Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

Open to Public

A	For the S	2017 calendar year, or tax year beginning October 1 , 2017, and endi	ng Senter	nber 30	, 20 18								
			ng Septer	D Employer identification number									
В	Check if a		···	31-4116238									
片	Address c			F.T.1 4									
닏	Name cha		uite	E reiepno	ne number								
ᆜ	Initial retur				614-274-6330								
	Final return	1											
	Amended	return COLUMBUS OH 43204-2647		G Gross re	eceipts \$	49,028							
	Application	pending F Name and address of principal officer:	1 -		subordinates? 🔲 Yes								
_			——		s ıncluded? 🔲 Yes								
<u>L</u>	Tax-exem	ot status: ☐ 501(c)(3)	<u>ノ</u> If "N	o," attach a	a list. (see instructio	ns)							
J	Website:	www.fewwqb/westgatelodge.com	H(c) Group	exemption	number ▶	V/A							
K	Form of on	ganization: Corporation Trust Association ✓ Other Fraternal L Year of form	ation.	M State	of legal domicile.	ОН							
Р	art I	Summary											
	1 E	Briefly describe the organization's mission or most significant activities:											
9	- <u>F</u>	Fraternal brotherhood to make men better; Charity											
nau													
Men	2 (Check this box $ ightharpoonup \square$ if the organization discontinued its operations or disposed	of more than	25% of	its net assets.								
Ś	3 1	lumber of voting members of the governing body (Part VI, line 1a)	SEN YED.	3		8							
Activities & Governance	4 1	lumber of independent voting members of the governing body (Part VI, RE	EIVED	70/4		8							
	5 7	otal number of individuals employed in calendar year 2017 (Part VI line 2a)		18/5		0							
	6 7	otal number of volunteers (estimate if necessary)	0.1.20.19	16		0							
Ac	7a T	otal number of volunteers (estimate if necessary) APR otal unrelated business revenue from Part VIII, column (C), line 12	· · <u>·</u>	50 SX a		0							
	b N	let unrelated business taxable income from Form 990-T, line 34	BEN 117	7b		0							
		_99	Pflor Ye	ar	Current Ye	ar							
Revenue	8 (Contributions and grants (Part VIII, line 1h)		20,903		26,189							
		Program service revenue (Part VIII, line 2g)		-0-		-0-							
	3	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		1,434		1,974							
Ě		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		22,489		20,865							
		otal revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		44,826		49,028							
	• • • • • • • • • • • • • • • • • • • 	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		8,249		4,995							
		Benefits paid to or for members (Part IX, column (A), line 4)	-0-	. <u> </u>	-0-								
Ø	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-0-		-0-								
Se	1	Professional fundraising fees (Part IX, column (A), line 11e)		-0-	· · · · · · · · · · · · · · · · · · ·	-0-							
Expenses	1	otal fundraising expenses (Part IX, column (D), line 25) ▶				<u> </u>							
ũ	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)), , , , , , , , , , , , , , , , , , , 	36,207		33,831							
		otal expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)		44,456		38,826							
		Revenue less expenses. Subtract line 18 from line 12		370	·	10,202							
- s			Beginning of Cu		End of Ye								
age of the	20 T	otal assets (Part X, line 16)		582,133		592,335							
Ass	21 T	otal liabilities (Part X, line 26)		-0-		-0-							
Net Assets or Fund Balances	22 N	let assets or fund balances. Subtract line 21 from line 20		582,133		592,335							
	art II	Signature Block	L	00_,,00		0,0,000							
		es of penury, I declare that I have examined this return, including accompanying schedules and stat	ements and to the	ne hest of r	ny knowledge and	belief it is							
		and complete. Declaration of preparer (other than officer) is based on all information of which prepare			ny knowlougo una	De.101, 11 10							
	T	Mary K Jones		3-20	5-2019								
Sig	ın İ	Signature of officer	Dai	te	00011								
He		Gary KJones Treasurer											
		Type or print name and title											
		7	Date	T	ГРПИ								
Pa		Tropulor o organismo	-	Check self-emp	f								
	eparer		T_	<u> </u>	olohen								
Us	e Only			's EIN ▶									
N/a	v the IDS	Firm's address discuss this return with the property shows above? (see instructions)	Pho	ne no		[] N-							
_		discuss this return with the preparer shown above? (see instructions)	<u> </u>		· · Yes								
For	Paperwo	ork Reduction Act Notice, see the separate instructions. Cat.	No. 11282Y		Form 9	90 (2017)							

