

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2024, or fiscal year beginning _____, 2024, and ending _____, 20____

2024

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

MASONIC CHARITY FOUNDATION OF OKLAHOMA

EIN or SSN

73-6097262

Name and title of officer or person subject to tax

**JOHN LOGAN
EXECUTIVE DIRECTOR**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a 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, 7b, 8b, 9b, or 10b, 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 V, line 5)	4b	51,409.
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	_____
8a	Form 5227 check here	<input type="checkbox"/>	b	FMV of assets at end of tax year (Form 5227, Item D)	8b	_____
9a	Form 5330 check here	<input type="checkbox"/>	b	Tax due (Form 5330, Part II, line 19)	9b	_____
10a	Form 8038-CP check here	<input type="checkbox"/>	b	Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b	_____

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 entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2024 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 2024 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 entity, I will enter my PIN as my signature on the tax year 2024 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

Date

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 2024 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 Returns.

ERO's signature

Date **11/14/25**

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

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

Form **8879-TE** (2024)

LHA 402521 12-26-24

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

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

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

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.

Part I - Identification

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

Enter the Return Code for the return that this application is for (file a separate application for each return) **04**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08	Form 990-T (governmental entities)	15

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
Plan Number _____
Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **JOHN L LOGAN**
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**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 **24** or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

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-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
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.	3b	\$	57,925.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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.

For calendar year **2024** or tax year beginning , and ending

Name of foundation MASONIC CHARITY FOUNDATION OF OKLAHOMA		A Employer identification number 73-6097262
Number and street (or P.O. box number if mail is not delivered to street address) P.O. BOX 2406	Room/suite	B Telephone number 405-348-7500
City or town, state or province, country, and ZIP or foreign postal code EDMOND, OK 73083		C If exemption application is pending, check here ... <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <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) \$ 105,169,730.	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 <small>(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)</small>		(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	145,312.		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	5,642.	5,642.		STATEMENT 1
	4 Dividends and interest from securities	3,247,560.	3,247,560.		STATEMENT 2
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	-1,119,526.			
	b Gross sales price for all assets on line 6a 44,562,416.				
	7 Capital gain net income (from Part IV, line 2)		0.		
	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	897,346.	897,346.		STATEMENT 3	
12 Total. Add lines 1 through 11	3,176,334.	4,150,548.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	237,418.	23,742.		213,676.
	14 Other employee salaries and wages	203,254.	0.		0.
	15 Pension plans, employee benefits	219,357.	0.		0.
	16a Legal fees STMT 4	19,466.	0.		19,466.
	b Accounting fees STMT 5	72,800.	0.		72,800.
	c Other professional fees				
	17 Interest				
	18 Taxes STMT 6	113,031.	3,136.		29,895.
	19 Depreciation and depletion	21,849.	21,849.		
	20 Occupancy				
	21 Travel, conferences, and meetings	8,891.	0.		8,891.
	22 Printing and publications	36,090.	0.		36,090.
	23 Other expenses STMT 7	531,592.	403,330.		128,262.
	24 Total operating and administrative expenses. Add lines 13 through 23	1,463,748.	452,057.		509,080.
	25 Contributions, gifts, grants paid	3,835,676.			3,835,676.
26 Total expenses and disbursements. Add lines 24 and 25	5,299,424.	452,057.		4,344,756.	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements ...	-2,123,090.				
b Net investment income (if negative, enter -0-)		3,698,491.			
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		3,181,097.	3,278,938.	3,278,938.	
	2	Savings and temporary cash investments		1,028,629.	504,378.	504,378.	
	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			3,513,630.	0.	0.
	b	Investments - corporate stock	STMT 8		86,066,575.	93,917,731.	93,917,731.
	c	Investments - corporate bonds					
	11	Investments - land, buildings, and equipment: basis					
	Less: accumulated depreciation						
12	Investments - mortgage loans						
13	Investments - other	STMT 9		7,366,243.	7,111,792.	7,111,792.	
14	Land, buildings, and equipment: basis	790,612.					
	Less: accumulated depreciation	STMT 10	433,740.	321,207.	356,872.	356,872.	
15	Other assets (describe STATEMENT 11)			19.	19.	19.	
16	Total assets (to be completed by all filers - see the instructions. Also, see page 1, item I)			101,477,400.	105,169,730.	105,169,730.	
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		85,812,384.	88,865,462.		
	25	Net assets with donor restrictions		15,665,016.	16,304,268.		
	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			101,477,400.	105,169,730.	
30	Total liabilities and net assets/fund balances			101,477,400.	105,169,730.		

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	101,477,400.
2	Enter amount from Part I, line 27a	2	-2,123,090.
3	Other increases not included in line 2 (itemize) NET UNREALIZED GAIN/LOSS	3	5,815,420.
4	Add lines 1, 2, and 3	4	105,169,730.
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	105,169,730.

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.)
1a PUBLICLY TRADED SECURITIES		P		
b 2018 FORD EXPLORER		P	12/03/18	12/18/24
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 44,562,416.		45,681,942.	-1,119,526.	
b	36,443.	36,443.	0.	
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(i) 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			-1,119,526.	
b			0.	
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 -1,119,526.
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 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)		1	51,409.
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) 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	51,409.
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	51,409.
6 Credits/Payments:			
a 2024 estimated tax payments and 2023 overpayment credited to 2024	6a 97,925.		
b Exempt foreign organizations - tax withheld at source	6b 0.		
c Tax paid with application for extension of time to file (Form 8868)	6c 0.		
d Backup withholding erroneously withheld	6d 0.		
7 Total credits and payments. Add lines 6a through 6d		7	97,925.
8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" 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	46,516.
11 Enter the amount of line 10 to be: Credited to 2025 estimated tax 46,516. Refunded		11	0.

