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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

Open to Public
Inspection

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

A For the 2009 calendar year, or tax year beginning

4/1/2009

, and ending

3/31/2010

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

Please use IRS label or print or type.
See Specific Instructions

C Name of organization Independent Order of Odd Fellows
Doing Business As
Number and street (or P O box if mail is not delivered to street address)
1107 Walnut Street E
City or town, state or county, and ZIP + 4
Devils Lake ND 58301

D Employer identification number

45-0140310

E Telephone number

I Tax-exempt status 501(c) (8) (insert no) 4947(a)(1) or 527

J Website: ► N/A

K Form of organization Corporation Trust Association Other ►

G Gross receipts \$ 383,588
H(a) Is this a group return for affiliates? Yes X No
H(b) Are all affiliates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ►

L Year of formation 1890 M State of legal domicile ND

Part I Summary

1 Briefly describe the organization's mission or most significant activities: The purposes of the Independent Order of Odd Fellows are to promote the principles of Odd Fellowship throughout the world and seek to improve and elevate the character of man.

2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	11
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	10
5 Total number of employees (Part V, line 2a)	5	10
6 Total number of volunteers (estimate if necessary)	6	
7a Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b Net unrelated business taxable income from Form 990-T, line 34	7b	

		Prior Year	Current Year
		123,383	44,313
8 Contributions and grants (Part VIII, line 1h)		10,858	10,424
9 Program service revenue (Part VIII, line 2g)		53,950	51,887
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		-121,361	-105,588
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		66,830	1,036
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)			

		Prior Year	Current Year
		123,383	44,313
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		10,858	10,424
14 Benefits paid to or for members (Part IX, column (A), line 4)		53,950	51,887
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		-121,361	-105,588
16a Professional fundraising fees (Part IX, column (A), line 11e)		66,830	1,036
b Total fundraising expenses (Part IX, column (D), line 25)			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		19,717	21,536
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		19,717	21,536
19 Revenue less expenses Subtract line 18 from line 12		47,113	-20,500

		Beginning of Current Year	End of Year
		1,844,177	1,778,020
20 Total assets (Part X, line 16)		184,114	138,456
21 Total liabilities (Part X, line 26)		1,660,063	1,639,564
22 Net assets or fund balances. Subtract line 21 from line 20			

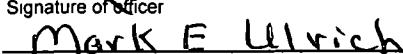
Part II

Signature Block

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

► 8-10-2010
Date

► 
Mark E. Ulrich

Brand Secretary

Type or print name and title

Paid
Preparer's
Use Only

Preparer's signature 
Date 8/7/2010 Check if self-employed X
Preparer's identifying number (see instructions)

Firm's name (or yours if self-employed), address, and ZIP + 4
Thomas A. Culmer, CPA
312 Smith Dr, Devils Lake, ND 58301

EIN Phone no ► (701) 662-8678

May the IRS discuss this return with the preparer shown above? (see instructions)

Yes No

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission:

The Order is, and shall forever continue to be, bound to charitable and beneficent works, in visiting the sick, relieving the distressed, burying the dead, and educating the orphan, and in the performance of all those reciprocal duties and benevolences which spring from our recognition of a Supreme Being and the Brotherhood of Man, and from the inculcation and practices of Friendship, Love and Truth; Faith, Hope and Charity, Purity, and Universal Justice.

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.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?

If "Yes," describe these 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 4947(a)(1) trusts are required to report the amount of grants and contributions received for exempt purpose achievements.

Section 501(c)(3) and 501(c)(4) organizations and Section 4911(c)(4) firms 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 \$ including grants of \$) (Revenue \$)

4b (Code.) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$ (Revenue \$)

4d Other program services (Describe in Schedule O.)

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

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

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

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

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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

- 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.
- Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X
- 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.

12 Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

12A Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional

13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the United States?

b 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

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

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

17 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

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

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

	Yes	No
1		X
2		X
3		X
4		
5		
6		X
7		X
8		X
9		X
10		X
11	X	
12	X	
12A		X
13		X
14a		X
14b		X
15		X
16		X
17		X
18		X
19		X
20		X

Part 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	X
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	X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	
b 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	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
c An 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	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 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? 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	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	
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	X

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable.	1a	
1b			
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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.	2a	10
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		
4b	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.		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
6a	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?		
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	X	
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		

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.

