efile GRAPHIC print - DO NOT PROCESS As Filed Data -DLN: 93493119010529 OMB No. 1545-0047 Return of Organization Exempt From Income Tax 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 Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Treasury Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 01-01-2018 , and ending 12-31-2018 D Employer identification number B Check if applicable INDEPENDENT ORDER OF ODD FELLOWS BOONE LODGE #170 ☐ Address change 55-0201344 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number Number and street (or P O box if mail is not delivered to street address) Room/suite PO BOX 361 ☐ Amended return ☐ Application pending (304) 369-5819 City or town, state or province, country, and ZIP or foreign postal code MADISON, WV $\,$ 25130 $\,$ G Gross receipts \$ 505,856 Name and address of principal officer H(a) Is this a group return for RODNEY SMITH ☐Yes ☑No subordinates? PO BOX 503 H(b) Are all subordinates MADISON, WV 25130 ☐ Yes ☐No ıncluded? Tax-exempt status 501(c)(3) ✓ 4947(a)(1) or 501(c) (8) ◀ (insert no) If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► N/A L Year of formation 1995 M State of legal domicile Summary 1 Briefly describe the organization's mission or most significant activities FRATERNAL ORGANIZATION Activities & Governance 2 Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) . 0 4 4 Number of independent voting members of the governing body (Part VI, line 1b) . Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 4 5 Total number of volunteers (estimate if necessary) 6 Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 **b** Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 4,640 8 Contributions and grants (Part VIII, line 1h) . 6,109 Ravenua Program service revenue (Part VIII, line 2g) . 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 304,026 499,747 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 308,666 505,856 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3). 132,313 163,380 **14** Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15,921 14,412 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 140,708 123,904 288,942 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 301,696 Revenue less expenses Subtract line 18 from line 12 . 19,724 204,160 Assets or d Balances Beginning of Current Year End of Year 5,197,965 5,419,124 20 Total assets (Part X, line 16) . 21 Total liabilities (Part X, line 26) . 907 555 5,197,058 5,418,569 22 Net assets or fund balances Subtract line 21 from line 20 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2019-04-22 Signature of officer Sign Here RODNEY SMITH TREASURER Type or print name and title Print/Type preparer's name Preparer's signature Check 🗹 ıf 2019-04-29 P01302597 Paid self-employed Firm's name Robert Bias CPA Inc Firm's EIN ▶ Preparer Use Only Firm's address ▶ 1607 Smoot Avenue PO Box 825 Phone no (304) 369-5447 Danville, WV 25053 ✓ Yes 🗆 No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Cat No 11282Y Form 990 (2018)

Form	990 (2018)				Page 2
Pa	nt III Statement	of Program Service Acc	omplishments		_
	Check if Sche	edule O contains a response or	note to any line in this Part III		🗆
1	Briefly describe the	organization's mission			
FRAT	ERNAL ORGANIZATIO	N			
2	Did the organization	undertake any significant prog	ram services during the year which	were not listed on	
	the prior Form 990 c	or 990-EZ?			☐ Yes ☑ No
	•	ese new services on Schedule (
3	-	-	nificant changes in how it conducts,	any program	
	services?	🗌 Yes 🗹 No			
	If "Yes," describe the	ese changes on Schedule O			
4	Section $501(c)(3)$ ar		plishments for each of its three large required to report the amount of gra ervice reported		
4a	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	See Additional Data			, ,	·
	-				
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	-				
	-				
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
	·				
4d	Other program servi	ces (Describe in Schedule O)			
-u	(Expenses \$	including g	rants of \$	(Revenue \$)
4e	Total program ser		. ,	· ·	<u>, </u>
<u></u>					Form 990 (2018)

Form	990 (2018)			Page 3
Pa	t 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	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		No
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		No
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		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III "	8		No
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		No
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		No

or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

11a Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total Yes 11h assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🕏 Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its Yes 11c total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 🛸

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, Νo Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported Nο 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🛸 11e Nο

Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f Nο the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸

12a

12b

15

16

17

18

19

20a

20b

21

Yes

Form **990** (2018)

Nο

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

Νo

Nο

Νo

Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? . . . 14a 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 14b valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏

12a Did the organization obtain separate, independent audited financial statements for the tax year?

foreign organization? If "Yes," complete Schedule F, Parts II and IV

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions)

20a 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?

