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SCANNED JAN 1 1 2010,

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)

OMB No 1545-0047

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

Open to Public Inspection

A F	or the	= 2008 calendar year, or tax year beginning $$ AUG 1 , $$ 2008 $$ and ending	<u> JUL 31, 2009</u>	
B Ci	neck if oplicable	Please use (RS	D Employer identifi	cation number
	Addres	label or punt or IND ORDER OF ODD FELLOWS, GRAND LODGE		
	Name change		42-0	327920
	Initial	See Number and street (or P.O. box if mail is not delivered to street address) Room/		
	Termin)276-4936
	Amend		G Gross receipts \$	2,025,341.
	Applica		H(a) is this a group re	
	pendin	F Name and address of principal officer:WILBUR BINGAMAN	for affiliates?	Yes X No
		SAME AS ABOVE	H(b) Are all affiliates inc	
1 Ta	ax-exe	empt status: X 501(c) (8) ◀ (insert no.)		list. (see instructions)
		e: ► N/A		n number ▶ 0028
KT	pe of	organization X Corporation	Year of formation 1846	
		Summary		
Activities & Governance		Briefly describe the organization's mission or most significant activities: PROMOTING THE ORDER OF THE ODDFELLOWS	IG THE GENERAL	WELFARE OF
E	-	Check this box if the organization discontinued its operations or disposed of	more than 25% of its asset	S.
8		Number of voting members of the governing body (Part VI, line 1a)	j	6
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)		6
SS		Total number of employees (Part V, line 2a)	I _	2
ğ		Total number of volunteers (estimate if necessary)		0
†		Total gross unrelated business revenue from Part VIII, line 12, column (C)	1	0.
•		Net unrelated business taxable income from Form 990-T, line 34		0.
			Prior Year	Current Year
	8 (Contributions and grants (Part VIII, line 1h)	24,836.	21,152.
Z		Program service revenue (Part VIII, line 2g)		
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	463,630.	
-	11 (Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	262,641.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	751,107.	625,328.
- 1	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	·	
ł	14	Benefits paid to or for members (Part IX, column (A), line 4)		
န္	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	83,589.	157,987.
SE	16a	Professional fundrasthorizes (Part 1%, calumn (A), line 11e)		
Expenses	P.	Total fundraising expenses (Part IX, columin (D), line 25)		
₩	17	Other expenses (Part IX, solumn (IA) lines 11a-11d, 11f-24f)	265,616.	
	18	Total expenses. Addines 13-17 (must equal Part IX, column (A), line 25)	349,205.	
	19	Revenue less expenses. Subtract line 18 from line 12	401,902.	97,294.
Net Assets or Fund Balances		CGUEN, UI	Beginning of Year	End of Year
aset	20	Total assets (Part X, line 16)	9,825,921.	9,836,157.
اعْجُ	21	Total liabilities (Part X, line 26)	300,874.	213,816.
		Net assets or fund balances. Subtract line 21 from line 20	9,525,047.	9,622,341.
Pa	rt #	Signature Block		
	ļ	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statem and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any know	ents, and to the best of my knowled ledge.	ge and belief, it is true, correct,
		· To all Ada A . 1	. د ا	
Sign	1	Signature of officer	Date	4-01
Here	•			
		DALE CHATTERTON, FINANCE COMMITTEE CHAIRM Type or print name and title	IAN	
		I Date	Check if Prepar	er's identifying number
Paid		Preparer's signature	setf- (see in	structions)
Prepa	arers	Firm's name (or BROOKS LODDEN, P.C.	employed EIN E	
Use C	Only	yours if SROOKS HODDEN, F.C. self-employed), 1441 29TH STREET, STE. 305	EIN -	
	}	address, and ZIP+4 WEST DES MOINES, IA 50266-1357	Phone no - 5	15/223-7300
May	the IE	S discuss this return with the preparer shown above? (see instructions)	TENORE IIO.	X Yes No
	1 12-1		instructions.	Form 990 (2008)

	990 (20							GRAND 1	LODGE	42-032	7920	Page 2
Par		Statement of			e Accom	plishmer	ı ts (see i	nstructions)				
1		describe the org			WELFA	RE OF	THE C	ORDER O	F THE OD	DFELLOWS		
												
2		e organization un						ar which were	not listed on			XNo
	•	or Form 990 or 9 •*, describe these		 coc on Sch							res	(A) No
3						nt changes	in how it	conducts, any	v program servic	ces?	Yes	XNo
		s*, describe these				in onwigos		oonouoto, am	program sorvic			
4		be the exempt p	_			the organiza	ition's thr	ee largest pro	gram services b	y expenses.		
	Section	n 501(c)(3) and 5	501(c)(4) org	janızations	and section	1 4947(a)(1)	trusts are	required to re	port the amour	nt of grants and		
	allocat	ions to others, th	ne total exp	enses, and	revenue, if	any, for eac	h program	m service repo	rted.			
	(0.1.				105 6	25 • Inclu	<u> </u>	4- (0				
4a	(Code:		(Expen HOME						NURSTNG) (Revenue \$ CARE AND)	,
		IDENTIAL		111011	<u> </u>	<u> </u>	100 0	<u> </u>	NORDING	CIECE PHO	'	
		 .										
									-			
												
