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14250

Form **990** 

Department of the Treasury Internal Revenue Service

# Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

2009
Open to Public Inspection

Secretary   Control of the Control	7	A .	For the 2009	calendar ye	ear, or tax year begi	nning 06/0	01/09 , and end	ing 05	5/31/1	0									
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PO BOX 74 15   HUTCHINSON   MN 55350   The common state of the c		7	Application pendi	my I	•	•					н	(a) Is this	a group retur	n for					
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b Net unrelated business taxable income from Form 990-T, line 34  b Net unrelated business taxable income from Form 990-T, line 34  contributions and grants (Part VIII, line 1h)  program service revenue (Part VIII, line 2g)  10 Investment income (Part VIII, line 3, 4, and 7d)  11 Other revenue (Part VIII, column (A), lines 3, 4, and 7d)  12 Total revenue — add lines 8 through — 11 (must equal Part VIII, column (A), line 12)  13 Grants and growing unduling laid (Part IX, column (A), lines 1-3)  14 Benefits paid to color-members (Part VIII, column (A), lines 1-3)  15 Salaries other compensation, gmolovate benefits (Part IX, column (A), lines 5-10)  16a Protessional find raining fees (Part IX, Column (A), line 4)  15 Salaries other compensation, gmolovate benefits (Part IX, column (A), lines 5-10)  17 Other expenses (Part IX, Column (A), line 11e)  18 Total buggenses — Add intest 13—17 (must equal Part IX, column (A), line 25)  19 Revenue less expenses Subtract line 18 from line 12  Beginning of Current Year End of Year  10 Total landrinating expenses. Part IX, column (A), line 25)  20 Total absolutes (Part X, line 26)  21 Total landrinating (Part X, line 26)  22 Net assets of fund balances Subtract line 21 from line 20  1, 316, 847  1, 839, 428  Part II Signature Block  Under peophies of penying declarating of preparer (other than officer) is based on all information of which preparer has any knowledge and being fly infolic, comply and knowledge of signature proint name and title  Preparer's si		A												11	.950				
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Sign Here    Signature of officer   Date	_	<u></u>				that I have examine	d this return, including ac	companying	schedules an	d statem	ents and to t	he hest of	my knowle						
Here    Signature of officer   Carand Secretary     Type or print name and title			İ	and belief, it i	is true, correct, and pro	emplete Declaration o	f preparer (other than off	icer) is base	d on all inform	ation of v	vhich prepare	er has any	knowledge	3					
Here    Signature of officer   Carand Secretary     Type or print name and title	S	Sia	n l	140	berth	Inio 1						19-	13-1	0					
Preparer's signature		_		Signatur	re of officer	^ +		<del></del>											
Preparer's Use Only    Preparer's signature				N Ro	BERT D	Amio	GIRANDSEC	RETAR	rey										
Preparer's signature JOHN BECKMAN 09/02/10 employed  □ (see instructions) P00125145    Preparer's signature			ļ	Type or	print name and title				1										
Preparer's Use Only    Signature	_			Prenarer's	parer's Date Check							-			g number				
Use Only    Firm's name (or yours of self-employed), address, and ZIP + 4   PIEHL, HANSON, BECKMAN, P.A.   EIN ▶ 41-1763115     Tool South Grade RD SW PO BOX 399   Phone of the property of			a	•	JOHN BEG	CKMAN			09/02	2/10	self- employed	<b>▶</b> □	POO	11251	4.5				
Too South Grade RD SW Po Box 399   Phone   Murchinson, MN 55350   Phone   Murchinson, MN 55350   Phone   Moreover Reduction Act Notice, see the separate instructions.   Yes No Form 990 (2009)			•	Coming a const	PTI	•	ON, BECKMAN	N, P.F											
address, and ZIP + 4 HUTCHINSON, MN 55350  May the IRS discuss this return with the preparer shown above? (see instructions)  For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.  No ▶ 320-234-4430  Yes No Form 990 (2009)	U	JSE	<i>-</i> • • • • • • • • • • • • • • • • • • •		(or yours					<del></del>									
May the IRS discuss this return with the preparer shown above? (see instructions)  For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.  Form 990 (2009)					,.								320-	234-	4430				
For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.	M	/lay	the IRS disc	cuss this reti							··			$\overline{}$	No				
			Privacy Act	and Paper	work Reduction A	ct Notice, see the	separate instructio	ns.						Form 99	(2009)				