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX,

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

16

18

19

21

b Was the organization included in consolidated, independent audited financial statements for the tax year?

Part V

Form	990 (2018)			Page 4
Pa	Checklist of Required Schedules (continued)			
			Yes	No
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? <i>If "Yes," complete Schedule J</i>	23		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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		
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		No
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		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M \cdot	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
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		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		No
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		No
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	Yes	

Yes

Yes Form **990** (2018)

0

0

1a

1b

No

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

 ${f c}$ Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Enter the amount of reserves the organization is required to maintain by the states in 13b which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a No b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess 15 parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

Part VI

✓ Section A. Governing Body and Management Yes No

					1 63	110
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	0			
	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					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	0			
2	Did any officer, director, trustee, or key employee have a family relationship or a busine officer, director, trustee, or key employee?			2		No
3	Did the organization delegate control over management duties customarily performed by of officers, directors or trustees, or key employees to a management company or other μ			3		No
4	Did the organization make any significant changes to its governing documents since the	prior F	orm 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization	nizatio	n's assets?	5		Nο

		та		٩		
	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					
b	Enter the number of voting members included in line 1a, above, who are independent	1b		0		
2	Did any officer, director, trustee, or key employee have a family relationship or a busines officer, director, trustee, or key employee?			er 2		No
3	Did the organization delegate control over management duties customarily performed by of officers, directors or trustees, or key employees to a management company or other performance.			3		No
4	Did the organization make any significant changes to its governing documents since the p	orior F	orm 990 was filed? .	. 4		No
5	Did the organization become aware during the year of a significant diversion of the organ	ızatıo	n's assets? .	5		No
6	Did the organization have members or stockholders?			6		No
7a	Did the organization have members, stockholders, or other persons who had the power to members of the governing body?		t or appoint one or m	ore 7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) persons other than the governing body?			7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions up the following ${\sf contemporaneously}$	ındert	aken during the year	by		
а	The governing body?			8a	Yes	
b	Each committee with authority to act on behalf of the governing body?			. 8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who ca organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		No
Se	ction B. Policies (This Section B requests information about policies not require	red b	y the Internal Reve	enue Cod	(e.)	
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities and branches to ensure their operations are consistent with the organization's exempt pu			s, 10b		

	officer, director, trustee, or key employee?	2		No
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		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
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		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
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		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	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	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
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		No
	16 "V-" d.d.kb.			l

5	Did the organization become aware during the year of a significant diversion of the organization's assets $^\prime$.	5		No
6	Did the organization have members or stockholders?	6		No
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		No
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	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8 b	Yes	
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		No
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenue	e Code	e.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? <i>If "Yes," describe in Schedule O how this was done</i>	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
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		No
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?	4.51		
S -	ction C. Disclosure	16b		
	List the States with which a copy of this Form 990 is required to be filed▶			
- 1	WV			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website \square Another's website $ ewline olimits$ Upon request \square Other (explain in Schedule O)			
10	Describe in Schodule O whether (and if so, how) the organization made its governing decuments, conflict of interest			

10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
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		No
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		
Se	ction C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶ WV			
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (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 interest policy, and financial statements available to the public during the tax year			

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	Did the organization have a written whistleblower policy?	13	No
14	Did the organization have a written document retention and destruction policy?	14	No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	No
b	Other officers or key employees of the organization	15b	No
ļ	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
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	No
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	
Se	ction C. Disclosure		
17	List the States with which a copy of this Form 990 is required to be filed ► WV		
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (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 interest 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 records ►RODNEY SMITH PO BOX 316 MAIN ST MADISON, WV 251300361 (304) 369-5819		
		Fo	orm 990 (2018)

