

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Return of Organization Exempt From Income Tax

Open to Public

Department of the Treasury Internal Revenue Service

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 For the 2011 calendar year, or tax year beginning October 1. 2011, and ending September 30. 20 12 C Name of organization WESTGATE LODGE # 623 F. A.M. D Employer Identification number Doing Business As Address change 31-4116238 Number and street (or P.O. box if mail is not delivered to street address) Name change Room/surte E Telephone number Initial return 2925 W BROAD ST 614-274-6330 City or town, state or country, and ZIP + 4 Terminated COLUMBUS OH 43204-2647 Amended return 47,382 G Gross receipts \$ F Name and address of principal officer: Application pending H(a) is this a group return for affiliates? Thes INO RONALD V BILTZ, WM, 6204 KINVER EDGE WAY, COLUMBUS OH 43123 H(b) Are all affiliates included? Tyes No. √ 501(c) (10)
√ (insert no.)
√ 4947(a)(1) or
√ 527 Tax-exempt status: 501(c)(3) If "No," attach a list, (see instructions) www.freeweb/westgatelodge.com Website: ▶ H(c) Group exemption number ▶ Form of organization. ☐ Corporation ☐ Trust ☐ Association 📝 Other 🕨 L Year of formation: M State of legal domicile: OH Part I Summary 1 Briefly describe the organization's mission or most significant activities: Fraternal brotherhood to make men better; charity Activities & Governance Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 8 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 0 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 Current Year 8 Contributions and grants (Part VIII, line 1h). 31.549 26,095 9 Program service revenue (Part VIII, line 2g) 0 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 10 1,333 664 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 21,545 20,623 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 54.427 47.382 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1.265 1,706 Benefits paid to or for members (Part IX, column (A), line 4) . . 14 n 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0 Total fundraising expenses (Part IX, column (D), line 25) ▶ b 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 48.506 38,099 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)
Revenue less expenses. Subtract line 18 from line 12 18 49,771 39.805 4,656 7,577 DSC-Beginning of Current Year End of Year 20 Total assets (Part X, line 16) MAR 1-4-2013-566,893 574.468 21 Total liabilities (Part X, line 26) 0 22 Net assets or fund balances. Subtract line 21 from 566,893 574,468 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, and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here Type or print name and title Print/Type preparer's name Preparer's signature Paid Check 🗸 3/1 Patricia M Gorman self-employed P00205302 **Preparer** Firm's name > Patricia M Gorman Firm's ⊟N ▶ **Use Only**

Firm's address ▶ 979 Wiltshire Rd, Columbus, OH 43204

May the IRS discuss this return with the preparer shown above? (see instructions)

N

614-274-6671

Yes No

Phone no.

| Part | 111 | Statement of Program Service Accomplishments |
|------------|-------|---|
| | | Check if Schedule O contains a response to any question in this Part III |
| 1 | Brie | offly describe the organization's mission: |
| | | ternal brotherhood to make men better; charity |
| | | |
| | | |
| | D:4 | |
| 2 | | the organization undertake any significant program services during the year which were not listed on the or Form 990 or 990-EZ? |
| | • | or Form 990 or 990-EZ? |
| 3 | | the organization cease conducting, or make significant changes in how it conducts, any program |
| _ | | vices? |
| | If "Y | fes," describe these changes on Schedule O. |
| 4 | | scribe the organization's program service accomplishments for each of its three largest program services, as measured by |
| | exp | enses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of |
| | grai | nts and allocations to others, the total expenses, and revenue, if any, for each program service reported. |
| | | |
| 4 a | • | de:) (Expenses \$ 10,968 including grants of \$) (Revenue \$) |
| | | aritable support of Ohio Masonic Home for the Elderly, fraternal teachings to the membership, charitable support for adjunct |
| | | sonic bodies (Eastern Star, Job's Dughters, Demolay, etc.), charitable support for Special Olympics and other organizations from nembership in excess of 400 and social discourse with the general public at large (i.e.: dances, ice cream socials, dinners, etc.) |
| | | temperatip in excess of 400 and acctar discourae with the general public at large (i.e., dances, ice cream socials, difficient, etc.) |
| | | *************************************** |
| | -+ | *************************************** |
| | | |
| | | |
| | | |
| | | *************************************** |
| | | |
| 45 | (0- | det VErmanaa (C. inalistina marka (C. A.) |
| 4b | (CO | de:) (Expenses \$including grants of \$) (Revenue \$) |
| | | |
| | | *************************************** |
| | | *************************************** |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4c | (Co | de:) (Expenses \$ including grants of \$) (Revenue \$) |
| | ,,,, | , (10,0,10,0 , |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| 4d | Oth | er program services (Describe in Schedule O.) |
| | | penses \$ including grants of \$) (Revenue \$) |

| Part IV Checklist of Required Sche | dules | |
|------------------------------------|-------|--|

| | | | Yes | No |
|------|--|--|--|----------|
| 1 | 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 | 1 |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | 7 |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | \vdash | <u> </u> |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | ✓ |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | | | |
| | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | 1 |
| 6 | | - | | |
| U | Did the organization maintain any donor advised funds or any similar funds or accounts for which 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 | | ✓ |
| 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 | | 1 |
| 9 | Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part | <u> </u> | | - |
| | 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, directly or through a related organization, hold assets in temporarily restricted | Ė | | |
| 11 | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | 10 | ************************************** | √ |
| •• | VII, VIII, IX, or X as applicable. | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI | 11a | 1 | |
| b | Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | 1 | |
| c | Did the organization report an amount for investments – program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | 1 |
| đ | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | √ |
| A | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | 1 |
| f | | 111 | | ▼ |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12a | | 1 |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if | | | _ |
| 13 | the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | 12b | | √ |
| | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | √ |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | ✓ |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV. | 446 | | 1 |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any | 14b | | |
| 16 | organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV .</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance | 15 | | ✓ |
| 17 | to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | 16 | | 1 |
| | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | 1 |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | ✓ |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | 1 |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | 1 |
| _ | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . | 20b | | · |
| | | 200 | | |

