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Form **990**

Department of the Treasury Internal Revenue Service

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)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2008

Inspection

A Fo	r the :	2008 са	ılendar yea	r, or tax year beginning 07	-01-2008 and ending 06-30-2	2009		_			
B Che	eck ıf a	pplicable	Please	C Name of organization Independent Order of Odd Fe	llows			D Employer	identification number		
☐ Add	fress ch	nange	use IRS label or	Grand Lodge of Illinois				37-0346			
┌ Nar	ne cha	nge	print or	Doing Business As				E Telephone	number		
┌ Inıt	ial retu	rn	type. See Specific	Number and street (or P.O. b	ox if mail is not delivered to street a	ddress) Roc	m/suite	(217) 73			
┌ _{Ter}	mınatıd	on	Instruc- tions.	845 Wyatt Ave			,	G Gross rece	eipts \$ 4,921,435		
┌ Am	ended	return		City or town, state or country	, and ZIP + 4			1			
		n pending		Lincoln, IL 62656	,						
,			E Nan	L ne and address of Principa	I O fficar	1		J			
			r Nan	ne and address of Fillicipa	Officer	H(a)	Is thi affilia	s a group retu tes?	urn for ┌ Yes		
т Та	x-exem	nnt status	✓ 501(c)) (8) ◀ (insert no)	(a)(1) or \square 527	— Н(Б)		l affiliates inclu			
				(macreno) 4947	(4)(1) (1) 32/		-		ıst See ınstructions) Number ► 0028		
) W	eb sit	e: ► N/A	4			H(c)	Giou	p Exemption i	Number P 0028		
K Typ	e of or	anization	Corporat	ion trust association of	ther 🕨		ear of Fo	rmation	M State of legal domicile		
	c or org	garnzacion	Corporat	ion trast, association, or		1	Sur or ro	Illiation	Produce of legal dofficie		
		6									
Pa		Sum		o organization's mission or	most significant activities						
	*	•		e organization's mission or all Illinois operations of the	-						
<u>ခို</u>		Adminis	stration or e	an inmois operations of the	e maternar order						
Governance											
₹	2	Checkt	this box 🖵	ıf the organization disconti	nued its operations or dispose	ed of more	than 2	5% of its ass	ets		
	3	Number	r of voting r	nembers of the governing b	oody (Part VI, line 1a)			3	8		
26 47	4	Number	rofındepen	ident voting members of th	e governing body (Part VI, line	e 1b) .		. 4	8		
ĕ	5	Total nu	umber of en	nployees (Part V , line 2a)				5	2		
Activities &	6	Total nu	umber of vo	lunteers (estimate if neces	6	6					
ď	7a	Total gr	ross unrela	ted business revenue from)		78	a 0			
	b	Net unr	elated busi	ness taxable income from	Form 990-T, line 34			71	b		
							Pric	or Year	Current Year		
g,	8			d grants (Part VIII, line 1h	·		134,821	<u> </u>			
Revenue	9	9 Program service revenue (Part VIII, line 2g)						272,528	274,997		
) Jet	10			ne (Part VIII, column (A),	•		833,834	<u> </u>			
_	11		-	art VIII, column (A), lines	. —		122,456	308,522			
	12	Totalı 12)	revenue—a	dd lines 8 through 11 (mus	t equal Part VIII, column (A),	line		1,363,639	381,748		
	13		and simila	ar amounts paid (Part IX, c	olumn (A), lines 1-3)			84,725	 		
	14	Benefi	ts paid to o	r for members (Part IX, co	lumn (A), line 4)			·	0		
	15	Saları	es, other co	ompensation, employee bei	nefits (Part IX, column (A), line	es 5-					
Expenses		10)						50,707	42,835		
₹ F	16a			raising fees (Part IX, colur					0		
ठ	b	•		penses, Part IX, column (D), line							
	17			(Part IX, column (A), lines	•			217,250	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' 		
	18				ual Part IX, line 25, column (A))		858,682	'		
<u></u>	19	Reven	ue less exp	penses Subtract line 18 fro	om line 12			504,957	<u>'</u>		
တက္ ကျင္း							Beginni	ing of Year	End of Year		
See See	20	Total	assets (Par	t X, line 16)		<u> </u>		21,064,890	<u> </u>		
Net Assets or Fund Balances	21	Totall	iabilities (F	Part X, line 26)				943,750	773,751		
	22		sets or fun	d balances Subtract line 2	21 from line 20			20,121,140	19,786,651		
Pai	rt II		ature Blo								
					nined this return, including accompan on of preparer (other than officer) is b						
Plea	se	****		ser, and complete becarding	propara (outer mail officer) is t		1	-02-14	F		
Sign	1		ature of office	er			Date	V£ 1T			
Here	2	Jera	ld Sarnes Gra	nd Secretary							
			or print nam								
		Preparer			Date	Check if		Preparer's PT	IN (See Gen Inst)		
Paid		signature		Anderson		self- empolye	ed 🕨 🦵				
Prepa	arer's		ame (or yours	Pehlman & Dold PC	•	•					
Use (Only		nployed), and ZIP + 4	100 North Amos Avenue		_ EIN ▶					
								Phone no 🕨	(217) 787-0563		
Mav t	he IR	s discus	s this retu	Springfield, IL 627024739 rn with the preparer shown	above? (See instructions) .						

