Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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.

Open to Public

Inte	rnal Reven	ue Service	Go to www.irs.gov/Form990 for instructions and the latest	Intormation	<u>· 10 -</u>	inspec	lion		
A	For the	2017 caler	dar year, or tax year beginning April 1, 2016 , 2017, and endi	ng <u>Marc</u> l	1 31, 2017	, 20			
В	Check if	applicable	Name of organization Independent Order of Odd Fellows		D Employ	er identification n	umber		
	Address	change	Doing business as Grand Lodge of New York		13-5155926				
	Name ch	nange	Number and street (or P O. box if mail is not delivered to street address) Room/s	uite	E Telephone number				
	Initial ret	um	5 Melody Ln		Į.	845-986-4913			
		n/terminated	City or town, state or province, country, and ZIP or foreign postal code						
	Amende		Warwick, NY 10990		G Gross re	eceipts \$	106939		
			F Name and address of principal officer Thomas Buchanan	H(a) Is thus a	group return for	subordinates? Yes			
_		٠ ١	5 melody Ln, Warwick, NY 10990	1		s included? Tes			
_	Tay-exer	mpt status	☐ 501(c)(3)			a list (see instruction			
<u>:</u>	Website		2 301(0)(0) 2 0 7 1 (macritio.) 2 1347(8)(1) 01 2 02 1	~~	ip exemption		•		
K			Corporation ☐ Trust ☑ Association ☐ Other ►			of legal domicile	NY		
	art I	Summa		102	3 W Otato	or legar dornione			
			scribe the organization's mission or most significant activities: Admir	nistrative ov	ersight and	d support to loc	al		
Ф				insulative ov	er signic and	3 support to loc	C11		
Š	1	Odu renov	v Lodges located throughout New York State						
Ë	1	Chook the	s box ▶ ☐ if the organization discontinued its operations or disposed	of more the	n 25% of	ito not acceta			
Activities & Governance					. 3	 	4040		
Ġ					· 3		1342		
S			f independent voting members of the governing body (Part VI, line 1				0		
Ě	1		ber of individuals employed in calendar year 2017 (Part V, line 2a)				1		
Ę	1		ber of volunteers (estimate if necessary)				0		
⋖	1		lated business revenue from Part VIII, column (C), line 12		. /a	<u> </u>	0		
	b	Net unrela	ted business taxable income from Form 990-T, line 34	; 	. 7b		0		
		.		Prior `	rear	Current Y	ear		
ē	1		ons and grants (Part VIII, line 1h)	ļ	128375		67997		
ē	1	_	service revenue (Part VIII, line 2g)						
Revenue	1		it income (Part VIII, column (A), lines 3, 4, and 7d)		35500		35434		
	1		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		6000		3508		
@1 fil			nue-add lines 8 through 11 (must equal Part VIII, column (A), line 12)	·	169875		106939		
	13	Grants an	d sımılar amounts paıd (Part IX, column (A), lines 1-3)						
2	14	•	aid to or for members (Part IX, column (A), line 4)	·		· · · · · · · · · · · · · · · · · · ·			
MA Expenses (15	Salaries, o	ther compensation, employee benefits (Part IX, column (A), lines 5-10)		111700		38395		
≊	16a	Profession	nal fundraising fees (Part IX, column (A), lines te CEVED ·						
≥g.	, b	Total fund	raising expenses (Part IX, column (D), line-25)				I		
, L	17	Other exp	enses (Part IX, column (A), lines 11a-120 111-24e) 1 5 7018 · 6		65850		15138		
5 6	18	Total expe	nses. Add lines 13-17 (must equal Parell X, column (A), line 25)		177550		53533		
	119	Revenue I	ess expenses. Subtract line 18 from line 12		-7675		53406		
58	li		OGDEN, UT	Beginning of C	urrent Year	End of Ye	ar		
Se Se	20	Total asse	ts (Part X, line 16)	<u>. </u>	1303332		1226856		
¥26 868	21	Total liabil	ıtıes (Part X, Iıne 26)						
운근	22	Net assets	or fund balances. Subtract line 21 from line 20		1303332		1226856		
Pa	art II	Signatu	ire Block						
Un	der penal	ties of perjury	, I declare that I have examined this return, including accompanying schedules and state	ements, and to	the best of n	ny knowledge and	belief, it is		
tru	e, correct,	, and comple	te. Declaration of preparer (other than officer) is based on all information of which prepare	er has any knipy	vledge.		<i>a</i>		
			thank hick aroun		hard	15 201	9		
Sig	gn 📗	Signat	ure of officer		ate				
He	re	<u> </u>	Thomas Suchara Active &	- RAX)	top	ROTALY			
		Туре	or print name and title	<u> </u>					
D-		Print/Type	e preparer's name Preparer's signature D	ate	Cheat I	T of PTIN			
Pa		_			Check [
	eparei		me ▶	F.,	m's EIN ▶				
US	e Only	Firm's ad			one no				
Ma	y the IR		this return with the preparer shown above? (see instructions)			TYes	No		

