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Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2008

ZUU8

OMB No 1545-0047

Department of the Treasury Internal Revenue Service The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A	For t	the 2008 c	alendar	year, or tax year	r beginning		, 2008, an	d ending			, 20	
В	Check i	f applicable	Please	C Name of organiz	ation GRAND LODG	E KNIGHTS	OF PYT	HIAS OF	IN.) Employ	yer identification r	number
		s change	use IRS label or	Doing Business	As					35	044636	0
		change	print or	Number and street	(or P.O box if mail is not deli	vered to street ac	idress)	Room/suite	E	Teleph	one number	
	Initial r		type. See	1204 BROAD	STREET				ľ	(765)	529-771	2
_			Specific		te or country, and ZIP +	4				, , , ,		
	Termın		Instruc- tions	1 '	, IN 47362-4509	•			l.		4. 4.6	0.276
		led return			nncipal officer: RALP					Gross re		<u>0,376.</u>
⊔.	Applicat	tion pending	i e).		H(a) Is this a	group return	for affiliates? Yes	✓ No
_		· · · · · · · · · · · · · · · · · · ·			T, NEW CASTLE, IN				H(b) Are all	affiliates i	included? Yes	∐No
<u>_</u>		xempt status		501(c) (8)◀ (inser		527			if "No,	" attach a	list (see instructio	ns)
1				ianapythias.org					H(c) Group ex	emption nur	mber >	
		f organization	Corpo	ration 🔲 Trust 🔲 As	ssociation U Other >	<u></u> -	L Year o	f formation	1889	State of	f legal domicile IN	
Pa	art l	Summ	ary									
Governance	1				n's mission or most RIENDSHIP, CHARI				IIZED AS F	RATER	NAL ORDER T	·····
Ē										A ST	- A	
Ve	2	Chock thin	hov a	If the organizat	on discontinued its ope	erations or disi	nosed of m	ore than 2	5% of its assi	ate A		
Ğ				•	he governing body					3		9
න් ග				_		•	•	 Um = 4 h3		4		9
ī	4			-	members of the gov	erning boay	(Part VI,	iine ib)		5		`
Activities &	1			employees (Pa	•					6	· · · · · · · · · · · · · · · · · · ·	
ď					mate if necessary)	:				1		0.
					revenue from Part V)		7a		<u>0.</u>
	p	Net unrel	ated bu	usiness taxable	income franctionus	904, Iline 3	<u>4 </u>			7b		0.
(a	1				Internal Troublind Indianapoli (IIII, line 1n)	s, IN		ļ	Prior Year		Current Yea	
OZ ROPOS	8	Contribut	tions ar	nd grants (Part \	/III, line in)					4,418.		\$,119 <u>.</u>
30	9	Program	service	revenue (Part \	/III, line 2g) n n o.	วกนี้						<u>5,746.</u>
چ وئ	10	Investme	nt inco	me (Part VIII, co	/III, line 2g) p 1 9 . Iumn (A), littles 3, 4,	and 7d)			17	5,065.	75	5,635.
7 2	11	Other rev	renue (F	Part VIII. column	ı (A). lines 5. 6d. 8c.	-9 €. 10c. ar	d 11e)		15	2,929.	63	3,784.
	12	Total reve	Total revenue—add lines 8 through 11 (must Paraller Will, column (A), line 12)								149	,284.
_			irants and similar amounts paid (Part IX, cdEmin (A), lines 1-3)							6,405.	40	,500.
				•	(Part IX, column (A	• •						
	ı	-			•		 \ lines E 1		1:	8,368.	17	7,821.
Expenses []]				•	oloyee benefits (Part I		y, iiiles 5-1	(0)	<u>-</u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,
212					rt IX, column (A), line				SHILL MILLS	4 7 7		/
			-		X, column (D), line 25	•				4,269.	· · · · · · · · · · · · · · · · · · ·	
9					n (A), lines 11a-11d,			-),832.
ز	18	Total exp	enses.	Add lines 13–17	(must equal Part I)	edition (4				9,042.		3,153.
		Revenue I	less exp	benses. Subtract	line 18 from line 12					3,370.		<u>,131.</u>
Net Assets or Fund Balances						N.B	4 - 00	44 💾	Beginning of		End of Year	
sset	20	Total asse	ets (Pa	rt X, line 16) .		MAK	1520	₽	2,53	7,429.	1,797	,37 <u>2.</u>
A P	21	Total liabi	ılıties (F	Part X, line 26)					;	5,398.	6	<u>,301.</u>
		Net asset	s or fu	nd balances. Su	btract line 21 from	ine 20 . 🗀				2,031.	1,791	<u>,071.</u>
Pa	rt II		ature I		1	DS OG	DEN.	UTA				
		Under per	nafties of	perjury declare tha	t I have examined this reti lete. Declaration of prepa	m, including ad	companying	schedules	and statemen	ts, and to	the best of my know	wledge
		The Delies	ر المراجعة المراجعة	e, correct and comp	lete declaration of prepa	rer (outer man	onicer) is ba	Seu On an i	illomation of	willer pre	parer has any know	wiedge
Sig	n	1	TUL	K// \//	alls .	·			MA	RCH :	8, 2011	
Hei	re	Signa	nure of o	fficer					Date			
		I RA	ĹРН	L. WILLIS	GRAND	SECRET	TARY					
		Type	or print r	name and title						-		
		1	<u> </u>				Date	Check	if Pr	eparer's ide	entifying number	
		Preparer's signature	· P				_	self-		e instructi		
Paid			•					eubio	, cu - L			
Prep	arer's	Firm's nam	ne (or vo	urs k								
Use	Only	If self-emp	oloyed)	B					- 	<u> </u>		
		address, a							Phone no	<u> </u>) 	1
May	the l	IRS discu	ss this	return with the	preparer shown abo	ve? (see ins	tructions)				_ Yes _	No

