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Form 990

## Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Open to Public

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements. Inspection Internal Revenue Service September 30 , 20 09 For the 2008 calendar year, or tax year-beginning --- October 1 2008, and ending D Employer Identification number C Name of organization WEST GATE LODGE #623 F. A.M. Please Check if applicable Doing Business As 4116238 Address change label or print or Number and street (or P.O. box if mail is not delivered to street address) Telephone number Room/suite Name change type. 2925 W BROAD ST (614)274-6330 Initial return Specific City or town, state or country, and ZIP + 4 Termination Instruc-COLUMBUS OH 43204-2647 G Gross receipts \$ 34,715 Amended return F Name and address of principal officer. H(a) Is this a group return for affiliates? Yes No Application pending Ronald E Craven, WM 136 S Sylvan Ave Cols OH 43204 H(b) Are all affiliates included? Thes No Tax-exempt status: If "No," attach a list. (see instructions) Website: ▶ www.freeweb/westgatelodge.com H(c) Group exemption number ▶ Type of organization: ☐ Corporation ☐ Trust ☐ Association ☐ Other ▶ Fraternal L Year of formation: 1914 M State of legal domicile: OH Summary Briefly describe the organization's mission or most significant activities: Fraternal brotherhood to make men better; Governance 2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets. 3 3 Number of voting members of the governing body (Part VI, line 1a) . . . . 4 8 Number of independent voting members of the governing body (Part VI, line 1b) 5 0 6 0 Total number of volunteers (estimate if necessary) 7a Total gross unrelated business revenue from Part VIII, line 12, column (C). 7a -0b Net unrelated business taxable income from Form 990-T, line 34. 7b -0-**Current Year** 2.807 31,304 Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2q) . 25.212 10 Investment income (Part VIII, column (A) lines 3, 4, and 70) 11. Other revenue (Part VIII, column (A), lines 5, 60, 80, 90, 100, and 13. 5.590 (9.496)5,575 12,907 Total revenue—add lines 8 through 11 (must equal Part VIII, column (Affiline 12) 41,957 34,715 SCANNED ATA 800 Grants and similar amounts paid (Part IX, of Line), Mes (1 13) 761 Benefits paid to or for members (Part IX, column (A), line 4) 600 -0-15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) では、自然を存むら b Total fundraising expenses (Part IX, column (D), line 25) ▶ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . . 34.965 54,951 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25). 44,765 55,712 6 Revenue less expenses. Subtract line 18 from line 12 (2.808)(20,997)ھ Beginning of Year End of Year 556,321 554,589 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) 5.990 -0-Net assets or fund balances. Subtract line 21 from line 20 550,331 554,589 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge paration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Here Type or print name and title Check if Preparer's identifying number Preparer's (see instructions) signature employed ► 🚺 Paid P00205302 Preparer's Firm's name (or yours PATRICIA M GORMAN Use Only

979 WILTSHIRE RD, COLUMBUS OH 43204

274-6671

Phone no. ► ( 614 )

| Pai       | Statement of Program Service Accomplishments (see instructions)  |
|-----------|--|
| 1 ,       | Briefly describe the organization's mission: Fraternal brotherhood to make men better; Charity   |
|           |  |
| 2         | Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?   |
| 3         | Did the organization cease conducting, or make significant changes in how it conducts, any program services?   |
|           | If "Yes," describe these changes on Schedule O.  |
| 4         | Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.   |
| 4a        | (Code:) (Expenses \$12,147 including grants of \$) (Revenue \$) Charitable support of Ohio Masonic Home for the Elderly, fraternal teachings to the membership, charitable support for adjunct Masonic bodies (Eastern Star, Job's Daughters, etc.), charitable support for Special Olympics from a membership in excess of 400 and social discourse with the general public at large (i.e., dances, ice cream socials, dinners, etc.) |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |
|           | (Code:) (Expenses \$including grants of \$) (Revenue \$)   |
| 70        | (Code:) (Expenses \$) (Nevenue \$)   |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |
| 4c        | (Code:) (Expenses \$ including grants of \$) (Revenue \$)  |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |
|           |  |
|           | Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )  |
| <u>4e</u> | Total program service expenses ▶ \$ 12,147 (Must equal Part IX, Line 25, column (B).)  |

| Par      | t IV Checklist of Required Schedules  |          |          |          |
|----------|---|----------|----------|----------|
|          |   |          | Yes      | No       |
| Ì        | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A   | 1        |          | 1        |
| 2        | Is the organization required to complete Schedule B, Schedule of Contributors?  | 2        |          | - 1      |
| 3        | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  | 3        |          | 1        |
| 4        | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II   | 4        |          |          |
| 5        | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III   | 5        |          |          |
| 6        | Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? if "Yes," complete Schedule D, Part I                   | 6        |          | 1        |
| 7        | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II                                      | 7        |          | 1        |
| 8        | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III   | 8        |          | ✓        |
| 9        | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9        |          | 1        |
| 10       | Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V   | 10       |          | ✓        |
| 11       | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, IX, or X as applicable   | 11       | 1        |          |
| 12       | Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII                                   | 12       |          | 1        |
| 13       | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13       |          | 1        |
| 14a      | Did the organization maintain an office, employees, or agents outside of the U.S.?  | 14a      |          | <b>✓</b> |
| b        | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I                                      | 14b      |          | 1        |
| 15       | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II                                       | 15       |          | <b>✓</b> |
| 16       | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III   | 16       |          | <b>√</b> |
| 17       | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I  | 17       | _        | <b>✓</b> |
| 18       | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18<br>19 |          | 1        |
| 19       | Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III   | 20       |          | 1        |
| 20<br>21 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H   | 21       | -        | 1        |
| 22       | Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III  | 22       |          | 1        |
| 23       | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J   | 23       |          | 1        |
| 24a      | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions                                   |          | ·        |          |
|          | 24b–24d and complete Schedule K. If "No," go to question 25.  | 24a      |          | 1        |
| b        | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?   | 24b      | <u> </u> | <b>√</b> |
| C        | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  | 24c      |          | 1        |
| d        | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?   | 24d      |          | <b>✓</b> |
| 25a      | with a disqualified person during the year? If "Yes," complete Schedule L, Part I   | 25a      |          |          |
| b        | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I  | 25b      |          |          |
| 26       | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II              | 26       |          | 1        |
| 27       | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule I. Part III.                         | 27       |          | /        |