Part VI-A Statements Regarding Activities

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?
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes?
1c Did the foundation file Form 1120-POL for this year?
1d 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.
1e 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?
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?
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?
4b 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?
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?
7 Did the foundation have at least \$5,000 in assets at any time during the year?
8a Enter the states to which the foundation reports or with which it is registered. See instructions. OK
8b 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
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 2024 or the tax year beginning in 2024?
10 Did any persons become substantial contributors during the tax year?
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)?
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application?
Website address WWW.MCFOK.ORG
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 15 N/A
16 At any time during calendar year 2024, 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

Part VI-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.

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?
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?
(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)?
(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.)

Table with 3 columns: Question ID, Yes, No. Rows 1a(1) through 1a(6) with 'X' in the No column.

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 N/A

Table with 3 columns: Question ID, Yes, No. Row 1b with 'N/A' in the Yes column.

c Organizations relying on a current notice regarding disaster assistance, check here

Table with 3 columns: Question ID, Yes, No. Row 1c with an empty checkbox.

d 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 2024?

Table with 3 columns: Question ID, Yes, No. Row 1d with 'X' in the No column.

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 2024, did the foundation have any undistributed income (Part XII, lines 6d and 6e) for tax year(s) beginning before 2024?

Table with 3 columns: Question ID, Yes, No. Row 2a with 'X' in the No column.

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

Table with 3 columns: Question ID, Yes, No. Row 2b with 'N/A' in the Yes column.

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. _____, _____, _____, _____

Table with 3 columns: Question ID, Yes, No. Row 2c with an empty checkbox.

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?

Table with 3 columns: Question ID, Yes, No. Row 3a with 'X' in the No column.

b If "Yes," did it have excess business holdings in 2024 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 2024.) N/A

Table with 3 columns: Question ID, Yes, No. Row 3b with 'N/A' in the Yes column.

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Table with 3 columns: Question ID, Yes, No. Row 4a with 'X' in the No column.

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 2024?

Table with 3 columns: Question ID, Yes, No. Row 4b with 'X' in the No column.

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

	Yes	No
5a 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))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions		X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
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	
c Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>	
d 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? If "Yes," attach the statement required by Regulations section 53.4945-5(d).	N/A	
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	
8 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?		X

Part VII 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 12		237,418.	0.	29,962.

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
CANDI CLAUNCH - 9816 HEFNER VILLAGE DR, OKLAHOMA CITY, OK 73162	PROGRAMS MANAGER 40.00	67,352.	2,021.	14,846.
MEKAILA WILHELM 412 E WARNER AVE, GUTHRIE, OK 73044	DIRECTOR OF COMMUNICATIONS 40.00	62,982.	0.	14,159.
BECKY GOAD 8200 N HARRAH RD, HARRAH, OK 73045	OFFICE MANAGER 40.00	72,920.	2,188.	0.

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

Part VII 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. Row 1: SELLWOOD CONSULTING - 6650 S REDWOOD LANDE STE 370, PORTLAND, OR 97224; INVESTMENT CONSULTING; 115,952.

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

Part VIII-A Summary of Direct Charitable Activities

Table with 2 columns: Description of activity, Expenses. Row 1: 1 N/A

Part VIII-B Summary of Program-Related Investments

Table with 2 columns: Description of investment, Amount. Row 1: 1 N/A. Row 2: 2. Row 3: All other program-related investments. See instructions.

Total. Add lines 1 through 3 0.

Part IX 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	101,856,751.
b	Average of monthly cash balances	1b	2,737,472.
c	Fair market value of all other assets (see instructions)	1c	358,142.
d	Total (add lines 1a, b, and c)	1d	104,952,365.
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	104,952,365.
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	1,574,285.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	103,378,080.
6	Minimum investment return. Enter 5% (0.05) of line 5	6	5,168,904.

Part X 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 IX, line 6	1	5,168,904.
2a	Tax on investment income for 2024 from Part V, line 5	2a	51,409.
b	Income tax for 2024. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	51,409.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	5,117,495.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	5,117,495.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	5,117,495.

Part XI 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	4,344,756.
b	Program-related investments - total from Part VIII-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	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	4,344,756.

Form 990-PF (2024)

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2023	(c) 2023	(d) 2024
1 Distributable amount for 2024 from Part X, line 7				5,117,495.
2 Undistributed income, if any, as of the end of 2024:				
a Enter amount for 2023 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2024:				
a From 2019				
b From 2020				
c From 2021				
d From 2022				
e From 2023				580,192.
f Total of lines 3a through e	580,192.			
4 Qualifying distributions for 2024 from Part XI, line 4: \$ 4,344,756.				
a Applied to 2023, but not more than line 2a			0.	
b Applied to undistributed income of prior years (Election required - see instructions)		0.		
c Treated as distributions out of corpus (Election required - see instructions)	0.			
d Applied to 2024 distributable amount				4,344,756.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2024 (If an amount appears in column (d), the same amount must be shown in column (a).)	580,192.			580,192.
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0.			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.		
c 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.		
d Subtract line 6c from line 6b. Taxable amount - see instructions		0.		
e Undistributed income for 2023. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2024. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2025				192,547.
7 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.			
8 Excess distributions carryover from 2019 not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2025. Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2020				
b Excess from 2021				
c Excess from 2022				
d Excess from 2023				
e Excess from 2024				

Part XIII Private Operating Foundations (see instructions and Part VI-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 2024, 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)

Table with 5 columns: (a) 2024, (b) 2023, (c) 2022, (d) 2021, (e) Total. Rows include 2a-e (Qualifying distributions) and 3a-d (Alternative tests).