176	Statement of Program Service Accomplishments (see instructions)	
1	Briefly describe the organization's mission: THE PRACTICAL EXPRESSION OF OUR PRINCIPLES OF FRIENDSHIP, CHARITY, AND BENEVOLENCE BY PROVIDING FINANCIAL ASSISTANCE TO THOSE IN DISTRESS; FUNDING FOR SCHOLARSHIPS AND HEALTH RESEARCH.	
2		es 🗸 No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	es 🗹 No
4	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by exp Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grallocations to others, the total expenses, and revenue, if any, for each program service reported.	
4a	a (Code:) (Expenses \$ 28,500 including grants of \$) (Revenue \$ FINANCIAL SCHOLARSHIPS TO 28 INDIANA HIGH SCHOOL SENIORS AND COLLEGE STUDENTS)
	······································	
4b	b (Code:) (Expenses \$ 12,000. including grants of \$) (Revenue \$ DONATIONS TO VARIOUS CHARITIES)
		.
40	Code:) (Expenses \$ Including grants of \$) (Revenue \$	
70	/ (Lovelide 4) (Novelide 4	/
		• • • • • • • • • • • • • • • • • • • •
	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► \$ 40,500. (Must equal Part IX, Line 25, column (B).)	

FE	Checklist of Required Schedules		T v	T
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	1		1
2	complete Schedule A	2		1
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		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III.	8		1
9	Did the organization report an amount in Part X, line 21; 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		1
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, IX, or X as applicable	11	1	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	1
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		/
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		1
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	 	-
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18 19	 	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	20	 	
20 21	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	21		<u> </u>
22	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "res, complete Schedule I, Parts I and III	22		
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25.	24a		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
	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		✓
	Section 501(c)(3) and 501(c)(4) 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	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L. Part III	27		1

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Part IV	O1 11-4			/-	
E-1-13 - 11 -	Checklist (OT MOGNIII	יסת אראסי	annoe /^	antini idali
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	, ,		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L,	00-		
	Part IV	28a		<u> </u>
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		✓
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓_
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	_	✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓_
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		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		1
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	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		✓

Form 990 (2008)

Pá	irt V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	✓	11/1944-1447
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		 -
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		√
b	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?.	5a		1
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		
	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c 6a		
	Did the organization solicit any contributions that were not tax deductible?	Ua		
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		<u>√</u>
	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	S (MARKE BAN)	/
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		√
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		<u> </u>
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h	}	
_	required?			
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a	\dashv	
	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12			
1	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 12b	12a		

