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A For the 2009 calendar year, or tax year beginning 01-01-2009, and ending 12-31-2009				
B Check if applicable	Please use IRS label or print or type. See Specific Instructions.	C Name of organization Independent Order of Odd Fellows Barnum Lodge 7		D Employer identification number 93-0515458
Address change		Number and street (or P O box, if mail is not delivered to street address) 223 SW 2nd Street		E Telephone number (541) 752-3023
Name change				Room/suite
Initial return		City or town, state or country, and ZIP + 4 Corvallis, OR 97333		F Group Exemption Number
Terminated				
Amended return				
Application pending				

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).




I Website: <input type="checkbox"/> www.corvallisoddfellows.org		H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
J Tax-Exempt status (check only one)— <input checked="" type="checkbox"/> 501(c)(8) <input type="checkbox"/> (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		




K Check  if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ	\$	114,489
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Part I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)
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Revenue

1	Contributions, gifts, grants, and similar amounts received	1	873
2	Program service revenue including government fees and contracts	2	23,635
3	Membership dues and assessments	3	1,023
4	Investment income	4	88,958
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	0
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming , check here 		
a	Gross revenue (not including \$ _ of contributions reported on line 1)	6a	0
b	Less direct expenses other than fundraising expenses	6b	0
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0
7a	Gross sales of inventory, less returns and allowances	7a	
b	Less cost of goods sold	7b	0
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
8	Other revenue (describe  _____)	8	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 	9	114,489

Expenses	10	Grants and similar amounts paid (attach schedule) 	10	25,045
	11	Benefits paid to or for members	11	1,650
	12	Salaries, other compensation, and employee benefits	12	24,438
	13	Professional fees and other payments to independent contractors	13	1,300
	14	Occupancy, rent, utilities, and maintenance	14	30,706
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe  _____)	16	22,837
	17	Total expenses. Add lines 10 through 16 	17	105,976

Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	8,513
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	92,508
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	101,021

Part II Balance Sheets—If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	56,608	22 74,304
23	Land and buildings	57,324	23 48,279
24	Other assets (describe )	12,140	24 9,077
25	Total assets	126,072	25 131,660
26	Total liabilities (describe )	33,564	26 30,639
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	92,508	27 101,021

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? Fraternal order & needy assistance			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28 Maintain, operate and make available at low cost - venue for classes and community events. All net proceeds are donated as grants. South Hall and North Hall rental. (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		28a	
29 To operate and maintain a historic cemetery located at 4343 Withim Hill Drive, Corvallis, OR through daughter corporation, the Odd Fellows Cemetery Association of Corvallis. (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		29a	
30 Provide direct relief by donations of labor and funds to relieve distress among membership and community and indirect relief by donations to organizations. (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		30a	
31 Other program services (attach schedule) (Grants \$) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		31a	
32 Total program service expenses (add lines 28a through 31a)		32	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (See the instructions for Part IV.)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Part V		Other Information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity			33	No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes			34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T				
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?			35a	No
b	If "Yes," has it filed a tax return on Form 990-T for this year?			35b	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N			36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶			37a	
b	Did the organization file Form 1120-POL for this year?			37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return? . . .			38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved .			38b	
39	Section 501(c)(7) organizations. Enter				
a	Initiation fees and capital contributions included on line 9			39a	0
b	Gross receipts, included on line 9, for public use of club facilities			39b	0
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____, section 4912 ▶ _____, section 4955 ▶ _____				
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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			40b	
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ _____				
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____				
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T			40e	No
41	List the states with which a copy of this return is filed ▶ _____				
42a	The organization's books are in care of ▶ <u>Roger McDonald</u> Telephone no ▶ <u>(541) 752-3023</u> 223 SW 2nd Street Located at ▶ <u>Corvallis, OR</u> ZIP + 4 ▶ <u>973334633</u>				
b	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)?			42b	No
	If "Yes," enter the name of the foreign country ▶ _____				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?			42c	No
	If "Yes," enter the name of the foreign country ▶ _____				
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input checked="" type="checkbox"/>			43	
	and enter the amount of tax-exempt interest received or accrued during the tax year ▶				
44	Did the organization maintain any donor advised funds? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>			44	No
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>			45	No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.
All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

