

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



**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 2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

			<u>.</u>	
	For th	e 2009 calendar year, or tax year beginning , 2009, and ending		,
В	Check if	applicable C	D Employer to	dentification Number
	Add	ress change   Please use   Odd Fellows Temple	53-00	87680
	Nar	ne change   or print or type   Independent Order of Odd Fellows, DC	E Telephone	number
		olection   See   419 Seventh St, NW	202-6	28-2654
	$\vdash$	mination   Washington, DC 20004		
	$\vdash$	· · · · · · · · · · · · · · · · · · ·		pts \$ 2,816,130.
	$\vdash$	ended return	G Gross receil (a) Is this a group return for	
	App	medicin perioring	(a) is ans a group return for (b) Are all affiliates included	., H"H"
		Same As C Above	If 'No,' attach a list (see	1 1163 1 110
<u>!</u>		exempt status   X   501(c) ( 8 ) ◀ (insert no )   4947(a)(1) or   527		
<u>J</u>	Web	site: N/A	(c) Group exemption number	er ► 0028
K		of organization Corporation Trust Association Other ► L Year of Formation	n M State	e of legal domicile
Pa	rt I	Summary		
	1	Briefly describe the organization's mission or most significant activities Owners of	the Temple o	of the
60		<u>Independent Order of Odd Fellows and to provide members</u>		
Activities & Governance		and service in the community.		
Ĕ				
ove.	2	Check this box > 1 if the organization discontinued its operations or disposed of more	e than 25% of its ass	sets
Ö		Number of voting members of the governing body (Part VI, line 1a)	1 .	3   10
e e	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	4 10
iţi	5	Total number of employees (Part V, line 2a)		5 1
휹	6	Total number of volunteers (estimate if necessary)		6 0
ĕ		Total gross unrelated business revenue from Part VIII, column (C) fine V2		7a 0.
2	ы	Net unrelated business taxable income from Form 9801, line 34	1	7b 0.
j		Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
4	8	Contributions and grants (Part VIII, line 1h)		
Revenue		Program service revenue (Part VIII, line 2g)		
. e		nvestment income (Part VIII, column (A), lines 3, 4, and GDEN 117	-681,675	1,963,332.
2 6		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1Te)	2,197,999	
-		Fotal revenue — add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,516,324	
SCAININEL Expenses		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	52,050	
ان ح		Benefits paid to or for members (Part IX, column (A), line 4)	02,000	33,322.
Ž			4,550	0. 4,675.
€°		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	4,550	4,073.
25	16a I	Professional fundraising fees (Part IX, column (A), line 11e)		
Ž.	b	Total fundraising expenses (Part IX, column (D), line 25) ►		
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	43,361	1. 189,941.
	18	Fotal expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	99,961	1. 294,138.
		Revenue less expenses Subtract line 18 from line 12	1,416,363	
x 8				
Not Assets or Fund Balancos	20	Fotal assets (Part X, line 16)	<b>Beginning of Yea</b> 9,014,285	
Bol	21	Fotal liabilities (Part X, line 26).	1,665,612	
ž Š	21	· · · · · · · · · · · · · · · · · · ·		
		Net assets or fund balances Subtract line 21 from line 20	7,348,673	3. 9,141,628.
Pa	rt II	Signature Block		
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and staten true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which prepare	nents, and to the best of my	y knowledge and belief, it is
		$\mathcal{M}_{\mathbf{A}}$	I has any knowledge	
Sig	n	Mary (Nasses)	8/3/	10
He	re	Signature of officer	Date	
		► Marv Harris	Executive Di	rec
		Type or print name and title		
_		Date	Check if	Preparer's identifying number (see instructions)
Pa	id		self- employed	(see instructions)
Pre		Preparer's signature 7/29/10	Campioyed	N/A
	rer's	1/23/10		III/ II
Üs	е	Firm's name (or ALCORN & CURETON, Ltd. CPAs		
On	ly	employed), ► 4604 B Pinecrest Uffice Pk Dr	EIN ► N/A	
		ZIP+4 Alexandria, VA 22312	Phone no ► (	703) 354-7750
May	the If	RS discuss this return with the preparer shown above? (see instructions).		X Yes No