Part VII

(F)

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" • 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, or 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 Light Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(B) (C) (E) (D) (A)

(A) Name and Title	(B) Average hours per week (list any hours for related	•	ne bo	ox, ι n of or/t	t che unle: ficer rust	ss pers and a ee)	son	(D) Reportable compensation from the organization (W- 2/1099-	(E) Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and	
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations	
(1) RODNEY SMITH SECRETARY	4 00			x				2,233	0	0	
(2) RICHARD MILLER LODGE OFFICER	2 00			х				0	0	0	
(3) ADAM MESSER LODGE OFFICER	2 00			×				0	0	0	
(4) CARL SMITH LODGE OFFICER	2 00			x				0	0	0	
(5) GARY HARRIS LODGE OFFICER	2 00			x				0	0	0	
(6) WENDELL HILL LODGE OFFICER	2 00			х				3,316	0	0	
(7) JOHN RABY LODGE OFFICER	2 00			×				0	0	0	
(8) HAROLD MESSER LODGE OFFICER	2 00			×				4,642	0	0	
(9) JOE LINVILLE LODGE OFFICER	2 00			х				0	0	0	
(10) VICTOR FARMER LODGE OFFICER	2 00			х				3,316	0	0	
								ı		Form 990 (2018)	

Form 990 (2018)										Page 8
Part VII Section A. Officers, Direct	tors, Trustees	s, Key I	Emp	loye	es,	and H	ligh	nest Compensate	d Employees (co	ntınued)
(A) Name and Title	(B) Average hours per week (list any hours		ne b	ox, u n off	che nles icer	s pers and a	on	(D) Reportable compensation from the organization (W-	(E) Reportable compensation from related organizations (W-	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee		key employee	Highest compensated employee	Former	organization (W- 2/1099-MISC)	2/1099-MISC)	organization and related organizations

	•		Ě		

1b Sub-Total		 •	>		

1b Sub-Total						>				
d Total (add lines 1b and 1c)	•					•		13,507	0	0
2 Total number of individuals (including	but not limited	to thos	e lista	ed a	hove	e) who	rece	eived more than \$1	00 000	

c T	Total from continuation sheets to Part VII, Section A	>			
d 1	Total (add lines 1b and 1c)	•	13,507	0	0
2	Total number of individuals (including but not limited to those listed about of reportable compensation from the organization ▶	ove) wh	no received more than	\$100,000	

ď	Total (add lines 1b and 1c)	13,507	7 0		0
2	Total number of individuals (including but not limited to those listed above) of reportable compensation from the organization \blacktriangleright	vho received more tha	n \$100,000		
				Vos	No

•	otal from continuation sheets to rail vily bection A 1 1 1 1					
d	Total (add lines 1b and 1c)	>	13,507	0		0
2	Total number of individuals (including but not limited to those listed above of reportable compensation from the organization \blacktriangleright	ve) wł	no received more than	\$100,000		
					Yes	No

			Yes	No
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 ▶			
C	Total (add lines 1b and 1c)	미		U

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 ▶		
		Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes." complete Schedule J for such individual		N-

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 ▶			
			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the			

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4		No

3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	No	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such			
	ındıvıdual	4	No	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	_	N.	

	line 1a/1r "Yes," complete Schedule J for such individual	3	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	N-
		4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No

	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No
Se	ection B. Independent Contractors		
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of cor	npensat	tion

				110
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No
Se	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of confrom the organization. Report compensation for the calendar year ending with or within the organization's tax year.	npensa	tion	

	L	כ		INO					
Se	Section B. Independent Contractors								
1	Complete this table for your five highest compensated independent contractors that received more than \$100, from the organization Report compensation for the calendar year ending with or within the organization's tax		pensa	ition					
	(A) (B) Name and business address Description of	,		(C Compen	•				

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					

Form **990** (2018)