Part XIV 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 13

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 XIV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment				
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)				
a Paid during the year				
COMMUNITY FOOD BANK OF EASTERN OKLAHOMA 1304 N KENOSHA AVE TULSA, OK 74106		PUBLIC CHARITY	FEED THE HUNGRY OF EASTERN OKLAHOMA	90,000.
DALE K. GRAHAM VETERANS FOUNDATION 1268 N INTERSTATE DR NORMAN, OK 73072		PUBLIC CHARITY	TO ASSIST VETERANS WITH ADMINISTRATION CLAIMS PROCESS	55,000.
DEMOLAY PO BOX 2406 EDMOND, OK 73083-2406		PUBLIC CHARITY	OK MASONIC YOUTH ORG ANNUAL DONATION	10,000.
FRIENDS OF OETA 7403 N KELLEY AVE OKLAHOMA CITY, OK 73111		PUBLIC CHARITY	PUBLIC TELEVISION UNDERWRITING	28,447.
GEORGE WASHINGTON MASONIC NATIONAL MEMORIAL 101 CALLAHAN DRIVE ALEXANDRIA, VA 22301		PUBLIC CHARITY	SUPPORT OF THE GEORGE WASHINGTON MASONIC NATIONAL MUSEUM	16,571.
Total	SEE CONTINUATION SHEET(S)			3a 3,835,676.
b Approved for future payment				
NONE				
Total				
				3b 0.

Part XIV Supplementary Information (continued)**3a** Grants and Contributions Paid During the Year

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
HEARTS FOR HEARING 11500 N PORTLAND AVE OKLAHOMA CITY, OK 73120		PUBLIC CHARITY	CHILDREN'S AUDIOLOGY CARE	250,000.
JOBS DAUGHTERS PO BOX 2406 EDMOND, OK 73083-2406		PUBLIC CHARITY	OK MASONIC YOUTH ORG ANNUAL DONATION	10,000.
JUNIOR ACHIEVEMENT OF OKLAHOMA 211 N ROBINSON AVE #201 OKLAHOMA CITY, OK 73102		PUBLIC CHARITY	GRANT FOR RURAL SCHOOL PROGRAM	75,000.
MASONIC INFORMATION CENTER 8120 FENTON STREET SILVER SPRING, MO 20910-4785		PUBLIC CHARITY	SUPPORT OF MASONIC EDUCATION TO PUBLIC	1,500.
MASONIC SERVICE ASSOCIATION 8125 FENTON STREET SILVER SPRING, MD 20910-4785		PUBLIC CHARITY	SUPPORT FOR DISASTER RELIEF, ETC.	8,006.
MASONRY IN ACTION PROGRAM PO BOX 2406 EDMOND, OK 73083-2406		PRIVATE FDN	GRANTS TO LOCAL CHARITABLE ORGANIZATIONS	10,390.
NEWVIEW OKLAHOMA 501 N DOUGLAS AVE OKLAHOMA CITY, OK 73106		PUBLIC CHARITY	SUPPORT NEWVIEW'S MISSION TO ENABLE TO BLIND TO REACH INDEPENDENCE	100,000.
Total from continuation sheets				3,635,658.

Part XIV Supplementary Information (continued)**3a** Grants and Contributions Paid During the Year

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
NEXTGEN UNDER 30 FOUNDATION 3240 W BRITTON RD STE 101 OKLAHOMA CITY, OK 73120		PUBLIC CHARITY	TO RECOGNIZE MILLENNIAL LEADERS IN OKLAHOMA	38,500.
NONDOC MEDIA P.O. BOX 18421 OKLAHOMA CITY, OK 73154		PUBLIC CHARITY	GRANT TO SUPPORT ORGANIZATION PROMOTING UNBIASED COMMUNITY JOURNALISM	12,000.
OKLAHOMA A+ SCHOOLS INSTITUTE 100 S BAUMANN AVE EDMOND, OK 73034		PUBLIC CHARITY	PUBLIC EDUCATION SUPPORT	20,000.
OKLAHOMA FFA FOUNDATION 1500 W 7TH ST STILLWATER, OK 74074		PUBLIC CHARITY	SUPPORT LEADERSHIP, PERSONAL GROWTH, AND CAREER SUCCESS PROGRAMMING	5,000.
PAYNE EDUCATION CENTER 3240 WEST BRITTON ROAD OKLAHOMA CITY, OK 73120		PUBLIC CHARITY	SCHOLARSHIPS FOR OKLAHOMA TEACHERS	225,000.
REGIONAL FOOD BANK 3355 S. PURDUE OKLAHOMA CITY, OK 73137		PUBLIC CHARITY	ASSISTANCE FOR EDUCATION & COMMUNITY	102,993.
VIZAVANCE 6 NE 63RD OKLAHOMA CITY, OK 73105		PUBLIC CHARITY	VISION SCREENING CHILDREN IN PUB SCH	300,000.
Total from continuation sheets				

Part XIV Supplementary Information (continued)**3a** Grants and Contributions Paid During the Year

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
YMCA MILITARY WELCOME CENTER 7130 AIR CARGO RD OKLAHOMA CITY, OK 73159		PUBLIC CHARITY	MILITARY WELCOME CENTER	18,000.
OKLAHOMA ALLIANCE FOR ARTS EDUCATION PO BOX 1275 JENKS, OK 74037-1275		PUBLIC CHARITY	DOE ARTS OF EXCELLENCE CEREMONY	16,550.
MASONIC CHARITY FDN MATCHING FUNDS PROGRAM PO BOX 2406 EDMOND, OK 73083-2406		PUBLIC CHARITY	VARIOUS PUBLIC SUPPORT	957,229.
MASONIC CHARITY FND SENIOR ESSAY CONTEST PO BOX 2406 EDMOND, OK 73083-2406		INDIVIDUALS	25 RECIPIENTS PLUS EXPENSES	33,445.
OK ASSN AREAS AGCY AGING 719 WEST MAINE ENID, OK 73701-5413		PUBLIC CHARITY	DIRECT SERVICES TO THE ELDERLY	674,609.
PROMISES MATTER GRANTS PROGRAM PO BOX 2406 EDMOND, OK 73083-2406		INDIVIDUALS	20 RECIPIENTS	14,164.
STUDENT OF TODAY/TEACHER OF TODAY AWARDS PO BOX 2406 EDMOND, OK 73083		INDIVIDUALS	PUBLIC EDUCATION SUPPORT	1,260.
Total from continuation sheets				

Part XIV Supplementary Information (continued)**3a** Grants and Contributions Paid During the Year