Page	2

Part			Part III
1	Briefly describe the organization's m		атт
'	,		ork State in following the precepts of our
2		significant program services during the y	
	prior Form 990 or 990-EZ?		· · · · · · · · · □ Yes ☑ No
	If "Yes," describe these new services		
3		cting, or make significant changes in	
	services?		· · · · · · · · · □Yes ☑No
	If "Yes," describe these changes on	Schedule O.	
4	Describe the organization's program	service accomplishments for each of it	s three largest program services, as measured by
	expenses. Section 501(c)(3) and 501	(c)(4) organizations are required to repo	rt the amount of grants and allocations to others,
	the total expenses, and revenue, if a	ny, for each program service reported.	
4a	(Code:) (Expenses \$	22400 including grants of \$) (Revenue \$)
	Salary payable to the Grand Secretary	who provides guidance, support and overs	ight to local lodges in New York.
4b	(Code:) (Expenses \$	10645 including grants of \$) (Revenue \$)
	Payroll and other related taxes.		
	(O. 1.) (F	to all all and a second of the	\(\(\triangle \)
4c	(Code ⁻) (Expenses \$	including grants of \$) (Hevenue \$
4d	Other program services (Describe in	Schedule ().)	
70		g grants of \$) (Revenue	: \$
4e	(Expenses \$ includin Total program service expenses ▶	32045	· · · · · · · · · · · · · · · · · · ·

Part	IV Checklist of Required Schedules			
			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			/
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? 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,	<u> </u>		
	Part III	5		✓
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? 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, 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		1
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	✓	
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		✓
	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		✓
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
_	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
		Ec-	~ aa 0	(2017

Part	Checklist of Required Schedules (continued)			
			Yes	No
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		✓
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		✓
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	20		<u> </u>
2-14	\$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	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		1
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	;	1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		1
25a	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	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 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	28a		1
_	Schedule L, Part IV	28b		1
c	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	000		,
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		√
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M			, <u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		✓
31	Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	<u> </u>		Ť
	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? <i>If "Yes," complete Schedule R, Part I</i>	33		1
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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38		