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 ▶

orm 9	90 (2018)						Page 9
Part '							
	Check If Schedule O co	ntains a respo	inse or note to any	(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
ons, Gifts, Grants Similar Amounts	1a Federated campaigns .b Membership dues	. 1a	6,109		revenue		512 - 514
Gra mo	c Fundraising events	1c					
ifts, ar A	d Related organizations	1d					
s, G mil	e Government grants (contribut						
tion er Si	f All other contributions, gifts, g and similar amounts not inclu above						
Contributions, Gifts, Grants and Other Similar Amounts	g Noncash contributions inc in lines 1a - 1f \$	luded					
Cont	h Total. Add lines 1a-1f .			6,109			
ne :	2a		Business	s Code			
3	b —						
106	с —						
₹ 	d						
Program Service Revenue	e f All other program service r						
Prog	9Total. Add lines 2a-2f.		>				
	3 Investment income (including	ng dıvıdends, ı		499,74	47	0	0
	similar amounts) 4 Income from investment of		ond proceeds		*/	0	0
	5 Royalties			-			
		(ı) Real	(II) Personal				
	6a Gross rents						
	b Less rental expenses						
	c Rental income or (loss)			=			
	d Net rental income or (loss)		-			
	7a Gross amount from sales of assets other than inventory	Securities	(II) Other				
	b Less cost or other basis and sales expenses						
	C Gain or (loss) d Net gain or (loss)		•	_			
Revenue	8a Gross income from fundrais (not including \$ contributions reported on li See Part IV, line 18	sing events of ine 1c)					
Rev	b Less direct expenses .			1			
ē	c Net income or (loss) from f		ents •	<u> </u>			
0	9a Gross income from gaming See Part IV, line 19						
	b Less direct expenses .	ь					
	c Net income or (loss) from of 10aGross sales of inventory, le		es •	1			
	returns and allowances .						
	b Less cost of goods sold .	L					
-	c Net income or (loss) from s Miscellaneous Rever		ory ▶ Business Code				
Ì	11a			_			
	b						
	С						
	d All other revenue						
	e Total. Add lines 11a-11d	L	•				
	12 Total revenue. See Instru	ictions		505,88	56 499,74	17 0	С
					+55,75	·· ₁	Form 990 (2018)

Form 990 (2018)				Page 10
Part IX Statement of Functional Expenses				
Section 501(c)(3) and 501(c)(4) organizations must complete all co	_	·	, ,	
Check if Schedule O contains a response or note to any	line in this Part IX .	(B)	(C)	<u> ⊔</u>
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	(D) Fundraisingexpenses
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, line 15 and 16.				
4 Benefits paid to or for members	163,380	0		
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	13,507	0	0	0
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	905	0	0	0
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting	1,375	0	0	0
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees	29,139	0	0	0
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	11,733	0	0	0
14 Information technology				
15 Royalties				
16 Occupancy	22,570	0	0	0
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials •				
19 Conferences, conventions, and meetings	50,248	0	0	0
20 Interest				
21 Payments to affiliates	165	0	0	0
22 Depreciation, depletion, and amortization	8,674	0	0	0
23 Insurance				
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 . All other expenses				
e All other expenses Total functional expenses Add lines 1 through 346	301,696	0	0	0
 Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation 	301,070	U U	0	
Check here ▶ ☐ If following SOP 98-2 (ASC 958-720)				

Form 990 (2018)

18

19

20

21

23

24

26

27

28

29

31

32

33

34

Liabilities 22

Fund Balances

Assets or 30

Net

Grants payable . . .

Deferred revenue . . .

Complete Part X of Schedule D

Temporarily restricted net assets

Permanently restricted net assets

Total net assets or fund balances

Total liabilities and net assets/fund balances

Unrestricted net assets

Tax-exempt bond liabilities

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 . .

complete lines 27 through 29, and lines 33 and 34.

Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34.

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

Escrow or custodial account liability Complete Part IV of Schedule D

key employees, highest compensated employees, and disqualified

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties .

Loans and other payables to current and former officers, directors, trustees,

Other liabilities (including federal income tax, payables to related third parties,

Organizations that follow SFAS 117 (ASC 958), check here ightharpoonup and

		Check if Schedule O contains a response or not	te to any line in this Part IX	(A)		(B)
				Beginning of year		End of year
	1	Cash-non-interest-bearing		2,248	1	
	2	Savings and temporary cash investments .	[13,492	2	7,635
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	[4	
ts	5	Loans and other receivables from current and for trustees, key employees, and highest compensions Part II of Schedule L		5		
	7	Loans and other receivables from other disquali section 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees beneficiary organizations Part II of Schedule L. Notes and loans receivable, net	on 4958(c)(3)(B), and ations of section 501(c)(9) (see instructions) Complete	7.413	6	7,413
ssets	8	Inventories for sale or use		.,	8	.,,
Ä	9	Prepaid expenses and deferred charges	-		9	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a			
	ь	Less accumulated depreciation	10b		10 c	
	1		<u> </u>			

Assets	Part II of Schedule L		7,413	7		
SS	8	Inventories for sale or use		8		
A	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 .		11		
	12	Investments—other securities See Part IV, line	11		12	
	13	Investments—program-related See Part IV, line	11	4,934,445	13	
	14	Intangible assets	[14	
	15	Other assets See Part IV, line 11	240,367	15		
	16	Total assets.Add lines 1 through 15 (must equ	5,197,965	16		
	17	Accounts pavable and accrued expenses		907	17	

10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a			
b	Less accumulated depreciation	10b		10 c	
11	Investments—publicly traded securities .		11		
12	Investments—other securities See Part IV, line		12	0	
13	Investments—program-related See Part IV, line	11	4,934,445	13	5,155,033
14	Intangible assets			14	
15	Other assets See Part IV, line 11		240,367	15	249,043
16	Total assets.Add lines 1 through 15 (must equ	al line 34)	5,197,965	16	5,419,124
17	Accounts payable and accrued expenses		907	17	555

18

19 20

21

22 23

24

25

27 28

29

30

31

32

33

34

5,197,058

5,197,058

5,197,965

907 26 555

5,418,569

5,418,569

5,419,124

Form **990** (2018)

Form	990 (2018)				Page 12
Pai	Reconcilliation 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 12)	1			505,856
2	Total expenses (must equal Part IX, column (A), line 25)	2			301,696
3	Revenue less expenses Subtract line 2 from line 1	3		204,160	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5	,197,058
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10		5	,418,569
Pa	TXII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
	If `Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both	on a			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both	basıs,			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ngle	3a		No
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requadit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ıred	3b		

Form **990** (2018)

Additional Data

Software Version:

EIN: 55-0201344

Software ID: 18007482

Name: INDEPENDENT ORDER OF ODD FELLOWS BOONE LODGE #170

Form 990 (2018)

Form 990, Part III, Line 4a:

PROVIDED DEATH BENEFITS, SCHOLARSHIPS, CHARITABLE CONTRIBUTIONS AND FRATERNAL OBJECTIVE

SCHEDULE D

For Paperwork Reduction Act Notice, see the Instructions for 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.

Cat No 52283D

Schedule D (Form 990) 2018

2018

DLN: 93493119010529 OMB No 1545-0047

(Form 990)