Part VI • Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Se	ction A. Governing Body and Management			
	•	BSSSWERF	Yes	No
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body			
b	•			
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		
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	ļ	1
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	ļ	1
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5_		_ ✓
6	Does the organization have members or stockholders?	6	✓_	<u> </u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members		,	ļ
	of the governing body?	7a	V	<u> </u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	PARTITION NAMED	PAGE NETH PROPERTY.
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b	√	
9a	Does the organization have local chapters, branches, or affiliates?	9a	✓	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	1	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	1	
11	Is there any officer, director or 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	11		\ \
Sec	tion B. Policies			·····
			Yes	No
129	Does the organization have a written conflict of interest policy? If "No." as to line 12	12a		1
	Does the organization have a written conflict of interest policy? If "No," go to line 13			
	rise to conflicts?	12b		
	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13 14		-v
14	Does the organization have a written document retention and destruction policy?	14		∀
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		
b	Other officers or key employees of the organization?	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		√
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's example of the property of the organization of t	461		
<u>C</u>	the organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►INDIANA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(cr)(3)s (only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request	_		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict or	of inte	rest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and recording anization: ► RALPH WILLIS - 765-529-7712	rds of	the	
	1204 BROAD STREET, NEW CASTLE, IN 47362			

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not c	ompensate	any o	offic	er,	dire	ector,	trus	tee, or key em	ployee.	
(A)	(B)	(C)						(D)	(E)	(F)
Name and Title	Average		ion (d		k all	that ap	ply)	Reportable	Reportable	Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
DENNIS O. ADAMS GRAND TRUSTEE	1.00	1						0.	0.	0.
LARUE CROSS GRAND TRUSTEE	1.00	1						0.	0.	0.
JERRY McMAKEN GRAND TRUSTEE	1.00	1						0.	0.	0.
JAMES W. SMITH, JR. GRAND CHANCELLOR	4.00			1				975.	0.	0.
TIM LOUGHMILLER GRAND VICE CHANCELLOR	1.00			1			-	0.	0.	0.
CHAD HARTLEY GRAND PRELATE	1.00			√				0.	0.	0.
STEVEN BREEDLOVE GRAND MASTER AT ARMS	1.00			✓				0.	0.	0.
MICHAEL DEATON GRAND INNER GUARD	1.00			✓				0.	0.	0.
WES HUTSON GRAND OUTER GUARD	1.00			✓				0.	0.	0.
TIM MACE JR. PAST GRAND CHANCELLOR	1.00			✓				1,625.	0.	0.
RALPH WILLIS GRAND SECRETARY	30.00			1		1		12,000.	0.	0.
LLOYD VENCEL GRAND TREASURER	3.00			/				1,100.	0.	0.
				Ţ						

Pé	Section A. Officers, Directors, Tru	· · · · · · · · ·	Emp	loy			d Hig	hest			
	(A)	(B)	D4	/	_	C)		-1.3	(D)	(E)	(F) Estimated
	Name and title	Average hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MiS	amount of other compensation
											
										-	
											
					_			_			
·····				_						- · <u> · · · · · · · · · · · · · · · ·</u>	
					_						
						-					
	Tabl								45 700		0. 0.
	Total	• • • • •			<u> </u>	<u>·</u>		<u> </u>	15,700.		
2	Total number of individuals (including those organization ▶	in 1a) who	rece	eive	d m	ore	than	\$10	0,000 in repor	table compe	0
3	Did the organization list any former officer employee on line 1a? If "Yes," complete Sc							yee,	or highest co	ompensated	Yes No 3 ✓
4	For any individual listed on line 1a, is the su the organization and related organizations g	ım of repor	rtable	co	mp	ensa	ation				4
5	Individual	or accrue c	compe	ens	atio	n fr	om a	ny u	 unrelated orga	nization for	5 /
Sac	tion B. Independent Contractors	es, compre	516 0		Can		101 30	ici i			<u> </u>
1	Complete this table for your five highest concompensation from the organization.	mpensated	ınde	pen	der	t co	ontrac	tors	that received	more than \$	100,000 of
	(A) Name and business addre	ess						· <u> </u>	(B) Description of se	rvices	(C) Compensation
NOI	VE .										
											·
											
										30.72	
2	Total number of independent contractors (in compensation from the organization ▶	ncluding the	ose ii	n 1)	wh	o re	eceive	ed m	nore than \$100	0,000 in	