Part III Statement of Program Service Accomplishments (See the instructions.)

	Briefly describe the organization' Administration of all Illinois opera						
2	Did the organization unde the prior Form 990 or 990	D-EZ?		the year which were no	t listed on	res ✓ No	
3	If "Yes," describe these n Did the organization ceas services?	e conducting or make		ow it conducts any pro	gram []	Yes ▽ No	
	If "Yes," describe these c	hanges on Schedule C	1				
4	Describe the exempt purp Section 501(c)(3) and (4 others, the total expenses) organizations and 49	47(a)(1) trusts are requ	ired to report the amou			
4a	(Code) (Expenses \$	289,195 including grants	of \$) (Revenue \$)	
	To provide management and and distribution of funds for th	administrative services for ne members, member lodg	all Illinois Odd Fellow projects es, and the international orgai	, including housing for the e nization	lderly and youths, nurs	sing care, and the collec	ction
4b	(Code) (Expenses \$	ıncludıng grants	of \$) (Revenue \$)	
4 c	(Code) (Expenses \$	including grants	of \$) (Revenue \$)	
4d	Other program services (Expenses \$	·	e O) g grants of\$) (Revenue	\$)	
4e	Total program service ex	xpenses \$	289,195 Must equa	l Part IX, Line 25, colum	 n (В).		

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
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		Νο
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		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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		No
	<u></u> i			
10 11	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt{2}$ Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,	10		N o
	Parts VI, VIII, VIII, IX, or X as applicable	11	Yes	
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	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
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		No
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		No
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		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		No
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		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		Νο
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		Νο
c	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		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Νο
25a	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		No
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		No
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		No
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		No

Part IV Checklist of Required Schedules (Continued)

			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, Part			
		28a		Νο
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
c	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		Νο
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Νo
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
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	Yes	
36	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		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No

Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal			
	of U.S. Information Returns. Enter -0- if not applicable			
	1a 4			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	1c		N o
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 in 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.	2b		Νο
За	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
h	If "Yes," has it filed a Form 990-T for this year? If "No," 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 the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Νο
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Νο
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		Νο
6a	Did the organization solicit any contributions that were not tax deductible?	6a		N o
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		Νο
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 \$75 or more?	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		Νο
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to	70		Nο
.4	file Form 8282?	76		NO
u	These, indicate the number of forms 5252 field during the year			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Νο
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Νο
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		Νο
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h		N o
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	8		Νο
	year?			
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		N o
Ь	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		N o
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	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)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041°	12a		Νο
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
	year 128			

Section A. Governing Body and Management

No

Νo

Νo

Νo

Νo

Νo

Yes

2

3

4

5

6

7a

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

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances
processes, or changes in Schedule O. See instructions.

	processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	1a	8	3

Did any officer, director, trustee, or key employee have a family relationship or a business relationship with an	Ь	Enter the number of voting members that are independent	1b	8
		Did any officer, director, trustee, or key employee have a family relationship or a bus	ıness	relationship with any

other officer, unector, trustee, or key employeer	•	•	•		•	•	•	•	•	•	•	•	•	•	•	•
Did the organization delegate control over manage	eme	nt c	luties	s cus	toma	arıly	per	forn	ned	bу	or u	nde	r the	e di	rect	:
supervision of officers directors or trustees or ke	2 V 2	mnl	0400	s to	a ma	nad	e me	nt c	om	nan	v or	oth	or r	arc	on?	,

supervision of officers, uncertain of trastees, of key employees to a management company of other person	•
Did the organization make any significant changes to its organizational documents since the prior Form 990	was
filed?	