2

2

	tment of the Treasury al Revenue Service	► Go to www.irs.q	► Attach to Form ! nov/Form990 for t		itest information.				n to Public spection
	me of the organization	, 40 to <u>www</u>	101				olover ide	entification	-
	EPENDENT ORDER OF ODD FELI	LOWS BOONE LODGE #170					-		
2a	rt I Organizations	Maintaining Donor Advi	sed Funds or Ot	her	Similar Funds		201344 counts.		
		organization answered "Ye							
			(a) Donor	advı	sed funds		(b)Fund	s and other	accounts
	Total number at end of year	ar							
	Aggregate value of contrib	outions to (during year)							
	Aggregate value of grants	· - · ·							
	Aggregate value at end of	year							
		m all donors and donor adviso ubject to the organization's ex			ets held in donor a	dvised	funds are		Yes 🗌 No
		m all grantees, donors, and do not for the benefit of the donor						rmissible	Yes 🗌 No
аī	rt III Conservation E	Easements. Complete if the	ne organization ai	ıswe	red "Yes" on For	m 990	, Part IV	', line 7.	
	Purpose(s) of conservatio	n easements held by the orga	nızatıon (check all t	hat ap	pply)				
	Preservation of land	for public use (e g , recreation	n or education)		Preservation of ar	n histor	ically imp	ortant land	area
	☐ Protection of natural	l habitat			Preservation of a	certifie	d historic	structure	
	Preservation of open	n space							
	Complete lines 2a through easement on the last day	h 2d if the organization held a of the tax year	qualified conservati	on co	ontribution in the fo	rm of a		ation at the End o	of the Vear
а	Total number of conservat					2a	Ticia c	at the End t	or the rear
b	Total acreage restricted by	y conservation easements				2b			
С	Number of conservation e	asements on a certified histori	c structure included	ın (a	a)	2c			
d	Number of conservation eastructure listed in the Nati	asements included in (c) acqu ional Register	red after 7/25/06, a	and n	ot on a historic	2d			
	Number of conservation e tax year ▶	easements modified, transferre	ed, released, extingu	uished	d, or terminated by	the or	ganızatıor	n during the	
	Number of states where p	property subject to conservation	on easement is locat	ed 🕨					
		ve a written policy regarding the onservation easements it hold:		ng, in	nspection, handling	of viola	itions,	☐ Yes	□ No
	Staff and volunteer hours	devoted to monitoring, inspec	cting, handling of vi	olatio	ns, and enforcing c	onserv	ation ease	ements durir	ng the year
	Amount of expenses incur	rred in monitoring, inspecting,	handling of violatio	ns, ar	nd enforcing conse	rvation	easemen	ts during the	e year
	Does each conservation e	 asement reported on line 2(d)	above satisfy the r	eauire	ements of section 1	L70(h)(4)(B)(ı)		
	and section 170(h)(4)(B)(-, -(,(.,(-,(.,	☐ Yes	□ No
	balance sheet, and include	the organization reports conse, if applicable, the text of the ting for conservation easemen	footnote to the org						
ar		Maintaining Collections organization answered "Ye				ner Si	milar As	ssets.	
а	art, historical treasures, o	d, as permitted under SFAS 11 or other similar assets held for text of the footnote to its finar	public exhibition, e	ducat	ion, or research in				
b		d, as permitted under SFAS 11 her similar assets held for pub g to these items							
((i) Revenue included on For	m 990, Part VIII, line 1					> \$		
(i	ii)Assets included in Form 9	990, Part X					▶ \$	<u> </u>	
-		ed or held works of art, historied to be reported under SFAS				ancıal g	aın, provi	de the	
а	Revenue included on Forn	m 990, Part VIII, line 1					▶ \$		
L	Accets included in Form 9	IOO Part V					_		