Form	990 ((2008)				3	35-0446360	Page 9
Pa	rt V	Statement of Re	evenue			Ţ		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
nts	2 18	a Federated campaigns	1a					
gra	2 1	b Membership dues	. 1b					
Contributions, gifts, grants	8 0	Fundraising events .	1c					
	<u> </u>	d Related organizations	1d					
IIS,	, (Government grants (conti	nbutions). 1e					
ig g	f	All other contributions, gifts,	grants,					
윤	3	and similar amounts not incli		4,119.				
200	2 9	Noncash contributions includ	ed in lines 1a-1f \$		4440			
	-	Total. Add lines 1a-1f		Business Code	4,119.			
Program Service Revenue		MEMBERSHIP DUES	& CHIDDI		F 746	5 7 A C		
leve	2a	• • • • • • • • • • • • • • • • • • • •	W SOFFE	900099	5,746.	5,746.		
8	6			 	 			
Ž	0	; 			 	 		
Š	6]		<u> </u>		 		
grar	f	All other program servi				1		
Pro	q	Total. Add lines 2a-2f			5.746.			
	3	Investment income (income rimilar amounts) Income from investment of		•	75,635.	Section of the sectio	NEXT (COS O) (AUTHOR) THE AUTHOR (COS O)	75,635.
	5	Royalties	(i) Real	(ii) Personal				
		O D :	74,876.	(ii) i ersonai				
	1	Gross Rents	11,092.					
		Less: rental expenses	63,784.					
		Rental income or (loss) Net rental income or (loss)		>	63,784.			63,784.
	1	·	(i) Securities	(iı) Other				
	/ /a	Gross amount from sales of assets other than inventory	(7)	(70				
	b	Less. cost or other basis and sales expenses .						
	6	Gain or (loss)						
0	d	Net gain or (loss)		>				
Other Revenue	8a	Gross income from events (not including \$ of contributions reported See Part IV, line 18	d on line 1c).					
jer	h	Less: direct expenses	· · · · a					
₹		Net income or (loss) fro	1	vents ►	The second second second		- }	The second secon
	ľ	Gross income from gam See Part IV, line 19	ing activities.					
		Less direct expenses. Net income or (loss) fro	ь	ties ►				
	10a	Gross sales of inve	entory, less					
		returns and allowances						
		Less: cost of goods sol						
	C	Net income or (loss) from			Managan ang ang ang ang ang ang ang ang a			
	<u> </u>	Miscellaneous Reve	nue	Business Code				
	11a							
	b							
	С							
	d	All other revenue L						
		Total. Add lines 11a-11						
	12	Total Revenue. Add lin 9c, 10c, and 11e	es 1h, 2g, 3, 4,	5, 6d, 7d, 8c,	149,284	5,746.	J	139,419.
		50, 100, and 110	<u> </u>		177,204			100, 710.

Part IX: Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

other organizations must complete column (A) but are not required to complete columns (B), (C)

	All other organizations must complete col	umn (A) but are no	t required to com	plete columns (B),	(C), and (D).
	o not include amounts reported on lines 6b, b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members	13,591.		13,591.	
6	trustees, and key employees	Tojou II		10,00	
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	4,230.		4,230.	
10 11	Payroll taxes	4,200.		4,200.	
	Management				
	Legal	500.		500.	
С	Accounting	2,700.	· · · · · · · · · · · · · · · · · · ·	2,700.	
đ	Lobbying				
e	Professional fundraising services. See Part IV, line 17	<u>W</u>			
f	Investment management fees	728.		728.	
g 12	Other	5655		5655	
13	Office expenses	5,892.		5,892.	
14	Information technology				
15	Royalties				
16	Occupancy	10,330.		10,330.	
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings .	15,297.		15,297.	
20	Interest				
21	Payments to affiliates				
22 23	Depreciation, depletion, and amortization	4,164.		4,164.	
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together				
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	OTHER	765.		765.	
þ	SUPREME LODGE TAX	3,801.	00.500	3,801.	
C	SCHOLARSHIPS CHARITABLE DONATIONS	28,500.	28,500. 12,000.		
d	OTHER TABLE DONATIONS	12,000.	12,000.		
e	All other even				
25	All other expenses Total functional expenses. Add lines 1 through 24f	108,153.	40,500	67,653.	
26	Joint Costs. Check here ▶ ☐ if following				
	SOP 98-2. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation				