Part IV Checklist of Required Schedules (continued)

|    |   |  | Yes    | No                                    |
|----|---|--|--------|---------------------------------------|
| 28 | During the tax year, did any person who is a current or former officer, director, trustee, or key employee:   | * * * * * * * * * * * * * * * * * * *  |        | XX.                                   |
| а  | Have a direct business relationship with the organization (other than as an officer, director, trustee, or  | 13 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |        | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
|    | employee), or an indirect business relationship through ownership of more than 35% in another entity  | 100                                    | 400    | 344                                   |
|    | (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV   | 28a                                    | تكثبتك | المنطقة المدارات<br>المالية           |
| _  |   | 200                                    |        | <u> </u>                              |
| D  | Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV   | 28b                                    |        | 1                                     |
| C  | Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV | 28c                                    |        | 1                                     |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  | 29                                     |        | 1                                     |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified  |  |        | <u> </u>                              |
| 00 | conservation contributions? If "Yes," complete Schedule M   | 30                                     |        | 1                                     |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I  | 31                                     |        | 1                                     |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  | 32                                     |        | 1                                     |
| 33 | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I                                | 33                                     |        | 1                                     |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1   | 34                                     |        | 1                                     |
| 35 | Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2   | 35                                     |        | 1                                     |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.   | 36                                     |        |                                       |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization  |  |        |                                       |
|    | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI  | 37                                     |        | 1                                     |

Form **990** (2008)

| Pai    | t V Statements Regarding Other IRS Filings and Tax Compliance  |                         |          |  |  |  |
|--------|--|-------------------------|----------|--|--|--|
|        |  |                         | Yes      | No   |  |  |
| Ίa     | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of   |                         | į.       | 3-   |  |  |
|        | U.S. Information Returns. Enter -0- if not applicable  | ار از این<br>این از این |          |  |  |  |
| b      | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b -0-   |                         | 1 T 1 1  | 1. 1.  |  |  |
| C      | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable  | 14                      |          | . ` *  |  |  |
|        | gaming (gambling) winnings to prize winners?   | 1c                      |          | 24.1   |  |  |
| 2a     | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax  | 1. S                    | -        |  |  |  |
|        | Statements, filed for the calendar year ending with or within the year covered by this return 2a -0-   |                         |          |  |  |  |
| b      | If at least one is reported on line 2a, did the organization file all required federal employment tax returns?   | 2b                      |          | 11.  |  |  |
|        | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see   |                         | 4        | 1  |  |  |
| 2-     | Instructions)  | 28.                     | 10 P     | 100  |  |  |
| Ja     | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?   | 3a                      | المتفت   | 1  |  |  |
| b      | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O   | 3b                      |          | Ť  |  |  |
|        | At any time during the calendar year, did the organization have an interest in, or a signature or other authority  |                         |          |  |  |  |
| 74     | over, a financial account in a foreign country (such as a bank account, securities account, or other financial   |                         |          |  |  |  |
|        | account)?  | 4a                      |          | 1  |  |  |
| b      | If "Yes," enter the name of the foreign country: ▶   | ~* T                    |          | '  |  |  |
|        | See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank  | -ž, '-                  |          |  |  |  |
|        |  | <u> رو ر</u>            |          | <u>ئىن</u>                                       |  |  |
| 5a     | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  | 5a                      |          | 1  |  |  |
| b      | , , , , , , , , , , , , , , , , , , ,  | 5b                      | $\vdash$ | <b>✓</b>   |  |  |
| С      | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity   | 50                      |          |  |  |  |
| 6-     | Regarding Prohibited Tax Shelter Transaction?  | 5c<br>6a                |          | 1  |  |  |
|        | Did the organization solicit any contributions that were not tax deductible?   | - Ga                    |          | \ <u> </u>                                       |  |  |
| D      | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  | 6b                      |          | ĺ  |  |  |
| 7      | Organizations that may receive deductible contributions under section 170(c).  | 12.5                    |          |  |  |  |
| а      | Did the organization provide goods or services in exchange for any quid pro quo contribution of more than  | 8                       |          |  |  |  |
|        | \$75?  |                         |          |  |  |  |
| b      | If "Yes," did the organization notify the donor of the value of the goods or services provided?  | 7b                      |          |  |  |  |
| C      | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was   |                         |          |  |  |  |
|        | required to file Form 8282?  | 7c                      |          | <b>√</b>   |  |  |
|        | If "Yes," indicate the number of Forms 8282 filed during the year  | 3. 3° 2                 | A. 4.    | Jan. 7   |  |  |
| е      | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal  | 7e                      | عمقت     | المستنا  |  |  |
|        | benefit contract?  | 7f                      |          | ✓  |  |  |
| f<br>g | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For all contributions of qualified intellectual property, did the organization file Form 8899 as required?  | 7g                      |          | <del>                                     </del> |  |  |
| h      | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as  | •                       |          |  |  |  |
| ••     | required?  | 7h                      |          |  |  |  |
| 8      | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section   |                         | 100      | 25   |  |  |
|        | 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring  | r days                  | 3 1 2 30 |  |  |  |
|        | organization, have excess business holdings at any time during the year?   | 8                       |          |  |  |  |
| 9      | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.  | - v - c                 | -,-,     |  |  |  |
| а      | Did the organization make any taxable distributions under section 4966?  | 9a                      |          | <b></b>  |  |  |
| b      | Did the organization make a distribution to a donor, donor advisor, or related person?   | 9b                      |          |  |  |  |
| 10     | Section 501(c)(7) organizations. Enter:  | F                       |          |  |  |  |
| a      | Initiation fees and capital contributions included on Part VIII, line 12   | 2                       |          | 1/2  |  |  |
| 11     | the state of the s |                         | f        | A  |  |  |
| 11     | Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders  |                         |          | ز پر مر  |  |  |
| a<br>b | Gross income from other sources (Do not net amounts due or paid to other sources against   | p                       |          |  |  |  |
| IJ     | amounts due or received from them.)  | 37                      |          |  |  |  |
| 12a    | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?   | 12a                     |          |  |  |  |
| b      | If "Yes," enter the amount of tax-exempt interest received or accrued during the year.   12b   |                         |          | ٠.,  |  |  |