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body 11
 1b Enter the number of voting members that are independent 10

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 X

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 X

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 X

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 governing body? 7a X

b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b X

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:

a The governing body? 8a X

b Each committee with authority to act on behalf of the governing body? 8b X

9 Is there any officer, director, 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 9a X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

10a Does the organization have local chapters, branches, or affiliates? 10a X

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? 10b X

11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11 X

11A Describe in Schedule O the process, if any, used by the organization to review this Form 990

12a Does the organization have a written conflict of interest policy? If "No," go to line 13.

b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12a X

c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12b

13 Does the organization have a written whistleblower policy? 13 X

14 Does the organization have a written document retention and destruction policy? 14 X

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 or key employees of the organization 15b X

If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X

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. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ►

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 Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► Pam Kraft

1107 Walnut Street E, Devils Lake, ND 58301

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 organization'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 employee."
 - 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, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees; and former such persons.

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

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)**

1b Total

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization ►

3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual

4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual.

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person . . .

	Yes	No
3		X
4		X
5		X

Section B. Independent Contractors

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

Part VIII Statement of Revenue

Contributions, gifts, grants and other similar amounts		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
1a	Federated campaigns	1a			
b	Membership dues	1b	6,523		
c	Fundraising events	1c			
d	Related organizations	1d			
e	Government grants (contributions)	1e	37,761		
f	All other contributions, gifts, grants, and similar amounts not included above	1f	29		
g	Noncash contributions included in lines 1a-1f: \$			44,313	
h	Total. Add lines 1a-1f		►		
Program Service Revenue		Business Code			
2a	Expense reimbursement		10,424	10,424	
b	-----				
c	-----				
d	-----				
e	-----				
f	All other program service revenue			10,424	
g	Total. Add lines 2a-2f		►		
3	Investment income (including dividends, interest, and other similar amounts)			51,887	51,887
4	Income from investment of tax-exempt bond proceeds				
5	Royalties				
6a	Gross Rents	(i) Real	(ii) Personal		
b	Less rental expenses	276,964			
c	Rental income or (loss)	382,552			
d	Net rental income or (loss)	-105,588			
7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
b	Less cost or other basis and sales expenses				
c	Gain or (loss)				
d	Net gain or (loss)		►		
8a	Gross income from fundraising events (not 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		►		
9a	Gross income from gaming activities. See Part IV, line 19.	a			
b	Less direct expenses	b			
c	Net income or (loss) from gaming activities		►		
10a	Gross sales of inventory, less returns and allowances	a			
b	Less cost of goods sold	b			
c	Net income or (loss) from sales of inventory		►		
Miscellaneous Revenue		Business Code			
11a	-----				
b	-----				
c	-----				
d	All other revenue				
e	Total. Add lines 11a-11d		►		
12	Total revenue. See instructions		►	1,036	62,311

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
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):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	11,764		11,764	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	5,499		5,499	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance	1,200		1,200	
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.)				
a Per Capita	3,073		3,073	
b				
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	21,536		21,536	
26 Joint costs. Check here ► <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X **Balance Sheet**

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	161,621	1	93,597
	2 Savings and temporary cash investments	1,273,964	2	1,295,582
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	2,291	4	6,663
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,288,945		
	b Less: accumulated depreciation	906,767	406,301	10c 382,178
	11 Investments—publicly traded securities		11	
	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	
	16 Total assets. Add lines 1 through 15 (must equal line 34)	1,844,177	16	1,778,020
Liabilities	17 Accounts payable and accrued expenses	50,181	17	59,611
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 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	
	23 Secured mortgages and notes payable to unrelated third parties	133,933	23	78,845
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	184,114	26	138,456
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	1,660,063	27	1,639,564
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	1,660,063	33	1,639,564
	34 Total liabilities and net assets/fund balances	1,844,177	34	1,778,020

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?
 b Were the organization's financial statements audited by an independent accountant?
 c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
 d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
 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.