| Part IV | Checklist | of Required | l Schedule | s (continued) |
|---------|-----------|-------------|------------|---------------|
| rartiv | CHECKIISE | oi nequired | ı əcneaule | s (conunuea) |

| | | | 163 | ווייייייייייייייייייייייייייייייייייייי |
|----------|---|------------|--------------|---|
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | 1 |
| 22 | Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | : | √ |
| 23 | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 | | √ |
| 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 lines 24b through 24d and complete Schedule K. If "No," go to line 25 | 248 | | 1 |
| b c | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24b 24c | | √ |
| d 25a | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 24d 25a | | ✓ |
| b | Is the organization 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 | 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, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | 1 |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| a b | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a 28b | | √ |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | 1 |
| 29 30 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 29 30 | | √ |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | | √ |
| 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 | | √ |
| 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 | | √ |
| 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 |
| 35a b | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | 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 | 35b | | |
| 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 | 36 | | |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O | 37 | 1 | ✓ |
| | | For | n 990 | (2011) |

| Part V | | | Tax Compliance |
|--------|--|--|----------------|
| | | | |
| | | | |
| | | | |
| | | | |

| | Check if Schedule C Contains a response to any question in this Part V | <u> </u> | | <u> </u> |
|------------|---|------------------|-----------------|--|
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a -0- | 11,300 | Yes | No Militari |
| b | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | Y YY | 7.5 | |
| C | Did the organization comply with backup withholding rules for reportable payments to vendors and | | | |
| • | reportable gaming (gambling) winnings to prize winners? | | | E CA |
| 2 a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | 1c | 20 03.76 | 7-8ts 1 kg |
| | | And Salah | | |
| Ь | Statements, filed for the calendar year ending with or within the year covered by this return 2a -0- If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | | |
| • | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | 5.32 | 5 244 | 5 1/2/2 |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | V |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority | 35 | | |
| | over, a financial account in a foreign country (such as a bank account, securities account, or other financial | | • | Ì |
| | account)? | 4a | | / |
| ь | If "Yes," enter the name of the foreign country: ▶ | 九 漢端 | 中温影響 | 100 |
| _ | See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | (1) 10 mm | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | desitatio | enieta 1 |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | 7 |
| C | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | <u> </u> |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | <u> </u> | | |
| | organization solicit any contributions that were not tax deductible? | 6a | | 1 |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | 38 X | 是海 | ない。 |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| | and services provided to the payor? | 7a | - | 1 |
| 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 | | ✓ |
| đ | If "Yes," indicate the number of Forms 8282 filed during the year | 經濟 | 1.18 | |
| 8 | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | 1 |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . | 7f | | 1 |
| 9 | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | 1 |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | . 1205A.3A | √ |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting | | | |
| | organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring | | | SLA |
| _ | organization, have excess business holdings at any time during the year? | 8 | 110 TRANSFER | 2017-2018-20 |
| 9 | Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? | والمنطقة المالية | | 12.3 |
| a b | Did the organization make a distribution to a donor, donor advisor, or related person? | 9a | | |
| 10 | Section 501(c)(7) organizations. Enter: | 9b | No or ser | Same Company |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| ь | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| 11 | Section 501(c)(12) organizations. Enter: | | | |
| а | Gross income from members or shareholders | 1000 | | F-10 |
| ь | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| | against amounts due or received from them.) | | | ,000 |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | | An Am |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | 1/4/14 | A. Said | 3.245 |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| а | Is the organization licensed to issue qualified health plans in more than one state? | 13a | N. S. Market | In the State See 15 |
| | Note. See the instructions for additional information the organization must report on Schedule O. | Or Car | N. E. | 340 |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | | | |
| | the organization is licensed to issue qualified health plans | | ない。 | |
| C | Enter the amount of reserves on hand | | | |
| 14a | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | 1 |
| | · | | | |