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
OKLAHOMA STATE SUPERINTENDENT'S TEACHER OF THE YEAR PROGRAM 2500 N LINCOLN BLVD OKLAHOMA CITY, OK 73105		INDIVIDUALS	13 RECIPIENTS PLUS EXPENSES	15,255.
EASTERN OKLAHOMA VETERANS AFFAIRS HC 1011 HONOR HEIGHTS DRIVE MUSKOGEE, OK 74401		GOVERNMENT AGENCY	VETERAN TRANSPORTATION FOR MEDICAL CARE	18,000.
VOLUNTARY SERVICES DEPARTMENT OF VETERANS AFFAIRS MEDICAL CENTER 921 NE 13TH ST OKLAHOMA CITY, OK 73104		PUBLIC CHARITY	VETERAN TRANSPORTATION FOR MEDICAL CARE	18,000.
MASONIC CHARITY FND INDIVIDUAL SCHOLARSHIP YOUTH PROGRAM PO BOX 2406 EDMOND, OK 73083		INDIVIDUALS	75 RECIPIENTS PLUS EXPENSES	145,257.
OKLAHOMA GRAND ASSEMBLY (RAINBOW) PO BOX 1459 GUTHRIE, OK 73044		PUBLIC CHARITY	YOUTH PROGRAM SUPPORT	10,000.
MARLAND'S PLACE 1300 SUMMERS PL PONCA CITY, OK 74604		PUBLIC CHARITY	FOSTER PROGRAM SUPPORT	145,000.
UNIVERSITY OF SCIENCE & ARTS 1727 W ALABAMA CHICKASHA, OK 73018		PUBLIC CHARITY	EDUCATIONAL PROGRAMMING SUPPORT	15,500.
Total from continuation sheets				

Part XIV Supplementary Information (continued)**3a** Grants and Contributions Paid During the Year

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
OKLAHOMA 4H FOUNDATION 293 AGRICULTURAL HALL STILLWATER, OK 74078		PUBLIC CHARITY	EDUCATIONAL PROGRAMMING SUPPORT	25,000.
OKLAHOMA STATE UNIVERSITY FOUNDATION 400 S MONROE ST STILLWATER, OK 74074		PUBLIC CHARITY	EDUCATIONAL PROGRAMMING SUPPORT	50,000.
AUTISM FOUNDATION OF OKLAHOMA 6608 N WESTERN AVE #428 OKLAHOMA CITY, OK 73116		PUBLIC CHARITY	PROGRAM SUPPORT	50,000.
CHILDREN'S HEALTH FOUNDATION 1001 NW 63RD ST #210 OKLAHOMA CITY, OK 73116		PUBLIC CHARITY	PROGRAM SUPPORT	20,000.
OKLAHOMA SCHOOL FOR THE DEAF SENIOR CITIZEN HEARING AID PROGRAM 1100 E OKLAHOMA AVE SULPHUR, OK 73086		PUBLIC CHARITY	PROGRAM SUPPORT	125,000.
SUNBEAM FAMILY SERVICES 1100 NW 14TH ST OKLAHOMA CITY, OK 73106		PUBLIC CHARITY	PROGRAM SUPPORT	100,000.
CAVETT KIDS FOUNDATION 3801 N CLASSEN BLVD STE 300 OKLAHOMA CITY, OK 73118		PUBLIC CHARITY	SERVE CHILDREN WITH VARIOUS LIFE-THREATENING AND CHRONIC ILLNESSES	25,000.
Total from continuation sheets				

**Schedule B
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Name of the organization

MASONIC CHARITY FOUNDATION OF OKLAHOMA

Employer identification number

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), 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), 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).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (Rev. 12-2024)

Name of organization MASONIC CHARITY FOUNDATION OF OKLAHOMA	Employer identification number 73-6097262
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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	BILLY KENNETH WALKER 16002 COUNTY ROAD 3590 ADA, OK 74820	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	ROBERT E. GOODE TRUST 1025 SWAN DR., APT. 211 BARTLESVILLE, OK 74005	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization MASONIC CHARITY FOUNDATION OF OKLAHOMA	Employer identification number 73-6097262
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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 MASONIC CHARITY FOUNDATION OF OKLAHOMA	Employer identification number 73-6097262
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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

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return. **FORM 990-PF**

2024

Go to www.irs.gov/Form2220 for instructions and the latest information.

Name MASONIC CHARITY FOUNDATION OF OKLAHOMA	Employer identification number 73-6097262
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Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1 Total tax (see instructions)		1	51,409.
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a		
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b		
c Credit for federal tax paid on fuels (see instructions)	2c		
d Total. Add lines 2a through 2c	2d		
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3		51,409.
4 Enter the tax shown on the corporation's 2023 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4		63,018.
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5		51,409.

Part II Reasons for Filing - Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6 The corporation is using the adjusted seasonal installment method.
- 7 The corporation is using the annualized income installment method.
- 8 The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

		(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9	05/15/24	06/15/24	09/15/24	12/15/24
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Sch A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	12,852.	12,853.	12,852.	12,852.
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11	97,925.			
Complete lines 12 through 18 of one column before going to the next column.					
12 Enter amount, if any, from line 18 of the preceding column	12		85,073.	72,220.	59,368.
13 Add lines 11 and 12	13		85,073.	72,220.	59,368.
14 Add amounts on lines 16 and 17 of the preceding column	14				
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	97,925.	85,073.	72,220.	59,368.
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0.	0.	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17				
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18	85,073.	72,220.	59,368.	