5	Did the organization become aware during the year of a material diversion of the organization's assets?	
6	Does the organization have members or stockholders?	

Boos the organization			0. 0.	001111011						•		•		•
Does the organization	have	members	, stoc	kholde	rs, o	rother	persons	who ma	y elec	t one	or mo	re me	mbers of t	he
governing body?														

Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	•
	Did the organization contemporaneously document the meetings held or written actions undertaken during the	ıe

	Bid the organization contemporaneously document the meetings held of written detions undertaken during the	
	year by the following	
-	the governing hody?	

b	each committee with authority to act on behalf of the governing body?						
	Does the organization have local chanters, branches, or affiliates?						

ь	If "Yes," does the organization have written policies and procedures governing the activities of such	c h	apte	ers,	,
	affiliates, and branches to ensure their operations are consistent with those of the organization? .				,

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

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

7b	Yes	
8a	Yes	
8b	Yes	
9a	Yes	
9b	Yes	
10	Yes	
11		No

Yes

Section B. Policies

Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a		
	ıza	Yes	
Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		Νο
Does the organization have a written whistleblower policy?	13		Νo
Does the organization have a written document retention and destruction policy?	14	Yes	
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		Νo
Other officers or key employees of the organization?	15b	Yes	
Describe the process in Schedule O			
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		Νο
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 exempt status with respect to such arrangements?	16b		Νο
	to conflicts?	to conflicts?	to conflicts?

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed
- 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 make these available. Check all that apply own website. another's website. upon request
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization

Grand Secretary 845 Wyatt Ave Lincoln, IL 62656 (217) 735-2561

Part VII 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) and key employees 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, 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 the organization did not compensate any officer, director, trustee or key employee										
		(C) Position (check all that apply)								(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee	Office	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
Robert Smith , Past Gr Master	5 00	Х		Х				0	0	0
Randy Barnes , Grand Warden	5 00	Х		Х				0	0	0
Lyndall Pigg , Representative		Х		Х				0	0	0
John Goldberg , Dep Gr Master	5 00	Х		Х				0	0	0
Jerald Sarnes , Grand Secretary	25 00	X		Х	Х			20,000	0	0
Gregory A Worrell , Grand Master	35 00	Х		Х				0	0	0
Arlan Miller , Grand Treasurer	10 00	Х		Х				0	0	0
Allen H Jones , Grand Rep	20 00	Х		Х				0	0	0
			<u> </u>			ļ				
			<u> </u>	<u> </u>						

Part VII Continued

(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	o at Institutional Trustee	(che apply	y)	Highes employ	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total			•		•		 	20,000		

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization №0

			163	110
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual			
	muvidual	4		Νο
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	_		
		5		Νo

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including those in 1) who received more than \$	100,000 in compensation	

Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization

Voc No

Statement of Revenue

Page **9**

Part VIII

Contributions, gifts, grants and other similar amounts

Program Service Revenue

Other Revenue

(C) (A) (B) (D) Revenue Total Revenue Related or Unrelated Exempt Business Excluded from Function Revenue Tax under IRC Revenue 512, 513, or 514 Federated campaigns . **1**a ь Membership dues . Fundraising events . **1**c 58,612 d Related organizations . . . 1d Government grants (contributions) 176,756 All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f \$. 235,368 Total (Add lines 1a-1f) . . h Business Code 240,000 2a Mortgage Reimbursements 240,000 34,997 Ь Membership Dues & Assessments 34,997 All other program service revenue Total. Add lines 2a-2f . 3 Investment income (including dividends, interest 427,533 12,098 415,435 other sımılar amounts) Income from investment of tax-exempt bond proceeds $\ \ .$ 4 5 Royalties . (ı) Real (II) Personal 10,080 **Gross Rents** 6a Less rental 7,385 b expenses Rental income 2,695 or (loss) Net rental income or (loss) . . 2,695 2,695 d (II) Other (ı) Securities Gross amount 3,665,892 7a from sales of assets other than inventory 4,530,564 Less cost or b other basis and sales expenses -864,672 Gain or (loss) -864,672 -864,672 d Net gain or (loss) 8a Gross income from fundraising events (not including of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 a b Less direct expenses . . .b Net income or (loss) from fundraising events . c 9a Gross income from gaming activities See part IV, line 19 Complete Schedule G ıf total exceeds \$15,000 b Less direct expenses . . .b Net income or (loss) from gaming activities c 10a ${\sf Gross\ sales\ of\ inventory,\ less}$ returns and allowances . 6,116 b Less cost of goods sold . . ${\bf b}$ 1,738 4,378 4,378 Net income or (loss) from sales of inventory . c Miscellaneous Revenue Business Code 40,000 40,000 11a Deposits from Affiliates -1,812 -1,812 b Bond Premiums (Net) 13,261 13,261 Assets of Closed Lodges 250,000 250,000 All other revenue d Total. Add lines 11a-11d . . \$ 301,449 381,748 -612,574 758,954 12 **Total Revenue.** Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 9c, 10c, and 11e

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).							
	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) Fundraising expenses		
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	42,413	42,413		·		
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	24,694	24,694				
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16	0					
4	Benefits paid to or for members	0					
5	Compensation of current officers, directors, trustees, and key employees	20,000					
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$	0					
7	Other salaries and wages	21,957					
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	878		878			
9	Other employee benefits	0					
10	Payroll taxes	0					
11	Fees for services (non-employees)						
а	Management	0					
b	Legal	605		605			
c	Accounting	7,900		7,900			
d	Lobbying	0					
е	Professional fundraising See Part IV, line 17	0					
f	Investment management fees	41,635		41,635			
g	Other	0					
12	Advertising and promotion	14,657	14,657				
13	Office expenses	22,489	11,245	11,244			
14	Information technology	5,018		5,018			
15	Royalties	0					
16	Occupancy	3,600	1,800	1,800			
17	Travel	11,855	11,855				
18	Payments of travel or entertainment expenses for any Federal, state or local public officials	0					
19	Conferences, conventions and meetings	32,789	32,789				
20	Interest	46,681		46,681			
21	Payments to affiliates	267,271		267,271			
22	Depreciation, depletion, and amortization	0					
23 24	Insurance	0					
	total expenses shown on line 25 below)						
а	Sov Grand Lodge Taxes	31,614	31,614				
b	Printing and Publications	39,016	39,016				
c	Museum/Library Costs	1,115	1,115				
d	DARE Expenses	26,387	26,387				
e	Closed Lodges Expenses	50,762	50,762				
f	All other expenses	2,901	848	2,053			
25	Total functional expenses. Add lines 1 through 24f	716,237	289,195	407,042	0		
26	Joint Costs. Check Tiffollowing SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation						

Part X	Balance	Sheet

			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	133,502		356,253
	2	Savings and temporary cash investments	11,482,762	2	10,801,410
	3	Pledges and grants receivable, net		3	0
	4	Accounts receivable, net		4	0
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5	0
	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		6	0
	7	Notes and loans receivable, net	625,246		576,623
	8	Inventories for sale or use	4,219		6,955
S	9	Prepaid expenses and deferred charges	,,_,,	9	0
et	10a	Trepara expenses and deterred energes 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Assets	100	Land, buildings, and equipment cost basis 10a 8,819,161			
	b	Less accumulated depreciation Complete Part VI of Schedule D	8,819,161	10c	8,819,161
	11	Investments—publicly traded securities		11	0
	12	Investments—other securities See Part IV, line 11 $\it Complete Part VII of Schedule D$		12	0
	13	Investments—program-related See Part IV, line 11 $\it Complete Part VIII$ of $\it Schedule D$.		13	0
	14	Intangible assets		14	0
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D		15	0
	16	Total assets. Add lines 1 through 15 (must equal line 34)	21,064,890	16	20,560,402
	17	Accounts payable and accrued expenses .		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	943,750	20	773,750
es	21	Escrow account liability Complete Part IV of Schedule D		21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
Lia		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		24	
	25	Other liabilities Complete Part X of Schedule D		25	1
	26	Total liabilities. Add lines 17 through 25	943,750	26	773,751
es		Organizations that follow SFAS 117, check here ► 🔽 and complete lines 27 through 29, and lines 33 and 34.			
Balance	27	Unrestricted net assets	12,782,975	27	12,778,688
Bal	28	Temporarily restricted net assets	7,338,165	28	7,007,963
М	29	Permanently restricted net assets		29	
Fund		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete			
or I		lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
Assets	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
Net	33	Total net assets or fund balances	20,121,140	33	19,786,651
_	34	Total liabilities and net assets/fund balances	21,064,890	34	20,560,402
Pa	rt XI	Financial Statements and Reporting			