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4b	(Code:) (Expen	ses \$		ınclu	ding gran	its of \$) (Revenue \$)
	(0000		, (
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4c	(Code:	:) (Expen	ises \$		inclu	ding gran	its of \$) (Revenue \$)
								 				
						. 						··· -
												
												
												
												
					<u> </u>							
	Oth ===		- (December	in Cabasti	l- ()			·				
4d	Other (Exper	program service:	s. (Describe		le O.) g grants of	e) (Revenu	. \$	•		
4e		program service	expenses			5 ,625.	(Must		ine 25, column	(B).)	-	
					<u></u>						Form 9	90 (2008)

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A X 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 X 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and 5 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice X on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 X Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide 9 X credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV ... X 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? X 11 12 Did the organization receive an audited financial statement for the year for which it is completing this return that was X 12 X Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 X 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, X 14b and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity Х located outside the United States? If "Yes," complete Schedule F, Part II Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals X 16 X 17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 17 X Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II ... 18 X 19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 20 20 X 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 X 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 22 X 23 23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J 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. X 24a If "No", go to guestion 25 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 24c any tax-exempt bonds? . . . 24d d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a 25a b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified

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X

person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II 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

Part W 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 IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization?	1		
	If "Yes," complete Schedule L, Part IV	28ь		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			ļ
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1		
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		X
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		X
34	Was the organization related to any tax-exempt or taxable entity?		l	
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
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_	<u> </u>	X
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	ļ	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		ŀ	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	<u> </u>	X
		Form	990	(2008)

Par	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 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		•	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			İ
	(gambling) winnings to prize winners?	1c	X	ļ
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			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)		. :	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3ь		<u> </u>
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		X
Ь	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			1
	Financial Accounts.			٠,,
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		 X
C	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		X
	Did the organization solicit any contributions that were not tax deductible?	6a		 -^-
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	١		
	were not tax deductible?	6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).			Ť
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a	\vdash	┼
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	 	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	7.		
	to file Form 8282?	7c		┼
	in 100, indicate the name of 1 control of 200 met of 100 met of 10	1	Ì	1
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	7e	ŧ	†
_	benefit contract?	71		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g		
9	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7h		\vdash
n	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)	—		
8	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have			1
	excess business holdings at any time during the year?	В	[
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			1
y a	Did the organization make any taxable distributions under section 4966?	9a	[Ī
_	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter: N/A	T		
a	Initiation fees and capital contributions included on Part VIII, line 12		Ī	1
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	1		
11	Section 501(c)(12) organizations. Enter: N/A	1	Ī	1
''	Gross income from members or shareholders			1
	Gross income from other sources (Do not net amounts due or paid to other sources against]		1
-	amounts due or received from them.)		1	1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year N/A 12b		1	1
		Earry	, DON	/2008/

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

Sec	tion A. Governing Body and Management							
			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 1a 6		:					
ь	Enter the number of voting members that are independent 1b 6							
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		<u>X</u>				
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		<u>X</u>				
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<u>X</u>				
6	Does the organization have members or stockholders?	6	X					
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the		37					
	governing body?	7a	X					
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X					
8	8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year							
	by the following:							
а	The governing body?	8a	Х	-				
b	Each committee with authority to act on behalf of the governing body?	8b	17	X				
9a	Does the organization have local chapters, branches, or affiliates?	9a	Х					
Ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			v				
	and branches to ensure their operations are consistent with those of the organization?	9b		<u> </u>				
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must		Х					
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10		-				
11								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	<u>. </u>	X				
Sec	tion B. Policies		Yes	No				
40-	Done the server in the server conflict of interest policy? If #Alo # on to line 12	12a	X	140				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	120						
b		12b		Х				
_	to conflicts?	120						
C		12c	ļ	X				
42	in Schedule O how this is done	13		X				
13	Does the organization have a written whistleblower policy? Does the organization have a written document retention and destruction policy?	14		X				
14	Did the process for determining compensation of the following persons include a review and approval by independent							
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision:		ŀ					
_	The organization's CEO, Executive Director, or top management official?	15a	<u> </u>	х				
a		15b	†	X				
Ь	Describe the process in Schedule O. (see instructions)							
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
. va	taxable entity during the year?	16a	Ī	х				
	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	<u> </u>	Ī				
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ► NONE							
18	Section 6104 requires an organization to make its Forms 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 X Upon request							
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ancial					
	statements available to the public.							
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization:								
	GRAND LODGE OF IOWA - 515/276-4936							
	5850 NW OAKWOOD DR, DES MOINES, IA 50322							
83200		Form	990	(2008)				

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), 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.

