DLN: 93493019000029 OMB No 1545-0047 **Return of Organization Exempt From Income Tax** Form **990**

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

2017

Department of the Treasury

foundations) Do not enter social security numbers on this form as it may be made public
 Information about Form 990 and its instructions is at www IRS gov/form990

nterna	l Revei	nue Service	Information about 10th 990 and its instructions is a	ac <u>www 11</u>	(3 900/10/11	1990		Inspection	
\ F	or the	e 2017 c	alendar year, or tax year beginning 10-01-2017 , and ending	09-30-2	2018				
		pplicable	C Name of organization INDEPENDENT ORDER OF ODDFELLOWS			D Employe	r ıdentıfı	ication number	
	dress o me cha	change ange	MOTOLINIA LODGE number 18			02-0216	784		
□ Ini	tıal ret	urn	Doing business as						
		n/terminated I return	Number and street (or P O box if mail is not delivered to street address) R	oom/suite		E Telephone	number		
		on pending	123 FRANKLIN STRÈET	,		(603) 33	2-2164		
			City or town, state or province, country, and ZIP or foreign postal code ROCHESTER, NH 03867						
			'			G Gross rec	eipts \$ 33	33,334	
			F Name and address of principal officer	י	H(a) Is this	a group ret	urn for		
				١.		dinates? subordinate	<u> </u>	□Yes ☑No	
· Ta:	x-exen	npt status			` _ includ	ed?		☐ Yes ☑No	
		·	501(c)(3) ✓ 501(c)(8) ◀ (insert no) ☐ 4947(a)(1) or ☐			attach a li:", exemption i		instructions)	
W	ebsit	e:▶ N/A			·(c) Group	exemption	lullibei		
(Forr	n of or	ganization	☐ Corporation ☐ Trust ☑ Association ☐ Other ▶	L	Year of forma	tion	M State	of legal domicile NH	
		_							
Pa	rt I	Sum							
	т	To Improv	eribe the organization's mission or most significant activities e and elevate the character of mankind by promoting the principles o						
			help make the world a better place to live by aiding each other, the amongst peoples and nations through the principle of universal frater						
2			amongst peoples and nations through the principle of universal frater anality, religion, social status, rank and station are brothers and siste		ng the belle	r that all me	n and w	omen regardless or	
<u> </u>	-		· · · · · · · · · · · · · · · · · · ·						
2	-								
ACTIVILIES & GOVERNANCE	,	Check thi	s box $ ightharpoonup \square$ if the organization discontinued its operations or dispose	ed of mor	e than 25%	of its net as	cotc		
ø			s box P 🗀 if the organization discontinued its operations or dispose of voting members of the governing body (Part VI, line 1a)				3	8	