Particular   Statement of Program Service Accomplishments   Service he representations mission:   Service he representations mission:   Service he representations mission:   With Fellowship and growth and service in the community.	• Forn	m <b>990</b> (2009) Odd Fellows Temple	53-0087680				
Breity describe the organization's mission:   Owners of the Temple of the Independent Order of Odd Fellows and to provide members   with fellowship and growth and service in the community.	Pa					Page 2	
### Vith fellowship and growth and service in the community.  2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  If Yes, describe these new services on Schedule O  If Yes, describe these new services on Schedule O  If Yes, describe these changes on Schedule O  If Yes, describe the services the year of the organizations three largest program services by expenses Section 501(c)(3) and 50(c)(6) diginarizations and section 4947(0)(1) fursions are required to report the amount of grants and allocations to others, the total supports, and inventors are required to report the amount of grants and allocations to others, the total supports, and inventors are required to report the amount of grants and allocations to others, the total supports, and inventors are required to report the amount of grants and allocations to others, the total supports and allocations are required to report the amount of grants and allocations to others, the total supports and allocations are required to report the amount of grants and allocations are required to report the amount of grants and allocations are required to report the amount of gran	1						
2. Did the organization undertake any significant program services during the year which were not listed on the prior Form 90 or 990-E27. If "Yes," describe these new services on Schedule O.  3. Did the organization cease conduction, or make significant changes in how it conducts, any program services? Yes No if "Yes, (Secrible these changes on Schedule O.  4. Describe the evernity purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(X) expenses, and revenue, if any, for each program service reported.  4. (Code		Owners of the Temple of the Independent Order of Odd Fellows and to	provide:	nembe	ers		
Form 990 or 990-EZ?  If Yes, idescribe these new services on Schedule O  Job the organization cease conducting, or make significant changes in how it conducts, any program services?  Yes X No  If Yes, idescribe these changes on Schedule O  If Yes, idescribe these shapes of the organization's three largest program services (Describe in Schedule O)  If Yes, idescribe the sample of the organization's three largest program services (Describe in Schedule O)  If Yes, idescribe the sample of the organization's three largest program services (Describe in Schedule O)  If Yes, idescribe the sample of the organization's three largest program services (Describe in Schedule O)  If Yes in the organization of the organization's three largest program services (Describe in Schedule O)  If Yes in the organization of the organization's three largest program services by expenses shapes and interest program services by expenses shapes and interest program services and interest program services and interest program services of the organization's three largest		with fellowship and growth and service in the community.					
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3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?  Ves X No If Yes, ideas the three changes on Schedule O 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 494(c)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported  4a (Code (Expenses S) 99,522, including grants of S) 99,522.) (Revenue S)  OWNERSHIP OF REAL PROPERTY WITH NET RENTS AND INVESTMENT INCOME PROVIDING BENEFITS  FOR BENEVOLENT PURPOSES AS ESTABLISHED IN ACT OF CONGRESS ON JUNE 12, 1860.  4b (Code (Expenses S) including grants of S) (Revenue S)		Form 990 or 990-EZ?		Yes	X	No	
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	-71				`		
	46						

Form 990 (2009) Odd Fellows Temple
Part IV | Checklist of Required Schedules

			1	
			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		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
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		X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	4		
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or 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		X
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		X
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		x
10		10	Х	
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	Х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI			- ,
•	• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII			"
•	• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	· ·	)	
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	,,	`	8.7.
•	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X			
•	<ul> <li>Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X</li> </ul>			
12	Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12		Х
	AWas the organization included in consolidated, independent audited financial statement for the tax  Yes No			
10	year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional  12 A X	12		V
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		$\frac{X}{X}$
	Did the organization maintain an office, employees, or agents outside of the officer States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	14a		X
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		<u>^</u>
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		<u>х</u>
	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,'	10		<u> </u>
	complete Schedule G, Part III	19		Х
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	20		<u>X</u>

Form 990 (2009) Odd Fellows Temple

Pärt IV Checklist of Required Schedules (continued)

		-	Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J	23		<u>x</u>
24 a	a 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No, 'go to line 25	24a		<u> </u>
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a 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		
t	o Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b	_	
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		<u>x</u> _
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete Schedule L, Part III	27		<u>x</u>
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a	-	<u>X</u>
	o A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		<u>X</u>
	CAn entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV			<u>X</u>
	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		Х
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? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		<u>X</u>
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>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		· -
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37	,	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?  Note. All Form 990 filers are required to complete Schedule O	38		<u>X</u>
3AA		Form	990 (	2009)

