



990

## **Return of Organization Exempt From Income Tax**

2001

2017

2017

**Open to Public  
Inspection**

**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.

► Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

<b>A For the 2017 calendar year, or tax year beginning</b>		, 2017, and ending		20
<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C Name of organization</b> FRATERNITY LODG #6, IOOF		<b>D Employer identification number</b> 23-7605546	
	Doing business as			
	Number and street (or P O box if mail is not delivered to street address) 651 FOREST AVENUE		Room/suite	<b>E Telephone number</b> 207773-6265
	City or town, state or province, country, and ZIP or foreign postal code PORTLAND, ME 04103			
	<b>F Name and address of principal officer</b> LINDA FURROW, 139 NEW YORK AVENUE, SOUTH PORTLAND, ME 04106		<b>G Gross receipts \$</b> ?	
	<b>H(a) Is this a group return for subordinates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
	<b>H(b) Are all subordinates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)			
<b>H(c) Group exemption number</b> ►				
<b>I Tax-exempt status</b>	<input type="checkbox"/> 501(c)(3)	<input checked="" type="checkbox"/> 501(c) ( 8 ) ▲ (insert no)	<input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>J Website:</b> ►				
<b>K Form of organization</b>	<input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►		<b>L Year of formation</b>	
<b>M State of legal domicile</b>				
<b>Part I Summary</b>				
1. Briefly describe the organization's mission or most significant activities: FRATERNAL TO RELIEVE THE DISTRESSED				

## Part I      Summary

1 Briefly describe the organization's mission or most significant activities: FRATERNAL TO RELIEVE THE DISTRESSED

**Part III Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III **1** Briefly describe the organization's mission:

NONE

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

**Part IV Checklist of Required Schedules**

- 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)? . . . . .
- 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 . . . . .
- 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 . . . . .
- 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 . . . . .
- 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 . . . . .
- 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 . . . . .
- 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III . . . . .
- 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 . . . . .
- 10 Did the organization directly or through a related organization hold assets in temporarily restricted

	Yes	No
1	✓	
2	✓	
3	✓	
4		
5	✓	
6	✓	
7	✓	
8	✓	
9	✓	

**Part IV Checklist of Required Schedules (continued)**

- 20 a** Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . . .
- b** If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .
- 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 . . . . .
- 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 . . . . .
- 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 . . . . .
- 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 . . . . .
- b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .
- c** Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .
- d** Did the organization not own "on behalf of" issues of bonds outstanding at any time during the year? . . . . .

	Yes	No
<b>20a</b>	✓	
<b>20b</b>		
<b>21</b>	✓	
<b>22</b>	✓	
<b>23</b>	✓	
<b>24a</b>	✓	
<b>24b</b>		
<b>24c</b>		

**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V 

- 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . . **1a** 0  Yes  No
- b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . . **1b** 0
- c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . . **1c**
- 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 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**
- Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . . **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**
- 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**  ✓
- b If "Yes," enter the name of the foreign country: ► See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
- 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**
- 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . . . . **6a**  ✓
- b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . . **6b**
- 7 **Organizations that may receive deductible contributions under section 170(c).**
- 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**

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

**Section A. Governing Body and Management**

- 1a Enter the number of voting members of the governing body at the end of the tax year. . . . .  
 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.
- 1a 38
- 1b 38
- 2
- 3
- 4
- 5
- 6
- 7a
- 7b
- 8a
- 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

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

Check if Schedule O contains a response or note to any line in this Part VII

**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."

- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes  No  
If "Yes," describe these changes on Schedule O.
- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: \_\_\_\_\_) (Expenses \$ 9822 including grants of \$ 9822) (Revenue \$ \_\_\_\_\_)  
RELIEVE THE DISTRESSED

PAY BENEFITS TO MEMBERS IN NEED

PAY SURVIVOR BENEFITS TO WIDOWS/WIDOWERS OF DECEASED MEMBERS

- 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.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization
		Individual Institution Officer Key employee Highest Employee Former			

## 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 hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Or director or trustee	Individual trustee	Officer	Key employee	Highest compensated employee			
(15)									
(16)									
(17)									
(18)									
(19)									
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									
1b Sub-total . . . . .						►	1963	7833	0
c Total from continuation sheets to Part VII, Section A . . . . .						►			
d Total (add lines 1b and 1c) . . . . .						►	1963	7833	0
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►							0		

	Yes	No
3		✓
4		✓
5		✓

## Section B. Independent Contractors

- 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) 'Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►		

**Part VIII Statement of Revenue***Check if Schedule O contains a response or note to any line in this Part VIII* **MAKE MONETARY CONTRIBUTIONS TO TAX-EXEMPT CHARITIES APPROVED BY THE LODGE MEMBERS****PROVIDE FINANCIAL ASSISTANCE TO WORTHY AND NEEDY FAMILIES WHEN APPROVED BY THE LODGE MEMBERS**

**4b** (Code: \_\_\_\_\_) (Expenses \$ 7470 including grants of \$ 7470) (Revenue \$ \_\_\_\_\_)   
EDUCATE THE ORPHAN AND OTHERS.