<u>S</u>	l		of independent voting members of the governing body (Part VI, line :				4	0	
Ē	l		nber of individuals employed in calendar year 2017 (Part V, line 2a)	•			5	0	
<u>ا</u>			nber of volunteers (estimate if necessary)				6		
	l		elated business revenue from Part VIII, column (C), line 12				7a	0	
	l		ated business taxable income from Form 990-T, line 34			-	7b		
			acca pasiness taxasie moone nom rom som pasiness i, mile or i. i.	-		or Year	7.5	Current Year	
	8	Contribut	ions and grants (Part VIII, line 1h)	_			03	224	
Ravenue	l		service revenue (Part VIII, line 2g)				+	0	
λ	l	Investment income (Part VIII, column (A), lines 3, 4, and 7d)						63,611	
ď	l		renue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			28,5	"	03,011	
			enue—add lines 8 through 11 (must equal Part VIII, column (A), line	12)		28,8	ool	63,835	
			nd similar amounts paid (Part IX, column (A), lines 1–3)	12)	+	29,1	_	17,525	
	l		paid to or for members (Part IX, column (A), line 4)			1,2		100	
(0			other compensation, employee benefits (Part IX, column (A), lines 5	5–10)		· ·	00	400	
Sec		-	nal fundraising fees (Part IX, column (A), line 11e)	•			-		
Expenses	l <u>.</u>		raising expenses (Part IX, column (D), line 25) ▶0	•			+		
ă	l		penses (Part IX, column (A), lines 11a–11d, 11f–24e)	_		16,8	60	15,387	
	l		enses Add lines 13–17 (must equal Part IX, column (A), line 25)			47,6		33,412	
	l	•	less expenses Subtract line 18 from line 12	_		-18,8		30,423	
× %		- Corenae	The second of the second secon	•	Beginning	of Current Ye	_	End of Year	
anc a									
Bar	20	Total ass	ets (Part X, line 16)			734,4	83	748,526	
Net Assets or Fund Balances	21	Total liab	ılıtıes (Part X, line 26)					0	
		Net asset	s or fund balances Subtract line 21 from line 20			734,4	83	748,526	
	t II		ature Block						
			erjury, I declare that I have examined this return, including accompa f, it is true, correct, and complete Declaration of preparer (other tha						
iny k	nowle	edge							
		*****	•		2019	9-01-19			
Sign		Signati	ure of officer		Date				
lere		DANIE	_ P BASCOM Treasurer						
			r print name and title						
			rınt/Type preparer's name Preparer's signature	Date	2		TIN		
Paid	t		AWRENCE R RAICHE CPA LAWRENCE R RAICHE CPA			ck L If Po employed	00282798		
	- pare	er 🗀	ırm's name Raıche & Company CPAs PA	•		n's EIN ▶ 02-0	1444048		
-	On	1 -	ırm's address ▶ 680 Central Ave		Pho	ne no (603) 7	42-8894		
•		<u> </u>	Dover, NH 03820						
1av t	he IR	S discuss	this return with the preparer shown above? (see instructions)				V	es 🗆 No	