Par	1111	Organizations Maintaining Col	lections of Art, I	Histor	ical T	reas	ures, or	Other	Similar A	\ssets ((continued)	
3		the organization's acquisition, accession (check all that apply)	n, and other records	, check	any of	the fo	ollowing t	hat are a	significant	use of it	s collection	
а		Public exhibition		d		Loar	n or excha	ange pro	grams			
b		Scholarly research		е		Othe	er					
С		Preservation for future generations										
4	Provid Part X	de a description of the organization's col	lections and explain	how th	ey furt	her th	ne organiz	ation's e	xempt purp	ose in		
5	During	g the year, did the organization solicit o s to be sold to raise funds rather than to							nılar	□ Y	es 🗆 ı	No
Par	t IV	Escrow and Custodial Arrange Complete if the organization answ X, line 21.		m 990), Part	IV,	ine 9, oi	r report	ed an amo	unt on	Form 990	, Part
1a	Is the includ	organization an agent, trustee, custodi ed on Form 990, Part X?	an or other intermed	liary foi	r contri	butio	ns or othe	er assets	not	□ Y	es 🗌 I	No
b	If "Ye	s," explain the arrangement in Part XIII	and complete the fo	llowing	table		[Amount		
C	Begin	nıng balance						1c				
d	Addıtı	ons during the year						1d				
e	Distrib	butions during the year						1e				
f	Ending	g balance						1f				
2a	Did th	ne organization include an amount on Fo	rm 990, Part X, line	21, for	escrov	vorc	ustodial a	ccount li	ability?	. 🗆 Y	es 🗆 i	No
b	If "Ye	s," explain the arrangement in Part XIII	Check here if the e	xplanat	on ha	s beer	n provideo	d in Part	XIII	. 🗆		
Pa	rt V	Endowment Funds. Complete If	the organization	answe	red "Y	es" o	n Form	990, Pa	rt IV, line	10.		
			(a)Current year	(b)F	Prior yea	ır	(c)Two ye	ears back	(d)Three ye	ears back	(e)Four ye	ars back
1a	Beginni	ing of year balance										
b	Contrib	utions										
c	Net ınv	estment earnings, gains, and losses										
d	Grants	or scholarships										
		expenditures for facilities ograms										
f	Adminis	strative expenses										
g	End of	year balance										
2	Provid	le the estimated percentage of the curre	ent year end balance	(line 1	g, colu	mn (a	a)) held a	s	•		•	
а	Board	designated or quasi-endowment ▶										
b	Perma	anent endowment 🕨										
c	Temp	orarily restricted endowment ►										
	The p	ercentages on lines 2a, 2b, and 2c shou	ld equal 100%									
3a		nere endowment funds not in the posses	sion of the organiza	tion tha	it are h	eld ar	nd admını	stered fo	or the			
	_	ization by									Yes	No
	• •	related organizations		•							a(i) a(ii)	
b		elated organizations	s listed as required	on Sche	 Adule R					<u> </u>	3b	
4		ibe in Part XIII the intended uses of the	•			•	•	• •				<u> </u>
Par	t VI	Land, Buildings, and Equipmer										
		Complete if the organization answ		m 990), Part	IV, I	ıne 11a.	See Fo	rm 990, P	art X, lı	ne 10.	
	Descri	ption of property (a) Cost or oth (investme		or othe	r basıs (other)	(c) Acc	umulated	depreciation		(d) Book val	ue
1a	Land											
b	Building	gs										
С	Leaseh	old improvements										
d	Equipm	nent										
е	Other											
Tota	I. Add I	ines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colu	mn (B)	, line	10(c))		>			

Schedule D (Part VII	Form 990) 2018 Investments—Other Securities. Complete if	the organiza	ation answer	ed "Yes" on Form 99	Page 3
	See Form 990, Part X, line 12. (a) Description of security or category		(b)		od of valuation
	(including name of security)		Book value		f-year market value
	l derivatives		0		F
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
	n (b) must equal Form 990, Part X, col (B) line 12)	ı	• 0		
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' or				
	(a) Description of investment	(b) Book			od of valuation f-year market value
(1)STOCKS, (2)	BONDS, MUTUAL FUNDW		5,155,033		<u>F</u>
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col (B) line 13)		5,155,033		
Part IX	Other Assets. Complete if the organization answer (a) Descript		orm 990, Part I	V, line 11d See Form	990, Part X, line 15 (b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colu Part X	mn (b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. Complete if the organization			990. Part IV. line 1	
1.	See Form 990, Part X, line 25. (a) Description of liability		(b) Book		
	ncome taxes		(2) 2001	70.00	
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	n (b) must equal Form 990, Part X, col (B) line 25)	>	h. h. 11		
	or uncertain tax positions In Part XIII, provide the text 's liability for uncertain tax positions under FIN 48 (ASC		=		_

