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Return of Organization Exempt From Income Tax

OMB No 1545-0047 2014

Open to Public

Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

Inte	rnal Revenue	E Service ► Information about Form 990 and its instructions is at ww	/w.irs.gov/form99	<u>0.</u>	inspection
A	For the 2	2014 calendar year, or tax year beginning OCTOBER 1 , 2014, and 6	ending SEPTE	MBER 30	, 20 15
В	Check if a	opplicable C Name of organization WESTGATE LODGE #623 F.A.M.		D Employe	er identification number
	Address c				31-4116238
\Box	Name cha	Number and street (or P O box if mail is not delivered to street address) Roc	om/suite	E Telephon	
一	Initial retu				614-274-6330
Ħ	Final return				014-274-0330
Ħ	Amended			G Gross red	ceipts \$ 64,750
\exists		n pending F Name and address of principal officer STEPHEN D SHEPHERD, WM	H/a) Is thus a s		ubordinates? Yes No
_	Applicatio	542 GAHANNA HIGHLANDS, GAHANNA OH	I ''	•	included? Yes No
_	Tay ayam				list (see instructions)
<u>'</u>	Tax-exem Website:				
<u> </u>				exemption	
	art I	ganization ☐ Corporation ☐ Trust ☐ Association ☑ Other ► Fraternal ☐ L Year of f Summary	formation 1914	M State o	of legal domicile OH
					
4		Briefly describe the organization's mission or most significant activities:			•••••
Governance	<u> </u>	raternal brotherhood to make men better; charity	·		••••
T.			FOEWER		
Ve	2 (Check this box ▶☐ if the organization discontinued its operations or dispos	sed of more than	1 8 1	ts net assets.
Ğ	3	Number of voting members of the governing body (Part VI, line 1a)		၂ (၃/3	9
భ	4 1	Number of independent voting members of the governing body (ஜீஜ்t VI, իլիဋಿ	₩D 0 2016 ·	184	9
ij.	1	otal number of ındıvıduals employed ın calendar year 2014 (Part∥V, line 2a))	65	
Activities &		Total number of volunteers (estimate if necessary)	30000	٦ <u>₹</u> 6	0
¥	7a 1	Total unrelated business revenue from Part VIII, column (C), line 12	SDEN, UT.	[7a	
	l d	Net unrelated business taxable income from Form 990-T, line 34		7b	
Revenue			Prior Yo	ear	Current Year
	8 (Contributions and grants (Part VIII, line 1h)		26,764	41,137
	9 1	Program service revenue (Part VIII, line 2g)		-0-	-0-
eke	10 I	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		(407)	2,421
Œ	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		22,713	21,192
	1	Fotal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 1		49,070	64,750
	+	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	<u>. </u>	855	600
		Benefits paid to or for members (Part IX, column (A), line 4)		-0-	-0-
(A	1 4 - 4	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10	0)	-0-	-0-
Expenses	16a I	Professional fundraising fees (Part IX, column (A), line 11e)		-0-	-0-
e.	, .ос	Fotal fundraising expenses (Part IX, column (D), line 25) ►	•		
X	17 (Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		45,979	14,846
		Fotal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	•	46,834	
		Revenue less expenses. Subtract line 18 from line 12	•	•	15,446
_		levenue less expenses. Oubtract line to nont line 12	Beginning of Cu	2,236	49,304 End of Year
Net Assets or	<u> </u>	Fotal assets (Part X, line 16)			
SSE	20 21 -	Fotal liabilities (Part X, line 26)	· 	542,771	592,075
ě	22	Net assets or fund balances. Subtract line 21 from line 20	•	-0-	-0-
	art II	Signature Block	<u>· </u>	542,771	592,075
_					
		ies of perjury, I declare that I have examined this return, including accompanying schedules and and complete Declaration of preparer (other than officer) is based on all information of which pr			y knowledge and belief, it is
	- 	A Charles V () major	. 	2/ =	1001
Qi.	gn	Signature of officer		<u> </u>	2016
	-		Da	ile •	
п	ere	GARY K JONES TREASURER			
_		Type or print name and title			Lower -
Pá	aid	Print/Type preparer's name Preparer's signature	Date 3/5/16	Check	
	reparer	PATRICIA M GORMAN Patricia // LOTM	617110	self-emp	loyed P00205302
	se Only	Firm's name PATRICIA M GORMAN	Firr	n's EIN ▶	
_		Firm's address ► 979 WILTSHIRE RD, COLS OH 43204	Pho	one no	614-592-6671
Ma	ay the IR	S discuss this return with the preparer shown above? (see instructions) .			V Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2014)