	Yes	No
2a	X	
2b	X	
2c	X	
3a		X
3b	X	

SCHEDULE D
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

2009Open to Public
Inspection

Name of the organization

Employer identification number

Independent Order of Odd Fellows

45-0140310

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).	
<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a Total number of conservation easements	
b Total acreage restricted by conservation easements	
c Number of conservation easements on a certified historic structure included in (a)	
d Number of conservation easements included in (c) acquired after 8/17/06	
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►	
4 Number of states where property subject to conservation easement is located ►	
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►	
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$	
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenues included in Form 990, Part VIII, line 1	► \$
(ii) Assets included in Form 990, Part X	► \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items	
a Revenues included in Form 990, Part VIII, line 1	► \$
b Assets included in Form 990, Part X	► \$

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a <input type="checkbox"/> Public exhibition	d <input type="checkbox"/> Loan or exchange programs
b <input type="checkbox"/> Scholarly research	e <input type="checkbox"/> Other _____
c <input type="checkbox"/> Preservation for future generations	

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

1b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

2b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

a Board designated or quasi-endowment	►
b Permanent endowment	►
c Term endowment	►

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
3a(i) unrelated organizations	3a(i)	
3a(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	208,888	26,604		235,492
b Buildings		1,053,453	906,767	146,686
c Leasehold improvements				
d Equipment				
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ► 382,178

Part VII Investments—Other Securities. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives		
Closely-held equity interests		
Other		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

Part IX Other Assets. See Form 990, Part X, line 15.

Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)

Part X Other Liabilities. See Form 990, Part X, line 25

1. (a) Description of liability	(b) Amount	
Federal income taxes		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)		

Total. (Column (b) must equal Form 990, Part X, col (B) line 25)

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.

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	1,036
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	21,536
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-20,500
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	-20,500

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per 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		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	
e	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	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	

Part XIII Reconciliation of Expenses per Audited Financial Statements 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	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

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Part XIV Supplemental Information (continued)

**SCHEDULE O .
(Form 990)**Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990**

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

OMB No 1545-0047

2009Open to Public
Inspection

Name of the organization

Independent Order of Odd Fellows

Employer identification number

45-0140310

Form 990 Part VI Section A Line 11a The Grand Secretary reviews the 990 prior to its being filed.

Form 990 Part VI Section B Line 15b The Grand Secretary determines the wages of the employees.

Form 990 Part VI Section C Line 19 The Grand Secretary will make documentation available at the main
office during normal business hours.