B - 1 3/T	

1	Accounting method used to prepare the Form 990 🔽 cash 🗆 accrual 🗆 other				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο	
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes		
С	c If "Yes" to lines 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?				
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		Νο	
b	If "Yes," did the organization undergo the required audit or audits?	3b		No	

For Paperwork Reduction Act Notice, see the Intructions for Form 990

OMB No 1545-0047

Open to Public Inspection

Schedule D (Form 990) 2008

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ 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.

Name of the organization **Employer identification number** Independent Order of Odd Fellows Grand Lodge of Illinois 37-0346370 Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

		(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		
5	Did the organization inform all donors and donor advi funds are the organization's property, subject to the	<u> </u>	nor advised Yes No
6	Did the organization inform all grantees, donors, and used only for charitable purposes and not for the ben impermissible private benefit?		
Pai	t III Conservation Easements. Complete	ıf the organızatıon answered "Yes" t	to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the of Preservation of land for public use (e.g., recreating Protection of natural habitat Preservation of open space	on or pleasure) Preservation of ar	n historically importantly land area ertified historic structure
2	Complete lines 2a-2d if the organization held a quali	ified conservation contribution in the form	n of a conservation easement
_	on the last day of the tax year		
			Held at the End of the Yea
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easement	s	2b
С	Number of conservation easements on a certified hi	storic structure included in (a)	2c
d	Number of conservation easements included in (c) a	acquired after 8/17/06	2d
	Number of conservation easements modified, transfe	rred, released, extinguished, or terminate	ed by the organization during
	the taxable year 🕨		
Ļ	Normalis and a feature who are a managery and a second second	ation and amount to located by	
	Number of states where property subject to conserva		atura and
i	Does the organization have a written policy regarding enforcement of the conservation easements it holds?		Yes No
	Staff or volunteer hours devoted to monitoring, inspe	cting and enforcing easements during the	e year ⊫
7	A mount of expenses incurred in monitoring, inspecti	ng, and enforcing easements during the y	ear ►\$
3	Does each conservation easement reported on line 2 $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	(d) above satisfy the requirements of sec	ction Yes No
9	In Part XIV, describe how the organization reports cobalance sheet, and include, if applicable, the text of the organization's accounting for conservation easen	he footnote to the organization's financia	
ar	Complete if the organization answered '		or Other Similar Assets.
la	If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIV, the text of the footnote to its fin	for public exhibition, education or resear	ch in furtherance of public service,
b	If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for provide the following amounts relating to these items	public exhibition, education, or research i	•
	(i) Revenues included in Form 990, Part VIII, line 1		► \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, histofollowing amounts required to be reported under SFA		or financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		► \$
b	Assets included in Form 990. Part X		▶- \$