11,354

Total program service expenses

Part	Checklist of Required Schedules			T 4.
4	to the example to described in section 501(a)(2) or 4047(a)(1) (other than a private foundation)? If "Vee"		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	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	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		✓
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? <i>If "Yes," complete Schedule C, Part II</i>	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	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? <i>If "Yes," complete Schedule D, Part II</i>	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, for escrow or custodial account liability, 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		√
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	
	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
d	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		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		✓
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X .	11f		1
	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If</i> "Yes," <i>complete</i> Schedule D, Parts XI and XII	12a		✓
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	V
14 a	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	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 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		1
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
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	V Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government 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 or other assistance to or for domestic individuals 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, 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 25a	24a		√
b b	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), 501(c)(4), and 501(c)(29) 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	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
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		>
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		√
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	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		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		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		✓
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		√
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," <i>complete Schedule R, Part V, line 2</i>	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? <i>If "Yes," complete Schedule R</i> ,			
38	Part VI	37	1	√
			000	

Part	Check if Schedule O contains a response or note to any line in this Part V			
	Official in Goriegatic C Contains a response of flote to any line in this fact v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a -0-	1. 建爆		Berie.
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	4	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			Marie 1
	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		L
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	ानाम् द कश्वी		12.00 F. 1
За	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" to line 3b, provide an explanation in Schedule O	3b		<u> </u>
4a	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)?	4a		1
b	If "Yes," enter the name of the foreign country: ▶	45.11	ي روز و اول او	1
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	44.0		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
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	6a		1
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6b		
7	gifts were not tax deductible?	(5)路(1)	Frank	<u> </u>
a	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		
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		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	, "	3º - \$	7
е	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		✓
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		✓
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		✓
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			لسننا
_	sponsoring organization have excess business holdings at any time during the year?	8	h , T)	
9	Sponsoring organizations maintaining donor advised funds.	3 mb.,	24	-6.
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
10	Section 501(c)(7) organizations. Enter:	:03.6	1361	推門 1
а	Initiation fees and capital contributions included on Part VIII, line 12		3.5	
b	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		3.7	
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a b	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	機関	類。	福.
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	435 FA	34km 1
b	Note. See the instructions for additional information the organization must report on Schedule O. 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			
С	Enter the amount of reserves on hand			\$2.5°
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	- FL X'712	1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
	The state of the s		990	(2014)

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S Check if Schedule O contains a response or note to any line in this Part VI			
Secti	on A. Governing Body and Management	<u>···</u>	<u> </u>	. <u>V</u>
Secu	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			
	committee, explain in Schedule O.			
р 2	Enter the number of voting members included in line 1a, above, who are independent . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct	2	<u> </u>	✓
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		√
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's assets? .	<u>5</u>	1	
6 7a	Did the organization have members or stockholders?	7a	∨	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	1-4	· •	_
	stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	ľ		
а	The governing body?	8a	1	
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		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		✓
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	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	✓	ļ.,
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	40-		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a 12b		1
b c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done			•
13	Did the organization have a written whistleblower policy?	12c		1
14	Did the organization have a written document retention and destruction policy?	14	_	1
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		 '
b	Other officers or key employees of the organization	15b		
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		✓
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► OH Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501(c)(3)s	only)
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year.	erest	policy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re Secretary, Westgate Lodge, #623, 2925 W Broad St, Cols OH 43204-2647	cords	: >	
	Secretary, westyate Louge, #023, 2323 w Bload St, Cols On 43204-2047			