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

| <u>3ec</u> | tion A. Governing Body and Management   |           |  |              |
|------------|---|-----------|--|--------------|
|            |   |           | Yes                                      | No           |
|            | For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the             | 167 °     | 7 18 18 18 18 18 18 18 18 18 18 18 18 18 | 1            |
|            | circumstances, processes, or changes in Schedule O. See instructions.   | 30        | 100                                      |              |
| 1a         | Enter the number of voting members of the governing body  | 4 1 7 7 1 |  |              |
| þ          | Enter the number of voting members that are independent   | 20        | 6  |              |
| 2          | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with        | منتشد     | - NET 35                                 | الكناث       |
|            | any other officer, director, trustee, or key employee?  | 2         |  | <b>√</b>     |
| 3          | Did the organization delegate control over management duties customarily performed by or under the direct             |           |  | ,            |
|            | supervision of officers, directors or trustees, or key employees to a management company or other person? .           | 3         |  | <b>√</b>     |
| 4          | Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4         |  | <del>,</del> |
| 5          | Did the organization become aware during the year of a material diversion of the organization's assets?               | 5         |  | -√           |
| 6          | Does the organization have members or stockholders?   | 6         | <b>V</b>                                 | <u> </u>     |
| 7a         | Does the organization have members, stockholders, or other persons who may elect one or more members                  |           |  |              |
|            | of the governing body?  | 7a        |  | <b>√</b>     |
| b          | Are any decisions of the governing body subject to approval by members, stockholders, or other persons?               | 7b        | War 2                                    | <b>√</b>     |
| 8          | Did the organization contemporaneously document the meetings held or written actions undertaken during                | RUCH      | Sala S. B.                               |              |
|            | the year by the following:  |           | -20                                      | لسنتك        |
| а          | The governing body?   | 8a        | 4  |              |
| b          | Each committee with authority to act on behalf of the governing body?   | 8b        | 1  | ļ <u>.</u>   |
| 9a         | Does the organization have local chapters, branches, or affiliates?   | 9a        |  | ✓_           |
| b          | If "Yes," does the organization have written policies and procedures governing the activities of such chapters,       | ļ         |  |              |
|            | affiliates, and branches to ensure their operations are consistent with those of the organization?                    | 9b        |  |              |
| 10         | Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations       |           |  |              |
|            | must describe in Schedule O the process, if any, the organization uses to review the Form 990                         | 10        | <b>√</b>                                 |              |
| 11         | Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at    |           |  |              |
|            | the organization's mailing address? If "Yes," provide the names and addresses in Schedule O                           | 11        |  | ✓            |
| Sec        | tion B. Policies  |           |  |              |
|            |   |           | Yes                                      | No           |
| 12a        | Does the organization have a written conflict of interest policy? If "No," go to line 13                              | 12a       |  | ✓            |
| b          | Are officers, directors or trustees, and key employees required to disclose annually interests that could give        |           |  |              |
|            | rise to conflicts?  | 12b       |  |              |
| C          | Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"            |           |  |              |
|            | describe in Schedule O how this is done   | 12c       |  |              |
| 13         | Does the organization have a written whistleblower policy?  | 13        |  | 4            |
| 14         | Does the organization have a written document retention and destruction policy?                                       | 14        | CONT. CONT.                              | 4            |
| 15         | Did the process for determining compensation of the following persons include a review and approval by                | Alecces . | 3  | 製的           |
|            | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision:         |           | 172                                      | THE R        |
| а          | The organization's CEO, Executive Director, or top management official?   | 15a       |  |              |
| b          | Other officers or key employees of the organization?  | 15b       | -52                                      |              |
|            | Describe the process in Schedule O. (see instructions)  | . 3       | The same                                 | 5.5          |
| 16a        | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement        | ~~~       | 2.16.3                                   | لتنشأ        |
|            | with a taxable entity during the year?  | 16a       |  | ✓            |
| b          | If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate           |           |  |              |
|            | its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard        |           |  | تث           |
|            | the organization's exempt status with respect to such arrangements?   | 16b       |  | <u> </u>     |
| <u>Sec</u> | tion C. Disclosure  |           |  |              |
| 17         | List the states with which a copy of this Form 990 is required to be filed ▶  |           |  |              |
| 18         | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(or          | s(8)(3    | only)                                    |              |
|            | available for public inspection. Indicate how you make these available. Check all that apply.                         | -         |  |              |
|            | ☐ Own website ☐ Another's website ☑ Upon request  |           |  |              |
| 19         | Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict             | of inte   | erest                                    |              |
|            | policy, and financial statements available to the public.   |           |  |              |
| 20         | State the name, physical address, and telephone number of the person who possesses the books and reco                 | rds o     | f the                                    |              |
|            | organization: ▶ Secretary, West Gate Lodge # 623, 2925 West Broad St, Columbus, OH 43204-2647                         |           |  |              |
|            | (614) 274-6330  |           |  |              |

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

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

[7] Check this box if the organization did not compensate any officer, director, trustee, or key employee. (F) Name and Title Average Position (check all that apply) Reportable Reportable Estimated compensation hours per compensation amount of Officer Highest compensated employee Individual trustee Institutional trustee ₹ from related week from other director compensation employee the organizations (W-2/1099-MISC) organization from the (W-2/1099-MISC) organization and related organizations **Arthur Groves** 4-6 114 Kings Way, West Jefferson, OH 43162 Wichael D Martin, Jr 4-6 6556 Cabin Croft, Galloway, OH 43119 Frederick O Rake 4 - 6 1749 White Road, Grove City, OH 43123 Ronald E Craven - Master 8 - 10 136 S Sylvan Ave, Columbus, OH 43204 Carey O Jamison - Senior Warden 6 - 8 3823 Neff Rd, Grove City, OH 43123 Adam B Cummins - Junior Warden 6 - 8 4694 Winterset Dr. Columbus, OH 43205 David A Colborn - Treasurer 4 - 6 1801 Hiner Rd, Orient, OH 43146 Philip R Miller - Secretary 15 - 20 5703 Magna Carta Cir, Galloway, OH 43119

| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) |  |                      |                                   |               |              |                 |  |  |                         |                           |             |   |
|---|--|----------------------|-----------------------------------|---------------|--------------|-----------------|--|--|-------------------------|---------------------------|-------------|---|
|   | (A)  | (B)                  | • •                               |               |              |                 | (D)  | (E)  |                         | (F)                       |             |   |
| ٠   | Name and title   | Average<br>hours per |                                   | <u> </u>      |              | ck all that app |  |  | Reportable compensation | Reportat<br>compensa      |             | Estimated<br>amount of                  |
|   |  | week                 | or div                            | nstit         | Officer      | δ<br>ey         | engy.  | Former                                       | from                    | from rela                 | ted         | other                                   |
|   |  |                      | Individual trustee<br>or director | Institutional | _d_          | / employee      | Highest compensated employee                     | Ę  | organization            | organizati<br>(W-2/1099-I |             | from the                                |
|   |  |                      | 7 72                              |               |              | )<br>Ve         | THO THE  |  | (W-2/1099-MiSC)         |                           |             | organization<br>and related             |
|   |  |                      | tee                               | trustee       |              | "               | ensa   |  |                         |                           |             | organizations                           |
|   |  |                      |                                   |               | Ĺ            |                 | 8  | <u> </u>                                     |                         |                           |             |   |
|   |  |                      |                                   |               |              |                 |  |  |                         |                           |             |   |
|   |  |                      | ├                                 | $\vdash$      | -            | <u> </u>        | <del> </del>                                     | <u> </u>                                     |                         |                           |             |   |
|   |  |                      |                                   |               |              |                 |  |  |                         |                           |             | ļ                                       |
|   |  |                      |                                   |               |              |                 |  |  |                         |                           |             |   |
|   |  |                      |                                   |               |              |                 |  |  |                         |                           |             |   |
|   |  |                      |                                   | -             | -            | -               |  | -  |                         |                           |             |   |
|   |  |                      |                                   | _             |              |                 |  |  |                         |                           |             |   |
|   |  |                      |                                   |               |              |                 |  | ļ  |                         |                           |             |   |
|   | · · · · · · · · · · · · · · · · · · ·  |                      |                                   | <u> </u>      | <del> </del> | _               | <del>                                     </del> | <del> </del>                                 |                         |                           | <del></del> |   |
|   |  |                      | <u> </u>                          |               | _            |                 |  | $oxed{oldsymbol{oldsymbol{oldsymbol{eta}}}}$ |                         |                           |             |   |
|   |  |                      |                                   |               |              |                 |  |  |                         |                           |             |   |
|   |  |                      |                                   |               |              |                 |  |  |                         |                           |             |   |
|   |  |                      |                                   | ļ             |              |                 |  | ļ  |                         |                           |             |   |
|   |  |                      |                                   | L             | -            | -               | -  | _  |                         |                           |             |   |
|   |  |                      |                                   | L             | <u> </u>     | _               |  |  |                         |                           |             |   |
|   |  |                      |                                   |               |              |                 |  |  |                         |                           |             |   |
|   | •  |                      | <u> </u>                          | -             |              | $\vdash$        | <del> </del>                                     | $\vdash$                                     |                         |                           |             |   |
|   |  |                      |                                   |               |              |                 | ļ  |  |                         |                           |             |   |
| 1b  | Total  |                      |                                   |               |              |                 |  | <b>•</b>                                     | -0-                     |                           | -0-         | -0-                                     |
| 2   | Total number of individuals (including those   | e in 1a) wh          | no rec                            | eive          | ed r         | nor             | e thar   | า \$1  | 00,000 in repo          | rtable con                | npens       | ation from the                          |
|   | organization > -0-   |                      |                                   |               |              |                 |  |  |                         |                           |             | Yes No                                  |
| 3   | Did the organization list any former office  | r director           | or tr                             | ucto          |              |                 | omal   | 0110   | a ar highaet e          | omponent                  | ~ d         |   |
| 3   | employee on line 1a? If "Yes," complete S  |                      |                                   |               |              |                 |  |  | _                       | ompensau                  |             | 3 🗸                                     |
| 4   | For any individual listed on line 1a, is the s                                       |                      |                                   |               |              |                 |  | ane  |                         |                           |             |   |
|   | the organization and related organizations individual.                               | greater tha          | ın \$15                           | 50,0          | 007          | If '            | "Yes,"   | co.  | mplete Schedu           | le J for su               |             | 4 1                                     |
| 5   | Did any person listed on line 1a receive services rendered to the organization? If " | or accrue            | com                               | oen:          | sati         | on '            | from   | any  | unrelated org           |                           |             | 5 🗸                                     |
| Sec   | tion B. Independent Contractors  |                      |                                   |               |              | ,               |  |  |                         | • • •                     | ·           | <u> </u>                                |
| 1   | Complete this table for your five highest co-<br>compensation from the organization. | ompensate            | ed ind                            | epe           | nde          | ent o           | contra   | acto   | rs that receive         | d more tha                | an \$10     | 00,000 of                               |
|   | (A)<br>Name and business add   | tress                |                                   |               |              |                 |  |  | (B)<br>Description of s | ervices                   |             | (C)<br>Compensation                     |
| N/A   | <del></del>  |                      |                                   |               |              |                 |  |  |                         |                           | $\vdash$    |   |
|   |  | ····                 |                                   |               |              |                 |  |  |                         |                           |             |   |
|   |  |                      |                                   |               |              |                 | · · ·  | -  |                         |                           | _           | · - · · · · · · · · · · · · · · · · · · |
|   |  |                      |                                   |               |              |                 |  |  |                         |                           |             | an and the second                       |
| 2   | Total number of independent contractors compensation from the organization ▶ ¬       |                      | those                             | ın            | 1) w         | vho             | recer  | ved  | more than \$10          | 00,000 in                 |             |   |

compensation from the organization ▶ -0-

| Par   | t VIII        | Statement of Re  |                      |              |                                       |  |  |  |  |
|---|---------------|--|----------------------|--------------|---------------------------------------|--|--|--|--|
|   |               |  |                      |              |                                       | (A)<br>Total revenue   | (B) Related or exempt function revenue   | (C) Unrelated business revenue   | (D) Revenue excluded from tax under sections 512, 513, or 514  |
| grants  |               | Federated campaigns Membership dues  | <b>.</b>             | la lb        | 25,358                                | the salar is not   |  |  |  |
| s, gifts,<br>nilar ar                                     | d             | Fundraising events Related organizations   |                      | ld           | 2,598                                 | The state of the s |  |  |  |
| Contributions, gifts, grants<br>and other similar amounts | 1             | Government grants (contributions, gifts, gand similar amounts not include                        | grants,              | le l         | 3,348                                 |  |  |  |  |
| Cont  |               | Noncash contributions include<br>Total. Add lines 1a-1f  | d in lines 1a-11     | f: \$        |                                       | 31,304   |  |  |  |
| Program Service Revenue                                   | 2a<br>b       |  |                      | -            | Business Code                         |  |  |  | A STATE OF THE STA |
| am Service  | c<br>d<br>e   |  |                      |              | · · · · · · · · · · · · · · · · · · · |  |  |  |  |
| Progra  | f<br>g        | All other program serving Total. Add lines 2a-2f   | ce revenue           | . L          | ▶                                     |  |  | \$ 100 mm 1  |  |
|   | 3             | Investment income (incother similar amounts)   | luding divid         |              | _                                     | 3,956  | 3,956  |  |  |
|   | 4<br>5        | Income from investment of Royalties  | f tax-exemp          | t bond p     | oroceeds  (ii) Personal               | 6 200 % ·  | and Reference on the second  | A 2940   | ~~~) <u>6.13</u> #2.64   |
|   | 1             | Gross Rents<br>Less: rental expenses   |                      | ,907         | (i) Fersonal                          |  |  |  |  |
|   | d             | Rental income or (loss)<br>Net rental income or (lo  | oss)                 | ,907         |                                       | 12,907   | 12,907   |  |  |
|   |               | Gross amount from sales of assets other than inventory  Less. cost or other basis                | (i) Securities<br>25 | ,000         | (ii) Other                            |  |  |  |  |
|   | С             | and sales expenses . Gain or (loss)  |                      | ,452<br>452) |                                       |  |  |  |  |
| une   | l .           | Gross income from  | fundraisin           |              | · · · · •                             | (13,452)   | (13,452)   | and the same of th |  |
| Other Reven   |               | events (not including \$ of contributions reported See Part IV, line 18                          | d on line 1d         | c).          |                                       |  |  |  |  |
| ₽   | C             | Net income or (loss) fro   |                      | ·            | ents ▶                                |  |  |  |  |
|   |               | Gross income from gam<br>See Part IV, line 19<br>Less: direct expenses,                          |                      | a L          |                                       |  |  |  |  |
|   | C             | Net income or (loss) fro   | om gaming            | activiti     | es , . <b>&gt;</b>                    | the part of the pa |  |  |  |
|   | b             | Gross sales of inverteurns and allowances<br>Less: cost of goods so<br>Net income or (loss) from | <br>ld               | a<br>b       | , , , , <b>▶</b>                      |  |  |  |  |
|   |               | Miscellaneous Reve   |                      |              | Business Code                         |  | Ext. 1   |  |  |
|   | 11a<br>b<br>c |  |                      |              |                                       |  |  |  |  |
|   | 4             | All other revenue Total. Add lines 11a-1   | <br>1d               | . C          | ▶                                     | -0-  | Service of the servic |  | The state of the state of  |
|   | 12            | Total Revenue. Add III 9c, 10c, and 11e  | nes 1h, 2g,          | 3, 4, 5      | , 6d, 7d, 8c,                         | 34,715   | 3,411  |  |  |