Ľ	art X	Balance Sheet				
	•	,	(A) Beginning of year		End	(B) of year
	1	Cash—non-interest-bearing	123,088.	1		64,636
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net		3		- , · ·
	4	Accounts receivable, net		4		
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L.		5		
	6	Receivables from other disqualified persons (as defined under section				
.		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L	The state of the s	6 7		
ěţ	7	Notes and loans receivable, net		8	 	
Assets	8	Inventories for sale or use	·	9	 	
	9	Prepaid expenses and deferred charges				
	10a	and, bandings, and equipment over basis				
	ь	Less: accumulated depreciation. Complete Part VI of Schedule D	112,000.			112,000
	11	Investments—publicly traded securities		11	 	
	12	Investments—other securities. See Part IV, line 11	2,302,247.		 	1,620,736.
	13	Investments—program-related. See Part IV, line 11		13	 	
	14	Intangible assets		14	 	
	15	Other assets. See Part IV, line 11	0.507.400	15		4 707 070
	16	Total assets. Add lines 1 through 15 (must equal line 34)	2,537,429.	16	 	1,797,372.
	17	Accounts payable and accrued expenses	_	17 18	 	
	18	Grants payable		19	 	
	19	Deferred revenue		20	 	
s	20	Tax-exempt bond liabilities		21	 	
Liabilities	21 22	Escrow account liability. Complete Part IV of Schedule D Payables to current and former officers, directors, trustees, key				
Lia		employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties		23	 	
	24	Unsecured notes and loans payable	F 200	24	 	
	25 26	Other liabilities. Complete Part X of Schedule D	5,398.	25	 	6,301.
	20	Total liabilities. Add lines 17 through 25	5,398.	26		6,301.
Balances		Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.				
틸	27	Unrestricted net assets		27_		
- 1	28	Temporarily restricted net assets		28	<u> </u>	
2	29	Permanently restricted net assets		29		
Net Assets or Fund		Organizations that do not follow SFAS 117, check here ▶ ☑ and complete lines 30 through 34.				
35	30	Capital stock or trust principal, or current funds	2,420,031.	30		1,679,071.
SS	31	Paid-in or capital surplus, or land, building, or equipment fund .		31		
X	32	Retained earnings, endowment, accumulated income, or other funds	112,000.	32		112,000.
휟		Total net assets or fund balances	2,532,031.	33		1,791,071.
		Total liabilities and net assets/fund balances	2,537,429.	34_	<u> </u>	<u>1,797,372.</u>
-a	rt XI	Financial Statements and Reporting			 -	T .
1	Acco	unting method used to prepare the Form 990: Cash Accrual	☐ Other			Yes No
2a	Were	the organization's financial statements compiled or reviewed by an inde	ependent accountant	? .	. 2a	1
		the organization's financial statements audited by an independent acco			. 2b	
С	If "Ye	s" to lines 2a or 2b, does the organization have a committee that assumes r	esponsibility for overs	ight c	of	
		udit, review, or compilation of its financial statements and selection of an ind			. 2c	
3a		result of a federal award, was the organization required to undergo an a ingle Audit Act and OMB Circular A-133?			in 3a	1
b	If "Ye	s," did the organization undergo the required audit or audits?			. 3b	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Nan	e of the organization			Employer identification number
	AND LODGE KNIGHTS OF PYTHIAS OF I	INDIANA, INC.		35 0446360
Pa		onor Advised Funds or Other Similar es" to Form 990, Part IV, line 6.	Fund	ds or Accounts. Complete if
		(a) Donor advised funds		(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year) .			
4	Aggregate value at end of year	LL		
5		d donor advisors in writing that the assets bject to the organization's exclusive legal or		
6	Did the organization inform all grantees, oused only for charitable purposes and no impermissible private benefit?	donors, and donor advisors in writing that of the for the benefit of the donor or donor advi	grant f isor or	r other
Da		nplete if the organization answered "Yes"	to E	
				om 990, Farciv, me 1.
2	 Preservation of land for public use (e. Protection of natural habitat Preservation of open space 	-	on of a ion of	an historically important land area certified historic structure
	on the last day of the tax year.			Held at the End of the Ye
а	Total number of conservation easements			2a
b		easements		2b
C		certified historic structure included in (a)		1 - 1
đ		ded in (c) acquired after 8/17/06		2d
3	Number of conservation easements modified the taxable year ▶	fied, transferred, released, extinguished, or	termıı	nated by the organization during
4	Number of states where property subject	to conservation easement is located ▶		
5		cy regarding the periodic monitoring, inspec	ction,	violations, and
6	Staff or volunteer hours devoted to monit	oring, inspecting, and enforcing easements	durin	ng the year ▶
7	Amount of expenses incurred in monitoring	ng, inspecting, and enforcing easements du	ırıng tl	he year▶ \$
8	•	ed on line 2(d) above satisfy the requiremen		
9		n reports conservation easements in its reverthe text of the footnote to the organization ation easements.		
Pai		ections of Art, Historical Treasures, or wered "Yes" to Form 990, Part IV, line 8.		
1a	art, historical treasures, or other similar ass	nder SFAS 116, not to report in its revenue lets held for public exhibition, education, or re te to its financial statements that describes	esear	ch in furtherance of public servic
b	historical treasures, or other similar assets provide the following amounts relating to	/ill, line 1	searc	h in furtherance of public servic
2	If the organization received or held works following amounts required to be reported	of art, historical treasures, or other simila		ets for financial gain, provide th
а		line 1		• \$
				> \$