Form 99	2017) Pag	jө
Part	•	_
	Check if Schedule O contains a response or note to any line in this Part III	<u>_</u>
, 1	Briefly describe the organization's mission: Fraternal brotherhood to make men better; charity	
2	old the organization undertake any significant program services during the year which were not listed on the	_
	rior Form 990 or 990-EZ?	Ю
	"Yes," describe these new services on Schedule O.	
3	olid the organization cease conducting, or make significant changes in how it conducts, any program	
	ervices?	0
_	"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 expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe the total expenses, and revenue, if any, for each program service reported.	
4a	Code:) (Expenses \$ 19,955 including grants of \$) (Revenue \$)	
4 a	charitable support of the Ohio Masonic Home for the elderly; Fraternal teachings to membership; Charitable support to adjunct Masonic bodies (Daughters of the Nile, 14th District Assn for Veteran Support, etc.); Charitable support for Special Olympics, Hillto Liwanis Club, VA Hospitals & programs; Scholarships for local high school students from a membership in excess of 400 and ocial discourse with the general public at large (le: community meals and gatherings, support for community events and educatio ctivities for adults and children.	na
4b	Code:) (Expenses \$ including grants of \$) (Revenue \$)	_
		_
4c	Code:) (Expenses \$including grants of \$) (Revenue \$)	
4d	other program services (Describe in Schedule O.)	
4e	Expenses \$ 19,955 including grants of \$) (Revenue \$) otal program service expenses	_
	The Fragient of the top of the to	



Part	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	1		,
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	 	v
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			,
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		
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		~
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		,
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		,
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.			·
a	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		
С	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		~
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		~
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		v
	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 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		~
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		,
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			·
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.	15		,
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)	16		
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	17		·/
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	18		<u> </u>
		19		

art	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		~
	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		/
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			
	\$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
С	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		~
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,			
	cubetantial 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		٧
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):			
3	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		~
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		٧
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trusteo, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		*
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		~
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	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		v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 52		_
	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	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35 a		•
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? <i>If "Yes," 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? If "Yes," complete Schedule R, Part VI	37		,
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	~	

	0 (2017)			age :
Part				_
	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>	Yes	No
` 10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a -0-		103	140
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1		
b	Did the organization comply with backup withholding rules for reportable payments to vendors and	-		
С	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	··		
24	Statements, filed for the calendar year ending with or within the year covered by this return -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 <i>e-file</i> (see instructions)	<u> </u>		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
ь	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		6/
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?	<u>6a</u>		~
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	er.		
7	gifts were not tax deductible?	6b		
7 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		1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		~
d	If "Yes," indicate the number of Forms 8282 filed during the year			
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	<u> </u>	~
g	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	<u> </u>		l
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		-
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	ŀ		
a	Initiation fees and capital contributions included on Part VIII, line 12	┨		
11	Section 501(c)(12) organizations. Enter:	1		
''a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1		
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	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	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			ŀ
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans	4		1
C	Enter the amount of reserves on hand			
148	Did the organization receive any payments for indoor tanning corvices during the tax year?	148		•
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b	L	L