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. 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 relate	d orga	anız	atio	n c	ompe	nsa	ited any currer	it officer, director	, or trustee.
					C)					
(A)	(B)			Pos				(D)	(E)	(F)
Name and Title	Average		do not check more than o ox, unless person is both					Reportable	Reportable	Estimated
	hours per week (list any					or/trust	tee)	compensation from	compensation from related	amount of other
	hours for	유표	Ins	Officer	<u>6</u>	en Fi	Former	the	organizations	compensation
	related organizations	Individual trustee or director	Institutional trustee	Čer	Key employee	bloy	뻍	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	호텔	onal		망	🖁 🖺		(**-2/1099-141100)		and related
	line)	l st	<u> </u>		8	ਸੂ				organizations
		8	stee			Highest compensated employee				
									-	
(1) Frederick O'Rake, Trustee	4-6								1	
1749 White Rd, Grove City OH		✓	<u> </u>		<u> </u>		_	-0-	-0-	-0-
(2) Arthur L Groves, Trustee	4-6									
114 Kings Way, West Jefferson, OH		-	<u> </u>	<u> </u>	_		-	-0-	-0-	-0-
(3) Ronald Biltz, Trustee	4-6		ŀ							
6204 Kivner Edge Way, Cols OH		✓	<u> </u>	<u> </u>	<u> </u>		-	-0-	-0-	-0-
(4) Jeffrey Bogden, Trustee	4-6				l					
800 N Hague Ave, Cols OH		<u> </u>	ļ	<u> </u>	<u> </u>		<u> </u>	-0-	-0-	-0-
(5) Steven D Shepherd, Master	8-10	1		١.						
542 Gahanna Highlands, Gahanna OH		<u> </u>	├	✓			<u> </u>	-0-	-0-	-0-
(6) Roderick H Warner, SW	6-8	Į		١,						
3343 Marshrun Dr, Grove City OH		Ь—	_	✓	<u> </u>	<u> </u>	<u> </u>	-0-	-0-	-0-
(7) Lukus J Coffey, JW	6-8	1		١,	1	ļ				
1405-A Ashland Ave, Cols OH 43212			<u> </u>	✓	<u> </u>	<u> </u>	<u> </u>	-0-	-0-	-0-
(8) Daniel T Watrous, Treasurer	6-8			١,						
47 Maple Dr, Cols OH		<u> </u>	-	✓	<u> </u>		┝	-0-	-0-	-0-
(9) Philip R Miller, Secretary	15-20		ļ] ,	l					
5703 Magna Carter Circle, Galloway OH		<u> </u>	<u> </u>	/	<u> </u>	ļ	<u> </u>	-0-	-0-	-0-
(10)		1					1			
(11)										
(12)										
(13)	 									
(14)			╁							

₄Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees	s, ar	nd F	lighe	st C	ompensated E	mployees (co	ntınue	d)		
					•	C)								
	(A)	(B)	(do n	ot ch		ition	e than o	ana	(D)	(E)		(F)	
	Name and title	Average	٠,				is both		Reportable	Reportable			nated	
		hours per week (list any	office	er and		irect	or/trus	÷	compensation from	compensation from related	om		unt of her	
		hours for	우큐	is:	皇	ē	홟	ξ	the	organizations		compe		n
		related	d Z	E	Officer	Key employee	ploy	Former	organization	(W-2/1099-MIS	C)		n the	
		organizations below dotted	[합교	S		l pic	8 6	`	(W-2/1099-MISC)				ization elated	
		line)	Individual trustee or director	🛱		yee	퓛						zations	S
			8	Institutional trustee			Highest compensated employee							
				"			e e							
(15)														
(16)									1					
(17)											ł			
							<u> </u>							
(18)														
						ļ								
(19)														
(20)														
								<u> </u>						
(21)		ļ	}								- 1			
					L									
(22)														
					_			╙			_			
(23)					ĺ	1								
						<u> </u>		<u> </u>						
(24)														
						<u> </u>		<u> </u>	<u> </u>		_			
(25)									ļ					
							l	Ļ_						
1b	Sub-total		٠.	٠	•	-		•	-0-		-0-			-0
С	Total from continuation sheets to Part			٠	•	•		>	-0-		-0-			-0-
d	Total (add lines 1b and 1c)							<u> </u>	-0-	L	-0-			-0-
2	Total number of individuals (including but		d to th	ose	e lis	ted	above	e) w	ho received m	ore than \$100	,000 (of		
	reportable compensation from the organ	ization >									 .		. 1	
_	D.I.V	·		4			1				a+a d		Yes	NO
3	Did the organization list any former of								oloyee, or nigr 					
	employee on line 1a? If "Yes," complete											3		√
4	For any individual listed on line 1a, is the													
	organization and related organizations individual	_												
_	Did any person listed on line 1a receive of											4		✓
5	for services rendered to the organization											5		,
0	- - -	- 100, 0	Jonny			7001	110 0 1	-	Such person		•] 5]		Y
	on B. Independent Contractors Complete this table for your five highest		od in	don	000	lont	contr	rant	ore that receive	od more than	\$100	nnn of		
1	compensation from the organization. Rej	compensai	nesti	aep an f	or ti	he c	control	aut Iar v	ois illai tecelvi vear ending wil	th or within the	a roo, a oras	บบบ บเ เกเรลtic	n'e ta	24
	year.	bort compe	, i julii	511 1	01 1		aione	, u. ,	year enamy wi		o o gc	ii ii Eucio	0	47.
								Т	(B)	[-	(C)		
	(A) Name and business add	tress							Description of s	ervices	С	ompens	ation	
								T		-				
								T						
								1						
								T						
								T			-			
2	Total number of independent contractor	ors (includi	ng bi	ut r	ot	lımı	ted to	o th	nose listed ab	ove) who	•			
	received more than \$100,000 of compen								-0-					