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19			
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2024 and before 7/1/2024	21			
22 Underpayment on line 17 x $\frac{\text{Number of days on line 21} \times 8\% (0,08)}{366}$	22	\$	\$	\$
23 Number of days on line 20 after 6/30/2024 and before 10/1/2024	23			
24 Underpayment on line 17 x $\frac{\text{Number of days on line 23} \times 8\% (0,08)}{366}$	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2024 and before 1/1/2025	25			
26 Underpayment on line 17 x $\frac{\text{Number of days on line 25} \times 8\% (0,08)}{366}$	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2024 and before 4/1/2025	27			
28 Underpayment on line 17 x $\frac{\text{Number of days on line 27} \times 7\% (0,07)}{365}$	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2025 and before 7/1/2025	29			
30 Underpayment on line 17 x $\frac{\text{Number of days on line 29} \times \%}{365}$	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2025 and before 10/1/2025	31			
32 Underpayment on line 17 x $\frac{\text{Number of days on line 31} \times \%}{365}$	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2025 and before 1/1/2026	33			
34 Underpayment on line 17 x $\frac{\text{Number of days on line 33} \times \%}{365}$	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2025 and before 3/16/2026	35			
36 Underpayment on line 17 x $\frac{\text{Number of days on line 35} \times \%}{365}$	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38	\$		0.

* Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 800-829-4933 to get interest rate information.

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	5,642.	5,642.	
TOTAL TO PART I, LINE 3	5,642.	5,642.	

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	3,076,375.	0.	3,076,375.	3,076,375.	
INVESTMENT					
INTEREST	171,185.	0.	171,185.	171,185.	
TO PART I, LINE 4	3,247,560.	0.	3,247,560.	3,247,560.	

FORM 990-PF OTHER INCOME STATEMENT 3

DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
ROYALTIES	897,346.	897,346.	
TOTAL TO FORM 990-PF, PART I, LINE 11	897,346.	897,346.	

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	19,466.	0.		19,466.
TO FM 990-PF, PG 1, LN 16A	19,466.	0.		19,466.

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	72,800.	0.		72,800.
TO FORM 990-PF, PG 1, LN 16B	72,800.	0.		72,800.

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	119.	119.		0.
MINERAL TAXES	1,100.	1,100.		0.
REAL ESTATE TAXES	1,917.	1,917.		0.
PAYROLL TAXES	29,895.	0.		29,895.
EXCISE TAX	80,000.	0.		0.
TO FORM 990-PF, PG 1, LN 18	113,031.	3,136.		29,895.

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	4,250.	0.		4,250.
BANK CHARGES	1,917.	0.		1,917.
COMPUTER EXPENSE	35,848.	0.		35,848.
INSURANCE	17,643.	0.		17,643.
MANAGEMENT FEE	403,330.	403,330.		0.
OFFICE SUPPLIES	11,269.	0.		11,269.
POSTAGE	4,794.	0.		4,794.
PROPERTY MAINTENANCE	17,904.	0.		17,904.
REPAIRS AND EQUIPMENT	1,473.	0.		1,473.
TELEPHONE	4,457.	0.		4,457.
TRAINING AND MEMBERSHIPS	4,178.	0.		4,178.
UTILITIES	18,632.	0.		18,632.
MISCELLANEOUS EXPENSE	4,892.	0.		4,892.
OUTSIDE SERVICES	1,005.	0.		1,005.
TO FORM 990-PF, PG 1, LN 23	531,592.	403,330.		128,262.

FORM 990-PF		CORPORATE STOCK		STATEMENT 8
DESCRIPTION		BOOK VALUE		FAIR MARKET VALUE
CORPORATE STOCK		93,917,731.		93,917,731.
TOTAL TO FORM 990-PF, PART II, LINE 10B		93,917,731.		93,917,731.

FORM 990-PF		OTHER INVESTMENTS		STATEMENT 9
DESCRIPTION	VALUATION METHOD	BOOK VALUE		FAIR MARKET VALUE
INVESTMENT IN LIMITED PARTNERSHIP	COST	5,031,660.		5,031,660.
MINERAL RIGHTS	COST	1,235.		1,235.
PRIVATE EQUITY	COST	2,078,881.		2,078,881.
REAL ESTATE	COST	16.		16.
TOTAL TO FORM 990-PF, PART II, LINE 13		7,111,792.		7,111,792.

FORM 990-PF DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 10

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.	305,863.	53,970.
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.	2,745.	1,587.
CABLE/ELEC/LED FIXTURE INSTALL	1,793.	553.	1,240.
INTAACT ACCOUNTING SOFTWARE	8,730.	8,730.	0.
PROJECTOR	906.	906.	0.
HVAC UNIT, SOUTH SIDE	7,162.	1,950.	5,212.
POSTAGE MACHINE	1,826.	1,826.	0.
XEROX C8045H2 COPIER	12,414.	12,414.	0.
SAMSUNG REFRIGERATOR	1,228.	1,228.	0.
LAND	147,457.	0.	147,457.
SPRINKLER SYSTEM REPLACEMENT	2,520.	1,008.	1,512.
HVAC UNIT, 2 OF 3	7,162.	1,690.	5,472.
HVAC UNIT, 3 OF 3	8,018.	1,898.	6,120.
3 PCS (JOHN/JULIE/ETHEL)	3,974.	3,776.	198.
BECKY PC	1,030.	1,030.	0.
TAG, TAX, & TITLE	1,750.	1,750.	0.
ROOF REPLACEMENT	84,946.	14,719.	70,227.
OFFICE CHAIRS	1,169.	1,169.	0.
DELL LATITUDE LAPTOP	1,566.	1,409.	157.
DELL XPS15 LAPTOP AND MS			
SURFACE PRO	5,945.	3,567.	2,378.
CONFERENCE ROOM VIDEO			
CONFERENCE EQUIP	4,887.	2,361.	2,526.
LAPTOP	3,159.	948.	2,211.
2024 HYUNDAI PALISADE	51,349.	5,135.	46,214.
PARKING LOT IMPROVEMENTS	6,165.	2.	6,163.
TOTAL TO FM 990-PF, PART II, LN 14	787,363.	434,719.	352,644.