1 Bnefly describe the organization's mission FRATERNAL BENEFICIARY ASSOCIATION OPERATING UNDER THE LODGE SYSTEM.  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 allocations to others, the total expenses, and revenue, if any, for each program service reported  4a (Code ) (Expenses \$ including grants of \$ ) (Revenue \$ THE ORGANIZATION WAS ESTABLISHED TO PROVIDE ASSISTANCE TO OTHER LODGES IN MINNESOTA IF THEY ARE IN FINANCIAL TROUBLE. DURING THE YEAR THE ORGANIZATION LOANED ONE LODGE MONEY AN	Page 2
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THE ORGANIZATION WAS ESTABLISHED TO PROVIDE ASSISTANCE TO OTHER LODGES IN MINNESOTA IF THEY ARE IN FINANCIAL	
ACQUIRED THE ASSETS OF THREE LODGES THAT CLOSED.	D D
4b (Code ) (Expenses \$ including grants of \$ ) (Revenue \$	)
4c (Code ) (Expenses \$ including grants of \$ ) (Revenue \$	)
4d Other program services (Describe in Schedule O )  (Expenses \$ including grants of \$ ) (Revenue \$ )  4e Total program service expenses >	

<u>P</u>	art IV Checklist of Required Schedules		,	
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			i
	complete Schedule A	1	↓	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	<u> </u>	X
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	<u> </u>	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)		1	
	notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have			1
	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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Х
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,"		1	
	complete Schedule D, Part IV	9		X
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	10		X
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	11	X	ļ
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete			
	Schedule D, Part VI			1
	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			I
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			1
	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	Ę.		•
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII			1
	Did the organization report an amount for other assets related in Part X, line 15 that is 5% or more of its total assets			l
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			1
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			1
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			1
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			I
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			<u> </u>
	Schedule D, Parts XI, XII, and XIII	. 12		X
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	No		
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	Χ		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	<u> </u>	X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	ĺ		
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	<u> </u>	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			l
	organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
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		Х
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	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	ļ	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			1
	If "Yes," complete Schedule G, Part III	19	<u> </u>	X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	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 12 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		Х
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			ĺ
	employees? If "Yes," complete Schedule J	23		Х
24a				
	\$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		
	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		Χ
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		Χ_
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)			
а	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		<u>X</u>
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		<u>X</u>
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		<u>X</u>
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	Х	
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>X</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,			v
	Part VI	37		<u>X</u>
88	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and		ι,	
	19? Note. All Form 990 filers are required to complete Schedule O	38	Χ	

ra	A V Statements Regarding Other IRS Filings and Tax Compliance					
4-	Tatas the graph as assessed in Pay 2 of Form 1006. Applied Summan, and Transmitted of				Yes	No
18	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	3			
L		1b	0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	ــــــــــــــــــــــــــــــــــــــ	<u> </u>			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able		1c	i	Ī
2-	gaming (gambling) winnings to prize winners?  Enter the number of employees seperted on Form W.3. Transmittal of Wass and Tax					
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	1			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		Δ	2b	Х	Ī
þ	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					-
	Instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by	J				
74	this return?	,		3a	Х	Ī
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b	Χ	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other auth	ority	-			
74	over, a financial account in a foreign country (such as a bank account, securities account, or other financial					
	account)?			4a		Х
b	If "Yes," enter the name of the foreign country					
~	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Ban	ık				
	and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	?		5b		X
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding					
	Prohibited Tax Shelter Transaction?	-		5c		
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?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	or				
	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	is				
	and services provided to the payor?			7a		
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 which it was					
	required to file Form 8282?			7c		
d	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 premiums on a person	nal				
	benefit contract?			7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			<u>7g</u>		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			l		
_	required?			7h		-
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?			8		
9	Sponsoring organizations maintaining donor advised funds.					Ī
a	Did the organization make any taxable distributions under section 4966?			9a 9b		
b	Did the organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter			30		$\vdash$
0	Initiation fees and capital contributions included on Part VIII, line 12	10a				
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a				
1	Section 501(c)(12) organizations. Enter					
a	Gross income from 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 )	11b				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10			12a		Ì
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
	<del></del>					

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.