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

| ٠        | All other organizations must complete co   | iumn (A) but are no  | ot required to com           | piete columns (B),   | (C), and (D).                     |
|----------|--|--|------------------------------|--|-----------------------------------|
|          | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.   | (A)<br>Total expenses  | (B) Program service expenses | (C)<br>Management and<br>general expenses  | (D)<br>Fundraising<br>expenses    |
| 1        | Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21  | 761  | 761                          |  |                                   |
| 2        | Grants and other assistance to individuals in the U.S. See Part IV, line 22  |  |                              |  |                                   |
| 3        | Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16   |  |                              |  |                                   |
| 4        | Benefits paid to or for members  |  |                              | The state of the s | A 2 3 . 15 . 12 8                 |
| 5        | Compensation of current officers, directors, trustees, and key employees   |  |                              |  |                                   |
| 6        | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)                              |  |                              |  |                                   |
| 7        | Other salaries and wages   |  |                              |  |                                   |
| 8        | Pension plan contributions (include section 401(k) and section 403(b) employer contributions)  |  |                              |  |                                   |
| 9        | Other employee benefits  |  |                              |  |                                   |
| 10       | Payroll taxes  |  |                              |  |                                   |
| 11       | Fees for services (non-employees):   |  |                              |  |                                   |
| а        | Management   |  |                              |  |                                   |
| b        | Legal,   |  |                              |  |                                   |
| C        | Accounting   |  |                              |  |                                   |
| d        | Lobbying   |  |                              |  |                                   |
| е        | Professional fundraising services. See Part IV, line 17  |  | <b>第一条,源小</b> 章              | <b>深度深度的现在分</b> 位  |                                   |
| f        | Investment management fees   |  |                              |  |                                   |
| q        | Other  |  |                              |  |                                   |
| 12<br>12 | Advertising and promotion  | 379  | 379                          |  |                                   |
| 13       | Office expenses  | 3,200  | 1,638                        | 1,562  |                                   |
| 14       | Information technology   | -,   | ,,                           |  |                                   |
|          |  |  |                              |  |                                   |
| 15<br>16 | •  |  |                              |  |                                   |
| 16<br>   | Occupancy  |  |                              | <del></del>  |                                   |
| 17       | Travel   |  |                              | <del></del>  |                                   |
| 18       | Payments of travel or entertainment expenses for any federal, state, or local public officials   |  |                              |  |                                   |
| 19       | Conferences, conventions, and meetings .   |  | <u> </u>                     |  |                                   |
| 20       | Interest   |  |                              | <u> </u>   |                                   |
| 21       | Payments to affiliates   |  |                              |  |                                   |
| 22       | Depreciation, depletion, and amortization.   |  | ļ. <del></del>               |  |                                   |
| 23       | Insurance  | 3,572  | F 51 3 1 2 25 5 1 1 2 2 3    | 3,572  | 34/23 8 17 This 2 Table 2 Table 2 |
| 24       | Other expenses. Itemize expenses not covered above. (Expenses grouped together   |  |                              |  |                                   |
|          | and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)   | The same of the sa |                              |  |                                   |
| a        |  |  | ļ                            |  | <b></b>                           |
| þ        |  |  |                              |  |                                   |
| C        |  |  |                              |  |                                   |
| d        |  |  |                              |  |                                   |
| e        |  |  |                              |  |                                   |
| f        | All other expenses Statement Attached  | 47,800   |                              | <del></del>  |                                   |
| 25_      | Total functional expenses. Add lines 1 through 24f   | 55,712   | 12,147                       | 43,555   |                                   |
| 26       | Joint Costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and |  |                              |  |                                   |

| Pa            | rt X    | Balance Sheet  |                                      |         |   |
|---------------|---------|--|--------------------------------------|---------|---|
| •             |         |  | (A)<br>Beginning of year             |         | (B)<br>End of year  |
|               | 1       | Cash—non-interest-bearing  | 2,177                                | 1       | 15,827  |
| -             | 2       | Savings and temporary cash investments   | <sup>-</sup> 39,772                  | 2       | 48,572  |
|               | 3       | Pledges and grants receivable, net   |                                      | 3       |   |
|               | 4       | Accounts receivable, net   |                                      | 4       |   |
|               | 5       | Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L.                      |                                      | 5       |   |
| Assets        | 6       | Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L |                                      | 6       |   |
|               | 7       | Notes and loans receivable, net  | ļ                                    | 7       |   |
|               | 8       | Inventories for sale or use  | <u> </u>                             | 8       |   |
| 1             | 9       | Prepaid expenses and deferred charges  | Service Control Marie                | 9       |   |
|               | 10a     | Land, buildings, and equipment: cost basis 10a 459,570   |                                      |         |   |
|               | b       | Less: accumulated depreciation. Complete Part VI of Schedule D   | 459,570                              | 10c     | 459,570   |
|               | 11      | Investments—publicly traded securities   |                                      | 11      |   |
|               | 12      | Investments—other securities. See Part IV, line 11   | 54,802                               | 12      | 30,620  |
|               | 13      | Investments—program-related. See Part IV, line 11  |                                      | 13      | <u> </u>  |
|               | 14      | Intangible assets  |                                      | 14      |   |
|               | 15      | Other assets. See Part IV, line 11   |                                      | 15      |   |
|               | 16      | Total assets. Add lines 1 through 15 (must equal line 34)  | 556,321                              |         | 554,589   |
|               | 17      | Accounts payable and accrued expenses  | 5,990                                | +       | -0-   |
| :             | 18      | Grants payable   | <u> </u>                             | 18      | <u> </u>  |
|               | 19      | Deferred revenue   |                                      | 19      |   |
|               | 20      | Tax-exempt bond liabilities  |                                      | 20      |   |
| ijes          | 21      | Escrow account liability. Complete Part IV of Schedule D   | 20 8 4 2 740 2 740 A A A A A A A A A | 21      | lan. Establish of the higher points of the hadres and the |
| Liabilities   | 22      | Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified                                     |                                      |         |   |
|               |         | persons. Complete Part II of Schedule L  |                                      | 22      |   |
|               | 23      | Secured mortgages and notes payable to unrelated third parties   |                                      | 23      |   |
|               | 24      | Unsecured notes and loans payable  |                                      | 24      |   |
|               | 25      | Other liabilities. Complete Part X of Schedule D   |                                      | 25      |   |
| _             | 26      | Total liabilities. Add lines 17 through 25   | 5,990                                | 26      | -0-   |
| ces           |         | Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.  |                                      |         |   |
| la            | 27      | Unrestricted net assets  |                                      | 27      |   |
| 89            | 28      | Temporarily restricted net assets  |                                      | 28      |   |
| ā             | 29      | Permanently restricted net assets  |                                      | 29      |   |
| or Fund Balan |         | Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.  |                                      |         |   |
| ţ             | 30      | Capital stock or trust principal, or current funds   | 90,761                               | 30      | 95,019  |
| Net Assets    | 31      | Paid-in or capital surplus, or land, building, or equipment fund   | 459,570                              | 31      | 459,570   |
| Ä             | 32      | Retained earnings, endowment, accumulated income, or other funds   |                                      | 32      |   |
| ě.            | 33      | Total net assets or fund balances  | 550,331                              | 33      | 554,589   |
|               | 34      | Total liabilities and net assets/fund balances   | 556,321                              | 34      | 554,589   |
| Pa            | irt XI  | Financial Statements and Reporting   |                                      |         |   |
|               |         |  |                                      |         | Yes No  |
| 1             | Acc     | ounting method used to prepare the Form 990: 🗹 Cash 🛛 Accrua   | l 🗌 Other                            |         | 7.5   |
| <b>2</b> a    |         | e the organization's financial statements compiled or reviewed by an inc   |                                      | t? .    | 1 1 2 1   |
| b             |         | e the organization's financial statements audited by an independent acc  | = -                                  |         | 2b √  |
| C             |         | es" to lines 2a or 2b, does the organization have a committee that assumes   |                                      | sight   | of  |
|               | the a   | audit, review, or compilation of its financial statements and selection of an ir   | ndependent accountant                | t? .    | . 2c √  |
| <b>3</b> a    |         | result of a federal award, was the organization required to undergo an   | audit or audits as set               | t forth | nın   |
|               |         |  |                                      |         | .   3a   √  |
| b             | i if "Y | 'es," did the organization undergo the required audit or audits?   |                                      |         | .   3b  |