Part				П				
	Check it Schedule O contains a response or note to any line in this Part V	 -	You.	No				
			105	140				
1a		1		1 1				
b	Effect die figlinger eit eithe it Zeitholdes it mis far Zitter eit in et appropriet			1 1				
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		<u> </u>				
	titler the number of Forms W-2G included in line 1a. Enter -0- if not applicable. id the organization comply with backup withholding rules for reportable payments to vendors and id the organization comply with backup withholding rules for reportable payments to vendors and portable payments for vendors and increase and portable payments to vendors and its the respective of employees reported on Form W-3, Transmittal of Wage and Tax tatements, filed for the calendar year ending with or within the year covered by this return 1 at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2a 1 at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3b the organization have unrelated business gross income of \$1,000 or more during the year? 3c 1 any time during the calendar year, did the organization have an interest in, or a signature or other authority ver, a financial account in a foreign country; ▶ 4c 1 and the file and the file of the foreign country; ▶ 5c 2 and the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5d any taxable party notify the organization file Form 886-17 6c 2 best the organization have annual gross receipts that are normally greater than \$100,000, and did the granization solicit any contributions that were not tax deductible as charatable contributions? 7c 3c		 ,					
2a			•	1 1				
			· ·					
b	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)							
3а	Enter the number reported in Box 3 of Form 1996. Enter -0- if not applicable			1				
b		3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority							
		i 1		1				
		4a		✓				
b	If "Yes." enter the name of the foreign country:	7						
_		'						
52		5a		1				
_				1				
		-		1				
_								
	Check if Schedule Q contains a response or note to any line in this Part V 1a Einer the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1b 1 of 10 or 10 o							
h		"		✓				
_	-	6b		1				
7								
				-				
		7a						
b	· · · · · · · · · · · · · · · · · · ·			 				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
		7c						
d	·							
		7e						
f								
-		7 a						
_								
		8						
9			,					
		9a						
b		9b						
10	•							
а	Initiation fees and capital contributions included on Part VIII, line 12							
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								
b	Gross income from other sources (Do not net amounts due or paid to other sources		Y					
	against amounts due or received from them.)							
12a		12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а		13a						
	Note. See the instructions for additional information the organization must report on Schedule O.							
b		.						
				'				
C								
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		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>				
		Forr	n 99 0	(2017)				

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	structi	ions.					
	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>							
<u>Secti</u>	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 1342	١	,						
	If there are material differences in voting rights among members of the governing body, or	<u> </u>]]					
	if the governing body delegated broad authority to an executive committee or similar								
	committee, explain in Schedule O.	٠,٠ ا	1						
ь	Enter the number of voting members included in line 1a, above, who are independent			1					
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	_ [1					
	any other officer, director, trustee, or key employee?	2		1					
3 Did the organization delegate control over management duties customarily performed by or under the direct									
	supervision of officers, directors, or trustees, or key employees to a management company or other person? .								
4									
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		√					
6	Did the organization have members or stockholders?	6	✓						
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint								
	one or more members of the governing body?	7a	✓						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,								
	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:	,							
а	The governing body?	8a	✓_						
b	Each committee with authority to act on behalf of the governing body?	8b	✓						
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	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,								
4.4	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 filling the form?	11a	✓	 ,					
b 10-	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? If "No," go to line 13	12a		✓					
b	· · · · · · · · · · · · · · · · · · ·	12b		-					
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	40-							
13	Did the organization have a written whistleblower policy?	12c		<u> </u>					
14	Did the organization have a written document retention and destruction policy?	14		V					
15	Did the process for determining compensation of the following persons include a review and approval by	 		 -,					
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			. }					
•	The organization's CEO, Executive Director, or top management official	15a		-					
a b	Other officers or key employees of the organization	15b		▼					
U	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	100							
16a	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							
Secti	on C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed ▶								
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	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 ☐ Other (explain in Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	, and					
	financial statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	: >						
	Thomas Buchanan, 5 Melody Ln. Warwick, NY 845-986-4913								

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Pana	. 4

_	~~~	(0043)
-orm	990	(2017)

Part \	VII [Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, a	ind
		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.