The containing and the containing and the community of the community of the containing and the community of the containing and the community of the containing and th	Form	990 (2	2017)				Page 2
1 Barefly describe the organization's mission C improve and delease the character of mankind by promoting the principles of frendship, love, thath, faith, hope, charby and universal justice. To relia make the world a better place to live by ading each other; the community in every way possible. To promote good will and harmony amongst benefies and nations through the principle of universal fratemity, holing the belief that all men and women regardless of race, nationality, religion, social status, rank and station are brothers and sisters. 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? If "Yes," describe these new services on Schedule 0. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule 0. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501.0((3) and 501.0(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4 (Code) (Expenses \$ 17,625 including grants of \$ 17,625) (Revenue \$) See Additional Data (Expenses \$ including grants of \$ 17,625) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$) (Expenses \$ including grants of \$) (Revenue \$)	Par	t III	Statement of Program S	ervice Accomplis	hments		
To improve and elevate the character of markind by promoting the principles of finandship, love, truth, fath, hope, chartry and universal justice. To be made the world a better place to live by admic exchinent, the community in every way possible. To promote good and hard participation participation and the principle of universal fratemity, holing the belief that all men and women regardless of race, nationality, religion, process and nations through the principle of universal fratemity, holing the belief that all men and women regardless of race, nationality, religion, process and nations through the principle of universal fratemity, holing the belief that all men and women regardless of race, nationality, religion, both the principle of universal process and nations through the principle of universal process. 2 Did the organization undertake any significant program services during the year which were not listed on the principle of the program services. The program services is program services and program services. The program services is program services. The propram services is program services accomplishments for each of its three largest program services, as measured by expenses services? 4 Did the organization's program service accomplishments for each of its three largest program services, as measured by expenses services. Section 501c(43) and 501c(44) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4 Did (Code			Check if Schedule O contains a	response or note to a	any line in this Part III		🗆
relep make the world a better place to live by a siding each other, the community in every way possible. To promote good will and harmony amongst peoples and nations through the principle of universal fratemity, holing the belief that all men and women regardless of race, nationality, religion, possible to the principle of universal fratemity, holing the belief that all men and women regardless of race, nationality, religion, possible to the principle of universal fratemity, holing the belief that all men and women regardless of race, nationality, religion, possible to the principle of the pri	1	Briefly	describe the organization's mis	ssion			
the pnor Form 990 or 990-E27	help peop	make th les and	he world a better place to live b nations through the principle of	y aiding each other, th universal fraternity, h	ne community in every v	way possible. To promote good will a	and harmony amongst
If "Yes," describe these new services on Schedule O Dut the organization cease conducting, or make significant changes in how it conducts, any program services?	2	Dıd th	ne organization undertake any si	gnıfıcant program ser	vices during the year wi	hich were not listed on	
Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 4a (Code) (Expenses \$ 17,625 including grants of \$ 17,625) (Revenue \$) See Additional Data 4b (Code) (Expenses \$ including grants of \$) (Revenue \$) Code) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code) (Expenses \$ including grants of \$) (Revenue \$) Code) (Expenses \$ including grants of \$) (Revenue \$) Code) (Expenses \$ including grants of \$) (Revenue \$)		the pr	nor Form 990 or 990-EZ?				☐ Yes 🗹 No
Did the organization cease conducting, or make significant changes in how it conducts, any program services? If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 4a (Code) (Expenses \$ 17,625 including grants of \$ 17,625) (Revenue \$) See Additional Data 4b (Code) (Expenses \$ including grants of \$) (Revenue \$) Code) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code) (Expenses \$ including grants of \$) (Revenue \$) Code) (Expenses \$ including grants of \$) (Revenue \$) Code) (Expenses \$ including grants of \$) (Revenue \$)		If "Yes	s," describe these new services	on Schedule O			
If "Yes," describe these changes on Schedule O Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4)	3				changes in how it condu	ıcts, any program	
Section 501(c)(3) and 501(c)(4) organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported 4a (Code							☐ Yes ☑ No
See Additional Data 4b (Code) (Expenses \$ including grants of \$) (Revenue \$) 4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	4	Descri Sectio	ibe the organization's program s on 501(c)(3) and 501(c)(4) orga	service accomplishmer nizations are required	to report the amount of		
4c (Code) (Expenses \$ including grants of \$) (Revenue \$) 4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	4a	•	, , ,	\$ 17,625	including grants of \$	17,625) (Revenue \$)
4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	4b	(Code) (Expenses	\$	including grants of \$) (Revenue \$)
4d Other program services (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)							
(Expenses \$ including grants of \$) (Revenue \$)	4 c	(Code) (Expenses	\$	ıncluding grants of \$) (Revenue \$)
(Expenses \$ including grants of \$) (Revenue \$)							
(Expenses \$ including grants of \$) (Revenue \$)	4.	O+1	(2)				
	40				\$) (Revenue \$)
	40				·	, (+	