Form 990 (2009) Odd Fellows Temple
Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No		
1 a	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	2	2				
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	{	<u> </u>				
С	Did the organization comply with backup withholding rules for reportable payments to vendo (gambling) winnings to prize winners?	rs and	reportable gaming	1c	- <u>x</u> -			
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	2 a	1	L				
2b	If at least one is reported on line 2a, did the organization file all required federal employmen	nt tax re	eturns?	2b	X			
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this ref							
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year this return?	-	•	3a		Х		
b	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule O							
4 a	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)?							
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 Financial Accounts	Foreig	n Bank and	]				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the ta	x year?	•	5a		Х		
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelf	ter tran	saction?	5b		Х		
С	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Er Tax Shelter Transaction?	ntity Re	garding Prohibited	5с				
6a	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?							
b	<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were no deductible?							
7 Organizations that may receive deductible contributions under section 170(c).								
а	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?							
b	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?			7b				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for w Form $8282$ ?	hich it	was required to file	7c		х		
	If 'Yes,' indicate the number of Forms 8282 filed during the year	7d						
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiur benefit contract?	ms on a	a personal	7e		Х		
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber			7f		X		
_	For all contributions of qualified intellectual property, did the organization file Form 8899 as	•		7g				
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a For		•	7 h				
	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	ng orga nave ex	anizations. Did the cess business					
	Sponsoring organizations maintaining donor advised funds.							
	Did the organization make any taxable distributions under section 4966?			9a				
	Did the organization make any distribution to a donor, donor advisor, or related person?			9b				
	Section 501(c)(7) organizations. Enter							
	Initiation fees and capital contributions included on Part VIII, line 12	10a						
	Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		1		,		
	Section 501(c)(12) organizations. Enter		·	1				
	Gross income from other members or shareholders	11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ).	11 b						
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	f Form	1041?	12a				
	If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b						

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Form 990 (2009)

Part·VI: Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

SOCTION A LEGUARNING MODEL AND MANAGEMENT							
Section A. Governing Body and Management	Τ.	, 1					
1-5-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	<b>  \</b>	Yes প্রকর্	No				
1a Enter the number of voting members of the governing body     1a     10       b Enter the number of voting members that are independent     .     1b     10	eler te	444					
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 20 2						
officer, director, trustee or key employee?  3 Did the organization delegate control over management duties customarily performed by or under the direct supervision	2	$\dashv$	<u>X</u>				
of officers, directors or trustees, or key employees to a management company or other person?	3		X				
4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	$\dashv$	<u>X</u>				
' I	5		Х				
· · · · · · · · · · · · · · · · · ·	6		X				
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							
- · · · · · · ·	7a 7b		$\frac{X}{X}$				
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		`					
	8a		Х				
b Each committee with authority to act on behalf of the governing body?	8b		X				
9 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	9		х				
Section B. Policies (This Section B requests information about policies not required by the Internal							
Revenue Code )	<del></del>						
		Yes	No				
	10 a	$\dashv$	<u>X</u>				
b If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10Ь						
		X					
,,,,,,,	1000						
	12a	Х					
b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	х					
c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12 c	х					
13 Does the organization have a written whistleblower policy?	13	Х					
14 Does the organization have a written document retention and destruction policy?	14	Х					
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
a The organization's CEO, Executive Director, or top management official	15a	X					
b Other officers of key employees of the organization	15 b	Х					
If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)			ام <sup>*</sup> م'				
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16 a		i				
b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b						
Section C. Disclosures	<del>-</del>						
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 check all that apply	ılable	for p	ublic				
Own website Down request Upon request							
19 Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy statements available to the public	y, and	i fina	ncıal				
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organ	ıızatıo	n					
► Mary Harris 419 Seventh St., NW Washington DC 20004 202-628-2654	<del>-</del>						

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Form 990 (2009)

# 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. Report compensation for the calendar year ending with or within the organizations's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees. See instructions for definition of 'key employees.'