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se						
64	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	<u> </u>	. 🗸			
Sect	ion A. Governing Body and Management		Yes	No			
1a	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		163				
b 2	committee, explain in Schedule O. 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?	2					
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? .	3		~			
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? 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?	4 5 6	v	V V			
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:						
a b 9	The governing body?	8a 8b	V				
Secti	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O on B. Policies (This Section B requests information about policies not required by the Internal Reven	9 ue C	ode.)	~			
			Yes	No			
10a b	Did the organization have local chapters, branches, or affiliates?	10a		•			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	~				
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a		 			
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a 12b		<u> </u>			
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c					
13 14 15	Did the organization have a written whistleblower policy?	13 14		V			
a b	The organization's CEO, Executive Director, or top management official	15a 15b					
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					
	on C. Disclosure	···					
17 18	List the states with which a copy of this Form 990 is required to be filed ▶ Ohio 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.	501(c)(3)s	only)			
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of integration in the second statements available to the public during the tax year.	erest _l	oolicy	, and			
20	State the name, address, and telephone number of the person who possesses the organization's books and rec Sccretary, Westgate Lodge #623 F.A.M., 2925 W Broad St, Columbus OH 43204-2647	cords:	>				

Part VII	Compensation of Officers, Directors,	Trustees, Key Employees,	Highest Compensated Employees, ar	10
	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 roportable 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 noither the organization nor any related organization compensated any current officer, director, or trustee.

Orbeit the bex in totaler the eigenization he	T				C)			T		·
(A)	(B)	/d			rtion	e than o	anc.	(D)	(E)	(F)
Name and Title	Average	box,	unles	s pe	rson	is both	an	Reportable	Reportable	Estimated
	hours per week (list any	 	_	_	,	or/trust		compensation from	compensation from related	amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) Steve D Groves, Trustee	4-6									
379 Janicrest PI, Galloway, OH 43119		~						-0-	-0-	-0-
(2) Ronald J Crist, Trustee	4-6									
727 Chestershire Rd, Columbus, OH 43204		~						-0-	-0-	-0-
(3) Daniel T Watrous, Trustee	4-6									
47 Maple Dr, Columbus, OH 43228	T	~	<u> </u>					-0-	-0-	-0-
(4) Michael W Glenn, Master	8-10									
715 Michael View Ct, Worthington OH 43085				~				-0-	-0-	- 0-
(5) Christopher B Robinson, SW	6-8									
92 Maple Dr, Columbus, OH 43228				"		<u> </u>		-0-	-0-	-0-
(6) Michael D Martin Sr, JW	6-8									
101 Darby Creek Dr, Galloway, OH 43119				~		<u> </u>		-0-	-0-	-0-
(7) Gary K Jones, Treasurer	6-8									
3575 N 3 B's and K Rd, Sunbury, OH 43074-8348				~				-0-	-0-	-0-
(8) Roderick H Warner, Secretary	15-20									
3343 Marshrun Dr, Grove City, OH 43123		l		~		İ		-0-	-0-	-0-
(9)										
(10)		ļ								
(11)	 									
(12)										
(13)			-		 					
(14)										

	90 (2017)													Page 8
Par	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yee:			lighe	st C	ompensated E	mployees (con	tinued	d)	**********	
	(A) Name and title	(B) Average hours per week (list any	box,	unies	Pos neck ss pe	rson	than on the thick the thic	an	(D) Reportable compensation from	(E) Reportable compensation fro	m			
		hours for related organizations below dotted line)	ndividua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC			n đ	
(15)														
(16)										 				
(17)														
(18)				-								_		
(19)											1-	····		
(20)														
(21)														
(22)														
(23)														
(24)										M. **. ** **. J				
(25)														
1b	Sub-total			•	•		•	>	-0-	-0	+			-0-
c d	Total from continuation sheets to Part Total (add lines 1b and 1c)			:		 		>	-0-	-0 -0	+			-0- -0-
2	Total number of individuals (including but reportable compensation from the organi	not limited					above	e) w	ho received me	ore than \$100,0	000 o	f		
3	Did the organization list any former of								-		ted		Yes	No
4	employee on line 1a? If "Yes," complete 5 For any individual listed on line 1a, is the organization and related organizations	sum of rep	oortat	ole d	com	per	satio	n a		ensation from		3		<u> </u>
	ındividual										.]	4		~
	Did any person listed on line 1a receive of for services rendered to the organization?									ation or individ	ual	5		~
	on B. Independent Contractors													
1	Complete this table for your five highest of compensation from the organization. Repyear.													ax
	(A) Name and business add	ress			******	• • • • • • • • • • • • • • • • • • • •			(B) Description of se	arvices	Co	(C) mpensa	ation	*****
2	Total number of independent contracto	rs (includin	a bu	t no	ot li	mite	ed to	th	ose listed abo	ve) who				
	received more than \$100,000 of compensi							•••	-0-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				