Cat No 52283D

Part	IIII Organizations Maintaining Coll	ections of Art, His	tori	cal Treasu	res, or Othe	r Similar Ass	ets (con	tınued)
3	Using the organization's accession and other litems (check all that apply)	ecords, check any of tl	ne fol	lowing that are	e a significant ι	ise of its collecti	on	
а	Public exhibition	d	Г	Loan or exch	ange programs			
b	Scholarly research	e	Γ	Other				
с	Preservation for future generations							
4	Provide a description of the organization's coll Part XIV	ections and explain ho	w the	y further the o	rganızatıon's ex	kempt purpose in		
5	During the year, did the organization solicit or assets to be sold to raise funds rather than to					nılar 	Yes	┌ No
Par		r rangements. Com	plet	e if the orga		ered "Yes" to	Form 99	0,
1a	Is the organization an agent, trustee, custodia included on Form 990, Part X?	in or other intermediary	for c	ontributions o	r other assets		Yes	No
b	If "Yes," explain why in Part XIV and complete	e the following table						
						A mo	ount	
С	Beginning balance				1c			
d	Additions during the year				1d			
e	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on For	m 990, Part X, line 21?				Γ	Yes	□ No
ь	If "Yes," explain the arrangement in Part XIV							
Par	t V Endowment Funds. Complete if							
4-	P	(a)Current Year (b) Prior	Year (c)Two	Years Back (d)	Three Years Back	(e) Four Yea	ars Back
1a	Beginning of year balance							
b	Contributions							
C _	Investment earnings or losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2	Provide the estimated percentage of the year	end balance held as						
а	Board designated or quasi-endowment							
ь	Permanent endowment							
	Term endowment							
	Are there endowment funds not in the possess organization by	ion of the organization	that	are held and a	dmınıstered for	the	Yes	No
	(i) unrelated organizations					3a(i		
	(ii) related organizations					3a(ii)	
	If "Yes" to 3a(II), are the related organizations					3b		
4	Describe in Part XIV the intended uses of the							
Par	VI Investments—Land, Buildings,	and Equipment. S		<u> </u>			ī	
	Description of investment			Cost or other (investment)	(b)Cost or other basis (other)	(c) Depreciation	(d) Bool	k value
1 a L	and				<u> </u>			
b B	Buildings			8,794,161			8,	794,161
c L	easehold improvements							
d E	quipment							
	Other			25,000	l l			25,000
Total	. Add lines 1a-1e (Column (d) should equal Forr	m 990, Part X, column (B), line	10(c).)				819,161
						Schedule D	(Form 99	0) 2008

Part VII Investments—Other Securities. See	Form 990, Part X, line 1	.2.	
(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation year market value
Financial derivatives and other financial products			
Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)			
Part VIII Investments—Program Pelated So	a Form 990 Part V Juna	12	
Part VIII Investments—Program Related. Se			d of valuation
(a) Description of investment type	(b) Book value		year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)			
Part IX Other Assets. See Form 990, Part X, III			
(a) Descri	ption		(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 3	15)	<u> </u>	
Part X Other Liabilities. See Form 990, Part X			
(a) Description of Liability	(b) A mount		
Federal Income Taxes		1	
Rounding	1	1	
		1	
		1	
		1	
		1	
		1	
		1	
		1	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	1]	

Part	XI Reconciliation of C	hange in Net Assets from Fori	<u>n 990 to Financial S</u>	tatements	
1	Total revenue (Form 990, Part	VIII, column (A), line 12)		1	381,748
2	Total expenses (Form 990, Pai	rt IX, column (A), line 25)		2	716,237
3	Excess or (deficit) for the year	3	-334,489		
4	Net unrealized gains (losses) o	on investments		4	
5	Donated services and use of fa			5	
6	Investment expenses			6	
7	Prior period adjustments			7	
8	Other (Describe in Part XIV)			8	
9	Total adjustments (net) Add II	nes 4 - 8		9	
10	• • • • • • • • • • • • • • • • • • • •	per financial statements Combine line	s 3 and 9	10	-334,489
Part		evenue per Audited Financial		venue per R	eturn
1		er support per audited financial		1	381,748
2	A mounts included on line 1 bu	ıt not on Form 990, Part VIII, line 12			
а	Net unrealized gains on invest	tments	. 2a		
b	Donated services and use of f	acılıtıes	. 2b		
c	Recoveries of prior year grant	s	. 2c		
d	Other (Describe in Part XIV)		. 2d		
e	Add lines 2a through 2d .			2e	
3	Subtract line ${f 2e}$ from line ${f 1}$.			3	381,748
4	A mounts included on Form 99	0, Part VIII, line 12, but not on line 1			
а	Investment expenses not incl	uded on Form 990, Part VIII, line 7b	. 4a		
b	Other (Describe in Part XIV)		4b		
c	Add lines 4a and 4b			4c	
5		d 4c. (This should equal Form 990, Par			381,748
		xpenses per Audited Financia		1	
1	·	r audited financial statements		· · · 1	716,237
2		t not on Form 990, Part IX, line 25	1 - 1		
а	Donated services and use of fa		. 2a		
Ь	Prior year adjustments		. 2b		
c		Part IX, line 25	_		
d	Other (Describe in Part XIV)		. 2d		
e	Add lines 2a through 2d			<u>2e</u>	
3	Subtract line 2e from line 1 .			3	716,237
4		0, Part IX, line 25, but not on line 1:	1 - 1		
a		uded on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIV)		. 4b		
С	Add lines 4a and 4b			· · 4c	
5		nd 4c. (This should equal Form 990, Pa	t I, line 18)	5	716,237
	XIV Supplemental Inf				/ long 1
		scriptions required for Part II, lines 3, 9, 9, 11, 11, 11, 11, 11, 11, 11, 11,		a and 4, Part XIV	, lines 10 and 20,
	Ident if ier	Return Reference		Explanat ion	
Part X FIN48 Footnote Not required for June 30, 2				2009 fiscal vea	r end