Check this box if the organization did not compensate any current officer, director, or trustee

- 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)	(B)	(c)						(D)	(E)	(F)	
Name and Title	Average hours		tion (		k all t	hat app		Reportable compensation from	Reportable compensation from	Estimated amount of other	
	per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount or other compensation from the organization and related organizations	
Mary Harris											
Executive Direc	0	X		Х				200.	0.	0.	
JOSEPH VAN NAME											
Trustee	0	Х						1,000.	0.	0.	
DANIEL VIDELOCK											
Trustee	0	Х						325.	0.	0.	
RONALD_HAND											
Treasurer	0	X						350.	0.	0.	
CHARLES RENNINGER											
Secretary	0	X						500.	0.	0.	
MICHELLE VIDELOCK											
Trustee	0	Х						275.	0.	0.	
GEORGE WYMER											
Trustee	0	X						450.	0.	0.	
RAYMOND LESSANS											
Trustee	0	Х	<u> </u>					375.	0.	0.	
RICHARD LYONS											
Trustee	0	X						650.	0.	0.	
JAMES L. HARRIS											
Trustee	0	Х						550.	0.	0.	
									-		
DAA						·		<u></u>		5 000 (0000)	

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(A)	(B)			(6	c)			(D)	(E)		(F)
Name and Title	Average hours per week		_	check Officer				Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation fro related organization (W-2/1099-MISC	ons	Estimated amount of other compensation from the organization
	per week	al trustee tor	institutional trustee		employee	Highest compensated employee					and related organizations
		-									
	<del> </del>										
1 b Total			<u> </u>	L	1		<b>•</b>	4,675.		0.	0
2 Total number of individuals (including but not limite from the organization ► 0	d to tho	se li	stec	l abo	ove)	wh	o re		\$100,000 in re		
<ul> <li>Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such it</li> <li>For any individual listed on line 1a, is the sum of re the organization and related organizations greater t</li> </ul>	ndıvıduz	9/	-		-						3 X
ındıvıdual											4 X
5 Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Sci Section B. Independent Contractors	hedule .	J for	suc	h pe	erso	n	nate	ed organization to			5 X
1 Complete this table for your five highest compensation from the organization	ed inde	pen	dent	cor	ntrac	tors	tha	t received more t	han \$100,000 o	f	
(A) Name and business addres	s							(B Description o	) of Services		(C) Compensation
									· 	-	
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►		lımı	ted	to th	nose	list	ed a	above) who receiv	ed more than		Salar as a

Pai	t viii Statement of Revenue		I	· · · · · · · · · · · · · · · · · · ·	
1		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
S. (2	1a Federated campaigns. 1a				
ANT	b Membership dues 1b				
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	c Fundraising events 1c				
FR	d Related organizations 1 d				
S. E	e Government grants (contributions) 1 e				
NO E	f. All other contributions gifts grants and				
불	f All other contributions, gifts, grants, and similar amounts not included above.				
20	g Noncash contribns included in Ins 1a-1f \$		:		·
용	h Total. Add lines 1a-1f				
3	Business Code				
VEN	2a				
2	b				
<u> </u>	с				
SER	d				
ă	e				
PROGRAM SERVICE REVENUE	f All other program service revenue				
_ <u>&amp;</u> _	g Total. Add lines 2a-2f			*	
	3 Investment income (including dividends, interest and			-	
	other similar amounts)	965,212.			965,212.
- [	4 Income from investment of tax-exempt bond proceeds ►				
1	5 Royalties				
	(i) Real (ii) Personal				
1	<b>6a</b> Gross Rents 852,798.				
	b Less rental expenses 729,037.				
	c Rental income or (loss) 123, 761.				
- 1	d Net rental income or (loss)	123,761.			123,761.
	7a Gross amount from sales of (i) Securities (ii) Other				
	assets other than inventory 988, 120.				
	<b>b</b> Less: cost or other basis				
	and sales expenses				
	c Gain or (loss) 988,120.				
	d Net gain or (loss)	998,120.			998,120.
NOE	8a Gross income from fundraising events (not including \$				
EKE	of contributions reported on line 1c)				
. E	See Part IV, line 18				
OTHER REVEN	b Less direct expenses b			-	
Ŭ	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19				
	b Less direct expenses b				
	c Net income or (loss) from gaming activities ▶	<del> </del>			
	10 a Gross sales of inventory, less returns and allowances a				
	<b>b</b> Less cost of goods sold <b>b</b>		1		
	c Net income or (loss) from sales of inventory				
[	Miscellaneous Revenue Business Code				
	11a	<u>.</u> .			
	b				
	с				
	d All other revenue				
	e Total. Add lines 11a-11d				
$\Box$	12 Total revenue. See instructions	2,087,093.	0.	0.	2,087,093.

Form 990 (2009) Odd Fellows Temple
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).