#### SCHEDULE D (Form 990)

## **Supplemental Financial Statements**

OMB No. 1545-0047
2018
Open to Public

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

| Nam    | e of the organization—  |   |   | Employer identification number   |
|--------|---|---|---|--|
| WE     | AT GATE LODGE # 623 F. A.M.   |   |   | 31 4116238   |
| Pa     | organizations Maintaining Do  |   |   | ds or Accounts. Complete if  |
|        | the organization answered "Yes  | " to Form 990, Part IV, line (a) Donor advised funds                        |   | (b) Funds and other accounts   |
|        |   | (a) Donor advised funds   | S                                       | (b) Funds and other accounts   |
| 1      | Total number at end of year   |   |   |  |
| 2      | Aggregate contributions to (during year)  |   |   |  |
| 3      | Aggregate grants from (during year)   |   |   |  |
| 4      | Aggregate value at end of year .  |   |   |  |
| 5      | Did the organization inform all donors and funds are the organization's property, sub-  | ect to the organization's exclu   | usive legal contro                      | 1? Yes . No  |
| 6      | Did the organization inform all grantees, dused only for charitable purposes and not  |   |   |  |
|        |   | ior the benefit of the dollor of  |   |  |
| Pa     | rt II Conservation Easements. Com   |   |   |  |
| 1      | Purpose(s) of conservation easements held   | · · · · · · · · · · · · · · · · · · ·                                       |   | om 000, 1 dr. 17, mo 1.  |
| •      | Preservation of land for public use (e.g.   |   |   | an historically important land area                                      |
|        | Protection of natural habitat   | ., recreation or pleasure)  |   | f certified historic structure   |
|        | Preservation of open space  | _   | _ 1 10001 Valion 0                      |  |
| 2      | Complete lines 2a–2d if the organization hel  | d a qualified conservation conf   | tribution in the form                   | n of a conservation easement   |
|        | on the last day of the tax year.  |   |   |  |
|        |   |   |   | Held at the End of the Year  |
| а      | Total number of conservation easements .  |   |   | 2a   |
| b      | Total acreage restricted by conservation e  | asements  |   |  |
| C      | Number of conservation easements on a d   | certified historic structure inclu  | uded in (a), ,                          |  |
| d      | Number of conservation easements include  | ed in (c) acquired after 8/17/0   | 06                                      | 2d   |
| 3      | Number of conservation easements modified the taxable year ▶  | ed, transferred, released, exti   | nguished, or term                       | inated by the organization during  |
| 4      | Number of states where property subject   | to conservation easement is le  | ocated >                                |  |
| 5      | Does the organization have a written police enforcement of the conservation easement  |   | toring, inspection                      |  |
| 6      | Staff or volunteer hours devoted to monitor   | oring, inspecting, and enforcin   | g easements duri                        | ng the year▶   |
| 7      | Amount of expenses incurred in monitorin  | g, inspecting, and enforcing e  | asements during                         | the year▶ \$   |
| 8      | Does each conservation easement reported 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  | , , , , , , , , , , , , , , , , , , ,                                       | •                                       |  |
| 9      | In Part XIV, describe how the organization balance sheet, and include, if applicable, to  | he text of the footnote to the  |   |  |
|        | the organization's accounting for conserva  |   |   |  |
|        | organizations Maintaining Coll<br>Complete if the organization answers  |   |   | ner Similar Assets.  |
| 1a     | If the organization elected, as permitted unart, historical treasures, or other similar assignments, in Part XIV, the text of the footnot   | ets held for public exhibition, e   | ducation, or resea                      | arch in furtherance of public service,                                   |
| b      | If the organization elected, as permitted un<br>historical treasures, or other similar assets<br>provide the following amounts relating to<br>(i) Revenues included in Form 990, Part V<br>(ii) Assets included in Form 990, Part X | nder SFAS 116, to report in its held for public exhibition, ed these items: | s revenue stateme<br>ucation, or resear | ent and balance sheet works of art, ch in furtherance of public service, |
| 2      | If the organization received or held works following amounts required to be reported  | of art, historical treasures, o   | r other similar as                      | ,  |
| a<br>b | Revenues included in Form 990, Part VIII, Assets included in Form 990, Part X   | line 1  |   |  |