Part IV

Checklist of Required Schedules

Page 3

No Νo

No

Nο

No

Nο

Nο

Nο

Nο

Nο

Nο

Nο

No

Nο

Νo

No

Form 990 (2017)

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assessments, or similar amounts as defined in Revenue Procedure 98-19? 5 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?

6 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

Did the organization maintain collections of works of art, historical treasures, or other similar assets? 8 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 9

No Nο Nο Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 No permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, 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 11b 11c

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its No Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported No 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Νo 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 Did the organization obtain separate, independent audited financial statements for the tax year?

12a Nο b Was the organization included in consolidated, independent audited financial statements for the tax year? No

12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a

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

14a Did the organization maintain an office, employees, or agents outside of the United States? **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,

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

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

14b 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 a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18

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Page 4

No

Nο

No

Form 990 (2017)

22

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27

28a

28b

28c

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35a

35h

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Part IV	Checklist of Required Schedules (continued)

20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21

21 Did dov Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

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?

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

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

instructions for applicable filing thresholds, conditions, and exceptions)

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's 23 current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and 24a **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . 24b

Nο 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of Nο Nο c Did the organization maintain an escrow account other than a refunding escrow at any time during the year Nο 24c

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . Νo 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," 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? 25b

orm	990 (2017)			Page 5
Par	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0			
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		No
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
h	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		No
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		No
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		No
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		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		.,,,
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6 b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			
-	bld the organization receive any runds, directly of manectly, to pay premiums on a personal benefit contract.	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
_	required?	7g		No
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during	7		
	the year?	8		No
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9 a		No
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9 b		No
LO	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
L1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
L2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		No
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
_	12b			
L3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		No
	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			
	Enter the amount of reserves on hand			
		1		
14a	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		No

OHIII	330 (2017)			Page (
Par	Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "No 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	" respo	nse to li	nes
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ction A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 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 business relationship with any other officer, director, trustee, or key employee?	2	Yes	
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		No
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		No
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	Yes	
Se	ction B. Policies (This Section B requests information about policies not required by the Internal Revenu	e Code	⊋.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	Yes	
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	Yes	
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
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to			
	conflicts?	12b		No
13	Schedule O how this was done	12c		No No
		\vdash		
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?			
	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			<u> </u>
17	List the States with which a copy of this Form 990 is required to be filed▶			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 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 DANIEL P BASCOM 123 FRANKLIN STREET ROCHESTER, NH 03867 (603) 332-2164			

Part VII

Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII . Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax • 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"

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

- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee)
- 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

Check this box if neither the organization no	r any related or	ganızat	ion c	omp	ens	ated a	ny c	urrent officer, dire	ctor, or trustee		
(A) Name and Title	(B) Average hours per week (list any hours		ne b	ox, ι n of	t ch unle: ficer	ss pers	son	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the	
	for related organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	(W- 2/1099- MISC)	(Ŵ- 2/1099- MISC)	organization and related organizations	
(1) JOYCE HIGGINS RIGHT SUPPORTER	0 00	×						0	0	0	
(2) MICHAEL BERUBE II VICE GRAND	0 00	×						0	0	0	
(3) MICHAEL BERUBE Secretary	0 00	Х						0	0	0	
(4) DANIEL P BASCOM Treasurer	0 00	Х						400	0	0	
(5) DAVID A LENT JR CHAPLIN	0 00	Х						0	0	0	
(6) KIMBER L BASCOM NOBLE GRAND	0 00	Х						0	0	0	
(7) KATHLEEN BROWN WARDEN	0 00	Х						0	0	0	
(8) JAMES JACOBS INSIDE GUARDIAN	0 00	X						0	0	0	

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F)

Form 990 (2017)

Page **8**

	(A) Name and Title	Name and Title Average hours per week (list any hours for related any hours and title Average hours per week (list any hours any hours for related any hours and title with the following person was director/trustee) Average hour do not check more than one box, unless person is both an officer and a director/trustee) Average hours per than one box, unless person is both an officer and a director/trustee) Average hours per than one box, unless person is both an officer and a director/trustee) Average hours per than one box, unless person is both an officer and a director/trustee) Average hours per than one box, unless person is both an officer and a director/trustee) Average hours per than one box, unless person is both an officer and a director/trustee) Average hours per than one box, unless person is both an officer and a director/trustee) Average hours per than one box, unless person is both an officer and a director/trustee) Average hours per than one box, unless person is both an officer and a director/trustee) Average hours per than one box, unless person is both an officer and a director/trustee)					n I (W-	(F) Estima amount o compens from t	ated f other sation the					
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officei	key employee	Highest compensated employee	Former	2/109	9-MISC)	2/1099-MISC		organizati relate organiza	ed
c	Total from continuation sheets to P				•		*			400				
2	Total number of individuals (including	but not limited	to thos			bove	e) who	rece	eived mo	re than \$	100,000	·		
	of reportable compensation from the	organization 🟲											Yes	No
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i> 2			ee, k		mpl		or hi	ghest cor	mpensate	d employee on	3	res	No
4	For any individual listed on line 1a, is organization and related organization individual										m the	4		No
5	Did any person listed on line 1a receivervices rendered to the organization											5		No
Se	ection B. Independent Contract	ors												
1	Complete this table for your five high from the organization Report compe											mpens	sation	
	<u> </u>	(A)		-							(B)		(C)	