	All other organizations must comp	Diete Column (A) but are	· · · · · · · · · · · · · · · · · · ·		
Do . 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	99,522.	99,522.		
2	Grants and other assistance to individuals in the U S See Part IV, line 22		·		
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	4,675.	0.	4,675.	0.
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.	0.	0.	0.
7	Other salaries and wages				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)			ſ	
ā	ı Management	·			
ŀ	Legal				
	: Accounting				
	Lobbying				• •
	Prof fundraising svcs See Part IV, In 17			*	
	Investment management fees	32,519.		32,519.	
	Other	32,313.		32,313.	
	Advertising and promotion				
13	Office expenses			<del></del>	
	Information technology				
14					
15	Royalties				
16	Occupancy				
17 18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	407.		407.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization		·		
	Insurance				_
24	Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
ā	Payments to IOOF Lodges	150,000.	150,000.		
t	100F Floor Repairs	3,797.		3,797.	
(	: Trustees' Dinner	2,993.		2,993.	
	PARKING	225.		225.	
•	<del></del>				
	All other expenses.				
	Total functional expenses. Add lines 1 through 24f.	294,138.	249,522.	44,616.	0.
	Joint costs. Check here ► If following		2.5,022.	11,010.	<u> </u>
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA		······································		<u>'-</u>	Form <b>990</b> (2009)

**Balance Sheet** 

(B) End of year (A) Beginning of year 2,101,598 876,576. Cash - non-interest-bearing 1 2 Savings and temporary cash investments 83,885 2 111,777. Pledges and grants receivable, net 3 570,777. 535,269 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 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 7 Notes and loans receivable, net Inventories for sale or use 8 29,898 31,224. 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis 10a 1,645,158. Complete Part VI of Schedule D b Less. accumulated depreciation. 10b 914,836 643,512 10 c 730,322. 11 Investments - publicly-traded securities 5,620,122. 11 7,006,715. 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 9,014,285. 9,327,391. 16 Total assets Add lines 1 through 15 (must equal line 34) 16 17 Accounts payable and accrued expenses 53,188. 59,148. 17 18 Grants payable 18 1,424,193. 19 Deferred revenue 19 20 Tax-exempt bond liabilities. 20 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 188,231 Other liabilities Complete Part X of Schedule D 25 126,615. Total liabilities. Add lines 17 through 25 1,665,612 26 185,763. Organizations that follow SFAS 117, check here X and complete lines 27 through 29 and lines 33 and 34. 27 7,348,673 Unrestricted net assets 27 9,141,628. Temporarily restricted net assets 28 Permanently restricted net assets 29 R Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, and equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 7,348,673. 9,141,628. 33 9,327,391 34 Total liabilities and net assets/fund balances. 9,014,285 34

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Form 990 (2009)

orm 990 (2009) Odd Fellows Temple	53-0087680	P	age 12
Part XI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990 Cash X Accrual Other			
If the organization changed its method of accounting from a prior year or checked 'Other,' ex in Schedule O	xplaın 		
2a Were the organization's financial statements compiled or reviewed by an independent account	untant? 2	a	<u> </u>
<b>b</b> Were the organization's financial statements audited by an independent accountant?	2	b	<u> </u>
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility review, or compilation of its financial statements and selection of an independent accountan	r for oversight of the audit, at?	:c	
If the organization changed either its oversight process or selection process during the tax your Schedule O	vear, explain		
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the consolidated basis, separate basis, or both	the year were issued on a		
Separate basis Consolidated basis Both consolidated and separate ba	asıs	_	
3a As a result of a federal award, was the organization required to undergo an audit or audits a		اء	X

**b** If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

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Form 990 (2009)

### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. ► See separate instructions

