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Department of the Treasury Internal Revenue Service

Short Form Return of Organization Exempt From Income Tax

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

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No. 1545-1150

2009

Open to Public Inspection

A F	or the	2009 calend	ar year,	or tax year beginning	October 1	, 2009, and	ending	Septe	ember 30	, 20	10
В	check if ap	pplicable	Please	C Name of organization				D Emplo	yer identi	fication num	ber
	Address c	hange	use IRS label or	WESTGATE LODGE #623	F. A.M.				31-4	116238	
=	Name cha	•	print or	Number and street (or P.O. box	, if mail is not delivered to stri	eet address) Ro	om/suite	E Teleph	one numb	er	
	instal retus Ferminate		type. See	2925 W BROAD ST					614-2	74-6330	
=	Amended		Specific Instruc-	City or town, state or country, a	ind ZIP + 4			F Grou	Exempl	tion	
		on pending	tions.	COLUMBUS OH 43204-26	47				ber ▶		/A
=			omani	zations and 4947(a)(1) none	romnt charitable trusts i	nust attach	G Accou	ntina Me	thod: 🔽	Cash 🔲	
	- 0001	יטון שט ווטוו	_	mpleted Schedule A (Form 9	•	,, Dot attaon	1	(specify)		. 000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
					•		+			nization is n	
	Vebsit		fraawa	b/westgatelodge.com			ì		_	dule B (Forn	
				nly one) — 7 501(c) (10)	4 (insert po.) ∏ 4947(a)	1) or 527	1	Z, or 990		aute b (i oiii	1 330,
										COC 000	<u> </u>
	Check		-	ization is not a section 509(a)(_	-	=			U. A
				turn is not required, but if the							
_				e 9 to determine gross receipts						8519.00	<u>) </u>
F	art I			penses, and Changes i		io balances	(See the	mstruc		or Part I.)	10.04=
	1		_	ts, grants, and similar amo				· · -	1	·	10,047
	2	=		revenue including governn				· ·	2		
	3	Membersh	np dues	s and assessments				· ·	3		24,325
=	4	Investmen							4		1,413
2011	5a	Gross amo	ount fro	om sale of assets other tha	n inventory	. 5a		7,678			
เล	b	Less: cost	or othe	er basis and sales expense	es	. 5b		8,813			
	C			n sale of assets other than					5c		(1,135)
چّے	6	Special event	ts and ac	tivities (complete applicable parts	of Schedule G). If any amour	nt is from gaming	, check here				
\$	а	Gross reve	enue (n	ot including \$	of contributi	ons .		2. 2. 2.			
ğ		reported o	n line 1)		. 6a					
	b	Less: direc	ct expe	nses other than fundraisin	g expenses	. 6b		, i			
y	С	Net incom	e or (lo	ss) from special events an	d activities (Subtract lir	ne 6b from line	6a)	[6c		
\mathbb{Z}	7a	Gross sale	s of inv	ventory, less returns and a	llowances	. 7a					
scanned rykr j	b	Less: cost	of goo	ds sold	<i></i>	. 7b		2	V SC		
Ø	С	Gross prof	fit or (lo	ess) from sales of inventory	(Subtract line 7b from	line 7a)		[7c		
	8	Other revenue (describe Rents) [8		17,528
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8						. ▶	9		52,178
	10	Grants and	d simila	r amounts paid (attach sc	hedule) .	OF BYE	1		10		585
	11	Benefits pa	aid to c	or for members	Kt	CEIVE	-101.	[11		
Se	12	Salaries, o	ther co	empensation, and employe	e benefits		. જિ.	[12		
benses	13	Profession	nal fees	and other payments to inc	dependent contractors	FR 2 % ? ? ? ? ? ? ? ? ? ? ? ? ? ? ? ? ? ?	1 . 8	[13		250
8	14	Occupano	y, rent,	utilities, and maintenance	[面]		. E.	[14		12,908
Щ	15		-	ions, postage, and shippin	_ 1 1 _	Wind Al. I.	严。	[15		603
	16			describe > schedule atta		DINL		, [16		30,184
	17	Total expe	enses.	Add lines 10 through 16				▶ [17		44,530
	18) for the year (Subtract line					18		7,648
set	19	Net assets	s or fur	nd balances at beginning	of year (from line 27,	column (A)) (n	nust agree	with [
Asi		end-of-year figure reported on prior year's return)						19		554,589	
Net Assets	20	Other chai	nges in	net assets or fund balanc	es (attach explanation)			[20		
Z	21		-	d balances at end of year.					21		562,237
P	art II			ets. If Total assets on line							
				(See the instructions fo				inning of y		(B) End of y	
22	2 Ca	ash, savinos	and ir	nvestments	•			95	,019 22		102,667
2		and and buil							,570 23	-	459,570
24		ther assets (_	_			,		24		
2		·	-				´	554	,589 25		562,237
20		otal liabilitie					, I—		26		