| Part ' | Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule Communications. | | | | |
|---------|---|---|----------------|--------------|---|
| | Check if Schedule O contains a response to any question in this Part VI | <u> </u> | | | <u> 7</u> |
| Section | on A. Governing Body and Management | | | | |
| | | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | 1a 8 | 1.0 | E. E. E. | |
| | If there are material differences in voting rights among members of the governing body, or | | | | Archine de la |
| | if the governing body delegated broad authority to an executive committee or similar | | | | |
| | committee, explain in Schedule O. | | | | 25 |
| | | 41. 0 | | | |
| b | | <u>1b</u> 8 | | 4.7 | 3.2 |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relation of the ficer, director, trustee, or key employee? | | 2 | | <u>•</u> |
| 3 | Did the organization delegate control over management duties customarily performed by or ur supervision of officers, directors, or trustees, or key employees to a management company or other | | 3 | | 1 |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 |) was filed? | 4 | | √ |
| 5 | Did the organization become aware during the year of a significant diversion of the organization | r's assets? . | 5 | | 1 |
| 6 | Did the organization have members or stockholders? | | 6 | 1 | |
| 7a | Did the organization have members, stockholders, or other persons who had the power to el | ect or annount | H | | |
| | one or more members of the governing body? | | 7a | | 1 |
| | Are any governance decisions of the organization reserved to (or subject to approval | | / a | | - |
| b | | • • | | | ✓ |
| _ | stockholders, or persons other than the governing body? | | 7b | | 1000 |
| 8 | Did the organization contemporaneously document the meetings held or written actions und | ertaken during | | | |
| | the year by the following: | | | * * | |
| а | The governing body? | | 8a | ✓ | ì |
| b | Each committee with authority to act on behalf of the governing body? | | 8b | 1 | |
| 9 | Is there any officer, director, 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. | | 9 | | 1 |
| Section | on B. Policies (This Section B requests information about policies not required by the | | | ode l | |
| | | | | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | | 10a | - | 1 |
| b | If "Yes," did the organization have written policies and procedures governing the activities of | | IVa | | ▼ |
| U | affiliates, and branches to ensure their operations are consistent with the organization's exemp | | 400 | | 1 |
| | · · · · · · · · · · · · · · · · · · · | | 10b | | ├ |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before | filing the form? | 11a | 2000.5500.50 | 100000000000000000000000000000000000000 |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | | | |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | | 12a | | ✓ |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give | rise to conflicts? | 12b | | |
| C | Did the organization regularly and consistently monitor and enforce compliance with the podescribe in Schedule O how this was done. | olicy? If "Yes," | 40- | | |
| 12 | Did the organization have a written whistleblower policy? | | 12c | | - |
| 13 | · · · · · · · · · · · · · · · · · · · | | 13 | | * |
| 14 | Did the organization have a written document retention and destruction policy? | · . • • . • . • . • . • . • . • . • . • | 14 | A. 61,05965 | CSALVENIES |
| 15 | Did the process for determining compensation of the following persons include a review an | | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation a | and decision? | | | |
| a | The organization's CEO, Executive Director, or top management official | | 15a | L | <u> </u> |
| b | Other officers or key employees of the organization | | 15b | | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | 4.0 | 100 | 34334 |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar | er arrangement | | 1 | |
| | with a taxable entity during the year? | gomen | 16a | | ECOLUM |
| _ | If "Yes," did the organization follow a written policy or procedure requiring the organization | | (34)(4)(4) | der Silver L | A TOTAL SERVICE |
| b | | | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to | | | | |
| | organization's exempt status with respect to such arrangements? | · · · · · | 16b | <u> </u> | Щ |
| | on C. Disclosure | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ OH | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, an | d 990-T (Section | 1 501 | (c)(3)s | only) |
| | available for public inspection. Indicate how you made 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 made its governing docur | nents conflict o | f inte | rest r | nolicy |
| | and financial statements available to the public during the tax year. | commet c | | | - Unity, |
| 20 | | aka and raaarda | ~£ 4h- | | |
| 20 | State the name, physical address, and telephone number of the person who possesses the boo | una anu recurus | OI BIE | , | |

| E~~~ | 200 | (2011) | |
|------|-----|--------|--|
| | | | |

Page 7

| Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Co. | mpensated 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. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (A) (D) (B) Œ (F) (do not check more than one Name and Title Average Reportable Reportable Estimated box, unless person is both an hours per compensation ompensation from amount of officer and a director/trustee) week from related other Institutional trustee (describe organizations the compensation lighest compensated dividual (W-2/1099-MISC) hours for organization from the employee organization related W-2/1099-MISC) rganizations and related in Schedule organizations O) (1) Arthur L Groves, Trustee 114 Kings Way, West Jefferson, OH 43162 4-6 -0--0--n-(2) Frederick O Rake, Trustee 1749 White Rd, Grove City, OH 43123 -0--0--0-(3) Ronald E Craven, Trustee 136 S Sylvan, Columbus, OH 43204 4-6 -0--0--0-(4) Ronald V Biltz, Master 6204 Kinver Edge Way, Columbus, OH 43123 8-10 -0--n--0-(5) Daniel T Watrous, Senior Warden 42 Maple Drive, Columbus, OH 43228 6-8 -O--0--0-(6) Gary K Jones, Junior Warden 3575 N 3B's & K Rd., Sunbury, OH 43074 6-8 ഹ. -0--0-(7) Dallas L Baldwin, Treasurer 3706 East Links Circle, Hilliard, OH 43026 6-8 n. -O--0-(8) Philip R Miller, Secretary 5703 Magna Carta Circle, Galloway, OH 43119 15-20 -0--0--0-(9) (10)(11)(12)(13)(14)