| Par      | t III Organizations Maintaini   | ng Collections          | of Art, Historic    | al Treasures,               | or Other Similar     | Assets (continued)  |  |  |  |
|----------|---|-------------------------|---------------------|-----------------------------|----------------------|---|--|--|--|
| <b>3</b> | Using the organization's accession items (check all that apply):  | and other record        | s, check any of     | the following th            | at are a significant | use of its collection   |  |  |  |
| а        | Public exhibition   |                         | d 🔲 1               | _oan or exchan              | ge programs          |   |  |  |  |
| _p_      | Scholarly research  |                         | e 🗀                 | Other                       | ge programs          |   |  |  |  |
| Ċ        | Preservation for future generat   | iońs                    |                     |                             |                      |   |  |  |  |
| 4        | Provide a description of the organiz Part XIV.  | ation's collections     | s and explain ho    | w they further t            | the organization's e | exempt purpose in   |  |  |  |
| 5        | During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? |                         |                     |                             |                      |   |  |  |  |
| Par      | Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.   |                         |                     |                             |                      |   |  |  |  |
|          | is the organization an agent, trustee included on Form 990, Part X?   |                         | <i></i>             |                             | ns or other assets   | not Yes No  |  |  |  |
| b        | If "Yes," explain the arrangement in  | Part XIV and cor        | nplete the follow   | ing table:                  |                      | A   |  |  |  |
|          |   |                         |                     |                             | <del></del>          | Amount  |  |  |  |
|          |   |                         |                     |                             | 1c                   |   |  |  |  |
|          | Additions during the year   |                         |                     |                             | 1d                   |   |  |  |  |
|          | Distributions during the year   |                         |                     |                             | 1e                   | ····  |  |  |  |
|          | Ending balance  |                         |                     |                             | 1f                   |   |  |  |  |
|          | Did the organization include an amo   |                         | , Part X, line 217  | '                           |                      | . LYes LNo  |  |  |  |
|          | If "Yes," explain the arrangement in Endowment Funds. Co.   |                         | zation application  | d "Voc" to Eo               | rm 000 Port IV       | lino 10   |  |  |  |
| r ai     | Endowment Funds. Co   | (a) Current year        | (b) Prior year      | <del></del>                 |                      | ack (e) Four years back   |  |  |  |
|          |   | (a) Current year        | (b) Filor year      | (c) Two years b             |                      | The second search and |  |  |  |
|          | Beginning of year balance   |                         |                     |                             |                      |   |  |  |  |
|          | Contributions   | <del> </del>            |                     |                             |                      |   |  |  |  |
|          | Investment earnings or losses   |                         |                     | 1000                        |                      |   |  |  |  |
|          | Grants or scholarships  | <del> </del>            |                     |                             |                      |   |  |  |  |
| е        | Other expenditures for facilities and programs  |                         |                     |                             |                      |   |  |  |  |
| •        | Administrative expenses   |                         |                     |                             |                      |   |  |  |  |
| 9        | End of year balance   | ····                    |                     |                             | THE PROPERTY OF THE  |   |  |  |  |
| 2        | Provide the estimated percentage of   | f the year end ba       | lance held as:      |                             |                      |   |  |  |  |
| а        | Board designated or quasi-endowm  | ent 🕨                   | %                   |                             |                      |   |  |  |  |
| b        | Permanent endowment ▶   | %                       |                     |                             |                      |   |  |  |  |
| C        | Term endowment ▶%   | )                       |                     |                             |                      |   |  |  |  |
| 3a       | Are there endowment funds not in th   | e possession of the     | ne organization th  | at are held and             | administered for th  | ne  |  |  |  |
|          | organization by:  |                         |                     |                             |                      | Yes No  |  |  |  |
|          | (i) unrelated organizations   |                         |                     |                             |                      | 3a(i)   |  |  |  |
|          | (ii) related organizations  |                         |                     |                             |                      | 3a(ii)  |  |  |  |
|          | If "Yes" to 3a(ii), are the related org   | anizations listed a     | s required on So    | chedule R?                  |                      | . 3b  |  |  |  |
| 4        | Describe in Part XIV the intended us  |                         |                     |                             | 1 1/ 1: 40           |   |  |  |  |
| Par      | t VI Investments—Land, Bu   |                         | <del></del>         | · · ·                       | τ X, line 10.        |   |  |  |  |
|          | Description of investment   | (a) Cost or of (investm | ent) bas            | ost or other<br>sis (other) | (c) Depreciation     | (d) Book value  |  |  |  |
| 1a       | Land  | 239,2                   |                     |                             |                      | 239,238   |  |  |  |
| b        | Buildings   | 160,7                   | 62                  |                             |                      | 160,762   |  |  |  |
| C        | Leasehold improvements  |                         |                     |                             | -                    |   |  |  |  |
|          | Equipment   | . 59,5                  | 70                  | <u> </u>                    |                      | 59,570  |  |  |  |
|          | Other   | <u> </u>                |                     |                             |                      |   |  |  |  |
| Total    | I. Add lines 1a-1e. (Column (d) should e  | equal Form 990, Pa      | rt X, column (B), l | ine 10(c).)                 |                      | 459.570   |  |  |  |

| Part VII Investments—Other Securitie                                   | s. See Form 990, Part | X, line 12.  |
|--|-----------------------|--|
| (a) Description of security or category (including name of security)   | (b) Book value        | (c) Method of valuation:<br>Cost or end-of-year market value   |
| Financial denvatives and other financial products                      |                       |  |
| Closely-held equity interests  |                       |  |
| Other  |                       |  |
| Cash Sweep Account   | 966                   | Cost   |
| Putnam Investments   | 29,654                | Cost   |
| ***************************************                                | -                     |  |
|  | -                     |  |
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|  | -                     |  |
|  | -                     |  |
| Total. (Column (b) should equal Form 990, Part X, col. (B) line 12.)   | 30,62                 | 20   |
| Part VIII Investments—Program Relate                                   |                       |  |
| (a) Description of investment type                                     | (b) Book value        | (c) Method of valuation:   |
|  |                       | Cost or end-of-year market value   |
|  |                       |  |
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| Total. (Column (b) should equal Form 990, Part X, col. (B) line 13)    |                       |  |
| Part IX Other Assets. See Form 990, Part IX                            | _ <b>L</b>            | THE STREET STREET STREET STREET STREET STREET  |
|  | (a) Description       | (b) Book value   |
|  |                       |  |
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| Total. (Column (b) should equal Form 990, Part X, co                   | ol (B) line 15.)      | <b>D</b>   |
| Part X Other Liabilities. See Form 990.                                |                       |  |
| (a) Description of liability   | , (b) Amount          | and the state of t |
| Federal income taxes   |                       |  |
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| Total. (Column (b) should equal Form 990, Part X, col. (B) line 25.) ▶ |                       |  |