CCIT	saute D (1 01111 330) 2000								. 490 -
Pa	rt III ' Organizations Maintainin	g Collections	of Art, His	torica	d Treasu	res, or O	ther Similar	Assets (conti	nued)
3	Using the organization's accession a items (check all that apply):	nd other record	s, check an	y of t	he followir	ng that ar	e a significan	t use of its col	llection
а	Public exhibition		d	_] L	oan or exc	change p	rograms		
b	Scholarly research		e [_] c	Other				
С	Preservation for future generation	ns							
4	Provide a description of the organizate Part XIV.	ion's collections	s and expla	ın hov	v they furtl	her the o	ganization's	exempt purpos	e in
5	During the year, did the organization so assets to be sold to raise funds rather t	licit or receive de han to be mainta	onations of a	art, his t of the	torical trea e organizat	sures, or o	other similar ection?	. Yes	No
Pa	rt IV Trust, Escrow and Custoo Part IV, line 9, or reported					tion ansv	vered "Yes"	to Form 990,	
	Is the organization an agent, trustee, included on Form 990, Part X?						other assets	not . D Yes [☐ No
b	If "Yes," explain the arrangement in F	art XIV and cor	nplete the fo	ollowii	ng table:		<u></u>	Amount	
						1c		Amount	
	Beginning balance	· · · ·					<u> </u>		
	Additions during the year					. <u>1d</u>			
_	Distributions during the year					. <u>1e</u>			
f						. 1f			¬
	Did the organization include an amou If "Yes," explain the arrangement in F		, Part X, line	a 217				. LYes	No
	rt V Endowment Funds. Com		zation ansv	verec	"Yes" to	Form 9	90. Part IV.	line 10.	
-		(a) Current year	(b) Pnor ye		(c) Two yes			ack (e) Four year	s back
12	Beginning of year balance								
b	Contributions								
	Investment earnings or losses								
	Grants or scholarships								
	Other expenditures for facilities								
Ŭ	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of t	he vear end bal	ance held a	is:					
а	Board designated or quasi-endowmer	-							
b	Permanent endowment ▶								
С	Term endowment ▶ %				•				
3a	Are there endowment funds not in the porganization by:	oossession of th	e organizati	on tha	t are held	and admi	nistered for th	e Yes	No
	(i) unrelated organizations							3a(i)	
	(ii) related organizations					<i>.</i>		3a(ii)	ļ
b	If "Yes" to 3a(ii), are the related organi	zations listed as	s required o	on Sch				. 3b	
4	Describe in Part XIV the intended uses								
Par	t VI Investments—Land, Build	lings, and Equ	<u> ipment. S</u>	ee Fo	orm 990, I	Part X, li	ne 10.		
	Description of investment	(a) Cost or oth (investme			t or other (other)	(c) De	epreciation	(d) Book valu	ie
1a	Land	112,00	0.					112,000.	· ·· · ·
b	Buildings								
С	Leasehold improvements								
	Equipment	.							
	Other					L		· · · · · · · · · · · · · · · · · · ·	
otal	Add lines 1a-1e (Column (d) should equ	al Form 990. Pari	t X. columa l	(R) line	= 10(c) }		▶ 1	112	000

Part VII: Investments—Other Securities	s. See Form 990, Part X	(, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
MUTUAL FUNDS, ETC.	1,620,736.	END OF YEAR MARKET VALUE
	<u> </u>	

•		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	1 620 736	
Part VIII Investments—Program Relate		
(a) Description of investment type	(b) Book value	(c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
	<u> </u>	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 13)		
Part IX Other Assets. See Form 990, Pa	rt X, line 15.	Dispetit annual control and annual and annual annual and an annual and an annual and an annual annua
	(a) Description	(b) Book value
Fotal. (Column (b) should equal Form 990, Part X, col	(B) line 15.)	
Part X Other Liabilities. See Form 990,		
(a) Description of liability	(b) Amount	
ederal income taxes		
·····		
		
otal. (Column (b) should equal Form 990, Part X, col (B) line 25.)		