OMB No 1545-0047

Depar	tment of the Treasury	► A++-	Part IV, lines 6, 7, 8, 9, 10, 11, or 12.	•		Open t		ic
	of the organization	Atta	ach to Form 990.  See separate instruction	<u> </u>	Employer Id	Inspec entification n		!
	•				,,			
	d Fellows Te	mple der of Odd Fellows	ת		53-008	7600		
			r Advised Funds or Other Similar Fur	ade or Acc			•	
ı u.	the organi	zation answered 'Yes' to	o Form 990, Part IV, line 6.	ius of Acc	bunts oc	mpiete i	ı	
	<u>-</u>		(a) Donor advised funds	(b) F	unds and o	other accou	ints	
1	Total number at e	end of vear	(5) 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	\\\				
2								
3		from (during year)			•			
4								
5	Did the organizati	ion inform all donors and don	nor advisors in writing that the assets held in d	lonor advised				
•			to the organization's exclusive legal control?	onor adviscu		Yes	☐ No	0
6	Did the organizati	ion inform all grantees, dono	rs, and donor advisors in writing that grant fun	ids may be				
	used only for cha	ritable purposes and not for t ig impermissible private bene	the benefit of the donor or donor advisor or for	r any other	Г	Yes	□No	0
Pài			ete if the organization answered 'Yes'	to Form 90	L 00 Part I	.1		
			the organization (check all that apply)	10 1 01111 33	70, 1 alt 1	v, iiie /	•	
·		of land for public use (e.g., r		of an historic	ally import:	ant land ar	-ea	
	<b>⊢</b>	natural habitat	Preservation				Cu	
	H	of open space						
2	_	·	on held a qualified conservation contribution in	the form of a	a conserva	tion easem	nent on	the
	last day of the tax	x year	· · · · · · · · · · · · · · · · · · ·					
	<b>-</b>				Held at th	e End of t	he Yea	r
		conservation easements		2 a				
		tricted by conservation easer		2 b		<del></del>		
			ried historic structure included in (a).	2c				
		rvation easements included in	n (c) acquired after 8/17/06 transferred, released, extinguished, or termina	2d		مال منام	<b>1</b>	
3	year ►	rvation easements mounieu,	transferred, released, extinguished, or termina	ited by the or	ganization	auring the	tax	
4		where property subject to co	inservation easement is located ►					
_								
5	and enforcement	ation have a written policy re- of the conservation easemer	garding the periodic monitoring, inspection, ha it it holds?	andling of viol	ations,	Yes	Пи	o
6	Staff and voluntee	er hours devoted to monitoring	ng, inspecting, and enforcing conservation eas	ements	لبيا	l	ш .	
7	during the year  Amount of expens		specting, and enforcing conservation easemei	nts —			-	
•	during the year	·	ispecting, and emoreing conservation casemer	\$_			-	
8	Does each conser 170(h)(4)(B)(ı) an	rvation easement reported or id 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of se	ection		Yes	☐ No	D
9	In Part XIV, descrit include, if applica conservation ease	ible, the text of the footnote t	conservation easements in its revenue and experion the organization's financial statements that	nse statement, describes the	and baland organizati	ce sheet, ar on's accou	nd Inting fo	or
Par			ctions of Art, Historical Treasures, o	r Other Sin	ilar Acc	otc		—
	Complete	if the organization answ	wered 'Yes' to Form 990, Part IV, line	8.	ai A33			
1 a	treasures, or other	er sımılar assets held for publ	SFAS 116, not to report in its revenue statem ic exhibition, education, or research in further ints that describes these items	nent and bala ance of public	nce sheet v service, p	works of ai rovide, in	rt, histo Part XI	orical IV,
t	If the organization treasures, or othe amounts relating	er similar assets held for publ	SFAS 116, to report in its revenue statement ic exhibition, education, or research in further	and balance ance of public	sheet work service, p	ks of art, hi provide the	istorica followi	al ing
	(i) Revenues inc	luded in Form 990, Part VIII,	line 1		<b>►</b> \$_			
	(ii) Assets include	ed in Form 990, Part X			<b>►</b> \$_			
2	If the organization amounts required	n received or held works of a I to be reported under SFAS	rt, historical treasures, or other similar assets 116 relating to these items	for financial g	jain, provid	le the follo	wing	
		ed in Form 990, Part VIII, line	1		►\$_			
t	Assets included in	n Form 990, Part X			►\$_			