Identifier Return Reference Explanation

Part X FIN48 Footnote Not required for June 30, 2009 fiscal year end

DLN: 93493045001030 OMB No 1545-0047

Department of the Treasury

Internal Revenue Service

Schedule I

(Form 990)

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

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22. Attach to Form 990.

Open to Public **Inspection**

Name of the organization	Employer identi	Employer identification number					
Independent Order of Odd Fellov Grand Lodge of Illinois	37-0346370						
	ation on Gra	nts and Assistance	2			'	
Does the organization main the selection criteria usedDescribe in Part IV the org	to award the gra	nts or assistance?					. Ves
	/, lıne 21 for aı dule I-1 ıf addı	ny recipient that rece tional space is		00. Check this box i	res. Complete if the of fino one recipient rec	eived more than \$5,	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Visual Research Fund845 Wyatt Ave Lincoln,IL 62656			12,880	0			Visual Research
UN Pilgrimage Fund845 Wyatt Ave Lincoln,IL 62656			9,100	0			Youth Delegates to United Nations
SOS Village Fund845 Wyatt Ave Lincoln, IL 62656			4,150	0			Children Programs
Rose Parade Fund845 Wyatt Ave Lincoln,IL 62656			2,600	0			Rose Parade Float
Rebekah Assembly of Illinois 723 Wyatt Ave Lincoln, IL 62656			10,000	0			Operating Revenue
Educational Loan Fund845 Wyatt Ave Lincoln,IL 62656			1,375	0			Educational Assistance
DARE845 Wyatt Ave Lincoln, IL 62656			2,308	0			Drug Prevention
2 Enter total number of sections and sections and sections are sections and sections are sections.					•		7
3 Enter total number of other	r organizations .						3

Part III	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.	

(a)Type of grant or assistance	(b) Number of recipients	(c)A mount of cash grant	(d)A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
Scholarships Awarded	18	24,694			

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

See Additional Data Table

Ident if ier	Return Reference	Explanation
Grantmaker's Description of How Grants are Used		Reports back from donee organizations

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493045001030

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

► 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.

OMB No 1545-0047
2008
Open to Public

Name of the organization
Independent Order of Odd Fellows
Grand Lodge of Illinois

Inspection

Employer identification number

37-0346370

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 19	Form 990, Part VI, Line 19 Other Organization Documents Publicly Available	Available upon request

ldenti	fier	Return Reference	Explanation
Form 990, VI, Line 15		Form 990, Part VI, Line 15b Compensation Review and Approval Process for Officers and Key Employees	Compensation of elected officers is determined by a vote of approval of the budget by the membership at the annual meeting of members (Grand Lodge Session)

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 10	Form 990, Part VI, Line 10 Form 990 Review Process	Board of elected officers reviews the #990 prior to its filing

ldentifier	Return Reference	Explanation
Form 990, Part VI, Line 7a	Form 990, Part VI, Line 7a How Members or Shareholders Elect Governing Body	Members approve the actions of the Board at the annual meeting