Part	VIII	Statement of Reve				lima in Abia I	Dank V/III		
		Check if Schedule O	contains	a res	porise or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ıts	1a	Federated campaigns	3	1a					
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues .		1b	19,072				
O E	С	Fundraising events .		1c	2,812				
ar ifts	d	Related organizations		1d					
3.E	е	Government grants (con		1e					
Sis	f	All other contributions, gi	•	<u> </u>					
돌	_	and similar amounts not inc		1f	19,253				
불리	_	Noncash contributions include			19,233	į			
ξĒ	g h	Total. Add lines 1a-1				41,137			
		Total. Add lines Ta-T	· · ·	• •	Business Code	41,137			
ğ	0-				- Dubinicos ocuc				
ě	2a								
9	р								
Z.	С								
Se	d								
ram	е								
Program Service Revenue	f	All other program sen				-			<u> </u>
	<u>g</u>	Total. Add lines 2a-2					· · · · · · · · · · · · · · · · · · ·		1
	3	Investment income and other similar amo							
	_				1	728	728		
	4	Income from investmen		•					
	5	Royalties	() Pag						
			(ı) Rea		(II) Personal				İ
	6a	Gross rents		21,192					
	b	Less: rental expenses							1
	c	Rental income or (loss)		<u> 21,192</u>	·				
	d	Net rental income or				21,192	21,192		
	7a	Gross amount from sales of	(i) Securi	ties	(ii) Other				ľ
		assets other than inventory		26,55 <u>2</u>		ļ			
	b	Less: cost or other basis							
		and sales expenses .		24,859		ì			
	С	Gain or (loss)		1,693					
	d	Net gain or (loss) .			<u> ▶</u>	1,693	1,693		
une	8a	Gross income from fu	undraising						
Other Revenue		of contributions report. See Part IV, line 18.							
the	h	Less: direct expenses							
0	C	Net income or (loss) f							
		Gross income from gassee Part IV, line 19 .	aming activ	rities.					
	Ь	Less: direct expenses	s	. b	·				
	С	Net income or (loss) f	from gamır	ng act	ıvıtıes ▶				<u> </u>
	10a	Gross sales of ir							
		returns and allowanc	es	· a					
	Ь	Less: cost of goods s	sold	. b					
	C	Net income or (loss) to			entory ►				
		Miscellaneous F	Revenue		Business Code				
	11a								
	b								
	c						·		
	ď	All other revenue .							
	e	Total. Add lines 11a-							
	12	Total revenue. See i				64.750	23.613		†

∘Part IX	Statement of Functional Expenses	
Section 501	1(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).	