•							
Schedule D (Form 990) 2009 Odd					53-008		Page 2
Part III Organizations Mainta	ining Collect	tions of Art, Hist	orica	l Treasures, o	r Other Similar As:	s <b>ets</b> (cont	inued)
<ol> <li>Using the organization's acquisit items (check all that apply)</li> </ol>	ion accession a	nd other records, ch	eck an	y of the following	that are a significant us	se of its coll	ection
a Public exhibition		<b>d</b> Loan	or ex	change programs			
<b>b</b> Scholarly research		e Othe					
c Preservation for future gener	rations						
4 Provide a description of the organ Part XIV	anızatıon's collec	ctions and explain ho	ow the	y further the orgar	nization's exempt purpo	se in	
5 During the year, did the organiza assets to be sold to raise funds.	ation solicit or re rather than to be	ceive donations of a maintained as part	rt, his	torical treasures, o organization's co	or other similar llection?	Yes	∏No
Part IV Escrow and Custodia 9, or reported an amo	I Arrangeme	nts Complete if	orgar			90, Part I	V, line
1a Is the organization an agent, trus included on Form 990, Part X?				ontributions or oth	ner assets not		<del>-</del>
	Lin Don't VIV and			1.1.		Yes	∐No
<b>b</b> If 'Yes,' explain the arrangement	in Part XIV and	complete the follow	ving ta	ble			
s Posinning holonog						Amount	
c Beginning balance					1c	<del></del>	
d Additions during the year					1 d		
e Distributions during the year					1e	<del> </del>	<del></del>
f Ending balance		000 5 1 7 1 01	_		1f	<del></del>	
2a Did the organization include an a		990, Part X, line 21	7			∐ Yes	∐ No
b If 'Yes,' explain the arrangement				·	00 00 1011		
Part V Endowment Funds Co						<del></del>	
1.5	(a) Current yea			(c) Two years back	(d) Three years back	(e) Four	years back
1a Beginning of year balance	10.0	0.	0.		,		
<b>b</b> Contributions	10,0	00.				<u> </u>	
<ul> <li>c Net Investment earnings, gains, and losses</li> </ul>							·
d Grants or scholarships.							
<ul> <li>e Other expenditures for facilities and programs</li> </ul>							1.45
f Administrative expenses	-						* 3
<b>g</b> End of year balance	10,0	00.	0.	`			*
2 Provide the estimated percentage	e of the year en	d balance held as				, L,	
a Board designated or quasi-endov	vment -	ş					
<b>b</b> Permanent endowment ►	100.00%						
c Term endowment ►	<del></del>						
3a Are there endowment funds not a organization by	in the possessio	n of the organization	that	are held and admi	nistered for the		- Na
(i) unrelated organizations						Ye	s No X
(ii) related organizations						3a(i)	
<b>b</b> If 'Yes' to 3a(II), are the related of	raanizatione lie	tod og rogurad og C	. باد د داد	la D2		3a(ii)	X
4 Describe in Part XIV the intended						3b	
					line 10		
Part VI Investments—Land, B			1			455	<del> </del>
Description of investment	(a)	Cost or other basis (investment)		Cost or other cases (other)	(c) Accumulated Depreciation	(d) Book	( Value
1 a Land			<u> </u>	32,849.	z op. colation		32,849.
<b>b</b> Buildings	<del> -</del>		<del> </del>	1,389,030.	793,243.		95,787.
C Leasehold improvements	}-			76 558	26 302		50, 167.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book Value
1a Land		32,849.		32,849.
<b>b</b> Buildings		1,389,030.	793,243.	595,787.
c Leasehold improvements		76,558.	26,392.	50,166.
<b>d</b> Equipment		26,612.	15,079.	11,533.
e Other		120,109.	80,122.	39,987.
Total. Add lines 1a through 1e (Column (d) m	nust equal Form 990, Part X, c	olumn (B), line 10(c))	<b>•</b>	730,322.

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Schedule **D** (Form 990) 2009

Part VII Investments—Other Securities See Fo		2. N/A	53-008/680	Page 3
(a) Description of security or category	(b) Book value	(c)	) Method of valuation	
(including name of security)		Cost or	end-of-year market value	
Financial derivatives				
Closely-held equity interests				
Other				
		<u> </u>		
<b></b>				
<del></del>				
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.)				
Part VIII Investments—Program Related (See	Form 990 Part X line	13) N/A		
(a) Description of investment type	(b) Book value		) Method of valuation	
(a) bescription of investment type	(b) Dook value	Cost or	end-of-year market value	
			7-2-2-2-2-2	
- 134 100	<u> </u>			
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13)	lm = 15) N/3			
Part IX Other Assets (See Form 990, Part X,			1 425	
(a) De	scription		(b) Book va	ilue
· · · · · · · · · · · · · · · · · · ·				
	<del></del>			
		<u>-</u>		
- · · · · · · · · · · · · · · · · · · ·				-
1-204 91				
Total. (Column (b) must equal Form 990, Part X, col (B), I	ine 15)		<b>&gt;</b>	
Part X Other Liabilities (See Form 990, Part				
(a) Description of Liability	(b) Amount			
Federal Income Taxes				
A/P	-458.			
Payroll Tax Liabilities	4,156.			
Security Deposits / Tenants	122,917.			
Total (Column (b) must equal Form 990, Part X, col (B) line 25)	126,615.			
2 FIN 49 Footpote In Part VIV provide the text of the feet	note to the organization!s for	annual chalacters	a that canada the acceptable	ن بایاندادی