| Part | VII Section A. Officers, Directors, Trust | ees, Key E | mplo | /ees | s, ar | nd H | lighe | st C | ompensated E | mployees (| continu | ued) |
|--------------|--|---|-----------------------------------|-----------------------|--------------|-------------------|-----------------------------------|-------------------------------------|--|-------------------------------|-----------------|--|
| | (B) Average hours per week | box, unless person is box officer and a director/tr | | | than o | one an tee) | (D) Reportable compensation from | (E) Reportable compensation related | ile n from | (F) Estimated amount of other | | |
| | | (describe hours for related organizations in Schedule O) | Individuel trustee or director | Institutional trustee | Officer | Kay employee | Highest compensated employee | Former | the organization (W-2/1099-MISC) | organizatio (W-2/1099-N | ons | compensation from the organization and related organizations |
| (15) | | | | | | | | | | | $\neg \uparrow$ | ······································ |
| (16) | | | | | | | | | | | | |
| (17) | | | | \vdash | | | | | | | \dashv | |
| (18) | | | | | | | | | | | \dashv | |
| (19) | | | | _ | | <u> </u> | | \vdash | | | | ······································ |
| (20) | | | | | - | | | - | | | | |
| (21) | | | | | | | | - | | | | |
| (22) | | | | - | | | | | | | | |
| (23) | | | | | | - | | | | | + | |
| (24) | | | | | | | | | | | | |
| (25) | | | | | | | | | | | $\neg \dagger$ | |
| 1b c d | Sub-total | VII, Sectio | | - | - | · · | | > | -0- -0- -0- | | -0- -0- | -0- -0- |
| 2 | Total number of individuals (including but reportable compensation from the organi | not limited | to th | | | | above | e) w | | ore than \$1 | | |
| 3 | Did the organization list any former of employee on line 1a? If "Yes," complete the | ficer, direc | tor, c | | | | | emp | oloyee, or high | est compe | ensated | Yes No |
| 4 | For any individual listed on line 1a, is the organization and related organizations individual | | | | | | | | | | | 12 15 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
| 5 | Did any person listed on line 1a receive of for services rendered to the organization' | | | | | | | | | zation or inc | dividua | |
| Section | on B. Independent Contractors | | · · · · | | | | | | | · | | |
| 1 | Complete this table for your five highest compensation from the organization. Repyear. | | | | | | | | | | | |
| | (A) Name and business add | ress | | | | | | | (B) Description of s | ervices | | (C) Compensation |
| | | | | | | | | | | | | |
| | | | | | | | | E | | | | |
| 2 | Total number of independent contractor | rs (includir | ng bu | rt n | ot I | imit | ed to | th | ose listed abo | ove) who | | |