Par	VIII							
	<u> </u>	Check if Schedule C) contains a res	ponse or note to	(A) Total revenue	Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns Membership dues . Fundraising events . Related organizations Government grants (cor All other contributions, g and similar amounts not inc Noncash contributions include	1b 1c s 1d ntributions) lifts, grants, cluded above 1f	18,126 5,308 2,755				
g g	h	Total. Add lines 1a-1		•	26,189			
Program Service Revenue	2a b c d e f	All other program ser	vice revenue .	Business Code				
	3	Total. Add lines 2a-2 Investment income						
	4 5	and other similar amount income from investmen Royalties	ounts)	► ond proceeds ►	1,974	1,974		
	6a b c	Gross rents Less: rental expenses Rental income or (loss)	20,865					
	d 7a b	Net rental income or of Gross amount from sales of assets other than inventory Less: cost or other basis	(loss) (i) Securities	▶	20,865	20,865		
	C	and sales expenses . Gain or (loss)		▶				
Other Revenue	8a	Gross income from fu events (not including \$ of contributions reporte See Part IV, line 18 .	ed on line 1c).					
Ě	b	Less: direct expenses	s b					
J		Net income or (loss) f Gross income from ga See Part IV, line 19						
	C	Less: direct expenses Net income or (loss) fi Gross sales of in returns and allowance	rom gaming acti	vities ▶				
		Less: cost of goods s Net income or (loss) f	sold b					
		Miscellaneous R	evenue	Business Code				
	11a b c							
	d	All other revenue .		L			<u> </u>	
	e 12	Total. Add lines 11a- Total revenue. See in		-	49,028	22,839		

	IX Statement of Functional Expenses				,
Section	n 501(c)(3) and 501(c)(4) organizations must con				
	Check if Schedule O contains a respont include amounts reported on lines 6b, 7b, and 10b of Part VIII.	SE OF NOTE TO ANY III (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	4.405		general expenses	expenses
2	Grants and other assistance to domestic individuals. See Part IV, line 22	4,495	4,495		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	500	500		
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 10 11 a	Other employee benefits			W 11 V 2	
c d	Legal	300		300	
e f g	Professional fundraising services. See Part IV, line 17 Investment management fees				
	(A) amount, list line 11g expenses on Schedule O.)				
12 13 14	Advertising and promotion	1,930	1,198	732	
15 16	Royalties				
17 18	Travel				
19 20	Conferences, conventions, and meetings . Interest				
21 22 23	Payments to affiliates	5,516	5,516		
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.)				
a b c					
d ө 25	All other expenses Total functional expenses. Add lines 1 through 24e	26,085 38,826	8,245 19,954	17,840 18,872	
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 Balance Sheet