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48.

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements	JUIL	dale D (1 0111 330) 2000		i uge
1 Total revenue (Form 930, Part VIII, column (A), line 12) 2 Total expenses (Form 930, Part IX, column (A), line 25) 3 Excess or (deficit) for the year. Subtract line 2 from line 1 4 Net unrealized gains (losses) on investments 5 Donated services and use of facilities 6 Investment expenses 7 Prior period adjustments 7 Prior period adjustments 8 Other (Describe in Part XIV) 8 Total adjustments (nel, Add lines 4-8) 9 Total adjustments (nel, Add lines 4-8) 10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 11 Total arvenue, gains, and other support per audited financial statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 1 Net unrealized gains on investments 2 Donated services and use of facilities 1 Donated services and use of facilities 2 Donated services and use of facilities 2 Donated services and use of facilities 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12, but not on line 1: 3 Investment expenses not included on Form 990, Part VIII, line 7b 4 Other (Describe in Part XIV) 4 Dotal revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 5 Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12) 6 Donated services and use of facilities 6 Donated services and use of facilities 7 Donated services and use of facilities 8 Donated services and use of facilities 9 Donated services and use of facilities 1 Donated services and use of fac	Pa	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	ts	
2 Total expenses (Form 990, Part IX, Column (A), line 25)	1		, –	
3 Secretary (deficity for the year, Subtract line 2 from line 1 3 4 1 Net unrealized gains (losses) on investments 4 5 Donated services and use of facilities 6 6 Prior period adjustments 6 7 Prior period adjustments 7 8 Other (Describe in Part XIV) 8 9 Total adjustments (ne), Add lines 4-8 9 10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 10 Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2 Net unrealized gains on investments 2 2 3 Other (Describe in Part XIV) 2 2 4 Amounts included on Form 990, Part VIII, line 12; 4 Amounts included on Form 990, Part VIII, line 12; 5 Donated services and use of facilities 2 2 6 Other (Describe in Part XIV) 2 2 6 Add lines 2a through 2d 2 2 7 Add lines 4a and 4b 4 4 8 Other (Describe in Part XIV) 4 4 8 Other (Describe in Part XIV) 4 4 9 Other (Describe in Part XIV) 4 4 1 Total expenses and losses per audited financial Statements 4 1 Total expenses and losses per audited financial Statements 4 1 Total expenses and losses per audited financial Statements 4 1 Total expenses and losses per audited financial Statements 4 1 Total expenses and losses per audited financial Statements 4 1 Total expenses and losses per audited financial Statements 4 2 Donated services and use of facilities 2 2 3 Donated services and use of facilities 2 2 4 Dother (Describe in Part XIV) 2 2 4 Dother (Describe in Part XIV) 2 2 5 Other (Describe in Part XIV) 3 4 6 Other (Describe in Part XIV) 5 5 7 Other (Describe in Part XIV) 5 5 8 Other (Describe in Part XIV) 5 5 9 Other (Describe in Part XIV) 5 5 9 Oth			2	
4 Net unrealized gains (losses) on investments 5 Constate services and use of facilities 6 Constate services and use of facilities 7 Constate services and use of facilities 8 Constate services and use of facilities 9 Constate services of pnor year grants 9 Constate services of year year year year year year year year	3		3	
5 Donated services and use of facilities			4	
6 Investment expenses 6 6 7 Prior period adjustments 8 Other (Describe in Part XIV) 8 9 Total adjustments (net). Add lines 4-8 9 10 Excess or (defact) for the year per financial statements. Combine lines 3 and 9 10 Part XIII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements. 1 1 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments 2 2a 1 2	5		5	
7 Prior period adjustments (net). Add lines 4-8	6		6	
8 Chter (Describe in Part XIV) 9 Total adjustments (rels). Add lines 4-8 10 Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 10 Total expenses and use of facilities 1 Total revenue, gains, and other support per audited financial statements With Revenue per Return 1 Total revenue, gains, and other support per audited financial statements 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains on investments b Donated services and use of facilities c Recoveries of pnor year grants d Chter (Describe in Part XIV) e Add lines 2a through 2d 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part VIII, line 12; but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIV) c Add lines 4a and 4b Total expenses and losses per audited financial statements With Expenses per Return 1 Total expenses and losses per audited financial statements With Expenses per Return 1 Total expenses and losses per audited financial statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Donated services and use of facilities 2 Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return 1 Total expenses and losses per audited financial statements 2 Donated services and use of facilities 3 Subtract line 2e from line 1 4 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part IVII, line 7b 4 Dotter (Describe in Part XIV) 4 Dotter (Describe in Part XIV) 5 Dotter (Describe in Part XIV) 6 Dotter (Describe in Part XIV) 6 Dotter (Describe in Part XI	7		7	
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Schedule D (For	m 990) 2008	35-0446360	Page 5
Part XIV	m 990) 2008 Supplemental Information (continued)	·····	
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SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