FORM 990-PF OTHER ASSETS STATEMENT 11

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

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JOHN LOGAN 13913 KIRKLAND RIDGE EDMOND, OK 73013	EXECUTIVE DIRECTOR 40.00	237,418.	0.	29,962.
NEIL STITT 710 W. BROADWAY ARDMORE, OK 73401	PRESIDENT 1.00	0.	0.	0.
JACK PAINTER 19498 E 650 RD HENNESSEY, OK 73742	1ST VICE PRESIDENT 1.00	0.	0.	0.
GENE MCKELVEY 6704 NW 61ST WARR ACRES, OK 73122	2ND VICE PRESIDENT 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.
BOBBY LAWS 1604 TRUMAN DR. ALTUS, OK 73521	DIRECTOR 1.00	0.	0.	0.
D. RIDGE SMITH PO BOX 851123 YUKON, OK 73085	DIRECTOR 1.00	0.	0.	0.
DAVID RAY 412 SPENCE CT. EDMOND, OK 73034	DIRECTOR 1.00	0.	0.	0.
JOHN ALLFORD 1108 CIRCLE DR. MCALESTER, OK 74501	DIRECTOR 1.00	0.	0.	0.

MASONIC CHARITY FOUNDATION OF OKLAHOMA

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JOHN CHURCH 6516 NW 115TH ST. OKLAHOMA CITY, OK 73162	DIRECTOR 1.00	0.	0.	0.
JOHN MANNING 210 HOOLY BRANCH LN BROKEN ARROW, OK 74728	DIRECTOR 1.00	0.	0.	0.
L. CLAY STUART PO BOX 39 SHATTUCK, OK 73858	DIRECTOR 1.00	0.	0.	0.
LANDON JONES 515 FLEMING CORDELL, OK 73632	DIRECTOR 1.00	0.	0.	0.
MARK CONDIT 178884 N 2910 RD. DUNCAN, OK 73533	DIRECTOR 1.00	0.	0.	0.
MICHAEL MAXEY 4339 E 58TH PL. TULSA, OK 74135	DIRECTOR 1.00	0.	0.	0.
MICHAEL WRIGHT 24089 N COUNTY ROAD 3180 ELMORE CITY, OK 73433	DIRECTOR 1.00	0.	0.	0.
PRESTON DOERFLINGER 1110 SHERWOOD LANE, APT. 209 NICHOLS HILLS, OK 73116	DIRECTOR 1.00	0.	0.	0.
ROBERT COOK 4950 BROADWAY NORMAN, OK 73069	DIRECTOR 1.00	0.	0.	0.
ROBERT EAST 1609 HUNTERS RIDGE DR. SHAWNEE, OK 74804	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	DIRECTOR 1.00	0.	0.	0.

MASONIC CHARITY FOUNDATION OF OKLAHOMA

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

<u>237,418.</u>	<u>0.</u>	<u>29,962.</u>
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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

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

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

GENERAL EXPLANATION

STATEMENT 14

FORM/LINE IDENTIFIER AND DESCRIPTION/RETURN REFERENCE

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

EXPLANATION:

SECURITY DESCRIPTIONS TOTAL MARKET VALUE

INLIGHT INC 9,913.05
 CRESCENT ENERGY INC 78,251.16
 HELMERIC & PAYNE 40,825.50
 INNOVEX INTERNATIONAL INC 11,469.37
 MATADOR RESOURCES CO 24,473.10
 MURPHY OIL CORP 57,857.12
 RANGE RESOURCES CORP 40,837.30
 VALARIS LTD 19,996.48
 ALAMOS GOLD INC. 47,648.96
 APOGEE ENTERPRISES INC 71,195.77
 ELEMENT SOLUTIONS INC 47,172.65
 HAIN CELESTIAL GROUP INC 18,646.80
 INGEVITY CORP 77,954.75
 MP MATERIALS CORP 35,973.60
 O-I GLASS INC 54,882.92
 QUANEX BUILDING 40,141.44
 SCHNITZER STEEL INDS INC-A 20,196.94
 SENSIENT TECHNOLOGIES 46,604.04
 SILGAN HOLDINGS INC 65,010.45
 SUMMIT MATERIALS INC 77,671.00
 AAR CORP 27,698.56
 ARCBEST CORP 38,634.48
 ASTEC INDUSTRIES INC 24,696.00
 COLUMBUS MCKINNON 31,318.84
 ENERPAC TOOL GROUP CORP 16,066.19
 HUB GROUP INC-CL A 18,848.88
 MERCURY SYSTEMS INC 94,584.00
 NEOGENOMICS INC 58,998.40
 REV GROUP INC 120,054.29
 ADVANCE AUTO PARTS 58,545.02
 AZZ INC 83,640.32
 CAPRI HOLDINGS LTD 41,193.36
 FOOT LOCKER INC 29,876.48
 GENTHERM INC 33,217.60
 GOODYEAR TIRE & RUBBER 57,033.00
 PVH CORP 36,060.75
 VALMONT INDUSTRIES 108,254.51
 VF CORP 143,524.48
 COTY INC CL A 19,084.32
 PAPA JOHN'S INTL INC 45,546.63
 STEVEN MADDEN LTD 25,001.76
 ADAPTHEALTH CORP 74,551.12
 ANGIODYNAMICS INC 25,070.92
 ICU MEDICAL INC 81,153.91
 PEDIATRIX MEDICAL GROUP, 16,977.28
 QUIDELORTHO CORP 81,481.95