| Part | VIII | Statement of Reve | enue | | | | | | |
|--|--------|---|-----------------|----------|--|--|--|--|--|
| | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
| 8 8 | 1a | Federated campaigns | 3 | 1a | | , | , , | | , , , , , , , , , , , , , , , , , , , |
| £ 2 | b | Membership dues . | 1 | 1b | 21,215 | 1 |] | | , |
| ا ق ا | C | Fundraising events . | | 1c | 800 | 1 | Ì | , , | |
| ₹ [| d | Related organizations | | 1d | | 1 | , | | |
| 0 2 | e | Government grants (con | | 1e | | | · . | | , |
| 8 2 | f | All other contributions, g | | 18 | | | ٠. | | 4 |
| 黄豆 | • | and similar amounts not inc | | | | · . | 1 | | |
| 見る | | | L | 1f | 4,080 | | | | |
| Contributions, Gifts, Grants and Other Similar Amounts | 9 | Noncash contributions include | | | | | , ,,, | | |
| | h | Total. Add lines 1a-1 | <u>†</u> | · · · , | <u>, , , .</u> | 26,095 | | | |
| Program Service Revenue | _ | | | | Business Code | Start of the start of the | 1 25 | Contract Con | |
| 8 | 2a | | | | | | | | |
| Č, | b | | | | · | | | | |
| 호 | С | | | | | | l | | |
| 涛 | d | *************************************** | | | | | | | |
| 툂 | e | | | | | | | | |
| 튥 | f | All other program ser | vice revenu | e. | | | | | |
| E | g | Total. Add lines 2a-2 | f | ` | 🕨 | -0- | 1 0 8 Each 24 | many day lock | The second of the second |
| | 3 | Investment income | (including | divide | ends, interest, | | | | |
| | | and other similar amo | ounts) | | 🕨 | 664 | 664 | | |
| | 4 | Income from investment | t of tax-exen | npt bo | and proceeds ► | | | · · · · · · · · · · · · · · · · · · · | |
| | 5 | Davation | | | _ | | <u> </u> | | |
| | | · | (i) Real | | (ii) Personal | The state of the s | Walter Bridge | The Property of | |
| | 6a | Gross rents | 20 | 0,623 | | | | | |
| | ь | Less: rental expenses | | | | | | Les Marie | |
| | c | Rental income or (loss) | 20 | 0,623 | | | | | |
| | d | Net rental income or (| | | — | 20.623 | 20,623 | La proposition of the second state of the seco | |
| | 7a | Gross amount from sales of | (i) Securitie | es i | (II) Other | SAT ATTENDE | The same of the same of | Walletta | A 385 2 85 A MARANAN |
| | | assets other than inventory | <u> </u> | | | | | | |
| | ь | Less: cost or other basis | ······ | | | The state of the s | L. Parker | | |
| | _ | and sales expenses . | | | | | 2000年 | THE STATE OF THE S | |
| | С | Gain or (loss) | | | ······································ | | | | |
| | d | Net gain or (loss) . | | | | Andreas | A. HARRYSTAN | 2 | |
| | _ | | | · · I | | C - 170 7 | No. | 1 3 5 5 5 F 1 1 P P | |
| 9 | 8a | Gross income from fu | ındraising | - 1 | | | | | |
| ₽ | | events (not including \$ | | | | 205.20 | | of the galding | |
| ا في | | of contributions reporte | ed on line 1 | <u> </u> | | 高级 政治 籍 | | | |
| - | | See Part IV, line 18 . | 34 011 11110 10 | ″ a | | | | | |
| Other Reve | h | Less: direct expenses | | | | | 2 3 | - 10° - 10° 40° 40° 40° 40° 40° 40° 40° 40° 40° 4 | |
| 0 | b C | Net income or (loss) fi | | . bį | events > | Testing the state of | \$ 1 m | 1 | Little Little |
| | 9a | Gross income from ga | | | evenus . | Telegran A. J. J. M. C. M. L. St. J. J. | 1 1 1 4 P | | NOTE OF THE PROPERTY OF THE PR |
| | Ja | See Part IV, line 19 . | ming activit | | | 横外,连续是 | | | |
| | | | | 1 | | 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 | 49 4 18 3 | | |
| | b | Less: direct expenses | | | data a | *5 gr ", | M. Jack | 127 | الخرارات المستنفيات |
| | C | Net income or (loss) for | | | /ities ▶ | | | <u>, , , , , , , , , , , , , , , , , , , </u> | |
| | 10a | Gross sales of in | | | | The same of the same of | 12. 12. 1 | direction and | 1 10 10 10 10 10 10 10 10 10 10 10 10 10 |
| ļ | _ | returns and allowance | | a | | | 2,000 | San Alle San De San San C | 100 mm m m m m m m m m m m m m m m m m m |
| | b | Less: cost of goods s | | | | TV 54 | | *************************************** | The state of the s |
| - 1 | С | Net income or (loss) for | | t inve | | | | | |
| | | Miscellaneous R | evenue | | Business Code | Tij vri | | e de la companya della companya della companya de la companya della companya dell | |
| | 11a | | | | | | | | |
| 1 | b | | |] | | | | | |
| | С | | | | | | | | |
| | d | All other revenue . | | . [| | | | | |
| Ì | е | Total. Add lines 11a- | | | | 0 | | A STATE OF THE STA | Color of Bank |
| | 12 | Total revenue. See in | structions. | | 🕨 | 47,382 | 21,287 | | |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Check if Schedule O contains a response to any question in this Part IX | | | | | | | |
|---|--|-----------------------|---|---|--------------------------------|--|--|
| | t include amounts reported on lines 6b, 7b, , and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses | | |
| 1 | Grants and other assistance to governments and | | | | | | |
| _ | organizations in the United States. See Part IV, line 21 | 1,706 | 1,706 | | | | |
| 2 | Grants and other assistance to individuals in the United States. See Part IV, line 22 | | | | | | |
| 3 | Grants and other assistance to governments, | | | | | | |
| | organizations, and individuals outside the United States. See Part IV, lines 15 and 16 | | | | | | |
| 4 | | | | | | | |
| 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 accruals and contributions (include | | | | | | |
| | section 401(k) and 403(b) employer contributions) | | | | | | |
| 9 | Other employee benefits | | | | | | |
| 10 | Payroll taxes | | | | | | |
| 11 | Fees for services (non-employees): | | | | | | |
| a b | Management | | | | | | |
| C | Accounting | 300 | | 300 | | | |
| d | Lobbying | 300 | | 300 | | | |
| е | Professional fundraising services. See Part IV, line 17 | | A 7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 | | | | |
| f | Investment management fees | | Man Andrew State Access | American frag. or among a statement to | | | |
| g | Other | | | | | | |
| 12 | Advertising and promotion | 18 | | 18 | | | |
| 13 | Office expenses | 1,068 | 608 | 460 | | | |
| 14 | Information technology | | | | | | |
| 15 | Royalties | | | | | | |
| 16 17 | Occupancy | | | | | | |
| 18 | Payments of travel or entertainment expenses | | | | | | |
| | for any federal, state, or local public officials | | | | | | |
| 19 | Conferences, conventions, and meetings . | 1,697 | 1,013 | 684 | | | |
| 20 21 | Interest | | | | | | |
| 22 | Payments to affiliates | | | | | | |
| 23 | Insurance | 3,616 | | 3,616 | | | |
| 24 | Other expenses. Itemize expenses not covered | 0,010 | | 3,010 | | | |
| | above. (List miscellaneous expenses in line 24e. If | | | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | | | |
| | (A) amount, list line 24e expenses on Schedule O.) | | | | | | |
| а | | | | | | | |
| b | | | | | | | |
| C | | | | · · · · · · · · · · · · · · · · · · · | | | |
| d e | All other expenses | 21 400 | 7 644 | 22 224 | 400 | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 31,400 39,805 | 7,641 10,968 | 23,261 28,339 | 498 498 | | |
| 26 | Joint costs. Complete this line only if the | 33,003 | 10,000 | 20,339 | 458 | | |
| | organization reported in column (B) joint costs from a combined educational campaign and | | | | | | |
| | fundraising solicitation. Check here | | | | | | |

Part X **Balance Sheet** (A) Beginning of year End of year Cash - non-interest-bearing 6,419 6,623 2 53,359 2 16,187 3 3 4 4 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 7 8 Prepaid expenses and deferred charges . . . Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 459,570 10c 503.380 11 Investments-publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 47,545 12 48,278 13 Investments -- program-related. See Part IV, line 11 13 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 566,893 16 574.468 17 17 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Pavables to current and former officers, directors, trustees, key 22 iabilities employees, highest compensated employees, and disqualified persons. 22 23 Secured mortgages and notes payable to unrelated third parties . . . 24 Unsecured notes and loans payable to unrelated third parties . . . 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 25 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here ▶ □ and complete **Fund Balances** lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 29 Organizations that do not follow SFAS 117, check here ▶ □ and complete lines 30 through 34. Net Assets or 30 Capital stock or trust principal, or current funds 107,323 30 71,088 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 459,570 31 503,380 32 Retained earnings, endowment, accumulated income, or other funds. 32 33 566,893 33 574,468 Total liabilities and net assets/fund balances . . . 566.893 34 574.468

| Form 99 | 0 (2011) . | • | Page 12 |
|---------|---|-------------|-----------|
| Part | XI Reconciliation of Net Assets | | |
| | Check if Schedule O contains a response to any question in this Part XI | · · · · | <u> </u> |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | | 47,382 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | | 39,805 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | | 7,577 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | | 566,893 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | | |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | | 574,468 |
| Part | | | |
| | Check if Schedule O contains a response to any question in this Part XII | | 🗆 |
| 1 | Accounting method used to prepare the Form 990: Cash Accrual Other fithe organization changed its method of accounting from a prior year or checked "Other," explain is Schedule O. | | Yes No |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | . 2a | / |
| c | Were the organization's financial statements audited by an independent accountant? | 2c | |
| đ | If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year wer issued on a separate basis, consolidated basis, or both: | B | |
| 3a | ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis As a result of a federal award, was the organization required to undergo an audit or audits as set forth the Single Audit Act and OMB Circular A-133? | n 3a | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits. | | 990 (0011 |