(A) Name and Title	(B) Average hours	(c		Posi		арр	ıly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Ботте	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
WILLIAM ELLIS JR. PAST GRAND MASTER		x						0.	0.	0
ROBERT WRIGHT		<u> </u>			-	 	_			
GRAND MASTER		X						0.	0.	0
JIM JONES										
DEPUTY GRAND MASTER		X						0.	0.	0
WILBUR BINGAMAN					ļ	1				_
GRAND SECRETARY	10.00	X	ļ	X		<u> </u>	<u> </u>	6,000.	0.	0
JIM BIGELOW	1 00	l .	ļ			İ	l	0.	0.	0
GRAND TREASURER TOM GRUIS	1.00	X	├	X		-	╁┈	- 0.		
GRAND WARDEN		X	ĺ		ĺ		{	0.	0.	0
·			_							
						Τ	T			

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Pal	T. VIII Section A. Officers, Directors, To	rustees, Key E	mple	oyee	es, a	nd l	Higt	<u>iest</u>	Compensated Employ	rees (continued)			
	(A)	(B)			(0	C)			(D)	(E)		(F)
	Name and title	Average	1		Pos				Reportable	Reportable	i	Estim	
		hours per	<u>├</u>	hec	k all	that	app	oly)	compensation from	compensation from related		amou oth	er
		week	Individual trustee or director	題			safed		the organization	organizations (W-2/1099-MISC))	from from	the
			tual truste	institutional trustee		Кеу етріоуве	Highest compensated		(W-2/1099-MISC)			organiz and re	lated
			Individ	Institu	Officer	Keyen	Higher	Forme				organiz	ations
						ı							
													-
											1		
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			-	-		_	-				+		
		ļ	_	_	ļ .								
				_									
<u>1b</u>	Total			···· ·			<u> </u>		6,000.).		0.
2	Total number of individuals (including the												C
—	compensation from the organization	<u></u>		_	<u>. </u>				<u></u>	<u> </u>		Ye	
3	Did the organization list any former office												J
	line 1a? If "Yes," complete Schedule J for										-	3	X
4	For any individual listed on line 1a, is the sand related organizations greater than \$15	50,000? If "Yes	, " со	mpl	ete .	Sch	edul	e J	for such individual		. -	4	<u> x</u>
5	Did any person listed on line 1a receive or the organization? If "Yes," complete Sche	•				_			=			5	<u> </u>
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest control the organization. NONE	ompensated in	dep	ende	ent c	cont	ract	ors 1	that received more than	\$100,000 of compe	ensati	on from	ı
	(A) Name and busines	s address							(B) Description of s	services	Con	(C) npensa	tion
							- -						
												-	
		 						-					
	Total number of independent contractors		e in	1) w	ho r	ecei	ived	mo	re than \$100,000 in com	pensation			······
	from the organization	0								<u> </u>		99	0 (2008