YEAR ENDED 03/31/10

PPD BY Thomas A Culmer, CPA

ASSET NO	DESCRIPTION	PLC	DATE	METHOD	1	ORIG COST	DEPR BASIS	BEGIN A/D	CURRENT DEP	ENDING A/D	BOOK VALUE	
		BU%	LIFE	4797 PTC	N/U	2	ITC BASIS	ITC AVAIL	ITC BAS	REDUC	SEC 179 EXP	SALVAGE
Units 1 (L1) - (C0) - Acct 14201												
1 00	Buildings 1	01/01/70	SL			1	535798.00	535798.00	522403.05	10046.21	532449.26	3348.74
		40	50	0	N	2	0.00	0.00	0.00	0.00	0.00	0.00
44 00	Remodeling	03/15/08	SL			1	60558.94	60558.94	1617.49	1552.79	3170.28	57388.66
		39	50	0	N	2	0.00	0.00	0.00	0.00	0.00	0.00
45 00	Remodeling	06/15/08	SL			1	30344.79	30344.79	648.39	778.07	1426.46	28918.33
		39	50	0	N	2	0.00	0.00	0.00	0.00	0.00	0.00
* Acct 14201 *			3	asset(s)		1	626701.73	626701.73	524668.93	12377.07	537046.00	89655.73
Units 1 (L1) - (C0) - Acct 14401												
2 00	Equipment Units 1	01/01/70	SL			1	6366.92	6366.92	6366.92	0.00	6366.92	0.00
		10	45	0	N	2	0.00	0.00	0.00	0.00	0.00	0.00
5 00	Equipment Units 1	01/01/74	SL			1	100.00	100.00	100.00	0.00	100.00	0.00
		10	45	0	N	2	0.00	0.00	0.00	0.00	0.00	0.00
6 00	Storage Shed Units 1	01/01/75	SL			1	385.14	385.14	385.14	0.00	385.14	0.00
		10	45	0	N	2	0.00	0.00	0.00	0.00	0.00	0.00
7 00	Used Refrigerator Unit	01/01/76	SL			1	156.00	156.00	156.00	0.00	156.00	0.00
		10	45	0	N	2	0.00	0.00	0.00	0.00	0.00	0.00
8 00	Fire Extinguisher 1/2	01/01/77	SL			1	46.35	46.35	46.35	0.00	46.35	0.00
		10	45	0	N	2	0.00	0.00	0.00	0.00	0.00	0.00
9 00	Office Equipment Units	06/01/78	SL			1	304.26	304.26	304.26	0.00	304.26	0.00
		10	45	0	N	2	0.00	0.00	0.00	0.00	0.00	0.00
10 00	Smoke Detectors Unit 1	04/01/79	SL			1	2742.96	2742.96	2742.96	0.00	2742.96	0.00
		10	45	0	N	2	0.00	0.00	0.00	0.00	0.00	0.00
11 00	Stove Units 1	05/01/79	SL			1	221.45	221.45	221.45	0.00	221.45	0.00
		10	45	0	N	2	0.00	0.00	0.00	0.00	0.00	0.00
12.00	Fire Extinguishers 70%	11/01/79	SL			1	91.00	91.00	91.00	0.00	91.00	0.00
		10	45	0	N	2	0.00	0.00	0.00	0.00	0.00	0.00
13 00	Snow Blower 70% Units 1	02/01/80	SL			1	339.50	339.50	339.50	0.00	339.50	0.00
		10	45	0	N	2	0.00	0.00	0.00	0.00	0.00	0.00
14 00	Calculator Units 1	01/01/81	SL			1	118.93	118.93	118.93	0.00	118.93	0.00
		10	45	0	N	2	0.00	0.00	0.00	0.00	0.00	0.00
15 00	Water Heater Units 1	11/01/82	SL			1	439.65	439.65	439.65	0.00	439.65	0.00
		12	45	0	N	2	0.00	0.00	0.00	0.00	0.00	0.00
16.00	80 Refrigerators 70% Un	08/01/88	MACRS-Y			1	17593.80	17593.80	17593.80	0.00	17593.80	0.00
		7	45	0	N	2	0.00	0.00	0.00	0.00	0.00	0.00
17 00	2 Beds Units 1	06/01/91	MACRS-Y			1	850.00	850.00	850.00	0.00	850.00	0.00
		7	45	0	N	2	0.00	0.00	0.00	0.00	0.00	0.00
18 00	1/3 Copy Machine 70% Un	09/01/91	MACRS-Y			1	558.84	558.84	558.84	0.00	558.84	0.00
		7	45	0	N	2	0.00	0.00	0.00	0.00	0.00	0.00
19 00	Snow Blower 70% Units 1	03/01/93	MACRS-Y			1	420.00	420.00	420.00	0.00	420.00	0.00
		7	45	0	N	2	0.00	0.00	0.00	0.00	0.00	0.00
20 00	Stoves 70% Units 1	06/01/95	MACRS-Y			1	14721.88	14721.88	14721.88	0.00	14721.88	0.00
		7	45	0	N	2	0.00	0.00	0.00	0.00	0.00	0.00
21 00	Tractor 70% Units 1	12/01/95	MACRS-Y			1	5356.00	5356.00	5356.00	0.00	5356.00	0.00
		7	45	0	N	2	0.00	0.00	0.00	0.00	0.00	0.00