Governments, and Individuals in the U.S. Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

OMB No. 1545-0047	2008	

Open to Public Inspection ► Attach to Form 990. Department of the Treasury Internal Revenue Service

GRAND I ODGE KNIGHTS OF BYTHIAS OF INDIANA INC	MAIGINI DO SAIDT					Employer identification number	fication number
Part I General Information on Grants and Assistance	on Grants and	Assistance				65	0446360
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	n records to subsi	tantiate the amour	nt of the grants or as	sistance, the grantees	deligibility for the gra	ints or assistance, an	l f
Desc	award ine granis o zation's procedure	r assistance? s for monitoring th	ne use of grant funds	in the United States.			✓ Yes
Partil Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	sistance to Gov 21, for any reci I-1 (Form 990) if	ernments and open that received additional space	Organizations in the ed more than \$5,00 is needed	ne United States. C	complete if the orgain no one recipient if	inization answered received more than	"Yes" on \$5,000. Use ▼
1 (a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2 Enter total number of section 501(c)(3) and government organizations	501(c)(3) and gove	ernment organizati	ons sno				
2 Enter total primps of athe action	0001401000	ı					

Schedule I (Form 990) 2008

Cat. No 50055P

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2008

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (e) Method of valuation (book, FMV, appraisal, other) ö (d) Amount of non-cash assistance 28,500. FINANCIAL SCHOLARSHIP DISBURSEMENTS ARE PAID DIRECTLY TO THE SCHOOL. (c) Amount of cash grant (b) Number of recipients 28 (a) Type of grant or assistance COLLEGE SCHOLARSHIPS Part IV Part III

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

90	2008				
e	Open to Public Inspection				
Employer identification number					

GRAND LODGE KNIGHTS OF PYTHIAS OF INDIANA, INC.	35	U44636U
FORM 990, PART VI, SECTION A, LINE 6: THE GRAND LODGE HAS APPROXIMATELY 750) MEMBERS	S AT THE END
OF THE YEAR. MEMBERS PAY ANNUAL DUES.		
FORM 990, PART VI, SECTION A, LINE 7A: FINANCIAL OFFICERS AND TRUSTEES ARE E	LECTED TO	THREE YEAR
TERMS, ALL OTHER OFFICERS OF THE GRAND LODGE ARE ELECTED BY THE MEMBER	SHIP TO O	NE YEAR TERMS.
FORM 990, PART VI, SECTION A, LINE 7B: ALL DECISIONS BROUGHT TO THE EXECUTIVE	E COMMIT	TEE ARE
DISCUSSED AND VOTED ON AT THE ANNUAL MEETING.		
FORM 990, PART VI, SECTION A, LINE 10: A COMPLETED FORM 990 IS REVIEWED BY THE	E EXECUT	IVE COMMITTEE
PRIOR TO SUBMITTING TO THE INTERNAL REVENUE SERVICE.		
FORM 990, PART VI, SECTION C, LINE 18: THE ASSOCIATION MAKES ORGANIZATION DO	CUMENTS	AND RECENT
FORM 990 AVAILABLE UPON WRITTEN REQUEST.	1.0	.: <u></u>
FORM 990, PART VI, SECTION C, LINE 19: THE ASSOCIATION MAKES ORGANIZATION DO	OCUMENTS	AND RECENT
FORM 990 AVAILABLE UPON WRITTEN REQUEST.		
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