Part VIII Statement of Revenue			(2008) IND ORDER OF OD	D FELLO	DWS, GRAND	LODGE	42-0327	920 Page 9
Total revenue Receipt function business inventors are controlled business revenue and according events and according events are controlled business revenue and according events are controlled business revenue and according events are controlled and according events are controlled and according events are controlled and according events are controlled and according events are controlled and according events are controlled and according events are controlled and according events are controlled and according events are controlled and according events are controlled and according events and acc	Pa	rt V	III Statement of Revenue					
Business Code 2 a						Related or exempt function	Unrelated business	Revenue excluded from tax under sections 512.
Business Code 2 a	ntributions, gifts, grants d other similar amounts	1	b Membership dues 1b 1c 1c 1c 1c 1c 1c 1c 1c 1c 1c 1c 1c 1c		,			
Business Code 2 a	SE		-		21,152.			
Total. Add lines 2e27	Service	I	a	siness Code				
Total. Add lines 2e27	E 8							
Total. Add lines 2e27	ğď		2					
3 Investment income (including dividends, interest, and other smiller amounts)	č	1	f All other program service revenue					
A Income from investment of tax-exempt bond proceeds S Royalties N Royalties		!	g Total. Add lines 2a-2f	. ,, . •				
Second S		3	other similar amounts)	▶	403,079.			403,079.
186,428. 186,428.		4		eeds 🕨				
b Less: rental expenses Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses d Net gain or (loss) d Net gai		5	• -) Personal				
The second of t		6	a Gross Rents					
Net rental income or (loss)			b Less: rental expenses				,	
Ta Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses 1,400,013, c Gain or (loss) 1,400,013			c Rental income or (loss)					
assets other than inventory b Less: cost or other basis and sales expenses	ļ		d Net rental income or (loss)	>	186,428.			186,428.
b Less: cost or other basis and sales expenses		7	a Gross amount from sales of (i) Securities	(ii) Other				
and sales expenses 1,400,013. c Gain or (loss)			assets other than inventory 1,292,058.					
C Gain or (loss) C C C C C C C C C			b Less: cost or other basis					
d Net gain or (loss)							:	
8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses b b Less: direct expenses b b Less: direct expenses b b Less: direct expenses b b Less: direct expenses b b Less: direct expenses b b Less: cost of goods sold b b Less: cost of goods sold b b Less: cost of goods sold b b Less: cost of goods sold b b Less: cost of goods sold b b Less: cost of goods sold b b Less: cost of goods sold b b Less: cost of goods sold b b Less: cost of goods sold b			. ,		-105 055	1107 055	[
Including \$ of contributions reported on line 1c). See Part IV, line 18 a b Less: direct expenses b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 a b Less: direct expenses b c Net income or (loss) from gaming activities			d Net gain or (loss)	▶	<107,955.	><107,955.	<u> </u>	
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a ASSET SALES-SURRENDERS b MISCELLANEOUS RECEIPTS C d All other revenue • Total. Add lines 11a-11d 122,624. 12 Total Revenue. Add lines 1b, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e • 625, 328. 14,669. 0.589,507.	enne/	8	including \$ of					
c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a ASSET SALES-SURRENDERS b MISCELLANEOUS RECEIPTS C d All other revenue • Total. Add lines 11a-11d 122,624. 12 Total Revenue. Add lines 1b, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e • 625, 328. 14,669. 0.589,507.	her Re		Part IV, line 18 a					
9 a Gross income from gaming activities. See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a ASSET SALES-SURRENDERS b MISCELLANEOUS RECEIPTS MISCELLANEOUS RECEIPTS C d All other revenue e Total. Add lines 11a-11d Total Revenue. Add lines 11a-11d Total Revenue. Add lines 11a-20, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11s 625, 328. 14, 669. 0.589, 507.	8					Ī		
Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue 11 a ASSET SALES-SURRENDERS b MISCELLANEOUS RECEIPTS C d All other revenue e Total. Add lines 11a-11d Total Revenue. Add lines 11a-11d Total Revenue. Add lines 11a-29, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 122, 624. 12 Total Revenue. Add lines 11a, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 124, 669. 155 165 175 185 185 186 187 188 188 188 188 188 188			\					
b Less: direct expenses b C Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances and allowances b Less: cost of goods sold b C Net income or (loss) from sales of inventory Business Code 11 a ASSET SALES-SURRENDERS 900099 109,892 109,892 b MISCELLANEOUS RECEIPTS 900099 12,732 12,732 c d All other revenue Total. Add lines 11a-11d		•						
c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a ASSET SALES-SURRENDERS 900099 109,892. 109,892. b MISCELLANEOUS RECEIPTS 900099 12,732. 12,732. c d All other revenue e Total. Add lines 11a-11d			·					
10 a Gross sales of inventory, less returns and allowances				. ▶	•	Ī		·
and allowances								
b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a ASSET SALES-SURRENDERS b MISCELLANEOUS RECEIPTS c d All other revenue e Total. Add lines 11a-11d Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e b Less: cost of goods sold b d loss: cost of goods sold b d loss: cost of goods sold b d loss: cost of goods sold c loss: cost of goods sold	}							
Miscellaneous Revenue Business Code							,	, ′
11 a ASSET SALES-SURRENDERS 900099 109,892. 109,892. b MISCELLANEOUS RECEIPTS 900099 12,732. 12,732. c All other revenue 122,624. 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 625, 328. 14,669. 0.589,507.			c Net income or (loss) from sales of inventory	b				
b MISCELLANEOUS RECEIPTS 900099 12,732. 12,732. c 12,732. 12,732. d All other revenue 122,624. 122,624. 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 625, 328. 14,669. 0.589,507.						,		
c d All other revenue e Total. Add lines 11a-11d Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 625, 328. 14, 669. 0. 589, 507.		11					<u> </u>	
d All other revenue e Total. Add lines 11a-11d Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 625, 328. 14, 669. 0. 589, 507.			b MISCELLANEOUS RECEIPTS 9	00099	12,732.	12,732.		
e Total. Add lines 11a-11d 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 122, 624. 625, 328. 14, 669. 0. 589, 507.					-			
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e 625, 328. 14, 669. 0. 589, 507.	ł				100 604	[-		
		_		·· · · · · · · · · · · · · · · · · · ·				E00 E07
	B3204		Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, an	nd 11e	023,328.	14,009.	<u> </u>	