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

Cat No 51056K

Schedule O (Form 990) 2008

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

DLN: 93493045001030

SCHEDULE R (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships

2008

Open to Public Inspection

Schedule R (Form 990) 2008

Employer identification number

Department of the Treasury Internal Revenue Service

Grand Lodge of Illinois				37-0346370	
Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizat	ions		_		
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	n Public charity sta (if section 501(c)	(F) Direct controlling entity
Illinois IOOF Old Folks Home					
201 Lafayette Ave East Mattoon, IL61938 37-0699717	Nursing Home	IL	501(c)3	7	N/A
Odd Fellow Childrens Home of Illinois 845 Wyatt Ave Lincoln, IL62656 37-0686579	Education & care of children of needy families	IL	501(c)3	12	N/A
Odd Fellow-Rebekah Housing Inc 845 Wyatt Ave Lincoln, IL62656 37-1042408	HUD assisted public housing	IL	501(c)8		N/A

Cat No 50135Y

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary act	ivity ((C) Legal domicile state or foreign country)	(D) Direct controlling entity	(E) Predominant Income(related, Investment, unrelated)	(F) Share of total income	(G) Share of end-of- year assets	(H Disprop allocat	I) ortionate cions?	(I) Code V—UBI amount on Box 20 of K-1	Gene mana part	aging
								Yes	No		Yes	No
Part IV Identification of Re	elated Orga	anizations 1	Γaxable as	s a Corporation	or Trust							
(A) Name, address, and EIN of related org	anızatıon	(B) Primary activit	y	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total inco	ome	Sh end-	are of Perce	H) entage ership	
IOOF Management Inc 845 Wyatt Ave Lincoln, IL62656 37-1085619		Housing Management Age	ent	IL	N/A	C Corp	3	,600				
								- 1				

Part V	Transactions	with	Related	Organizations
--------	--------------	------	---------	----------------------

Note. Complete line 1 if any entity is listed in Parts II, III or IV
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

- **b** Gift, grant, or capital contribution to other organization(s)
- $\boldsymbol{c} \quad \text{Gift, grant, or capital contribution from other organization(s)} \\$
- d Loans or loan guarantees to or for other organization(s)e Loans or loan guarantees by other organization(s)
- **f** Sale of assets to other organization(s)
- **g** Purchase of assets from other organization(s)
- h Exchange of assets
- $i\quad \text{Lease of facilities, equipment, or other assets to other organization} (s)$
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- I Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- **n** Sharing of paid employees
- \boldsymbol{o} $\;$ Reimbursement paid to other organization for expenses
- \boldsymbol{p} $\;$ Reimbursement paid by other organization for expenses
- ${\bm q}\quad \hbox{O ther transfer of cash or property to other organization(s)}$
- r Other transfer of cash or property from other organization(s)

	Yes	No
1a		No
1b	Yes	
1 c	Yes	
1d		No
1e		No
1f		No
1 g		No
1h		No
1i		No
1j	Yes	
1k		No
11		No
1m		No
1n		No
10		No
1р	Yes	
1 q		No
1r		No

2 If the answer to any of the above is "Yes," see the instructions for information of	2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds								
(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved							
(1) IOOF Management Inc	р	10,000							
(2) IOOF Management Inc	J	3,600							
(3) Illinois IOOF Old Folks Home	р	20,000							
(4) Illinois IOOF Old Folks Home	с	250,000							
(5) Illinois IOOF Old Folks Home	b	200,000							
(6) Odd Fellow Childrens Home of Illinois	р	10,000							
(7) Odd Fellow Childrens Home of Illinois	b	67,271							
(1) See Additional Data Table (2) (3)									
(4)									
(5)									
(6)									

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

									_																
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets	(F) Disproprtionate allocations?		(G) Code V—UBI amount on Box 20 of K-1		(H) General or managing partner?	
			Yes	No		Yes	No		Yes	No															
			•			•	•	Sabadula	D / Form	000) 2000															

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Name: Independent Order of Odd Fellows Grand Lodge of Illinois

Form 990, Schedule R, Part V - Transactions with Related Organizations

	(A) Name of other organization	(B) Transaction type(a-r)	(C) A mount Involved (\$)
(1)	IOOF Management Inc	р	10,000
(2)	IOOF Management Inc	J	3,600
(3)	Illinois IOOF Old Folks Home	р	20,000
(4)	Illinois IOOF Old Folks Home	с	250,000
(5)	Illinois IOOF Old Folks Home	b	200,000
(6)	Odd Fellow Childrens Home of Illinois	р	10,000
(7)	Odd Fellow Childrens Home of Illinois	b	67,271