WEST GATE LODGE No. 623 F. A.M. # 31-4116238 990 SUPPLEMENTAL STATEMENTS October 1, 2011 - September 30, 2012

PART IX - STATEMENT OF FUNCTIONAL EXPENSES

| | TOTAL EXPENSES | PROGRAM SERVICES | MGMT & GENERAL | FUNDRAISING |
|--|-------------------|---------------------|-------------------|-------------|
| Line 1: Grants and other assistance to | governments an | d organizations | in the US | |
| | | | | |
| | 200 | 200 | | |
| | 50 | 50 | | |
| | 101 | 101 | | |
| | 850 | 850 | | |
| | 505 | 505 | | |
| Total, Line 1 | 1,706 | 1,706 | <u> </u> | |
| | | | | |
| Line 24: Other expenses | | | | |
| Water / Sewer - City of Columbus | 1,708 | | 1,708 | |
| AEP - Electric | 3,287 | | 3,287 | |
| Trash Pickup - Republic Waste | 840 | | 840 | |
| Gas - Columbia | 2,076 | | 2,076 | |
| Security | 1,626 | | 1,626 | |
| Grand Lodge Per Capita Charges | 4,960 | 4,960 | 1,020 | |
| Real Estate Taxes | 9,619 | .,000 | 9,619 | |
| Lawn Service / Snow Removal | 1,114 | | 1,114 | |
| Bank Charges | 33 | | 33 | |
| Building / Equip Repairs and Maint | 1,855 | | 1,855 | |
| Phone | 477 | | 477 | |
| General Meeting Expenses | 3,189 | 2,682 | 507 | |
| Miscellaneous | 617 | - | 119 | 498 |
| Total, Line 24 (e) | 31,400 | 7,641 | 23,261 | 498 |
| rotal, Ellio Er (o) | 01,700 | - 7,041 | 20,201 | 730 |

SCHEDULE D (Form 990)

Supplemental Financial Statements

201

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

Employer identification numb WESTGATE LODGE #623 F. AM. 31-4116238 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) . Aggregate grants from (during year) . . 3 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Protection of natural habitat ☐ Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Total number of conservation easements **2a** 2b Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a **2**d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ► Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) ☐ Yes ☐ No In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1 \$_____

| Part | III Organizations Maintaining | Collections of | 'Art, His | torical 1 | Freasures | , or O | ther Similar 🛭 | Assets (continued) |
|--------|--|--|--|--|---|--|-------------------------|--|
| 3 | Using the organization's acquisition, a collection items (check all that apply): | ccession, and o | ther reco | rds, chec | k any of th | ne follo | wing that are a | significant use of its |
| а | ☐ Public exhibition | | d | ☐ Loan | or exchang | ge prog | rams | |
| b | ☐ Scholarly research | | ө | ☐ Other | r | | | |
| c | ☐ Preservation for future generations | | | | *************************************** | | | |
| 4 | Provide a description of the organization XIV. | on's collections | and expl | ain how t | hey further | the or | ganization's ex | empt purpose in Part |
| 5 | During the year, did the organization | colicit or receive | donation | s of ort | historical t | roacuro | e or other eim | vilar |
| | assets to be sold to raise funds rather | | | | | | | |
| Part | IV Escrow and Custodial Arra | | | | | | | |
| | line 9, or reported an amount | | | | janization | aiiswe | | i Onii 990, Partiv, |
| 1a | Is the organization an agent, trustee, | | | | or contribut | tions o | r other assets | not |
| ,,, | included on Form 990, Part X? | | | | | | | |
| b | If "Yes," explain the arrangement in Pa | | | | | | | · U res 🗆 no |
| J | ii 165, explain the arrangement in Fa | ir Aiv and Comp | ilete tile it | nowing t | able. | | 1 | Amount |
| c | Beginning balance | | | | | 10 | | , unount |
| d | Additions during the year | | | | | 10 | | |
| | Distributions during the year | | | | | ļ | | |
| e f | | | | | | 10 | | |
| | Ending balance | | | | | | | . Yes No |
| 2a | If "Yes," explain the arrangement in Pa | | art A, une | 3217 . | | • • | | . Li tes Li No |
| Par | | | zation a | rewered | "Voe" to [| Form 6 | OO Port IV lie | no 10 |
| , r ar | Endownent I dilds. Comple | (a) Current year | | or year | (c) Two yea | | | |
| 1a | Beginning of year balance | (-, | \ <u>\</u> | | (4) | | (4) 1100)000 5. | 3000 1 10 2 5 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6 |
| b | Contributions | | | | | | | The state of the s |
| C | Net investment earnings, gains, and | - | | | | | | 25 A 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 |
| Ŭ | losses | | | | 1 | | ļ | |
| 4 | Grants or scholarships | ······································ | - | | | | | \$25000 F Y 10000000000000000000000000000000 |
| d e | Other expenditures for facilities and | | - | | | | <u> </u> | (1) 10 10 10 10 10 10 10 10 10 10 10 10 10 |
| • | programs | | | | | | | |
| f | Administrative expenses | | | | | | | THE STATE OF THE S |
| | End of year balance | ·· | | · · · · · · · · · · · · · · · · · · · | | | } | 33885 4 8 44 45 5 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| g 2 | Provide the estimated percentage of the | a current year o | nd balanc | o (lino 1a | L column (s |)\ bold | i | |
| a | Board designated or quasi-endowmen | | | e (little 19 | , column (c | ı)) Helu | as. | |
| b | Permanent endowment | % | | | | | | |
| c | Temporarily restricted endowment ▶ | ···· [/] | | | | | | |
| • | The percentages in lines 2a, 2b, and 2 | ****** | nn94 | | | | | |
| 3а | Are there endowment funds not in the | • | | zation the | at are held | and ac | Iministered for | the |
| - | organization by: | poologion on t | io organ | | u. w. 0 1,010 | and ac | | Yes No |
| | (i) unrelated organizations | | | | | | | . 3a(i) |
| | (ii) related organizations | | | | | • • | | 3a(ii) |
| b | If "Yes" to 3a(ii), are the related organization | | | | | | | . 3b |
| 4 | Describe in Part XIV the intended uses | | • | | | | | |
| Part | | | | | | | | |
| | Description of property | (a) Cost or o | ther basis | (b) Cost o | or other basis ther) | | Accumulated epreciation | (d) Book value |
| 18 | Land | | 239,238 | | | | Ę , ~, > | 239,238 |
| b | Buildings | | 204,572 | | | | | 204,572 |
| c | Leasehold improvements | | | | | | | 207,012 |
| ď | Equipment | | 59.570 | | | ļ | | 59,570 |
| e | Other | | | | | | | |
| Total. | Add lines 1a through 1e. (Column (d) m | ust equal Form 9 | 990, Part | X, column | n (B), line 10 |)(c).) | | 503,380 |