Part IX Statement of Functional Expenses

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

	ot include amounts reported on lines 6b, o, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 G	irants and other assistance to governments and				
0	rganizations in the U.S. See Part IV, line 21				
2 (Grants and other assistance to individuals in	}			
ti	he U.S. See Part IV, line 22			,	
	Grants and other assistance to governments,		İ		,
	organizations, and individuals outside the U.S.	i			
	See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	6,000.		6,000.	
	rustees, and key employees	0,000.		0,000.	
	compensation not included above, to disqualified				
-	ersons (as defined under section 4958(f)(1)) and				
-	ersons described in section 4958(c)(3)(B)	45,814.		45,814.	
	Other salaries and wages	40,014.	· · ·	30,014.	
	Pension plan contributions (include section 401(k)	103,753.		103,753.	
	nd section 403(b) employer contributions) Other employee benefits	100,700.	-	100,700	
		2,420.		2,420.	
	Payroll taxes Fees for services (non-employees):	2/1200			
	Management				
	egal	322.		322.	
	Accounting	24,718.		24,718.	-
	Lobbying				
	Professional fundraising services. See Part IV, line 17		, -		
	nvestment management fees				
	Other	10,593.		10,593.	
•	Advertising and promotion				
	Office expenses	11,937.		11,937.	
	nformation technology				
	Royalties				
	Occupancy	67,362.		67,362.	
	Fravel	18,858.		18,858.	
	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials				
	Conferences, conventions, and meetings				<u> </u>
	nterest				
21 F	Payments to affiliates	10,131.		10,131.	
22 [Depreciation, depletion, and amortization	3,315.		3,315.	
23 I	nsurance				
a 1	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.)				
	CONTRIBUTION	186,397.	185,625.	772.	
	PRINTING EXPENSES	11,261.		11,261.	
	MISCELLANEOUS	10,645.		10,645.	
_	CHARTER PICKUP & SALES	9,320.		9,320.	
	EXPANSION & DEVELOPMENT	5,188.		5,188.	
-	All other expenses				
	Total functional expenses. Add lines 1 through 24f	528,034.	185,625.	342,409.	0
	Joint Costs. Check here ▶ ☐ if following				
	SOP 98-2. Complete this line only if the organization	Į			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

Pan	Χ,	Balance Sheet	(A)		(B)
			Beginning of year		End of year
	1	Cash · non-interest-bearing	220,132.	1	289,361.
	2	Savings and temporary cash investments	1,466,902.	2	1,034,564.
	3	Pledges and grants receivable, net		3	
1	4	Accounts receivable, net		4	
1	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		1	
- 1		Part II of Schedule L	·	6	
<u>"</u>	7	Notes and loans receivable, net	408,765.	7	389,607.
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges Land, buildings, and equipment: cost basis 10a 528, 923.		9	
1	10a	Land buildings and equipment; cost basis 10a 528, 923.			······································
		Less: accumulated depreciation. Complete		1	
	b	Part Vi of Schedule D	352,129.	10c	357,906.
1	11	Investments - publicly traded securities	3,939,799.	11	4,181,358.
	12	Investments - other securities. See Part IV, line 11	3,438,193.	12	3,583,361.
1		Investments - program-related. See Part IV, line 11		13	
	13	, -		14	
	14	Intangible assets	<u></u>	15	
- 1	15	Total assets. Add lines 1 through 15 (must equal line 34)	9,825,921.	16	9,836,157.
	16	Accounts payable and accrued expenses		17	
ļ	17	Grants payable	.	18	
	18		·	19	
- }	19	Deferred revenue Tax-exempt bond liabilities		20	
	20	Escrow account liability. Complete Part IV of Schedule D		21	
Liabilities	21	Payables to current and former officers, directors, trustees, key employees,		-	
	22	highest compensated employees, and disqualified persons. Complete Part II			
를				22	
}	00	of Schedule L Secured mortgages and notes payable to unrelated third parties		23	
- 1	23 24	Unsecured notes and loans payable		24	
	24 25	Other liabilities. Complete Part X of Schedule D	300,874.	25	213,816.
	25 26	Total liabilities. Add lines 17 through 25	300,874.	26	213,816.
	20	Organizations that follow SFAS 117, check here X and complete	-1		····
		lines 27 through 29, and lines 33 and 34.		1	
8		- ·	6,065,086.	27	6,266,685.
	27	Unrestricted net assets	103,181.		51,275.
Net Assets or Fund Balances	28	Temporarily restricted net assets	3,356,780.		3,304,381.
밀	29	Permanently restricted net assets	0,000,.000	1	
F					
80		complete lines 30 through 34.		30	
set	30	Capital stock or trust principal, or current funds		31	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		32	
ž	32	Retained earnings, endowment, accumulated income, or other funds	9,525,047.		9,622,341.
_	33	Total net assets or fund balances	9,825,921.		9,836,157.
E 100	<u>34</u>	Total liabilities and net assets/fund balances	3,023,321	1 04 1	3,000,20.
Pau	LA	Financial Statements and Reporting			Yes No
		ounting method used to prepare the Form 990: X Cash Accrual	Other		
1	Acc	seliting inclines come to proper to the come to the co			2a X
2a		e the organization's financial statements compiled or reviewed by an independent		••	2b X
		e the organization's financial statements audited by an independent accountant?		- i	· · · - · -
C		es" to lines 2a or 2b, does the organization have a committee that assumes respon			
		ew, or compilation of its financial statements and selection of an independent acco			·
3a		result of a federal award, was the organization required to undergo an audit or aud		Ale Wnc	
		and OMB Circular A-133?		•••••	3a A
		es," did the organization undergo the required audit or audits?			Form 990 (2008)
83201	1 12-1	8-08			rom 330 (≥008