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

Sche	fule D (Form 990) 2009 Udd Fellows Temple	,	3-008	3/680	Page 4
Part	汉鹽 Reconciliation of Change in Net Assets from Form 990 to F	inancial Statements		N/A	
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				
5	Donated services and use of facilities				
6	Investment expenses				
7	Prior period adjustments				
8	Other (Describe in Part XIV)				
9	Total adjustments (net). Add lines 4 through 8				
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3	3 and 9			
Parl	XIII Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue per	Return	N/A	
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		رُز أ		
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	<b>⊤</b> ≀ ₹		
С	Recoveries of prior year grants.	2c	7.j. :		
	Other (Describe in Part XIV)	2d			
	Add lines 2a through 2d	1	2e		
	Subtract line 2e from line 1		3		
	Amounts included on Form 990, Part VIII, line 12, but not on line 1		S. 1976		
	Investments expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV)	4b			
	Add lines 4a and 4b	T-5	4c		
_	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12)		5		<del></del>
	XIII Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses po		ırn N/A	
	Total expenses and losses per audited financial statements.	The William Expenses in	1	]	
	Amounts included on line 1 but not on Form 990, Part IX, line 25		1 1 1 1		
	Donated services and use of facilities	2a	7		
	Prior year adjustments	2b			
	Other losses	2c			
	Other (Describe in Part XIV)	2d			
	Add lines 2a through 2d	20	2e	•	
	Subtract line 2e from line 1		3		
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		*		
	Investments expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV)	4b	-   :		
	Add lines <b>4a</b> and <b>4b</b>	40		1	
			4c		
	Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)  XIV Supplemental Information		] 3	<u> </u>	
rait	Alv   Supplemental information				
Comp	lete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d a	art III, lines 1a and 4, Part	IV, lines	1b and 2b, Pa	rt V,
nforn	nation	and 46 71130 complete this	part to p	provide any ad-	antional
				- <b></b>	
				. <b></b>	

Schedule D (Form 990) 2009 Odd Fellows Temple	53-0087680	Page 5
Part XIV Supplemental Information (continued)		
		- <b>-</b>
		<del>-</del>
		<del>_</del>
		<b>_</b>
	<del>-</del>	<b>-</b>

# SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

2009

OMB No 1545-0047

Open to Public Inspection

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Yes

Employer identification number 53-0087680 Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22.

Attatch to Form 990. Part I General Information on Grants and Assistance Odd Fellows Temple Department of the Treasury Internal Revenue Service Name of the organization

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

2 Describe in Part IV the organization's procedures for monitoring to Describe and Other Assistance to Governments and	s procedures for mon	itoring the use of grant	the use of grant funds in the United States	States	e if the organiza	aY' bereware not	s' to Form
990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use	by recipient that r	eceived more th	ian \$5,000. Check t	this box if no one r	ecipient received	more than \$5,000	). Use
Part IV and Schedule I-1 (Form 990) if additional	Form 990) if add	tional space is needed	peped				<b>A</b>
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Family_Readiness_Center DC_National_Guard Washington, DC_20001			0.	5,522.	Cost	Phone cards for deployed troops	
100F Educational Foundation 422 Trade Street Winston Salem, NC 27101			70,000.	0.0			
2 Enter total number of section 501(c)(3) and government organizations	(3) and government o	rganizations		:		•	3
3 Enter total number of other organizations	ions	)				· <b>*</b>	

Schedule I (Form 990) 2009

TEEA3901L 02/10/10

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

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed. (f) Description of non-cash assistance Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. 53-0087680 (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients Odd Fellows Temple (a) Type of grant or assistance Schedule I (Form 990) 2009 Part IV Part III BAA

Schedule I (Form 990) 2009

#### SCHEDULE O (Form 990)

# **Supplemental Information to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Name of the organization Odd Fellows Temple	Employer identification number				
Name of the organization Odd Fellows Temple Independent Order of Odd Fellows, DC	53-0087680				
Form 990, Part VI, Line 11 - Form 990 Review Process					
Tax Returns and in house financial statements are reviewed by t	he Board.				
	· <b></b>				
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	·				
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Schedule O (Form	1 990) 2009	Page 2
Name of the organization	Odd Fellows Temple Independent Order of Odd Fellows, DC	Employer identification number
····	independent Order of Odd Fellows, DC	53-0087680
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