=	T-1			- (4	C)					
		Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of
	week (list any hours for related organizations below dotted line)	Individua or direct	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) Thomas Buchanan Acting Grand Secretery	20			1	1			22400	0	
_(2)	<u> </u>									
(3)										
(4)										
(5)										-
(6)				_						
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)														
(A) Name and title		(B) Average hours per week (list any	box, office	unles er and	Pos eck s pe d a d	rson rect	e than cois both or/trust	an tee)	(D) Reportable compensation from the	(E) Reportable compensation related organization	from	Estir om amo ot compe		
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MI		fror organ and	n the ization elated zations	
(15)														
(16)										,				
(17)														
(18)														
(19)														
(20)									-					
(21)										-,,				
(22)														
(23)														
(24)														
(25)														
1b c d	Sub-total	VII, Sectio	n A					> > >	22400					
2	Total number of individuals (including but reportable compensation from the organi	not limited						e) w	ho received me	ore than \$10	0,000 0	f		
3	Did the organization list any former of employee on line 1a? If "Yes," complete s	ficer, direc						emp	oloyee, or high	est comper	sated	3		No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of reg greater that	portal an \$ ⁻	ble (150,	con 000	npei 1? <i>I</i> : 	nsatio f "Ye: ·	n a s,"	nd other comp complete Sch	ensation from edule J for	m the such	4		√
5	Did any person listed on line 1a receive of for services rendered to the organization									ation or indi	vidual 	5		✓
Section	on B. Independent Contractors													
1	Complete this table for your five highest compensation from the organization. Repyear.												n's tax	·
	(A) Name and business add	ress							(B) Description of s	ervices	Со	(C) mpens	ation	
None														
												,		
	Tatal analysis (1)				-1 -	11 11			اد ادهداد					
2	Total number of independent contractor received more than \$100,000 of compens) tr	ose listed abo	ove) who				

Check if Schedule O contains a response or note to any line in this Total revenue 1a Federated campaigns 1a b Membership dues 1b 65303 c Fundraising events 1c 692 d Related organizations 1d e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514
Street		revenue	
e Government grants (contributions) 1e	:	•	• !
f All other contributions, gifts, grants, and similar amounts not included above 1f 2002 g Noncash contributions included in lines 1a-1f: \$ h Total. Add lines 1a-1f		, ,	
Business Code 2a b c d d			
3 Investment income (including dividends, interest, and other similar amounts) ▶ 4 Income from investment of tax-exempt bond proceeds ▶	35434		
5 Royalties			
b Less: rental expenses c Rental income or (loss) d Net rental income or (loss)		vz ·	
7a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses .			
c Gain or (loss)		· · · · · · · · · · · · · · · · · · ·	
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b	*		
c Net income or (loss) from fundraising events . ▶ 9a Gross income from gaming activities. See Part IV, line 19 a			
b Less: direct expenses b c Net income or (loss) from gaming activities ▶ 10a Gross sales of inventory, less returns and allowances a 3508		•	
b Less: cost of goods sold b 0 c Net income or (loss) from sales of inventory . ▶ 3508 Miscellaneous Revenue Business Code	3508		
11a b c			
d All other revenue	38942		Form 990 (2017)

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. A	II other organization	s must complete co	olumn (A).
	Check if Schedule O contains a respon				
	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				
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	22400	22400		
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	5350	5350		
9	Other employee benefits				
10	Payroll taxes	10645	10645		
11	Fees for services (non-employees):				
a	Management				,
b	Legal	2023	2023		
C d	Lobbying				
e	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	7576	7576		
14	Information technology				
15	Royalties				
16	Occupancy	709	709		
17 18	Travel	773	773		
10	for any federal, state, or local public officials		j		
19	Conferences, conventions, and meetings	3151	3151		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization .				
23	Insurance	906	906		
24	Other expenses. Itemize expenses not covered				1
	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.)				"
_					
a b					
C					
ď					
e	All other expenses				
25_	Total functional expenses. Add lines 1 through 24e	53533	53533		
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)				