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. OMB No 1545-0047 Open to Public Inspection

Nam	of the organization IND ORDER OF ODD FI	ELLOWS, GRAND LODGE	Employer identification number 42-0327920
Par			
نبنيت	organization answered "Yes" to Form 990, Part IV, line		
		(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 advisors in v	writing that the assets held in donor adv	ised funds
	are the organization's property, subject to the organization's	_	Yes No
6	Did the organization inform all grantees, donors, and donor ad		pe used only
	for charitable purposes and not for the benefit of the donor of	r donor advisor or other impermissible p	private benefit? Yes No
Par	Conservation Easements. Complete if the org	anization answered "Yes" to Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or pl	leasure) Preservation of an h	storically important land area
	Protection of natural habitat	Preservation of cert	fied historic structure
	Preservation of open space		
2	Complete lines 2a-2d if the organization held a qualified conse	ervation contribution in the form of a co	nservation easement on the last day
	of the tax year.		
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired a		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by t	he organization during the taxable
	year ▶		
4	Number of states where property subject to conservation eas		-
5	Does the organization have a written policy regarding the period	iodic monitoring, inspection, violations,	
	****		Yes No
6	Staff or volunteer hours devoted to monitoring, inspecting, ar		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 17	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	ion's financial statements that describe	s the organization's accounting for
	conservation easements.	CAA Historiaal Tasaasaa	Other Circles Access
Par	t 掛 Organizations Maintaining Collections of		Utner Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 6.	
	Make a section dead of the property of the pro		halanaa ahaat warka af art historiaa!
18	If the organization elected, as permitted under SFAS 116, not treasures, or other similar assets held for public exhibition, ed		
	treasures, or other similar assets held for public exhibition, ec the footnote to its financial statements that describes these if		nuone service, provide, in Part Aiv, the text (
			and about works of ort. historical transvisce
D	If the organization elected, as permitted under SFAS 116, to or other similar assets held for public exhibition, education, or		
		r research in furtherance of public servi	ce, provide the losowing amounts relating to
	these items:		> ¢
	(i) Revenues included in Form 990, Part VIII, line 1		
•			
2	If the organization received or held works of art, historical treat		iai yairi, provide
_	the following amounts required to be reported under SFAS 1:		> e
a	Revenues included in Form 990, Part VIII, line 1		
D	Assets included in Form 990, Part X		• •
НΔ	For Privacy Act and Paperwork Reduction Act Notice, see	the Instructions for Form 990	Schedule D (Form 990) 200
- 10	i oi i illuoj not gilu rapelitolik neuucuoli not 1401166, 566	, LIV INGULATION OF LAND CONTRACT	Source D (1 out 1 out 2 out

		ER OF ODD			E 42-0	327920 Page 2
	t脚 Organizations Maintaining (Collections of A	rt, Historical T	reasures, or Ot	her Similar Ass	ets (continued)
3	Using the organization's accession and other	er records, check any	of the following th	nat are a significant i	use of its collection it	ems (check all
	that apply):		. —			
a	Public exhibition	d		change programs		
ь	Scholarly research	е	Other			
C	Preservation for future generations					
4	Provide a description of the organization's c					rt XIV.
5	During the year, did the organization solicit of				ilar assets	
-	to be sold to raise funds rather than to be m	aintained as part of t	the organization's o	collection? .	<u></u> <u>L</u>	Yes No
Pa	Trust, Escrow and Custodia	l Arrangements	 Complete if organ 	nization answered "	res" to Form 990, Pa	rt IV, line 9, or
	reported an amount on Form 990, Pa	ırt X, line 21.				
1a	Is the organization an agent, trustee, custod	lian or other intermed	diary for contribution	ons or other assets n	ot included	_
	on Form 990, Part X?				🗆	Yes No
ь	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table:			
						Amount
C	Beginning balance				1c	
d	Additions during the year				1d	
е	Distributions during the year				1e	
f	Ending balance				1f	
	Did the organization include an amount on F				··· <u> </u>	Yes No
	If "Yes," explain the arrangement in Part XIV		211		· ····· · · · · · · · · · ·	
	t V Endowment Funds. Complete		ered "Yes" to Form	990 Part IV line 10		
b.E.,.EE	The state of the s	(a) Current year	(b) Prior year	(c) Two years back		(e) Four years back
1a	Beginning of year balance	3459961.	(b) Filor year	(C) 1 WO YEARS DACK	(u) Tillee years back	(e) roul years back
_		209.		-		
Ь	Contributions	103,517.				
	Investment earnings or losses	103,317.		·		
	Grants or scholarships					
е	Other expenditures for facilities	105 605		1		
	and programs	185,625.				
f	Administrative expenses	22,406.	: ;			
8	End of year balance	3355656.		<u> </u>	<u>.t</u>	
2	Provide the estimated percentage of the year	r end balance held a	ıs:			
а	Board designated or quasi-endowment		_%			
b	Permanent endowment ►98.47	%				
C	Term endowment ► 1.53	%				
За	Are there endowment funds not in the posse	ession of the organization	ation that are held	and administered fo	r the organization	
	by:	_			_	Yes No
	O coult the transfer to					3a(i) X
	(ii) related organizations					3a(ii) X
b	If "Yes" to 3a(ii), are the related organization:					3b
4	Describe in Part XIV the intended uses of the				•••••	55
	t VI Investments - Land, Building			0 Part X line 10		
		(a) Cost or o			Degrapation	(d) Back value
	Description of investment	basis (investr		st or other (c) s (other)	Depreciation	(d) Book value
	l and	Leavilly elect		52,305.		262 205
	Land	·			171 017	262,305.
	Buildings	·		56,618.	171,017.	95,601.
	Leasehold improvements					
	Equipment	· · ·				
	Other					
Total	Add lines 1a-1e. (Column (d) should equal Fo	orm 990, Part X, colu	mn (B), line 10(c).)	· ····	▶	357,906.