AMERIS BANCORP 44,862.69
 CADENCE BANK 60,080.80
 COLUMBIA BANKING SYSTEM 66,363.57
 COMMUNITY FINANCIAL 52,366.32
 GLACIER BANCORP INC 53,685.18
 HANCOCK WHITNEY 46,676.16
 LAKELAND FINANCIAL CORP 13,408.20
 NATIONAL BANK HOLDINGS 60,197.88
 PACIFIC PREMIER BANCORP 26,141.08
 SEACOAST BANKING CORP 50,490.02
 SOUTHSTATE CORPORATION 56,106.72
 TEXAS CAPITAL BANCSHARES 61,543.40
 UNITED COMMUNITY BANKS 36,865.71
 WESBANCO INC 47,703.64
 BIOCRYST 22,334.40
 ENERSYS 53,979.12
 GALAPAGOS NV 35,255.00
 GERON CORP 46,062.48
 ICHOR HOLDINGS LTD 25,260.48
 LITTELFUSE INC 52,549.95
 PROGRESS SOFTWARE CORP 60,394.05
 RAMBUS INC 9,356.22
 BELDEN CDT INC 74,322.60
 CLEARFIELD INC 14,911.00
 VIAVI SOLUTIONS INC 31,340.30
 ALLETE INC 41,472.00
 NEW JERSEY RESOURCES 35,920.50
 OGE ENERGY CORP 42,116.25
 PNM RESOURCES INC 47,498.22
 CARETRUST INC REIT 25,237.65
 DIGITALBRIDGE GROUP INC 25,222.08
 EMPIRE STATE REALTY 18,627.60
 STAG INDUSTRIAL REIT 31,790.80
 TERRENO REALTY CORP REIT 28,505.48
 TOTAL SBH 3,676,483.00

CHAMPLAIN M/C-INST #1355 3,908,847.40
 DODGE & COX INTL STOCK-I 6,441,859.17
 JENSEN QUALITY GRWTH-Y 9,290,827.23
 KOPERNIK GLBL A/C-INST 2,636,672.96
 MFS INTL EQ-R6 #0403 6,611,656.23
 VANGUARD EQ INC-ADM #0565 9,688,276.37
 VANGUARD INSTL INDX-INST 11,087,710.23
 VANGUARD TOTAL INTL 6,985,383.48
 DFA GLBL R/E SECURITIES-I 3,071,931.25
 CLFFW-CRP LN-I 2,805,459.67
 VANGUARD L/T TREAS 3,695,869.57
 VANGUARD ULTRA S/T 3,904,875.36
 VANGUARD INFL PROT 3,126,227.01
 VANGUARD TOT BD MKT 9,728,523.76
 BLACKROCK MULTI-ASSET 3,006,559.44
 COHEN & STEERS 3,787,189.98
 RAYONIER INC REIT 469.80
 TOTAL MUTUAL FUNDS 89,778,338.91

CHEVRON STOCK 462,909.00

SUMMARY OF SECURITIES:

FUND TOTAL PER FUND
 SBH SMALL CAP 3,676,483.00

MASONIC CHARITY FOUNDATION OF OKLAHOMA

73-6097262

MUTAL FUNDS 89,778,338.91
CHEVRON STOCK 462,909.00
TOTAL 93,917,730.91

2024 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
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.	296,867.		8,996.	305,863.
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.	2,456.		289.	2,745.
23	CABLE/ELEC/LED FIXTURE INSTALL	10/11/16	SL	27.50	MM	16	1,793.				1,793.	488.		65.	553.
24	INTAACT 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.	906.		0.	906.
26	HVAC UNIT, SOUTH SIDE	06/21/17	SL	27.50	MM	16	7,162.				7,162.	1,690.		260.	1,950.
27	POSTAGE MACHINE	04/05/17	SL	5.00		16	1,826.				1,826.	1,826.		0.	1,826.
28	XEROX C8045H2 COPIER	11/30/17	SL	5.00		16	12,414.				12,414.	12,414.		0.	12,414.
29	SAMSUNG REFRIGERATOR	12/28/17	SL	5.00		16	1,228.				1,228.	1,228.		0.	1,228.
30	LAND	01/01/90	L				147,457.				147,457.			0.	

428111 04-01-24

(D) - Asset disposed

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

2024 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.	840.		168.	1,008.
32	HVAC UNIT, 2 OF 3	12/31/18	SL	27.50	MM	16	7,162.				7,162.	1,430.		260.	1,690.
33	HVAC UNIT, 3 OF 3	12/31/18	SL	27.50	MM	16	8,018.				8,018.	1,606.		292.	1,898.
34	(D)2018 FORD EXPLORER	12/03/18	SL	5.00		21	36,443.				36,443.	36,443.		0.	36,443.
35	3 PCS (JOHN/JULIE/ETHEL)	03/20/18	SL	5.00		16	3,974.				3,974.	3,776.		0.	3,776.
38	BECKY PC	12/31/18	SL	5.00		16	1,030.				1,030.	1,030.		0.	1,030.
39	TAG, TAX, & TITLE	01/01/19	SL	5.00		16	1,750.				1,750.	1,750.		0.	1,750.
40	ROOF REPLACEMENT	08/04/20	SL	27.50	MM	16	84,946.				84,946.	11,448.		3,271.	14,719.
41	OFFICE CHAIRS	03/18/20	SL	5.00		16	1,169.				1,169.	1,169.		0.	1,169.
42	DELL LATITUDE LAPTOP	04/03/20	SL	5.00		16	1,566.				1,566.	1,096.		313.	1,409.
43	DELL XPS15 LAPTOP AND MS SURFACE PRO	02/15/22	SL	5.00		16	5,945.				5,945.	2,378.		1,189.	3,567.
44	CONFERENCE ROOM VIDEO CONFERENCE EQUIP	07/28/22	SL	5.00		16	4,887.				4,887.	1,384.		977.	2,361.
45	LAPTOP	06/28/23	SL	5.00		16	3,159.				3,159.	316.		632.	948.
46	2024 HYUNDAI PALISADE	12/18/24	SL	5.00		16	51,349.				51,349.			5,135.	5,135.
47	PARKING LOT IMPROVEMENTS	09/30/24	SL	15.00		16	6,165.				6,165.			2.	2.
	* TOTAL 990-PF PG 1 DEPR						823,806.				823,806.	449,313.		21,849.	471,162.
	CURRENT YEAR ACTIVITY														
	BEGINNING BALANCE						766,292.			0.	766,292.	449,313.			466,025.