Part X	l. Bal	lance	Sheet
--------	--------	-------	-------

		Check if Schedule O contains a response or note to any line in this Par	rt X	<u></u>	🗆
			(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing	10911	1	55376
	2	Savings and temporary cash investments		2	
	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. Complete Part II of Schedule L		5	
8	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	4743		
	9	Prepaid expenses and deferred charges	4/43	9	
	10a	Land, buildings, and equipment: cost or			
	ь	Less: accumulated depreciation 10b	555000	100	555000
	11	Investments—publicly traded securities	732678		616480
	12	Investments—other securities. See Part IV, line 11		12	010400
	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)	1303332	16	1236056
	17	Accounts payable and accrued expenses	1303332	17	1226856
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
Liabilities	22	Loans and other payables to current and former officers, directors,	,		,
₩.		trustees, key employees, highest compensated employees, and			·
iak		disqualified persons. Complete Part II of Schedule L		22	
-	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable 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			
		of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0	26	0
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and		_	
Se		complete lines 27 through 29, and lines 33 and 34.		ļ	
aŭ	27	Unrestricted net assets		27	
Net Assets or Fund Balances	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.			
13 (30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥	32	Retained earnings, endowment, accumulated income, or other funds .		32	
頁	33	Total net assets or fund balances	1303332		1226856
	34	Total liabilities and net assets/fund balances	1303332		1226856
					Form 990 (2017)

Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			10	06939
2	Total expenses (must equal Part IX, column (A), line 25)					
3	Revenue less expenses. Subtract line 2 from line 1	3				53406
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		1228848		
5	Net unrealized gains (losses) on investments	5				<u>55398</u>
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	 _		12	<u> 26856</u>
Part	XII Financial Statements and Reporting					_
	Check if Schedule O contains a response or note to any line in this Part XII	<u>· · · </u>	<u></u>	\neg		
	A constitution with a district the state of		_	+	Yes	No
1	1 Accounting method used to prepare the Form 990:					}
	If the organization changed its method of accounting from a prior year or checked "Other," ex Schedule O.	Diain	''' _*	:)	.
2a						
Za	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:	Jileu ('] `			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				Ì	
h	Were the organization's financial statements audited by an independent accountant?		-	<u>_</u> -	[
	If "Yes," check a box below to indicate whether the financial statements for the year were audite	d on		-	\dashv	 -
	separate basis, consolidated basis, or both:	 0	_		1	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			-	1	İ
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersiah	nt 🔚	-		
	of the audit, review, or compilation of its financial statements and selection of an independent account			c	}	
	If the organization changed either its oversight process or selection process during the tax year, ex	płain i		_		
	Schedule O.		1	-	l	}
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	in			
	the Single Audit Act and OMB Circular A-133?		. јз	а	ļ	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under		ie	\neg		
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	ıdıts.		b 📗		
				orm	990	(2017)

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on 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

Open to Public Inspection

Department of the Treasury ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Employer identification number Name of the organization Independent Order of Odd Fellows, Grand Lodge of New York 13-5155926 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 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) Aggregate value of grants from (during year) . 3 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 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 Conservation Easements. Complete if the organization answered "Yes" on 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) Preservation of a historically important land area ☐ 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 7/25/06, and not on a 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 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 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, 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)(i) In Part XIII, 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" on 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 XIII, the text of the footnote to its financial statements that describes these items.

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

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:

(i) Revenue included on Form 990, Part VIII, line 1

public service, provide the following amounts relating to these items:

_		^
Pag	е	_

Pari	III , Organizations Maintaining	Collections of	Art, His	torical 7	Freasures	, or Ot	her Similar As	sets (continued)
3	Using the organization's acquisition, collection items (check all that apply):	accession, and ot	her reco	rds, chec	k any of th	e follov	ving that are a s	significant use of its
а	☐ Public exhibition		d	☐ Loan	or exchang	ge progi	rams	
b	Scholarly research		е	☐ Othe	r			
С	Preservation for future generations	5						
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.							
5	During the year, did the organization	solicit or receive	donation	s of art,	historical tr	reasures	s, or other simil	ar
	assets to be sold to raise funds rather	than to be mainta	ined as I	part of the	e organizati	on's co	llection?	☐ Yes ☐ No
Part								
	Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.							
1a	included on Form 990, Part X?							ot ☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the fo	flowing t	able:			
							A	mount
С	Beginning balance					10	<u> </u>	
d	Additions during the year	<i></i> .				1d		
е	Distributions during the year					1e		
f	Ending balance					1f		<u></u>
2a	Did the organization include an amour							
	If "Yes," explain the arrangement in Pa	art XIII. Check here	e if the e	xplanatio	n has been	provide	ed on Part XIII .	<u> </u>
Par								
	Complete if the organization						, K. Z.	1775
_		(a) Current year	(b) Pn	or year	(c) Two year	rs back	(d) Three years bac	(e) Four years back
_	Beginning of year balance				<u> </u>	}		
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships				ļ			<u> </u>
е	Other expenditures for facilities and programs							
f	Administrative expenses							ļ <u>.</u>
g	End of year balance				<u> </u>			
2	Provide the estimated percentage of t			e (line 1g	ı, column (a)) held a	as:	
а	Board designated or quasi-endowmer	nt >	%					
þ	Permanent endowment	<u></u> %						
C	Temporarily restricted endowment ▶	%						
_	The percentages on lines 2a, 2b, and							
3a	Are there endowment funds not in the	e possession of th	e organi	zation tha	at are held	and adı	ministered for th	
	organization by:							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
_	If "Yes" on line 3a(ii), are the related or	•	•					3b
4	Describe in Part XIII the intended uses		n s enac	wment it	unas.			
Part			on For	~ 000 r	Dort IV line	. 11. (Coo Form 000	Dort V. line 10
	Complete if the organization				or other basis			
	Description of property	(a) Cost or oth			ther)		Accumulated preciation	(d) Book value
1a	Land	·						·
b	Buildings	·	<u></u> .		555000			555000
C	Leasehold improvements							
d	Equipment						 	
<u>е</u>	Other		NO 6 4 1		(7) (; (5)	\- \		
ı otal.	Add lines 1a through 1e. (Column (d) m	nust equal Form 99	iu, <u>Part</u>)	k, c <u>o</u> lumn	(<i>B), line</i> 10	<i>IC.)</i>	<u> ▶ j</u>	555000

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

► Attach to Form 990 or 990-EZ.

For to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2017

Open to Public Inspection

Employer identification number Name of the organization Independent Order of Odd Fellows, Grand Lodge of New York 13-5155923 Part VI, Line 11A Copies of Form 990 with supporting schedules have been provided to each member of the Executive Committee (the controlling body of the New York Grand Lodge). Meetings are held to discuss the return prior to its filing. Part VI, Line 19 Copies of documents are available to all members of our fraternity. Copies of financial reports are available to the public upon request.

SCHEDULE R (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Related Organizations and Unrelated Partnerships

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

(g) Section 512(b)(13) controlled entity? Schedule R (Form 990) 2017 (f)
Direct controlling
entity ž Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Yes 13-5155926 (f)
Direct controlling
entity (e) End-of-year assets å (e)
Public charity status
(if section 501(c)(3)) (d) Total income Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (d) Exempt Code section 501(c)8 (c) Legal domicile (state or foreign country) Cat No 50135Y (c)
Legal domicile (state or foreign country) North Carolina Primary activity (b) Primary activity <u>Administrative</u> For Paperwork Reduction Act Notice, see the Instructions for Form 990. (6) (1)Sovereign Grand Lodge Independent Order of Odd Fellows (a)
Name, address, and EIN (if applicable) of disregarded entity Independent Order of Odd Fellows, Grand Lodge of New York 422 N. Trade St., Winson-Salem, NC 27101 EIN 52-0363509 (a) Name, address, and EIN of related organization 4) Part I Part II 8 € 9 9 2 ල 3 E Ξ