	Check if Schedule O contains a respon	se or note to any lir	ne in this Part IX .	<u></u>	<u> </u>
	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 domestic organizations				
	and domestic governments. See Part IV, line 21	600	600		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members 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 8	Other salaries and wages				
9	Other employee benefits			-	
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion				
13	Office expenses	1,783	286	1,497	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel			· ·	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	4,311	4,311		
24	Other expenses. Itemize expenses not covered 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					
е	All other expenses	8,752	6,157	2,595	
25	Total functional expenses. Add lines 1 through 24e	15,446	11,354	4,092	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)				
		·		·	- 000

⊸ Pa	art X	Balance Sheet	<u> </u>		
		Check if Schedule O contains a response or note to any line in this Par			🗆
	_		(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	7,308	1_	54,190
	2	Savings and temporary cash investments	16,240	2	16,250
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees.		<u>-</u>	
		Complete Part II of Schedule L		_5	
Ø	6	Loans and other 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). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
As	8	Inventories for sale or use		8	
,	9	Prepaid expenses and deferred charges		9	· · · · ·
	10a	Land, buildings, and equipment: cost or			
		other basis. Complete Part VI of Schedule D 10a 465,618			
	b	Less: accumulated depreciation 10b	465,618	10c	465,618
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	53,600	12	56,017
	13	Investments—program-related. See Part IV, line 11		13	
	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)	542,771	16 17	592,075
	17	Accounts payable and accrued expenses		18	
	18 19	Grants payable		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
S	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
Ē		disqualified persons. Complete Part II of Schedule L		22	
<u>::</u>	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties [24	
	25	Other liabilities (including federal income tax, payables to related third			
	Ì	parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	-0-	26	-0-
Ś		complete lines 27 through 29, and lines 33 and 34.			
ĕ	07	Unrestricted net assets		27	
<u>ala</u>	27 28	Temporarily restricted net assets		28	
8	29	Permanently restricted net assets		29	-
Ĕ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and □			
F	1	complete lines 30 through 34.			
ts c	30	Capital stock or trust principal, or current funds	77,153	30	126,457
Se	31	Paid-in or capital surplus, or land, building, or equipment fund	465,618		465,618
Ä	32	Retained earnings, endowment, accumulated income, or other funds .		32	
Net Assets or Fund Balances	33	Total net assets or fund balances	<u>542,771</u>		592,075
_	34	Total liabilities and net assets/fund balances	542,771	34	592,075

Page 1	2
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Form 98	90 (2014)				Pa	ige I∠
·Par	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					V
1	Total revenue (must equal Part VIII, column (A), line 12)	1			6	4,750
2	Total expenses (must equal Part IX, column (A), line 25)	2			1	5,446
3	Revenue less expenses. Subtract line 2 from line 1	3			4	9,304
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			54	2,771
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10			59	2,075
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☐ Other		[
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın	ın			
	Schedule O.					
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a ✓					
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
b	b Were the organization's financial statements audited by an independent accountant?					✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	а			
	separate basis, consolidated basis, or both:					
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for committee that assumes responsibilities are committee that are committeed as a committee that are committeed					
	of the audit, review, or compilation of its financial statements and selection of an independent according	untant	? [2	2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, e.	kplaın	ın			
	Schedule O					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set					
	the Single Audit Act and OMB Circular A-133?			3a		✓
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und			\Box		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udıts.	. 3	3b		
				Form	990	(2014)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► 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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name o	or the organization	Employer identification number
WEST	GATE LODGE #623 F.A.M.	31-4116238
Par	t I Organizations Maintaining Donor Advised Funds or Other Simila	r Funds or Accounts.
	Complete if the organization answered "Yes" to Form 990, Part IV, I	ne 6.
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year) .	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the as	sets held in donor advised
_	funds are the organization's property, subject to the organization's exclusive legal	
6	Did the organization inform all grantees, donors, and donor advisors in writing th	
•	only for charitable purposes and not for the benefit of the donor or donor advisor	
	conferring impermissible private benefit?	
Par	t II Conservation Easements.	
· ai	Complete if the organization answered "Yes" to Form 990, Part IV, I	ne 7.
1	Purpose(s) of conservation easements held by the organization (check all that app	
•	Preservation of land for public use (e.g., recreation or education) Preservation	- ·
		ation of a certified historic structure
	Preservation of open space	addition of a continue motorio officiality
2	Complete lines 2a through 2d if the organization held a qualified conservation con	tribution in the form of a conservation
_	easement on the last day of the tax year.	Held at the End of the Tax Year
_	Total number of conservation easements	
a	Total acreage restricted by conservation easements	
b		
C	Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, an	
d	historic structure listed in the National Register	I I
2	Number of conservation easements modified, transferred, released, extinguished,	
3		or terminated by the organization during the
_	tax year ► Number of states where property subject to conservation easement is located ►	
4	Does the organization have a written policy regarding the periodic monitoring	a incocation bondling of
5	violations, and enforcement of the conservation easements it holds?	
_		- -
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conse	vation easements during the year
_		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation	on easements during the year
_	Described and the second secon	ente of control 170/b\/4\/P\/i\
8	Does each conservation easement reported on line 2(d) above satisfy the requirem and section 170(h)(4)(B)(ii)?	
_	The state of the terms of the t	coco
9	In Part XIII, describe how the organization reports conservation easements in its rebalance sheet, and include, if applicable, the text of the footnote to the organization	evenue and expense statement, and
		on s financial statements that describes the
	organization's accounting for conservation easements.	an an Other Circilan Appets
Par	Till Organizations Maintaining Collections of Art, Historical Treasur	
	Complete if the organization answered "Yes" to Form 990, Part IV, I	
1a		
	works of art, historical treasures, or other similar assets held for public exhibit public service, provide, in Part XIII, the text of the footnote to its financial stateme	
	•	
b		
	works of art, historical treasures, or other similar assets held for public exhibit	ion, education, or research in furtherance of
	public service, provide the following amounts relating to these items:	
	(i) Revenue included in Form 990, Part VIII, line 1	<u>\$</u>
_	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to	
а	· · · · · · · · · · · · · · · · · · ·	
b	Assets included in Form 990, Part X	▶ \$