Schedule D (Form 990) 2008

	dule D (Form 990) 2008 IND ORDER OF ODD FELLOWS, G			42-032/9	20 Page 4
Pai	Reconciliation of Change in Net Assets from Form 990 to	Financial			
1	Total revenue (Form 990, Part VIII, column (A), line 12)				
2	Total expenses (Form 990, 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		1 1		
5	Donated services and use of facilities				
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV)		. 8		
9	Total adjustments (net). Add lines 4-8				
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9				
Par	t XII Reconciliation of Revenue per Audited Financial Statemer	nts With R	levenue per F	Return	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains on investments	2a]]	
ь	Donated services and use of facilities	2b]]	
c	Recoveries of prior year grants	2c]]	
d	Other (Describe in Part XIV)	2d]	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a		4a			
b	Other (Describe in Part XIV)	4b		1	
c	Add lines 4a and 4b			4c	
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)			5	
	* XIII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per	Return	
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	20			
_	Prior year adjustments			1 1	
Ь	Losses reported on Form 990, Part IX, line 25			1 1	
C				1 1	
d	·			2e	
e					
3	Subtract line 2e from line 1			-	·
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	4-			
	Investment expenses not included on Form 990, Part VIII, line 7b			1 1	
	Other (Describe in Part XIV)	4b		1 . 1	
	Add lines 4a and 4b			4c	
***************************************	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)		<u></u>	5	
	rt XIV Supplemental Information				W. L. A. D. A.
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III,	, lines 1a and	14; Part IV, lines	16 and 26; Part	v, line 4; Part
	art XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	ME TO	TO DE COM	ישתוום ד מתו	n
PAJ	RT V, LINE 4: NET INTERST AND DIVIDEND INCO	TIE 15	TO BE COL	VIKIBUIE	<u> </u>
	TOUR ORD THE COURT AND ORDINANG HOME CORROLL	TON 50	o mueto i	ICE IN	
TO	IOWA ODD FELLOWS AND ORPHANS HOME CORPORAT	TON FO	R THEIR (JSE IN	
OP.	ERATING A SKILLED NURSING FACILITY				
			_ _		_
		<u> </u>			
				Schedule D (F	orm 990) 2008

SCHEDULE O

(Form ,990)

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide

OMB No 1545-0047

Department of the Treasury Internal Revenue Service	Form 990 or to provide any additional information.		Inspection
Name of the organizatio	IND ORDER OF ODD FELLOWS, GRAND LODGE		identification number 327920
FORM 990, PA	RT VI, SECTION A, LINE 6: MEMBERS ARE A REQUIF	EMENT	TO BE A
FRATERNAL OR	GANIZATION		
FORM 990, PA	RT VI, SECTION A, LINE 7A: MEMBERS FORM LOCAL	LODGE	S SELECT
INDIVIDUALS	TO BE REPRESENTATIVES AT THE ANNUAL SESSION OF	THE	GRAND LODGE
OF IOWA WHER	E THEY ELECT THE GOVERNING BODY		
		 -	
FORM 990, PA	RT VI, SECTION A, LINE 7B: CHANGES TO THE ORGA	MIZAT	ION'S
CONSTITUTION	MUST BE APPROVED BY THE REPRESENTATIVES THAT	WERE	SELECETED BY
THE MEMEBERS			
	RT VI, SECTION A, LINE 8B: MINUTES ARE EVENTUA		
INCLUDED IN	THE ANNUAL MEETING DOCUMENT AND A COPY IS FILE	D AT	THE OFFICE.
FORM 990, PA	RT VI, SECTION A, LINE 9B: THERE ARE NO WRITTE	EN POL	ICIES ON
LOCAL LODGE	ACTIVITIES, HOWEVER, THE ORGANIZATION REQUIRES	THEM	TO HOLD A
MINIMUM OF T	WO MEETINGS PER MONTH.		
			