YEAR ENDED 03/31/10

PPD BY Thomas A Culmer, CPA

ASSET NO.	DESCRIPTION	PLC	DATE	METHOD	BU%	LIFE	4797	PTC	N/U	1	ORIG COST	DEPR BASIS	BEGIN A/D	CURRENT DEP	ENDING A/D	BOOK VALUE	SALVAGE
										2	ITC BASIS	ITC AVAIL	ITC BAS	REDUC	RECOV	SEC 179 EXP	
22 00	Computer 70% Units 1	07/01/00		MACRS-Y	5	45	0	N		1	1226 47	1226 47	1226 47	0 00	1226 47	0 00	0 00
										2	0 00	0 00	0 00	0 00	0 00	0 00	0 00
23 00	Snow Blower 70% Units 1	11/01/00		MACRS-Y	7	45	0	N		1	1540 00	1540 00	1540 00	0.00	1540.00	0 00	0 00
										2	0 00	0.00	0 00	0.00	0 00	0 00	0 00
24 00	Sidewalk 70% Units 1	09/01/02		MACRS-SL-M	15	50	0	N		1	47525 63	47525 63	20649.23	3177 51	23826 74	23698 89	
										2	0 00	0 00	0 00	0 00	0 00	0 00	0 00
* Acct 14401 *			21	asset(s)						1	101104 78	101104 78	74228 38	3177 51	77405 89	23698 89	
Units 1 (L1) - (C0) - Acct 14501																	
3 00	Office Equipment Units	01/01/70	SL		10	45	0	N		1	255 67	255 67	255 67	0 00	255 67	0 00	0 00
										2	0 00	0 00	0.00	0 00	0 00	0 00	0 00
4 00	Office Equipment Units	01/01/72	SL		10	45	0	N		1	466 44	466 44	466 44	0 00	466 44	0 00	0 00
										2	0 00	0 00	0 00	0 00	0 00	0 00	0 00
* Acct. 14501 *			2	asset(s)						1	722 11	722 11	722 11	0 00	722 11	0 00	
** (C0) **			26	asset(s)						1	728528 62	728528 62	599619 42	15554 58	615174 00	113354 62	
*** Units 1 (L1) ***			26	asset(s)						1	728528 62	728528 62	599619 42	15554 58	615174.00	113354 62	
Units 2 (L2) - (C0) - Acct 14202																	
25 00	Building II	01/01/73	SL		40	50	0	N		1	276306 72	276306.72	246373 79	6907 67	253281 46	23025 26	
										2	0 00	0 00	0 00	0 00	0 00	0 00	0 00
* Acct 14202 *			1	asset(s)						1	276306 72	276306 72	246373 79	6907.67	253281 46	23025 26	
Units 2 (L2) - (C0) - Acct 14402																	
27 00	Storage Shed Units 2	01/01/75	SL		10	45	0	N		1	192 59	192 59	192 59	0 00	192 59	0 00	0 00
										2	0 00	0 00	0.00	0 00	0 00	0 00	0 00
28 00	Office Equipment Units	01/01/76	SL		10	45	0	N		1	156.00	156.00	156.00	0 00	156.00	0 00	0.00
										2	0 00	0 00	0 00	0 00	0 00	0 00	0.00
29.00	Fire Extinguisher 1/2 U	01/01/77	SL		10	45	0	N		1	46 35	46.35	46 35	0 00	46 35	0 00	0 00
										2	0.00	0 00	0 00	0.00	0 00	0 00	0 00
30 00	Office Equipment Units	06/01/78	SL		10	45	0	N		1	130 40	130 40	130 40	0 00	130 40	0 00	0 00
										2	0 00	0.00	0 00	0 00	0 00	0 00	0 00
31 00	Smoke Detectors Units 2	04/01/79	SL		10	45	0	N		1	1175 51	1175.51	1175 51	0 00	1175 51	0 00	0 00
										2	0 00	0 00	0 00	0 00	0 00	0 00	0 00
32.00	Fire Extinguisher 30% U	11/01/79	SL		10	45	0	N		1	39 00	39.00	39.00	0 00	39 00	0 00	0.00
										2	0 00	0 00	0 00	0 00	0.00	0 00	0 00
33 00	Snow Blower 30% Units 2	02/01/80	SL		10	45	0	N		1	145.51	145.51	145 51	0 00	145 51	0 00	0 00
										2	0 00	0 00	0.00	0 00	0 00	0 00	0 00
34 00	Calculator 30% Units 2	01/01/81	ACRS		10	45	0	N		1	50 97	50 97	50 97	0 00	50 97	0 00	0 00
										2	0 00	0 00	0 00	0 00	0 00	0 00	0 00
35 00	80 Refrigerators 30% Un	08/01/88	MACRS-Y		7	45	0	N		1	7540 20	7540.20	7540 20	0.00	7540 20	0 00	0 00
										2	0 00	0 00	0 00	0.00	0 00	0 00	0 00
36 00	1/3 Copy Machine 30% Un	09/01/91	MACRS-Y		7	45	0	N		1	239 50	239 50	239 50	0 00	239.50	0 00	0 00
										2	0 00	0 00	0 00	0.00	0 00	0 00	0 00
37 00	Snow Blower 30% Units 2	03/01/93	MACRS-Y		7	45	0	N		1	180 00	180 00	180.00	0.00	180 00	0 00	0 00
										2	0 00	0 00	0 00	0.00	0 00	0 00	0 00
38 00	Stoves 30% Units 2	06/01/95	MACRS-Y		7	45	0	N		1	6309 37	6309 37	6309 37	0 00	6309 37	0 00	0 00
										2	0 00	0.00	0 00	0.00	0 00	0 00	0 00