428111 04-01-24

(D) - Asset disposed

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

TAX RETURN FILING INSTRUCTIONS

OKLAHOMA FORM 512E

FOR THE YEAR ENDING

December 31, 2024

Prepared For:

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

Prepared By:

ARLEDGE & ASSOCIATES, P.C.
832 NW 70TH ST
Oklahoma City, OK 73116

To be Signed and Dated By:

The authorized individual(s).

Amount of Tax:

Total Tax	\$	0
Less: payments and credits	\$	0
Plus: other amount		0
Plus: interest and penalties	\$	0
No payment required	\$	

Overpayment:

Credited to your estimated tax	\$	0
Other amount	\$	0
Refunded to you	\$	0

Make Check Payable To:

Not applicable

Mail Tax Return and Check (if applicable) To:

Oklahoma Tax Commission
P.O. Box 26800
Oklahoma City, OK 73126-0800

Return Must be Mailed On or Before:

December 15, 2025

Special Instructions:

Oklahoma Return of Organization Exempt from Income Tax

Section 501(c) of the Internal Revenue Code

Form 512-E
2024



PART 1
For the year January 1 - December 31, 2024, or other taxable year beginning: ending:

Name of Organization: **MASONIC CHARITY FOUNDATION OF OKLAH** Federal Employer Identification Number: **73-6097262** Date Qualified for Tax Exempt Status: **01/01/1979**

Address (Number and Street): **P.O. BOX 2406**

City: **EDMOND** State or Province: **OKLAHOMA** Country: ZIP or Foreign Postal Code: **73083**

Place an 'X' if: (1) Initial Return (2) Final Return (3) Amended Return (See Schedule 512-E-X on page 2)

PART 2: STATEMENT OF UNRELATED BUSINESS TAXABLE INCOME
(Please read instructions on pages 3-4)

	Total Federal	Allocable Oklahoma
A Total unrelated trade or business income - applicable Federal Form(s) 990	<input type="text"/>	<input type="text"/>
B Total unrelated trade or business deductions - applicable Fed. Form(s) 990	<input type="text"/>	<input type="text"/>
C Unrelated business taxable income - enter here and on line 1 below	<input type="text"/>	<input type="text"/>

INCOME SUBJECT TO TAX

1	Unrelated business taxable income - from statement above (allocable to Oklahoma)	1	<input type="text"/>	<input type="text" value="00"/>
2	Other net income - provide schedule	2	<input type="text"/>	<input type="text" value="00"/>
3	Oklahoma Capital Gain deduction (provide Form 561-C)	3	<input type="text"/>	<input type="text" value="00"/>
4	Oklahoma taxable income (total of lines 1, 2 and 3)	4	<input type="text"/>	<input type="text" value="00"/>

TAX COMPUTATION

5	Tax at 4% of line 4. If trust, see rate schedule on page 3 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 OS Sec. 2368(K), add the installment payment here and enter a "3" in the box <input type="text"/>	5	<input type="text"/>	<input type="text" value="00"/>
6	Less: Other Credits Form (total from Form 511-CR) <input type="text"/>	6	<input type="text"/>	<input type="text" value="00"/>
7	Balance of tax due (line 5 minus line 6, but not less than zero)	7	<input type="text"/>	<input type="text" value="00"/>
8	2024 Oklahoma estimated tax and extension payments and prior year carryforward	8	<input type="text"/>	<input type="text" value="00"/>
9	Oklahoma withholding (provide Form 1099, Form 500-A, Form 500-B or other withholding statement)	9	<input type="text"/>	<input type="text" value="00"/>
10	Amount paid with original return and amount paid after it was filed (amended return only)	10	<input type="text"/>	<input type="text" value="00"/>
11	Any refunds or overpayment applied (amended return only)	11	<input "="" type="text" value="("/>	<input type="text" value="00"/>
12	Total of lines 8 through 11	12	<input type="text"/>	<input type="text" value="00"/>
13	Overpayment (if line 12 is larger than line 7 enter amount overpaid)	13	<input type="text"/>	<input type="text" value="00"/>
14	Amount of line 13 to be credited to 2025 estimated tax (original return only)	14	<input type="text"/>	<input type="text" value="00"/>



Oklahoma Return of Organization Exempt from Income Tax

Name of Organization: MASONIC CHARITY FOUNDATION OF OKLAH	Federal Employer Identification Number: 73-6097262
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Amount from line 14 on page 1 00

Line 15 provides you the opportunity to make a financial gift from your refund to a variety of Oklahoma organizations. Place the line number of the organization from page 4 of this form in the box below and enter the amount you are donating. If giving to more than one organization, put a "99" in the box and attach a schedule showing how you would like your donation split.

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) Refund	17	 00

<p>Direct Deposit Note: →</p> <p>All refunds must be by direct deposit. See Direct Deposit Information on page 5 for details.</p>	<p>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</p> <p>Deposit my refund in my: <input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account</p> <p>Routing Number: </p> <p>Account Number: </p>
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18	Tax Due (if line 7 is larger than line 12 enter tax due)	Tax Due 18	 00
19	For delinquent payment, add penalty of 5% plus interest at 1.25% per month	19	 00
20	Underpayment of estimated tax interest <input type="checkbox"/> Annualized	20	 00
21	Total tax, penalty and interest due - Add lines 18-20; pay in full with return Balance Due	21	 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	Date
Printed Name JOHN LOGAN	
Title EXECUTIVE DIREC	Phone Number 4053487500

Check this box if the Oklahoma Tax Commission may discuss this return with your tax preparer.

Signature of Preparer JOSH MULLINS	Date
Printed Name of Preparer JOSH MULLINS	
Phone Number: 4053480615	Preparer's PTIN: P01602326

SCHEDULE 512-E-X: AMENDED RETURN SCHEDULE (See instructions on page 3)

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, **provide** a complete copy of the RAR.

C Explanation or reason for amended return (**provide** all necessary schedules):

Do not staple documentation to this form. To attach items, please use a paper clip.

Mailing Address for this form: PO Box 26800, Oklahoma City, OK 73126-0800

The Oklahoma Tax Commission is not required to give actual notice to taxpayers of changes in any state tax law.