		Check if Schedule O contains a response or	note to any line in this Pa	art X		🗹
•				(A) Beginning of year		(B) End of year
	1	Cash-non-interest-bearing		4,511	1	12,738
	2	Savings and temporary cash investments		15,004	2	13,979
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and				
		trustees, key employees, and highest co				
		Complete Part II of Schedule L			5	
ςς.	6	Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), ar sponsoring organizations of section 501(c)(9) volun organizations (see instructions). Complete Part II of Sche	d contributing employers and tary employees' beneficiary		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				1
		other basis. Complete Part VI of Schedule D	10a 465,618			
	ь	Less: accumulated depreciation	10b	465,618	10c	465,618
	11	Investments—publicly traded securities	 	· · · · · · · · · · · · · · · · · · ·	11	
	12	Investments—other securities. See Part IV, line 1		97,000	12	100,000
	13	Investments-program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equa		582,133	16	592,335
	17	Accounts payable and accrued expenses			17	
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete I	Part IV of Schedule D .		21	
es.	22	Loans and other payables to current and for				
Ě		trustees, key employees, highest compen				<u> </u>
Liabilities		disqualified persons. Complete Part II of Schedu			22	
=	23	Secured mortgages and notes payable to unrela	•		23	
	24	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax,				
		parties, and other liabilities not included on lines				
		of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		-0-	26	-0-
Net Assets or Fund Balances		Organizations that follow SFAS 117 (ASC 958) complete lines 27 through 29, and lines 33 and				
ā	27	Unrestricted net assets			27	
Ba	28	Temporarily restricted net assets			28	
힣	29	Permanently restricted net assets			29	
ᆵᆝ		Organizations that do not follow SFAS 117 (ASC 95	i8), check here ► 🔲 and			
5		complete lines 30 through 34.				
ا ھ	30	Capital stock or trust principal, or current funds	116,515	30	126,717	
ŝ	31	Paid-in or capital surplus, or land, building, or ed	· ·	465,618	31	465,618
¥	32	Retained earnings, endowment, accumulated inc			32	
ž	33	Total net assets or fund balances		582,133		592,335
l	34	Total liabilities and net assets/fund balances .	· · · · · · · ·	582,133	34	592,335

If the organization changed either its oversight process or selection process during the tax year, explain in

If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in

Schedule O.

~ 2c

Form **990** (2017)

3a

3Ь

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 20**17**

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization ► Attach to Form 990.

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

Westgate Lodge # 623 F.A.M. 31-4116238 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I 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) 3 Aggregate value of grants from (during year) . 4 Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No 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.** Part II 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 Preservation of a certified historic structure Protection of natural habitat 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 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 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 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 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. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. 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. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: **b** Assets included in Form 990, Part X

Page	2
Paue	•

Part	III Organizations Maintaining	Collections of	Art, His	torical 1	reasures,	or Ot	her Similar A	ssets (cc	ontinued)
3	Using the organization's acquisition, collection items (check all that apply):		her recor	ds, chec	k any of the	follow	ving that are a	significant	t use of its
` a	☐ Public exhibition		d l	☐ Loan	or exchange	progr	rams		
b	☐ Scholarly research		ө	Cthe					••
C	Preservation for future generation								
4	Provide a description of the organiza XIII.	tion's collections a	and expla	in how t	hey further t	he org	anization's exe	mpt purp	ose in Part
5	During the year, did the organization assets to be sold to raise funds rathe								es 🗌 No
Part									
	Complete if the organization	n answered "Yes	" on For	m 990, f	Part IV, line	9, or	reported an a	mount or	n Form
	990, Part X, line 21. Is the organization an agent, trustee	austadian or oth	or interm	odian, f	or contribution	one or	other assets r	not .	
1a	included on Form 990, Part X?								es 🗌 No
	If "Yes," explain the arrangement in P							· ·	E3 NO
b	ir res, explain the arrangement in r	art Am and compr		nowing to	abio.		1	Amount	
С	Beginning balance					1c	 		· · · · · · · · · · · · · · · · · · ·
d	Additions during the year					1d			
e	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amou	nt on Form 990. P	art X. line	21. for e	scrow or cu			v? □ Y (es 🗆 No
	If "Yes," explain the arrangement in P	art XIII. Check her	e if the ex	colanatio	n has been r	provide	ed on Part XIII .		
Par									A
	Complete if the organization	answered "Yes	" on For	m 990, f	Part IV, line	10.			
		(a) Current year		or year	(c) Two years		(d) Three years bad	ck (e) Four	r years back
1a	Beginning of year balance								
b	Contributions								
C	Net investment earnings, gains, and losses								
d	Grants or scholarships								
e	Other expenditures for facilities and programs			·					
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of	the current year er	nd balanc	e (line 1g	, column (a)	held a	as:		
а	Board designated or quasi-endowme	nt ▶							
b	Permanent endowment ▶	%	- -						
С	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and		00%.						
3a	Are there endowment funds not in th	e possession of th	ne organi:	zation tha	at are held a	ınd adı	ministered for t	he	
	organization by:								Yes No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related of	•	•					3b	
4	Describe in Part XIII the intended use		on's endo	wment fo	unds.				
Part									
	Complete if the organization					-			
	Description of property	(a) Cost or of (investm			r other basis ther)		Accumulated preciation	(d) Boo	ok value
1a	Land		239,200						239,200
b	Buildings		110,800						110,800
C	Leasehold improvements								
d	Equipment		66,336						66,336
e	Other	•	49,282	<u> </u>					49,282
Total.	Add lines 1a through 1e. (Column (d) i	must equal Form 9	90. Part)	Column	(B), line 10d	c.)	•		465,618