compensation from the organization \blacktriangleright 0

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

Part \	·/ + +			a recn	onse or note to an	/ line in this Part VII	Ι		
		CHECK II SCHEOUI	C O COILLAINS	a respo	onse or note to any	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
10	1a	Federated campaig	ns	1a			revenue	<u> </u>	312-314
Contributions, Gitts, Grants and Other Similar Amounts	Ь	Membership dues		1b	224				
3 E	С	Fundraising events		1c					
πS. F A	d	Related organizatio	ns	1d					
5 हि	е	Government grants (co	ontributions)	1e					
Sin	f	All other contributions, and similar amounts n	gifts, grants,						
ie i		above	oc meradea	1f					
₹ ₹	g	Noncash contribution In lines 1a-1f \$	ns included						
Contributions, Gifts, Grants and Other Similar Amounts	h	Total.Add lines 1a-1	f		•	224			
					Busines	S Code			
<u>ي الربي</u>	2a								
ا <u>چ</u>	— Ь			_					
٠ د	C.								
<u>\$</u>	d ·								
E	e ·								
Program Service Revenue	f .	All other program se	rvice revenue	9		0	I	I	1
4	gT	Fotal.Add lines 2a-21		•	<u> </u>	<u> </u>			
		nvestment income (ii milar amounts) .				26,04	9 26,04	9	
		ncome from investme			•		0		
	5 R	loyalties				•	0		
			(ı) Rea	1	(II) Personal				
	6a	Gross rents							
	b	Less rental expenses							
	_	Rental income or				_			
	٠	(loss)							
	d	Net rental income o			<u> </u>		0		
	7-	Gross amount	(ı) Securi	ties	(II) Other				
		from sales of assets other		307,061					
		than inventory							
	b	Less cost or other basis and		269,499					
	_	sales expenses	•	37,562					
		Gain or (loss) Net gain or (loss)			<u> </u>		2 37,56	2	
	8a -	Gross income from f	undraising ev			<u>'</u>			
ne		(not including \$ contributions reporte		of					
₹		See Part IV, line 18	• • •	. а	1				
R		Less direct expense							
Other Revenue		Net income or (loss)		_	rents 🕨	_	0		
5		Gross income from g See Part IV, line 19		ies					
				а					
		Less direct expense		b					
		Net income or (loss) Gross sales of invent		activit	iles •	1	9		
ľ		returns and allowand			J				
				a					
		Less cost of goods s		. b					
}		Net income or (loss) Miscellaneous		rınven	Business Code				
ŀ	11 a					7			
	b								
	c								
		All other revenue .							
	e '	Total. Add lines 11a	–11d		•		0		
	12	Total revenue. See	Instructions			63,83	5 63,61	1	
					•	63,83	oj 63,61	Τ	Form 000 (30

Form 990 (2017)				Page 10
Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete	e all columns All other org	anızatıons must comp	olete column (A)	
Check if Schedule O contains a response or note	to any line in this Part IX			\square
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraisingexpenses
1 Grants and other assistance to domestic organizations a domestic governments See Part IV, line 21	and 17,525	17,525		
2 Grants and other assistance to domestic individuals Se IV, line 22	e Part 0			
3 Grants and other assistance to foreign organizations, for governments, and foreign individuals. See Part IV, line and 16				
4 Benefits paid to or for members	100	100		
5 Compensation of current officers, directors, trustees, arkey employees	nd 400		400	
6 Compensation not included above, to disqualified perso defined under section 4958(f)(1)) and persons describe section 4958(c)(3)(B)				
7 Other salaries and wages	0			
8 Pension plan accruals and contributions (include section (k) and 403(b) employer contributions)	401 0			
9 Other employee benefits	0			_
10 Payroll taxes	0			
11 Fees for services (non-employees)				
a Management	0			
b Legal	0			
c Accounting	1,050		1,050	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			_
f Investment management fees	5,858		5,858	
g Other (If line 11g amount exceeds 10% of line 25, colu (A) amount, list line 11g expenses on Schedule O)	mn 0			
12 Advertising and promotion	0			
13 Office expenses	0			_
14 Information technology	0			_
15 Royalties	0			_
16 Occupancy	4,400		4,400	
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0			
23 Insurance	427		427	
24 Other expenses Itemize expenses not covered above (miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24 expenses on Schedule O)				
a MEALS	1,390		1,390	
b SUPPLIES	669		669	
c DUES	521		521	
d Postage and Shipping	479		479	
e All other expenses	593		593	
25 Total functional expenses. Add lines 1 through 24e	33,412	17,625	15,787	0
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 In if following SOP 98-2 (ASC 958-720)	\ I			