46	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	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

50(f) Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

51(d) Total number of other independent contractors each receiving over \$100,000

Please Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.				
	Signature of officer		Date		
Paid Preparer's Use Only	Preparer's signature		Date	Check if self-employed	Preparer's identifying number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN		Phone no
	Lauka Associates PC				(503) 233-2177
	3511 SE Milwaukie Ave				
Portland, OR 97202					
May the IRS discuss this return with the preparer shown above? See instructions					
Yes No					

Additional Data

Software ID:
Software Version:
EIN: 93-0515458
Name: Independent Order of Odd Fellows
Barnum Lodge 7

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Joe Magner 223 SW 2nd Corvallis, OR 973334633	Trustee 1 00	0		
Dale Combes 223 SW 2nd Corvallis, OR 973334633	Fin Secretary 1 00	0		
Roger McDonald 223 SW 2nd Corvallis, OR 973334633	Manager 20 00	15,315		
Stanley Taylor 223 SW 2nd Corvallis, OR 973334633	Trustee 1 00	228		
Robert Wilderson 223 SW 2nd Corvallis, OR 973334633	Treasurer 1 00	0		
Bonnie Tomski 223 SW 2nd Corvallis, OR 973334633	Secretary 1 00	0		
Brad Probst 223 SW 2nd Corvallis, OR 973334633	Noble Grand 1 00	0		
Michael Smith 223 SW 2nd Corvallis, OR 973334633	Vice Grand 1 00	0		

TY 2009 Grants and Similar Amounts Paid Schedule**Name:** Independent Order of Odd Fellows

Barnum Lodge 7

EIN: 93-0515458**Software ID:** 09000047**Software Version:** 2009v1.3

Item No.	1
Class of Activity	Contribution
Donee's Name	Living Legacy
Donee's Address	Various Various, OR 97333
Amount (FMV)	782
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	2
Class of Activity	Contribution
Donee's Name	Fraternal Grants
Donee's Address	Various Various, OR 97333
Amount (FMV)	117
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	3
Class of Activity	Contribution
Donee's Name	Needy Individual Asst thru other organiz
Donee's Address	Various Various, OR 97333
Amount (FMV)	21,185
Purpose of Payment to Affiliate	
Relationship	
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	4
Class of Activity	Contribution
Donee's Name	Odd Fellows Cemetery Assoc of Corvalis
Donee's Address	223 SW 2nd Street Corvalis, OR 97333
Amount (FMV)	2,961
Purpose of Payment to Affiliate	
Relationship	Related Entity
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

TY 2009 Other Assets Schedule

Name: Independent Order of Odd Fellows
Barnum Lodge 7

EIN: 93-0515458

Software ID: 09000047

Software Version: 2009v1.3

Description	Beginning of Year Amount	End of Year Amount
Machinery and Equipment	8,547	6,611
Furniture and Fixtures	3,593	2,466

TY 2009 Other Expenses Schedule

Name: Independent Order of Odd Fellows

Barnum Lodge 7

EIN: 93-0515458

Software ID: 09000047

Software Version: 2009v1.3

Description	Amount
Office Expenses	2,143
Meetings & fraternal expenses	3,077
Licenses & Permits	205
Interest	995
Fundraising Exp	150
Dues	1,437
Depreciation	14,656
Bank Charges	54

TY 2009 Other Liabilities Schedule**Name:** Independent Order of Odd Fellows

Barnum Lodge 7

EIN: 93-0515458**Software ID:** 09000047**Software Version:** 2009v1.3

Description	Beginning of Year Amount	End of Year Amount
Rental Deposits	2,790	2,745
Grand lodge loan	27,220	24,500
Escrow deposits	2,179	2,193
Accounts Payable and Accrued Expenses	1,375	1,201