| Part VII | Investments—Other Securities | . See Form 990, Part X, | line 12. | |
|---------------------------------------|---|---------------------------------------|--|---|
| (4 | Description of security or category (including name of security) | (b) Book value | (c) Method of vo Cost or end-of-year | |
| (1) Financia | Il derivatives | | | |
| | held equity interests | | | |
| (3) Other | | | | |
| | Sweep Account | 961 | Cost | |
| | am Investments | 47,317 | Cost | |
| (C) | | | | <u> </u> |
| (D) | | * | | |
| (E) | | | | |
| (F) | | | | |
| (G) (H) | ~~~~~ | | | · |
| (l) | *************************************** | | | |
| | (h) must agual Form 000. Doct V and (D) line 10.) b | 40.270 | , | and the second second |
| Part VIII | (b) must equal Form 990, Part X, col. (B) line 12.) ► Investments—Program Related | 48,278 | line 13 | |
| T GITCOIN | (a) Description of investment type | (b) Book value | (c) Method of v | aluation: |
| | ay beautiful investment type | (b) Dook Value | Cost or end-of-year | |
| (1) | · · · · · · · · · · · · · · · · · · · | | | ············ |
| (2) | | | | , , , , , , , , , , , , , , , , , , , |
| (3) | | | | |
| (4) | | <u> </u> | | |
| (5) | · · · · · · · · · · · · · · · · · · · | | | |
| <u>(6)</u> <u>(7)</u> | | | | |
| (8) | | | | |
| (9) | | | | |
| (10) | | | | |
| | (b) must equal Form 990, Part X, col. (B) line 13.) ▶ | | | THE PARTY OF THE PARTY OF |
| Part IX | Other Assets. See Form 990, Pa | rt X, line 15. | | |
| | (8 | i) Description | | (b) Book value |
| (1) | | | | |
| (2) | West 2011 | | | |
| _(3) | | | | |
| (4) | | | | ļ |
| (5) | | | | |
| (6) | | | | |
| (7) | | ** | | |
| (8) | | | | |
| (10) | | | ······································ | |
| | ımn (b) must equal Form 990, Part X, co | ol. (B) line 15.) | | |
| Part X | Other Liabilities. See Form 990, | | | |
| 1. | (a) Description of liability | (b) Book value | | |
| | I income taxes | | A THE STATE OF THE | |
| (2) | | | | 7.2 |
| (3) | | | The second second second | |
| (4) | | | | |
| (5) | | ** t t | | |
| (6) | | ···· | The state of the s | The second second |
| (7) | | | The second of th | Carrier Carrier |
| (8) | | | | , , |
| (9) (10) | | | | |
| (11) | | | The state of the s | |
| · · · · · · · · · · · · · · · · · · · | (b) must equal Form 990, Part X, col. (B) line 25.) | · · · · · · · · · · · · · · · · · · · | | |
| I Juni (Colulli) | (b) made oqual i omi 330, i ait A, Wi. (b) line 23.) | | - 46, | * * * * * * * * * * * * * * * * * * * |