1

20

21

23

24

25

26

27

28

29

30

31

32

33

34

Liabilities 22

Fund Balances

Assets or

Net

Tax-exempt bond liabilities . .

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

persons Complete Part II of Schedule L .

and other liabilities not included on lines 17-24)

Total liabilities. Add lines 17 through 25 .

6

8

9

10c

11

20

21

22 23

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34

0

734,483

734,483

734,483

653,481

Page **11**

7,354

0

0 0

0

0

748.526

748,526

748.526

Form **990** (2017)

694.804

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

	Beginning of year		End of year
Cash-non-interest-bearing	6,553	1	
Savings and temporary cash investments	74,449	2	
Distance and association and the social		,	

:	2 Savings and temporary cash investments	74,449	2	46,368
;	Pledges and grants receivable, net		3	0
4	Accounts receivable, net		4	0
!	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	0
•	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and			

contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L Assets Notes and loans receivable, net Inventories for sale or use . Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 10b Less accumulated depreciation Investments—publicly traded securities .

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

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 . . .

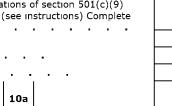
Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

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 ightleftarrows and



12	Investments—other securities See Part IV, line 11		12	0
13	Investments—program-related See Part IV, line 11		13	0
14	Intangible assets		14	0
15	Other assets See Part IV, line 11		15	0
16	Total assets.Add lines 1 through 15 (must equal line 34)	734,483	16	748,526
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	

Separate basis Consolidated basis ☐ Both consolidated and separate basis 2c

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

consolidated basis, or both

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

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a

b 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

No

Form 990 (2017)

3b

Additional Data

Software Version: 2017v2.2 **EIN:** 02-0216784

Software ID: 17005038

Name: INDEPENDENT ORDER OF ODDFELLOWS MOTOLINIA LODGE number 18

Form 990 (2017)

Form 990, Part III, Line 4a:

DONATIONS TO LOCAL CHARITIES

efile GRAPHIC print - DO NOT PROCESS					N: 93493019000029
SCHEDUL (Form 990 or EZ)	990-	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. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.		OMB No 1545-0047 2017 Open to Public Inspection	
Mame of the organization Name of the organizat			tification number		
Return Reference	Explanation				
Form 990, Part VI, Line 2 Description of Business or Family Relationship of Officers, Directors, Et	MICHAEL BERUBE II IS THE FATHER OF MICHAEL BERUBE KIMBER BASCOM IS THE WIFE OF DANIEL BASCOM				NIEL BASCOM

Return Explanation

990 Schedule O, Supplemental Information

Form 990,	EACH MEMBER OF THE BOARD WILL GET A COPY TO REVIEW PRIOR TO THE FILING OF THE 990, EACH ME
Part VI, Line	MBER WILL HAVE A CHANCE TO SUGGEST EDITS TO THE TAX RETURN PRIOR TO THE FILING
11b Form	
990 Review	
Process	

Return Reference Form 990, No documents available to the public

990 Schedule O, Supplemental Information

Part VI, Line
19 Other
Organization
Documents
Publicly
Available