</b> <input type="text"/> , <input type="text"/>	Place an 'X' if:	(1) <input type="checkbox"/> Initial return	(2) <input type="checkbox"/> Final return	(3) <input type="checkbox"/> Amended return (See Schedule 512E-X on page 2)
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<b>Name of Organization</b> MASONIC CHARITY FOUNDATION OF OKLAH <b>Address (number and street)</b> P.O. BOX 2406 <b>City, State or Province, Country and ZIP or Foreign Postal Code</b> EDMOND, OK 73083	<b>Federal Employer Identification Number</b> 73-6097262 <b>Date qualified for tax exempt status</b> 01/01/1979 OFFICE USE ONLY
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**PART 2: STATEMENT OF UNRELATED BUSINESS TAXABLE INCOME** (Please read instructions on pages 2-3)

	Total Federal	Allocable Oklahoma
A Total unrelated trade or business income - applicable Federal Form(s) 990		
B Total unrelated trade or business deductions - applicable Fed. Form(s) 990		
C Unrelated business taxable income - enter here and on line 1 below		

INCOME SUBJECT TO TAX				
1	Unrelated business taxable income - from statement above (allocable to Oklahoma)	1		.00
2	Other net income - enclose schedule	2		.00
3	Oklahoma Capital Gain deduction (provide Form 561-C)	3		.00
4	Oklahoma taxable income (total of lines 1, 2 and 3)	4		.00

TAX COMPUTATION				
5	Tax at 6% of line 4. If Trust - See Rate Schedule on page 2 and place an '1' in the box. If recapturing the Oklahoma Affordable Housing Tax Credit, add the recaptured credit here and enter a '2' in the box. If making an Okla. installment payment pursuant to IRC Sec. 965(h) and 68 O.S. Sec. 2368(K), add the installment payment here and enter a "3" in the box	5		.00
6	Less: Other Credits Form (total from Form 511CR)	6		.00
7	Balance of tax due (line 5 minus line 6, but not less than zero)	7		.00
8	2019 Oklahoma estimated tax and extension payments and prior year carryforward	8		.00
9	Oklahoma withholding (provide Form 1099, Form 500A, Form 500B or other withholding statement)	9		.00
10	Amount paid with original return and amount paid after it was filed (amended return only)	10		.00
11	Any refunds or overpayment applied (amended return only)	11		.00
12	Total of lines 8 through 11	12		.00
13	Overpayment (if line 12 is larger than line 7 enter amount overpaid)	13		.00
14	Amount of line 13 to be credited to 2021 estimated tax (original return only)	14		.00
15	Donations from your refund <input type="checkbox"/> \$2 <input type="checkbox"/> \$5 <input type="checkbox"/> \$	15		.00
16	Add lines 14 and 15 and enter amount	16		.00
17	Amount to be refunded to you (line 13 minus line 16) <b>Refund</b>	17		.00

<b>Direct Deposit Note:</b> All refunds must be by direct deposit. See Direct Deposit Information on page 4 for details.	Is this refund going to or through an account that is located outside of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No Deposit my refund in my: <input type="checkbox"/> checking account <input type="checkbox"/> savings account Routing Number: <input type="text"/> Account Number: <input type="text"/>
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18	Tax Due (if line 7 is larger than line 12 enter tax due)	18	Tax Due	.00
19	(a) Donation: Support the Oklahoma General Revenue Fund (For information regarding this fund, see page 3, #3)	19a		.00
	(b) Donation: Public School Classroom Support Fund (For information regarding this fund, see page 3, #8)	19b		.00
20	For delinquent payment, add penalty of 5% plus interest at 1.25% per month	20		.00
21	Underpayment of estimated tax interest Annualized <input type="checkbox"/>	21		.00
22	Total tax, penalty and interest due - Add lines 18-21; pay in full with return <b>Balance Due</b>	22		.00

Under penalty of perjury, I declare the information contained in this document, attachments and schedules are true and correct to the best of my knowledge and belief.

Signature of Officer or Trustee <i>John Logan</i> Print Name <b>JOHN LOGAN</b> Title <b>EXECUTIVE DIRECTOR</b> Phone Number <b>405-348-7500</b>	Date <b>8/5/2020</b>	Check this box if the Oklahoma Tax Commission may discuss this return with your tax preparer. <input type="checkbox"/>	Signature of Preparer <i>Josh Mullins</i> Printed Name of Preparer <b>JOSH MULLINS</b> Phone Number <b>405-348-0615</b>	Date <b>8-4-21</b> Preparer's PTIN: <b>P01602326</b>
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The Oklahoma Tax Commission is not required to give actual notice to taxpayers of changes in any state tax law.

072901-10-12-20



**Schedule 512E-X: Amended Return Schedule**

**A** Did you file an amended Federal income tax return?  Yes  No

Provide a copy of the amended Federal return and a copy of "Statement of Adjustment", IRS refund check or deposit slip.

**B** If this return is being filed due to a Federal audit, furnish a complete copy of the RAR.

**C** Explanation or Reason for Amended Return (Provide all necessary schedules):

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