| Schedule D (Form | 990) 2011 | | • | Page 4 |
|----------------------------|--|------------------------|------------|-----------------------------------|
| Part XI | Reconciliation of Change in Net Assets from Form 990 to A | dited Financial States | nents | |
| | evenue (Form 990, Part VIII, column (A), line 12) | | 11 | 47,382 |
| | xpenses (Form 990, Part IX, column (A), line 25) | | 2 | 39,805 |
| | or (deficit) for the year. Subtract line 2 from line 1 | | 3 | 7,577 |
| | realized gains (losses) on investments | | 4 | |
| | d services and use of facilities | | 5 | |
| | nent expenses | | 6 | |
| | eriod adjustments | | 7 | |
| | Describe in Part XIV.) | | 8 | · · · · · · · · · · · · · · · · · |
| | djustments (net). Add lines 4 through 8 | | 9 | 0 |
| | or (deficit) for the year per audited financial statements. Combine | | 10 | 7,577 |
| Part XII | Reconciliation of Revenue per Audited Financial Stateme | ents With Revenue pe | r Return | |
| | evenue, gains, and other support per audited financial statements | | 1 | 47,382 |
| 2 Amoun | its included on line 1 but not on Form 990, Part VIII, line 12: | | 22.3 | |
| a Net unr | realized gains on investments | 2a | | |
| | ed services and use of facilities | 2b | | |
| c Recove | eries of pnor year grants | 2c | | |
| d Other (I | Describe in Part XIV.) | 2d | | |
| e Add line | es 2a through 2d | | 2е | 0 |
| 3 Subtrac | ct line 2e from line 1 | | 3 | 47,382 |
| 4 Amoun | its included on Form 990, Part VIII, line 12, but not on line 1: | | | |
| a Investm | nent expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b Other (I | Describe in Part XIV.) | 4b | | |
| | es 4a and 4b | | 4c | 0 |
| 5 Total re | evenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line | 12.) | 5 | 47,382 |
| Part XIII | Reconciliation of Expenses per Audited Financial Statem | ents With Expenses | per Return | |
| 1 Total e | xpenses and losses per audited financial statements | | 1 | 39,805 |
| 2 Amoun | its included on line 1 but not on Form 990, Part IX, line 25: | | 14.5 | |
| a Donate | ed services and use of facilities | 2a | | |
| b Prior ye | ear adjustments | 2b | | |
| c Other le | osses | 2c | | |
| d Other (I | Describe in Part XIV.) | 2d | | |
| Add line | es 2a through 2d | | 26 | 0 |
| 3 Subtrac | ct line 2e from line 1 | | 3 | 39,805 |
| 4 Amoun | its included on Form 990, Part IX, line 25, but not on line 1: | | | <u> </u> |
| a Investn | nent expenses not included on Form 990, Part VIII, line 7b | 4a | | |
| b Other (f | Describe in Part XIV.) | 4b | | |
| | es4aland4b | | 4c | 0 |
| 5 Total ex | xpenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line | e 18.) | 5 | 39,805 |
| Part XIV | Supplemental information | | | |
| | part to provide the descriptions required for Part II, lines 3, 5, and Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, information. | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

. .

SCHEDULE O (Form, 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2011

Department of the Treasury Internal Revenue Service Name of the organization

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection Employer Identification number

| WESTGATE LODGE #623 F. A.M. | 31-4116238 | | | | |
|--|--|--|--|--|--|
| Part VI, Section A: | | | | | |
| Question 6: Yes, the organization has members who pay annual membership dues and participate in its mission. | | | | | |
| Question 8 a & b: Yes, the organization maintains written documentation of meetings, decisions | Question 8 a & b: Yes, the organization maintains written documentation of meetings, decisions and actions of both the governing | | | | |
| body and continues acting with the authority of and on behalf of the governing | j body. | | | | |
| · | | | | | |
| Part VI, Section B: | | | | | |
| Question 11b: Copies of the 990 are provided to members of the governing body for review prior | r to filing. | | | | |
| Part VI, Section C: | ••••••••••••••••••••••••••••••••••••••• | | | | |
| Question 19: Copies of the Lodge's governing documents and financial statements are maintain | ed on site and can be reviewed upon | | | | |
| request via the Trustees, Secretary and Treasurer | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | ••••• | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| · | | | | | |
| | | | | | |
| | | | | | |
| | *************************************** | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

WEST GATE LODGE No. 623 F. A.M. # 31-4116238 990 SUPPLEMENTAL STATEMENTS October 1, 2011 - September 30, 2012

PART X - BALANCE SHEET

| | (A) Beginning of Year | (B) 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 | 204,572 |
| Equipment (insurance company, replacement cost) | 59,570 | 59,570 |
| Total, Line 10c | 459,570 | 503,380 |
| Line 12: Investments - other securities | | |
| Putnam Investments | 47,545 | 48,278 |
| Total, Line 12 | 47,545 | 48,278 |

(Rev. January 2013)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No. 1545-1709

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box . . . • If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Chanties & Nonprofits, Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number, see instructions Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. Type or LODGE #623 F.A.M print Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) File by the BROAD ST due date for filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions. return. See OH 43204-2647 instructions Enter the Return code for the return that this application is for (file a separate application for each return) O Application Return Application Return is For Code Is For Code Form 990-T (corporation) Form 990 or Form 990-EZ 01 07 Form 990-BL 02 Form 1041-A 80 Form 4720 (individual) Form 4720 n3 09 Form 990-PF 04 Form 5227 10 05 Form 990-T (sec. 401(a) or 408(a) trust) Form 6069 11 Form 990-T (trust other than above) 06 Form 8870 · The books are in the care of > Secretary, West Gate Lodge # 623, Columbus OH FAX No. ► • If the organization does not have an office or place of business in the United States, check this box . . . • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) for the whole group, check this box . . . ▶ □ . If it is for part of the group, check this box . a list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until May 15, 2013, to file the exempt organization return for the organization named above. The extension is for the organization's return for. ► ☐ calendar year 20 or ► Stax year beginning October 1,2011, and ending Seftember 30,2012. If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. Ni A 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

EFTPS (Electronic Federal Tax Payment System). See instructions.