

Form 990-EZ

**Short Form**  
**Return of Organization Exempt From Income Tax**

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

2018

Department of the Treasury  
Internal Revenue Service

- Do not enter social security numbers on this form as it may be made public.
- Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

**A For the 2018 calendar year, or tax year beginning 12/01 , 2018, and ending 11/30 , 2019**

<b>B</b> Check if applicable	<b>C</b> SHIVELY LODGE 951 F&AM 1056 JOHNSON LANE TAYLORSVILLE, KY 40071	<b>D</b> Employer identification number 61-0910001
<input type="checkbox"/> Address change		<b>E</b> Telephone number
<input type="checkbox"/> Name change		
<input type="checkbox"/> Initial return		
<input type="checkbox"/> Final return/terminated		
<input type="checkbox"/> Amended return		
<input type="checkbox"/> Application pending		

**G Accounting Method:**  Cash  Accrual Other (specify) ►

**I Website:** ► N/A

**J Tax-exempt status (check only one) —**  501(c)(3)  501(c)(8) ►(insert no.)  4947(a)(1) or  527

**K Form of organization**  Corporation  Trust  Association  Other

**L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B)) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 33,846.**

**Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

Revenue		1	3,740.
1 Contributions, gifts, grants, and similar amounts received		2	
2 Program service revenue including government fees and contracts		3	
3 Membership dues and assessments		4	30,013.
4 Investment income		5c	
5a Gross amount from sale of assets other than inventory	a		
b Less: cost or other basis and sales expenses	5b		
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			
6 Gaming and fundraising events:			
a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a		
b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)		of contributions	
c Less: direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		6d	
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	
8 Other revenue (describe in Schedule O)			
9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		8	93.
10 Grants and similar amounts paid (list in Schedule O)		9	33,846.
11 Benefits paid to or for members		10	460.
12 Salaries, other compensation, and employee benefits		11	2,000.
13 Professional fees and other payments to independent contractors		12	
14 Occupancy, rent, utilities, and maintenance		13	350.
15 Printing, publications, postage, and shipping		14	29,089.
16 Other expenses (describe in Schedule O)		15	
17 <b>Total expenses.</b> Add lines 10 through 16		16	12,222.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)		17	44,121.
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		18	-10,275.
20 Other changes in net assets or fund balances (explain in Schedule O)		19	452,854.
21 Net assets or fund balances at end of year Combine lines 18 through 20		20	
		21	442,579.

**BAA For Paperwork Reduction Act Notice, see the separate instructions.**

Form 990-EZ (2018)



Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in See Schedule O the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V		
33	Did the organization engage in any significant activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
34	Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	<input type="checkbox"/> 33 <input checked="" type="checkbox"/> X
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	<input type="checkbox"/> 34 <input checked="" type="checkbox"/> X
b	If 'Yes' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O	<input type="checkbox"/> 35a <input checked="" type="checkbox"/> X
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III	<input type="checkbox"/> 35b <input checked="" type="checkbox"/> X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N	<input type="checkbox"/> 35c <input checked="" type="checkbox"/> X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ► <b>37a</b> 0	<input type="checkbox"/> 36 <input checked="" type="checkbox"/> X
b	Did the organization file Form 1120-POL for this year?	<input type="checkbox"/> 37b <input checked="" type="checkbox"/> X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	<input type="checkbox"/> 38a <input checked="" type="checkbox"/> X
b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved	<input type="checkbox"/> 38b <input checked="" type="checkbox"/> N/A
39	Section 501(c)(7) organizations. Enter:	<input type="checkbox"/> 39a <input checked="" type="checkbox"/> N/A
a	Initiation fees and capital contributions included on line 9	<input type="checkbox"/> 39b <input checked="" type="checkbox"/> N/A
b	Gross receipts, included on line 9, for public use of club facilities	<input type="checkbox"/> 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: N/A section 4911 ► <b>N/A</b> , section 4912 ► <b>N/A</b> , section 4955 ► <b>N/A</b>
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	<input type="checkbox"/> 40b <input checked="" type="checkbox"/> N/A
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► 0.	<input type="checkbox"/> 40c <input checked="" type="checkbox"/> 0.
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization ► 0.	<input type="checkbox"/> 40d <input checked="" type="checkbox"/> 0.
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T	<input type="checkbox"/> 40e <input checked="" type="checkbox"/> X
41	List the states with which a copy of this return is filed ► <b>None</b>	
42a	The organization's books are in care of ► <b>RAY CARMAN</b> Located at ► <b>1056 JOHNSON LANE TAYLORSVILLE KY</b>	Telephone no. ► <b>(502) 477-2038</b> ZIP + 4 ► <b>40071</b>
b	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)? If 'Yes,' enter the name of the foreign country ►	<input type="checkbox"/> 42b <input checked="" type="checkbox"/> X
See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
c	At any time during the calendar year, did the organization maintain an office outside the United States? If 'Yes,' enter the name of the foreign country ►	<input type="checkbox"/> 42c <input checked="" type="checkbox"/> X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> – Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► <b>43</b> <input type="checkbox"/> N/A <input checked="" type="checkbox"/> N/A	
44a	Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	<input type="checkbox"/> 44a <input checked="" type="checkbox"/> X
b	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	<input type="checkbox"/> 44b <input checked="" type="checkbox"/> X
c	Did the organization receive any payments for indoor tanning services during the year?	<input type="checkbox"/> 44c <input checked="" type="checkbox"/> X
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O	<input type="checkbox"/> 44d <input checked="" type="checkbox"/> N/A
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<input type="checkbox"/> 45a <input checked="" type="checkbox"/> X
b	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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	<input type="checkbox"/> 45b <input checked="" type="checkbox"/> X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46		X

### Section 501(c)(3) Organizations Only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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

47	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E

48	Yes	No
48		

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a	Yes	No
49a		

b If 'Yes,' was the related organization a section 527 organization?

49b	Yes	No
49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees, and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

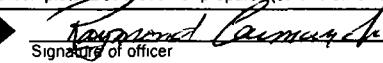
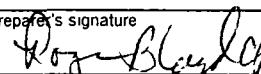
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ►

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations must attach a completed Schedule A

►  Yes  No

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

Sign Here	► 	Date			
	Signature of officer	3-12-2020			
	► 	SECRETARY			
	Type or print name and title	CARMAN			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Roger Bloyd, CPA				P00234428
	Firm's name ► Stephens & Lawson CPA's, Inc.			Firm's EIN ► 84-3130843	
Firm's address ► 5203 Dixie Hwy			Phone no	502-448-4376	
	Louisville, KY 40216				

May the IRS discuss this return with the preparer shown above? See instructions

►  Yes  No

**SCHEDULE O**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

**2018**Name of the organization  
**SHIVELY LODGE 951 F&AM**Employer identification number  
**61-0910001****Form 990-EZ, Part I, Line 8**  
**Other Revenue****MISCELLANEOUS**

Total	\$	93.
	\$	93.

**Form 990-EZ, Part I, Line 16**  
**Other Expenses**

BANK FEES	\$	168.
GRAND LODGE ASSESSMENTS		3,502.
MISCELLANEOUS		774.
SECRETARYS EXPENSE		1,350.
SUPPLIES		3,321.
Telephone		2,257.
TILERS EXPENSE		150.
TREASURERS EXPENSE		700.
Total	\$	12,222.

**Form 990-EZ, Part III - Organization's Primary Exempt Purpose****PROMOTION OF CHARACTER & FELLOWSHIP AMONG MEMBERSHIP****Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts**

(a) Did the organization, during the year, receive any funds, directly or  
indirectly, to pay premiums on a personal benefit contract? **No**

(b) Did the organization, during the year, pay premiums, directly or  
indirectly, on a personal benefit contract? **No**