YEAR ENDED 03/31/10

PPD BY Thomas A Culmer, CPA

ASSET NO.	DESCRIPTION	PLC	DATE	METHOD	1 BU%	2 LIFE	N/U	1	ORIG COST	DEPR BASIS	BEGIN A/D	CURRENT DEP	ENDING A/D	BOOK VALUE
								ITC BASIS	ITC AVAIL	ITC BAS	RED REDUC	RECov SEC 179	EXP	SALVAGE
39 00 Tractor	30% Units 2	12/01/95	MACRS-Y		1	2296 00		2296 00		2296 00	0 00	2296.00		0 00
		7	45 0	N	2	0 00		0 00		0 00	0 00	0 00		0 00
40.00 Computer	30% Units 2	07/01/00	MACRS-Y		1	525 63		525 63		525.63	0 00	525.63		0 00
		5	45 0	N	2	0 00		0 00		0 00	0 00	0 00		0 00
41 00 Snow Blower	30% Units 2	11/01/00	MACRS-Y		1	660 00		660 00		660.00	0.00	660.00		0.00
		7	45 0	N	2	0 00		0 00		0 00	0 00	0.00		0 00
42 00 Sidewalks	30% Units 2	09/01/02	MACRS-SL-M		1	20368 12		20368 12		8849.68	1361 79	10211.47		10156 65
		15	50 0	N	2	0 00		0 00		0.00	0.00	0 00		0 00
43 00 Software		07/01/05	MACRS-Y		1	2595.00		2595 00		2146.58	298 95	2445 53		149.47
		5	45 0	N	2	0 00		0 00		0 00	0 00	0 00		0 00
Note Declining balance method switched to SL using \$448.42 over 18 months														
* Acct 14402 *		17	asset(s)		1	42650 15		42650 15		30683 29	1660 74	32344 03		10306 12
Units 2 (L2) - (C0) - Acct 14502														
26 00 Office Equipment	Units	01/01/74	SL		1	374.40		374.40		374.40	0.00	374.40		0.00
		10	45 0	N	2	0 00		0 00		0 00	0 00	0 00		0 00
* Acct 14502 *		1	asset(s)		1	374 40		374.40		374 40	0 00	374 40		0 00
** (C0) **		19	asset(s)		1	319331 27		319331 27		277431 48	8568.41	285999 89		33331 38
*** Units 2 (L2) ***		19	asset(s)		1	319331 27		319331.27		277431 48	8568.41	285999.89		33331 38
GRAND TOTALS		45	asset(s)		1	1047859 89		1047859 89		877050 90	24122 99	901173 89		146686 00

DEPR BASIS SUMMARY

BEGINNING BASIS	1047859 89
ADDITIONS-FULL COST	0 00
IRC 179 EXPENSE	0 00
ITC BASIS REDUCTION	0 00
REDUCTION RECOVERY	0 00
DISPOSITIONS	0 00

ENDING COST

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1047859 89

DEPRECIATION SUMMARY

BEGINNING ACCUM DEPR	877050 90
CURRENT DEDUCTION	24122 99
BONUS DEPRECIATION	0 00
DISPOSITIONS	0 00

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ENDING ACCUM DEPR

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901173 89

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COST SUMMARY

BEGINNING COST	1047859.89
ADDITIONS	0 00
DISPOSITIONS	0 00

ENDING COST

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1047859.89

DEPRECIATION PLUS IRC 179 SUMMARY

BEGINNING DEPR + 179	877050 90
CURRENT DEPR + 179	24122 99
DISPOSITIONS	0 00

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ENDING DEPR + 179

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901173 89

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