Part VII	Investments—Other Securities. Complete if the organization answered "Yes" on F	orm 990, Part IV, lin	e 11b. See Form	n 990, Part X, line 12.
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Met	thod of valuation. I-of-year market value
(1) Financial	derivatives			
(2) Closely-h	neld equity interests	•		
(3) Other				
	Sweep Accounts - CD's	100,000	Cost	
(B)				
(C)				
(D)				
(E)			ļ	
(F)			ļ	
(G)		-		
(H)	1)	400,000		
	b) must equal Form 990, Part X, col (B) line 12.) ▶	100,000	<u> </u>	
Part VIII	Investments—Program Related.	orm 990 Part IV lin	o 11c. Soo Form	000 Part V line 12
	Complete if the organization answered "Yes" on F (a) Description of investment	(b) Book value		thod of valuation:
	(a) Description of investment	(b) Book value		l-of-year market value
/4)				
<u>(1)</u> <u>(2)</u>			 	
(3)	· · · · · · · · · · · · · · · · · · ·	+		
(4)	· · · · · · · · · · · · · · · · · · ·			
(5)				
(6)				
(7)				
(8)		· · · · · · · · · · · · · · · · · · ·		· ····································
(9)				T
	b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" on Fe	orm 990, Part IV, lin	e 11d. See Form	
-	(a) Description			(b) Book value
(1)				
_(2)				
(3)				
(4)				
(5)				h
(6)				
(7)		·····		
(8)				
(9)	mn (b) must equal Form 990, Part X, col. (B) line 15.)		•	
Part X	Other Liabilities.	<u> </u>	· · · · · · · · · · · · · · · · · · ·	l
r art X	Complete if the organization answered "Yes" on Fe	orm 990 Part IV line	e 11e or 11f Sec	Form 990 Part X
	line 25.	om ooo, raitiv, iii	0 170 01 111. 000	3 1 0mm 000, 1 art x,
1.	(a) Description of liability (b) Book value			
(1) Federal in				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	b) must equal Form 990, Part X, col. (B) line 25.) ▶			
	uncertain tax positions. In Part XIII, provide the text of the foo			
organization's	c liability for uncertain tax positions under FIN 48 (ASC 740). Cl	heck here if the text of the	he fuotnote has b ee	n provided in Part XIII

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Return.	
1	Total revenue, gains, and other support per audited financial statements	11	49,028
•	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		.,,,,,
	Net unrealized gains (losses) on investments		
	Donated services and use of facilities		
	Recoveries of prior year grants	- 	
	Other (Describe in Part XIII.)	- 	
	Add lines 2a through 2d	2e	-0-
	Subtract line 2e from line 1	3	49,028
	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a	1	
	Other (Describe in Part XIII.)		
	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	49,028
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	er Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	38,826
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		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	-0-
3	Subtract line 2e from line 1	3	38,826
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
	Other (Describe in Part XIII.)		
	Add lines 4a and 4b	4c	-0-
5 Part	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	38,826
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complote this part to provide any additional in		
	<u> </u>		
·		•	•
			•
	·	,	
			

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 for the latest information.

OMB No. 1545-0047

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 participate in its mission. Question 8 a & b: Yes, the organization maintains written documentation of meetings, decisions, and actions of both the governing body and membership and continues acting with the authority of and on behalf of the governing body. **PART VI, SECTION C:** Question 19: Copios of the lodge's governing documents and financial statements are maintained on the site and can be viewed upon request via the trustees, treasurer, and secretary.