						. ago
Part III Statement of Program Service Accomplishments (See the instructions for Part III.)						Expenses
Nha	t is the organization's primary exempt purpose?	ake men better; Cha	(Required for section 501(c)(3) and 501(c)(4)			
			nization's exempt purposes. In a clear and concise			
		of persons benefited, and other relevant information for				nizations and section
	program title.	, p				(a)(1) trusts, optional hers)
			_ .		10.00	I
28						
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	28a	
29						
		makidaa farsian aranta ah			00-	
	(Grants \$) If this amount	includes loreign grants, ch	eck nere	· F 🖳	29a	
30						
	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~					
	(Grants \$ ) If this amount	includes foreign grants, ch	eck here	. ▶ 🔲	30a	į
31	Other program services (attach schedule)					
	·	includes foreign grants, ch			31a	
32	Total program service expenses (add lines 28a t				32	
	List of Officers, Directors, Trustees, and Key					tions for Dort IV
r ai	List of Officers, Directors, Trustees, and Rey	<del></del>				· · · · · · · · · · · · · · · · · · ·
	(a) Name and address	(b) Title and average hours per week	(c) Compensation (if not paid,	(d) Contributio employee benefit		(e) Expense account and
		devoted to position	enter -0)	deferred compe		other allowances
Care	ey O Jamison	Mandan 9 40 has				
3823	Neff Rd, Grove City, OH 43123	Master, 8-10 hrs	i			
Ron	ald V Blitz					
1517	Ashdowne Rd, Columbus, OH 43221	Senior Warden, 6-8 hrs				
	iel T Watrous			<u></u>		<u> </u>
		Junior Warden, 6-8 hrs				
	laple Dr, Columbus, OH 43228					
	d A Colborn	Treasurer, 4-6 hrs				
1801	Hiner Rd, Orient, OH 43146	110050101, 4-0 1115	L			
Phili	p R Miller	45.001				
5703	Magna Carta Cir, Galloway, OH 43119	Secretary, 15-20 hrs				
	ur L Groves					
	Kings Way, West Jefferson, OH 43162	Trustee, 4-6 hrs				
	lerick O Rake			<del></del>		<del></del>
		Trustee, 4-6 hrs				
	White Rd, Grove City, OH 43123					
Ron	ald E Craven	Trustee, 4-6 hrs				
136	S Sylvan, Columbus, OH 43204	musiee, 4-0 ms				
			-			
		1				
	***************************************					
					,	
·						
	<del></del>					

Part	Other Information (Note the statement requirements in the instructions for Part V.)			<b></b>
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		1
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		1
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		1
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		1
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0.00		E AND Y	<b>海震震</b>
b	Did the organization file Form 1120-POL for this year?	37b		1
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved		到	<b>确</b> ()
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	<b>新港</b>		
b	Gross receipts, included on line 9, for public use of club facilities		40.0	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			<b>國際</b>
	section 4911 ▶, section 4912 ▶; section 4955 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		<b>1</b> ✓
41	List the states with which a copy of this return is filed. ▶ Ohlo			
<b>42</b> a	The organization's books are in care of ▶ Secretary, Westgate Lodge #623 Telephone no. ▶	614-27	4-633	0
	Located at ▶ 2925 West Broad St, Columbus, OH ZIP + 4 ▶	43204	-2647	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	Yes	No
	If "Yes," enter the name of the foreign country: ►  See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	ARCHAIG	3025XI
U	If "Yes," enter the name of the foreign country:	720	<u> </u>	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		ı	▶ □
	and enter the amount of tax-exempt interest received or accrued during the tax year			
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	Yes	No
45	is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.	45		

Form **990-EZ** (2009)

Part \	Section 501(c)(3) organizations and 501(c)(3) organizations and section 494 and complete the tables for lines 50 ar	section 4947(a)(1) nor 47(a)(1) nonexempt chand 51.	nexempt charitab aritable trusts mus	le trusts only. A t answer question	ll sec ons 46	tion 3–49	b
46	Did the organization engage in direct or indirect	t political campaign activ	rties on behalf of or	in opposition to		Yes	No
	candidates for public office? If "Yes," complete				46		
47	Did the organization engage in lobbying activitie	· ·	•		47		<u> </u>
48	Is the organization a school as described in section		-		48		<u> </u>
49a	Did the organization make any transfers to an ex		•		49a		<u> </u>
ь 50	If "Yes," was the related organization a section 5				49b		<u> </u>
30	Complete this table for the organization's five hi employees) who each received more than \$100,						
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e)	Experiount a	nse and
f	Total number of other employees paid over \$100	0,000 ▶					
51 ——	Complete this table for the organization's five \$100,000 of compensation from the organizatio  (a) Name and address of each independent contractor	n. If there is none, enter '	'None."		(c) Con		·
None							
d	Total number of other independent contractors e	each receiving over \$100,	▶	-0-			
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete. Declaration	ed this return, including accomp of preparer (other than officer) is	anying schedules and sta s based on all information	tements, and to the bes of which preparer has a	t of my any kno	knowle wledge	edge e.
Sign Here	Signature of officer  DAUID A. COLLORN  Type or print name and title	- TREASUV	'e.Y	Februara	14,	20	11
Paid Prepare	Preparer's signature	Date	Check if self- employed ▶ □	Preparer's identifying num	ber (See	instruc	tions)
Use On	Firm's name (or			one no. >	Yes		

### WEST GATE LODGE No. 623 F. A.M. # 31-4116238 990-EZ SUPPLEMENTAL STATEMENTS October 1, 2009 - September 30, 2010

# PART I, LINE 16 - OTHER EXPENSES

## Line 16: Other expenses

Grand Lodge Per Capita Charges	4,766
Real Estate Taxes	10,950
Bank Charges	12.
General Meeting Expenses	3,464
Insurance	3,439
Association Fees	1,492
Equipment	4,500
Miscellaneous	1,560
Total, Line 24	30,184