| Page | 4 |
|------|---|
|      |   |

| Par     | t XI Reconciliation of Change in Net Assets from Form 99   | 0 to Financial Statemer                      | nts     |  |
|---------|--|--|---------|--|
| 1       | Total revenue (Form 990, Part VIII, column (A), line 12)   |  | 1       | 34,715   |
| ·2      | Total expenses (Form 990, Part IX, column (A), line 25)  |  | 2       | 55,712   |
| 3       | Excess or (deficit) for the year. Subtract line 2 from line 1  |  | 3       | (20,997)   |
| -4-     | Net unrealized gains (losses) on investments   |  | 4       | (5,978)  |
| 5       | Donated services and use of facilities   |  | 5       |  |
| 6       | Investment expenses  |  | 6       |  |
| 7       | Prior period adjustments   |  | 7 8     |  |
| 8       | Other (Describe in Part XIV)   |  | 9       | (5,978)  |
| 9<br>10 | Total adjustments (net). Add lines 4–8   |  | 10      | (26,975)   |
| حسنعم   | t XII Reconciliation of Revenue per Audited Financial St   |  |         |  |
| 1       | Total revenue, gains, and other support per audited financial statement  |  | 1       | 1  |
| 2       | Amounts included on line 1 but not on Form 990, Part VIII, line 12:  | <i>,</i> , , , , , , , , , , , , , , , , , , | P 1 2 8 | 7  |
| a       | Net unrealized gains on investments ,  | 28   |         | <u> </u>   |
| b       | Donated services and use of facilities ,   |  |         | \ <u>\</u>   |
| c       | Recoveries of prior year grants ,  |  |         |  |
| d       | Other (Describe in Part XIV)   | 2d   |         | m<br>2   |
| e       | Add lines 2a through 2d  |  | 2e      |  |
| 3       | Subtract line 2e from line 1   |  | 3       |  |
| 4       | Amounts included on Form 990, Part VIII, line 12, but not on line 1:   |  |         |  |
| а       | Investment expenses not included on Form 990, Part VIII, line 7b .   | 4a   | - 18 K  | 4  |
| þ       | Other (Describe in Part XIV)   |  | 2300    | ~ <b> </b>   |
| c       | Add lines 4a and 4b  |  |         |  |
| 5       | Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, lit XIII Reconciliation of Expenses per Audited Financial S                      |  | 5       | or Poturn  |
|         |  | <del></del>                                  | ses p   | er neturn  |
| 1       | •  |  | 3327    | ***  |
| 2       | Amounts included on line 1 but not on Form 990, Part IX, line 25:  | 2a   |         |  |
| a       | Donated services and use of facilities   | I P  |         | 8  |
| b       | Prior year adjustments   | <del></del>                                  |         | in the second se |
| c<br>d  | Losses reported on Form 990, Part IX, line 25  |  |         | 1  |
| e       | Add lines 2a through 2d  | <u> </u>                                     | 2e      |  |
| 3       | Subtract line 2e from line 1   |  | 3       |  |
| 4       | Amounts included on Form 990, Part IX, line 25, but not on line 1:   |  | 79, "4  |  |
| a       | Investment expenses not included on Form 990, Part VIII, line 7b   | 4a   |         |  |
| b       | Other (Describe in Part XIV)   | 4b   |         |  |
| c       | Add lines 4a and 4b  |  | 4c      |  |
| 5       | Total expenses. Add lines 3 and 4c. (This should equal Form 990, Pa  | art I, line 18.)                             | 5       |  |
| Par     | t XIV Supplemental Information   |  |         |  |
|         | plete this part to provide the descriptions required for Part II, lines 3, 5 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and | Part XIII, lines 2d and 4b                   | ·<br>   |  |
|         |  |  |         |  |
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| Schedule D (Fon | n 990) 2008                             | Page <b>5</b> |
|-----------------|---|---------------|
|                 | Supplemental Information (continued)    |               |
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# SCHEDULE O (Form 990)

## **Supplemental Information to Form 990**

2008

Employer identification number

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization ► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Open to Public Inspection

| WEST GATE LODGE # 623 F. A.M.   | 31      | <u> </u>   | 4116238                                 |  |
|---|---------|------------|---|--|
| Part VI, Section A:   |         |            |   |  |
| Question 10: Copies of the 990 are provided to members of the governing body for revi | ew pric | or to fili | ng.                                     |  |
|   |         |            |   |  |
| Part VI, Section C:   |         |            |   |  |
| Question 19: Copies of the Lodge's governing documents and financial statements are   | mainta  | ined o     | n site and can be                       |  |
| and an analysis the Tauritees Country and Tauritees                                   |         |            |   |  |
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#### WEST GATE LODGE No. 623 F. A.M. # 31-4116238 —— 990 SUPPLEMENTAL STATEMENTS October 1, 2008 - September 30, 2009

### **PART X - BALANCE SHEET**

|   | (A)<br>Beginning of<br>Year | (B)<br>End of Year |
|---|-----------------------------|--------------------|
| Line 10c: Land, buildings and equipment                               | -                           |                    |
| Land (tax value per County Auditor)1                                  | 239,238                     | 239,238            |
| Building (tax value per County Auditor)1                              | 160,762                     | 160,762            |
| Equipment (insurance company, replacement cost)                       | 59,570                      | 59,570             |
| Total, Line 10c   | 459,570                     | 459,570            |
| Line 12: Investments - other securities                               | ]                           |                    |
| National City Bank -  | _                           |                    |
| (MFS Cash Reserve, Oppenheimer Money Market, and Putnam Money Market) | 54,802                      | 30,620             |
| Total, Line 12  | 54,802                      | 30,620             |

# WEST GATE LODGE No. 623 F. A.M. ---# 31-4116238 ----990 SUPPLEMENTAL STATEMENTS October 1, 2008 - September 30, 2009

## **PART IX - STATEMENT OF FUNCTIONAL EXPENSES**

|  | TOTAL<br>EXPENSES | PROGRAM<br>SERVICES | MGMT &<br>GENERAL | FUNDRAISING |
|--|-------------------|---------------------|-------------------|-------------|
| Line 1: Grants and other assistance to | governments and   | organizations i     | n the US          |             |
| Scholarships                           | 50                | 50                  |                   |             |
| Ohio Masonic Home                      | 711               | 711                 |                   |             |
| Total, Line 1                          | 761               | 761                 | •                 | -           |
| Line 24: Other expenses                | ]                 |                     |                   |             |
| Water / Sewer - City of Columbus       | 1,210             |                     | 1,210             |             |
| AEP - Electric                         | 2,313             |                     | 2,313             |             |
| Trash Pickup - Republic Waste          | 520               |                     | 520               |             |
| Gas - Columbia                         | 7,211             |                     | 7,211             |             |
| Security - ADT                         | 491               |                     | 491               |             |
| Grand Lodge Per Capita Charges         | 9,369             | 9,369               |                   |             |
| Real Estate Taxes                      | 10,790            |                     | 10,790            |             |
| Lawn Service / Snow Removal            | 1,440             |                     | 1,440             |             |
| Bank Charges                           | 92                |                     | 92                |             |
| License Fee - Alarm                    | 35                |                     | 35                |             |
| Building / Equip Repairs and Maint     | 11,424            |                     | 11,424            |             |
| Phone                                  | 219               |                     | 219               |             |
| General Meeting Expenses               | 1,014             |                     | 1,014             |             |
| Miscellaneous                          | 1,672<br>-        |                     | 1,672             |             |
| Total, Line 24                         | 47,800            | 9,369               | 38,431            | <del></del> |