1

Page 4

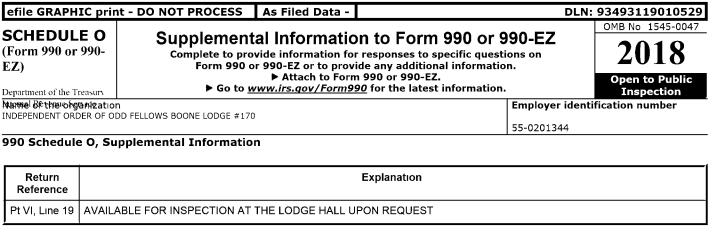
2	Amounts included on line 1 but no				
а	Net unrealized gains (losses) on ir	nvestments	2a		
b	Donated services and use of facilit				
С	Recoveries of prior year grants .		2c		
d	Other (Describe in Part XIII) .		2d		
е	Add lines 2a through 2d			. 2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, P				
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII) .		4b		
c	Add lines 4a and 4b	4c			
5	Total revenue Add lines 3 and 4c	. (This must equal Form 990, Part I, line 12)		5	
Par		penses per Audited Financial Statem zation answered 'Yes' on Form 990, Pari	•	per Return.	
1	Total expenses and losses per aud	dited financial statements		1	
2	Amounts included on line 1 but no				
а	Donated services and use of facilit	ties	2a		
b	Prior year adjustments		2b		
С	Other losses		2c		
d	Other (Describe in Part XIII) .		2d		
е	Add lines 2a through 2d	2e			
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, P	Part IX, line 25, but not on line 1:			
а	Investment expenses not included	d on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII) .				
С	Add lines 4a and 4b	4c			
5	Total expenses Add lines 3 and 4	5			
Pai	t XIII Supplemental Info	rmation			
		art II, lines 3, 5, and 9, Part III, lines 1a and 2d and 4b Also complete this part to provide			rt X, line 2, Part
	Return Reference	Explanation			

Schedule D (Fo	orm 990) 2018	Page 5	
Part XIII	Supplemental Info		
Return Reference		Explanation	
			Schedule D (Form 990) 2018

DLN: 93493119010529 Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing. OMB No 1545-0047 Schedule I **Grants and Other Assistance to Organizations**, (Form 990) Governments and Individuals in the United States Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22. Open to Public ▶ Attach to Form 990. Department of the Inspection ▶ Go to www.irs.gov/Form990 for the latest information. Treasurv Internal Revenue Service Name of the organization Employer identification number INDEPENDENT ORDER OF ODD FELLOWS BOONE LODGE #170 55-0201344 **General Information on Grants and Assistance** Part I Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and 1 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000 Part II can be duplicated if additional space is needed (a) Name and address of (b) EIN (c) IRC section (d) Amount of cash (e) Amount of non-(f) Method of valuation (q) Description of (h) Purpose of grant (if applicable) organization cash (book, FMV, appraisal, noncash assistance or assistance grant or government assistance other) (2)(4)(5)(6)(7)(8)(9)(10)(11)(12)Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 2 For Paperwork Reduction Act Notice, see the Instructions for Form 990. Cat No 50055P Schedule I (Form 990) 2018

Schedule I (Fo	rm 990) 2018					Page 2				
Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed										
(a) Ty	pe of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance				
(1)										
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.									

Explanation Schedule I (Form 990) 2018



990 Schedule O, Supplemental Information Return Explanation Reference

Pt VI, Line 7b VOTE BY MEMBERSHIP AT BUSINESS MEETINGS

990 Schedule O, Supplemental Information Return Explanation Reference REVIEWED BY LODGE OFFICERS

Pt VI, Line

990 Schedule O, Supplemental Information Return Explanation Reference PROPERTY TAXES

Form 990, Part IX, Line

990 Schedule O, Supplemental Information Return Explanation Reference Form 990, DEATH BENEFITS Part IX, Line

990 Schedule O, Supplemental Information Return Explanation Reference SUPPLIES

Form 990, Part IX, Line