FORM 990, PA	RT VI, SECTION A, LINE 10: EXECUTIVE COMMITTEE	GOV	ERNING
BODY) REVIEW	S ALONG WITH THE FINANCE COMMITTEE CHAIR (RESI	ONSIB	LE FOR
SIGNING)			
			
FORM 990, PA	RT VI, SECTION C, LINE 19: NO DOCUMENTS AVAILA	ABLE T	O THE
PUBLIC			
FORM 990, PA	RT XI, FINANCIAL STATEMENTS AND REPORTING, LIN	IE 2C	

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

2008.04050 IND ORDER OF ODD FELLOWS, G 7042___1

Schedule O (Form 990) 2008

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SCHEDULE O (Form.990)

Supplemental Information to Form 990

Department of the Treasury Internal Revenue Service ► 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.

2008
Open to Public Inspection

	e organi	zation 	<u>I</u>	ND OR	DEF	OF	ODD	FE	LLOWS	, GI	RAND	LODGE		42-(327920
THERE	HAS	BEEN	NO	CHAN	GE	FROM	I PR	IOR	YEAR	<u>s.</u>	THE	ORGANI	ZAT	ION'S	FINANCE
COMMI	TEE	OVERS	SEES	THE	Αl	JDIT	AND	SE	LECTS	THI	E IN	DEPENDE	NT	AUDITO	DR.
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

2008 Open to Public Inspection

OMB No 1545-0047

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.

Employer identification number 42-0327920

► See separate instructions.

GRAND LODGE IND ORDER OF ODD FELLOWS, Part ! 'Identification of Disregarded Entities

Direct controlling entity End-of-year assets Œ Total income 9 Legal domicile (state or foreign country) Primary activity <u>@</u> Name, address, and EIN of disregarded entity

Identification of Related Tax-Exempt Organizations Part

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3	<u>(a)</u>	2	3	<u> </u>	
Name, address, and EIN	Primary activity	Legal domicile (state or	Exempt Code	Public charity	Direct controlling
of related organization		foreign country)	section	status (if section 501(c)(3))	entity
IOWA ODD PELLOWS HOUSING CORPORATION -	PROVIDE LOW RENT HOUSING				
48-0818810, 1200 VALLEY WEST DR, SUITE 108,	FOR THE ELDERLY AND/OR		 -		
WEST DES MOINES, IA 50266	HANDICAPPED.	IOWA	501(C)(4)		N/A
IOWA ODD FELLOWS AND ORPHANS HOME	PROVIDE NURSING CARE,				
CORPORATION - 42-0818810, 1037 19TH STREET	HOUSING, & LONG TERM CARE				
SW, MASON CITY, IA 50401	TO MEMBERS & THE GENERAL	IOWA	501(C)(3)	6	N/A
100P MASON CITY HOUSING CORPORATION -	PROVIDE LOW RENT HOUSING				
39-1877240, 1033 19TH SREET SW, MASON CITY,	FOR THE ELDERLY AND/OR				
IA 50401	HANDICAPPED.	IOWA	501(C)(4)		N/A

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

Schedule R (Form 990) 2008

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Schedule R (Form 990) 2008 IND ORDER OF ODD FELLOWS, GRAND LODGE

· Part 肼 Identification of Related Organizations Taxable as a Partnership

8	(8)	0	Q.	(E)		9	£	6	3
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or	rolling	Predominant income (related, investment,	Share of total income	Share of end-of-year	Disproportion- ate silocations?	Disproportion- ate allocations?	Generation managing partner?
		country)		unrelated)		assets	Yes	K-1 (Form 1065)	Ves No
									1
									1
									1
					-				

Part W Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or threign	Direct controlling Type of entity Stentity (C corp., S corp., and the corp. S corp., and the corp. S corp.	(E) Type of entity (C corp. S corp. or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
		(fallow)					
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Schedule R (Form 990) 2008

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| 評価性 * | Transactions With Related Organizations

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:	10	×
:	11	×
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	-	×
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:	19	×
	11	×
insaction thresholds	Ġ	
(B) Transaction type (a-r)	(C) Amount involved	g
В	185,6	625.
Д	7	772.
	·	
Sch	edule R (Form 990)	2008
	msaction threshold Transaction type (a-r) B B	16 16 17 11 11 11 11 11 11 11 11 11 11 11 11

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.

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₹	(a)		3	<u> </u>		2	ξ
Name, address, and EIN	Primary activity	Legal domicile (state or foreign	Are all partners section 501(c)(3)	Share of end-of- year assets	Olspropor- tionate	Code V-UBI amount in box 20	General or managing
Course to			Yes No			(Form 1065)	Yes No
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