。 Part	II Organizations Maintaining	Colle	ections of	Art, Hist	orical 1	reasures,	or O	ther Similar A	ssets (co	ntınued)
3										
	collection items (check all that apply):									
	Public exhibition					or exchange	-			
	Scholarly research			e	Other	r	-			
_	Preservation for future generations	s 								
4	Provide a description of the organiza	tion's	collections	and expla	in now t	ney furtner t	ne org	ganization's exe	mpt purpo	ose in Part
_	XIII. During the year, did the organization	aaliai	t or rossius	donation	o of ort	historical tra	2001150	e or other simi	lor	
5	assets to be sold to raise funds rather	SUIICI r than	to be mainta	ained as r	art of the	e organizatio	n's co	ollection?		es 🗌 No
Part						5 61 ga <u>-</u>				3 _ 140
I are	Complete if the organization			" to Forr	n 990. P	Part IV. line	9. or	reported an ar	mount on	Form
	990, Part X, line 21.						-,			
1a	Is the organization an agent, trustee	, cust	odian or oth	ner interm	ediary fo	or contribution	ons o	r other assets r	not	
	included on Form 990, Part X?								_	es 🗌 No
b	If "Yes," explain the arrangement in P	art XII	I and comple	ete the fo	llowing ta	able:				
								,	Amount	
С	Beginning balance						10	:		
d	Additions during the year						10	+		
е	Distributions during the year						16			
f	Ending balance						<u>11</u>		T V	
2a	Did the organization include an amou If "Yes," explain the arrangement in P									S NO
Pari		art All	i. Check her	e ii tile ez	фіапапо	ii iias beeli į	JIOVIG	eu iii Fait Aiii	· · ·	
ı aı	Complete if the organization	n ansv	wered "Yes	" to Forr	n 990. F	Part IV. line	10.			
_	Complete ii ale organizatio.		Current year		or year	(c) Two years		(d) Three years ba	ck (e) Four	years back
1a	Beginning of year balance									
b	Contributions									
c	Net investment earnings, gains, and									
	losses			ļ <u>.</u>						
d	Grants or scholarships									
е	Other expenditures for facilities and									
_	programs							<u> </u>	_	
f	Administrative expenses			<u> </u>	-					
g	End of year balance	the cu	rrent vear e	nd balanc	e (line 1c	r column (a)) held	96. 		
2 a	Board designated or quasi-endowme				e (iii) e i ç	j, colamin (a)) Hola	аз.		
a b	Downsont andowment	0/-		/0						
c	Temporarily restricted endowment		%							
	The percentages in lines 2a, 2b, and		ould equal 10	00%.						
3a	Are there endowment funds not in the	e pos	session of t	he organı	zation th	at are held a	and ac	lministered for t	the	
	organization by·									Yes No
	(i) unrelated organizations								. 3a(i)	
	(ii) related organizations								. 3a(ii)	
b	If "Yes" to 3a(II), are the related organ								. 3b	
4	Describe in Part XIII the intended use			on s ende	wmenti	unas.				
Fair	Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.									
_	Description of property	r aris	(a) Cost or o			or other basis		Accumulated	(d) Boo	
	besomption of property		(investr		, ,	other)		lepreciation	(4, 200	
1a	Land			239,200						239,200
b	Buildings			110,800						110,800
С	Leasehold improvements									
d	Equipment			66,336						66,336
e	Other		L	49,282			 -			49,282
Total	Add lines 1a through 1e. (Column (d)	must e	equal Form 9	190. Part .	x. columi	n (B). line 10	C.) .	• 1		465.618