**SCHOLARSHIPS****CAMPERSHIPS****CAMP NEOFA SUPPORT****PROVIDE CONTRIBUTIONS TO AFTER SCHOOL ATHLETIC PROGRAMS**

**4c** (Code. \_\_\_\_\_) (Expenses \$ 7379 including grants of \$ 6895) (Revenue \$ 0)   
SUPPORT ODD FELLOWSHIP AND THE COMMUNITY

**CONDUCT WEEKLY MEETINGS FOR FELLOWSHIP****ATTEND MEETINGS OF OTHER LODGES WITHIN THE STATE****PROVIDE REPRESENTATION AT GRAND LODGE OF MAINE FUNCTIONS****PROVIDE FINANCIAL CONTRIBUTIONS TO VETERANS' CAUSES****PROVIDE FINANCIAL SUPPORT TO GRAND LODGE OF MAINE CHARITABLE CAUSES****SUPPORT MEMBER PARTICIPATION IN VARIOUS FUNDRAISING EFFORTS BY NON-PROFITS****SUPPORT AND ASSIST WITH ACTIVITIES OF THE FRIENDS OF WOODFORDS CORNER****PROVIDE LEADERSHIP TO THE ODD FELLOWS HALL COMPANY OF DEFENDING IN MAINTAINING A LOCAL HISTORIC BUILDING**

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX 

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . .	16744	16744		
2 Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	286	286		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . .	0	0		
4 Benefits paid to or for members . . . . .	4934	4934		
5 Compensation of current officers, directors, trustees, and key employees . . . . .	2340		2340	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . .	0			
7 Other salaries and wages . . . . .	0			
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	0			
9 Other employee benefits . . . . .	0			
10 Payroll taxes . . . . .	0			
11 Fees for services (non-employees):				
a Management . . . . .				
b Legal . . . . .				
c Accounting . . . . .	8125		8125	
d Lobbying . . . . .				
e Professional fundraising services. See Part IV, line 17				

<b>4d</b> Other program services (Describe in Schedule O.) (Expenses \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )
<b>4e</b> Total program service expenses ► 24671

Part X **Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X 

		(A) Beginning of year	(B) End of year	
Assets	1 Cash—non-interest-bearing	3321	1 14264	
	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	
	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	
	7 Notes and loans receivable, net	7		
	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		
	b Less: accumulated depreciation	10b		10c
	11 Investments—publicly traded securities	1930945	11 2159824	
	12 Investments—other securities. See Part IV, line 11		12	
	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)		1933466	16 2174088	
Liabilities	17 Accounts payable and accrued expenses	0 17	0	
	18 Grants payable	0 18	1000	
	19 Deferred revenue	0 19	0	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		0 22	0
	23 Secured mortgages and notes payable to unrelated third parties	0 23	0	
	24 Unsecured notes and loans payable to unrelated third parties	0 24	0	
	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		0 25	0
	26 Total liabilities. Add lines 17 through 25		0 26	1000
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds	1933466	32 2174088	
	33 Total net assets or fund balances	1933466	33 2174088	
	34 Total liabilities and net assets/fund balances	1933466	34 2174088	

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII column (A) line 10) 227,724

**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.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2018**

**Open to Public  
Inspection**

Name of the organization

**FRATERNITY LODGE #6, INDEPENDENT ORDER OF ODD FELLOWS**

Employer identification number

**23-7605546**

**Part VI, Sec. A, Line 6:** The lodge is a closed fraternal membership organization; all members comprise the governing body.

**Part VI, Sec. B, Line 19:** Copies are available on written request at cost of copying and postage.

c

b

18

**Part III Identification of Related Organizations Taxable as a Partnership.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512–514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	(i) Code V–UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
(1) _____	(2) _____	(3) _____	(4) _____	(5) _____	(6) _____	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____
(1) _____	(2) _____	(3) _____	(4) _____	(5) _____	(6) _____	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____
(2) _____	(3) _____	(4) _____	(5) _____	(6) _____	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____
(3) _____	(4) _____	(5) _____	(6) _____	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____	(13) _____
(4) _____	(5) _____	(6) _____	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____	(13) _____	(14) _____
(5) _____	(6) _____	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____	(13) _____	(14) _____	(15) _____
(6) _____	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____	(13) _____	(14) _____	(15) _____	(16) _____
(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____	(13) _____	(14) _____	(15) _____	(16) _____	(17) _____

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust.** Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
(1) _____	(2) _____	(3) _____	(4) _____	(5) _____	(6) _____	(7) _____	(8) _____	(9) _____
(1) _____	(2) _____	(3) _____	(4) _____	(5) _____	(6) _____	(7) _____	(8) _____	(9) _____
(2) _____	(3) _____	(4) _____	(5) _____	(6) _____	(7) _____	(8) _____	(9) _____	(10) _____
(3) _____	(4) _____	(5) _____	(6) _____	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____
(4) _____	(5) _____	(6) _____	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____
(5) _____	(6) _____	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____	(13) _____
(6) _____	(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____	(13) _____	(14) _____
(7) _____	(8) _____	(9) _____	(10) _____	(11) _____	(12) _____	(13) _____	(14) _____	(15) _____

, Part IV, line 34, 35b, or 36.

Items listed in Parts II-IV?	Yes	No
1a	✓	
1b	✓	
1c	✓	
1d	✓	
1e	✓	
1f	✓	
1g	✓	
1h	✓	
1i	✓	
1j	✓	
1k	✓	
1l	✓	
1m	✓	
1n	✓	
1o	✓	
1p	✓	
1q	✓	
1r	✓	
1s	✓	

covered relationships and transaction thresholds.

(c) amount involved	(d) Method of determining amount involved
\$12,000 CASH (\$1,000 PER MONTH RENT)	
\$0 NVA (SHARED OFFICE SPACE)	

total assets

(K)  
Percentage  
ownership

--	--	--	--	--	--	--	--	--	--

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**Part VII** **Supplemental Information.**

**Part VII** **Supplemental Information:** Provide additional information for responses to questions on Schedule R. See instructions.