Part VII	Investments — Other Securitic Complete if the organization a		m 990 Part l	V. line 1	1b. See Form	990. Part X. line 12
	(a) Description of security or cate (including name of security)		(b) Book val	- T	(c) Meth	nod of valuation of-year market value
(1) Financial	derivatives			<u> </u>		
	neld equity interests					
1_1	· · ·					
	Sweep Account			19,118		
	City Bank Investments			6,899		 _
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)		<u> </u>	56,017		·····
Part VIII	Investments-Program Rela					
	Complete if the organization a	nswered "Yes" to For	m 990, Part I	V, line 1	1c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book val	ue		nod of valuation of-year market value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	b) must equal Form 990, Part X, col (B) line 13)	<u> </u>	<u> </u>			
Part IX	Other Assets.				4.0 -	000 5 134 11 45
	Complete if the organization a		m 990, Part I	V, line 1	1d. See Form	
		(a) Description				(b) Book value
(1)			_		-	
(2)			-	-		
(3)						
(4)						
(5)						
(6)						<u> </u>
<u>(7)</u>						
(8)						
(9)	mn (b) must equal Form 990, Part >	(col (B) line 15)				
Part X	Other Liabilities.	······································	<u> </u>		· · · · · · ·	
raitA	Complete if the organization a	inswered "Ves" to Foi	m 990 Part I	V line 1	1e or 11f See	Form 990 Part Y
	line 25.	mswered res to roi	111 990, 1 ait 1	v, mic i	Te or Th. See	TOTTI 990, Fatt X,
1.	(a) Description of liability	(b) Book value				
(1) Federal II		(0) 000000000				
(2)						
(3)						
(4)						
(5)						
(6)			 -			
(7)						
(8)						
(9)						
	(b) must equal Form 990, Part X, col. (B) line 25)	•				
	r uncertain tax positions. In Part XIII, p		note to the orga	nization's	financial stateme	nts that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

/Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per F Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	Return.	
1	Total revenue, gains, and other support per audited financial statements	1	64,750
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	· <u>'</u>	04,750
a	Net unrealized gains (losses) on investments	-	
b	Donated services and use of facilities		
c	Recoveries of prior year grants	1	
d	Other (Describe in Part XIII.)	· , · · ·	
e	Add lines 2a through 2d	2e	-0-
3	Subtract line 2e from line 1	3	64,750
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	-	04,700
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	'	
С	Add lines 4a and 4b	4c	-0-
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	64,750
Part		r Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	15,446
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses	<u> </u>	
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	-0-
3	Subtract line 2e from line 1	3	15,446
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	-0-
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	15,446
2; Par	le the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; tXI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inf	ormation.	
			
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SCHEDULE 0 (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ. ▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Open to Public Inspection

Name of the organization	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 participates	in its mission.
Q000100 100, 100 0 Q 01120100 100 100 100 100 100 100 100 100	
Question 8 a & b: Yes, the organization maintains written documentation of meetings, decisions, and a	ctions of both the governing body
and membership and continues acting with the authority of and on behalf of the governing body.	
PART VI, SECTION B:	
Question 11b: Copies of the 990 are provided to the members of the governing body for review prior	to filing.
DADT VII CECTION C.	
PART VI, SECTION C:	
Question 19: Copies of the Lodge's governing documents and financial statements are maintained or	n site and can be viewed upon
request via the Trustees, Secretary and Treasurer.	
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