	Schedule O. See instructions.			
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent	]		
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	Χ	
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		Χ
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		Χ
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		Χ
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following			
а	The governing body?	8a	Χ	
b	Each committee with authority to act on behalf of the governing body?	8b	Χ	
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	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
Rev	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Χ	
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	Χ	
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	12a		<u>X</u>
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give	İ	ŀ	
	rise to conflicts?	12b		
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
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?			
а	The organization's CEO, Executive Director, or top management official	15a		<u>X</u>
b	Other officers or key employees of the organization	15b		Χ
	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		I	
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard		I	
	the organization's exempt status with respect to such arrangements?	16b	Ĺ	
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filled ▶ NONE			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, 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 ► LEWIS MCFERRAN PO BOX 7415			
HI.	TCHINSON MN 55350 320	-58'	7-2	605

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

Check this box if the organization (A)	(B)			((	C)	(E)	(F)			
Name and Title	Average hours per week			•		hat a		Reportable compensation from	Reportable compensation from related	Estimated amount of other
	Week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
ROBERT AMIOT									_	
GRAND SECRETARY	35.00			X	<u> </u>	ļ		12,192	0	0
J DOUGLAS PLOTT										
PAST GR. MASTER	10.00	lacksquare		Х			<u></u>	0	0	0
STUART HUNTER										
GRAND MASTER	20.00			X	<u> </u>	L		0	0	0
LEWIS MCFERRAN JR					l					
DEPUTY GRAND MASTER	10.00			Χ	L			0	0	0
EDWARD SPILMAN										
GRAND WARDEN	10.00			X				0	0	0
DAVID ADAMS	•				-					
GRAND REPRESENTATIVE	10.00			X	L			0	0	0
LEWIS MCFERRAN SR										
GRAND TREASURER	10.00			X.				0	0	0
FRANK MOTT										
FINANCE CHAIRMAN	5.00	].		X				0	0	0
BILL ALITZ	•									
FINANCE COMMITTEE ME	5.00	l		Х				0	0	0
WAYNE R JOHNSON										
FINANCE COMMITTEE ME	5.00			Х				0	0	0
							-			
						į				

<u>rar</u>	t Aft Section A. Officers	, Directors, 1103	1903	, 110	,	<u>ر</u> دام.	, 000		Tigliest Compensated L	· · ·				
	(A) Name and Title	(B) Average hours per	<u> </u>	1 _	chec		hat ap		(D) Reportable compensation	(E) Reportable compensation		(F) Estimate amount o		
		week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	or a	other mpensate from the rganization relate ganization ganization ganization control of the relate g	ed	
													_	
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								-						—
1b	Total			l			لــــا	<b>•</b>	12,192					
	Total number of individuals (inc	cluding but not lim	ııted	to th	ose	listed	abo	ve)		00,000 in				_
	reportable compensation from	_		0										
											<u>-</u> -	<u> </u>	es l	No
	Did the organization list any for employee on line 1a? If "Yes,"	complete Schedu	ile J 1	for s	uch i	ndıv	dual			_		3		<u>X</u>
	For any individual listed on line the organization and related org individual	ganizations great	er th	an \$	150,0	000?	If "Y	es,"	complete Schedule J for su	ch		4		<u>X</u>
	Did any person listed on line 1a services rendered to the organi	zation? If "Yes,"										5		<u>X</u> _
1	ion B. Independent Contractor Complete this table for your five compensation from the organiz	e highest comper	sate	ed inc	iepe	nder	nt cor	ntrac	tors that received more that	n \$100,000 of				
		(A) business address							Descrip	(B) tion of services		Comp	C) ensation	
				_				<u> </u>		<del></del>				
			_	_				<u> </u>						
	Total number of independent of		_				to th	l ose	listed above) who received			<del></del>		<del></del>
DAA	more than \$100,000 in comper	isation from the c	rgan	uzatio	UN P	-						Form S	90 (2	(009

ria	пV	III Statement of Rev	GIIUC			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
रु रु	1a	Federated campaigns	1a						
Par	b	Membership dues	1b			1			
S, C	C	Fundraising events	1c			1			
ag a	d	Related organizations	1d			1			
Si E	е	Government grants (contributions)	1e			1		1	
Contributions, gifts, grants and other similar amounts	f	All other contributions, gifts, grants, and similar amounts not included above	1f		2,489				
털	g	Noncash contributions included in lines	ta-1f	\$				1	
	h	Total. Add lines 1a-1f			▶	2,489			
ne					Busn. Code				
Ven	2a	THIEF RIVER FALLS	BUILDI	NG	531120	11,950		11,950	
8	b	MEMBERSHIP DUES			900099	7,550			7,550
<u>Ş</u>	С	EXEMPT FUNTION REN	TAL IN	COME	531120	4,537			4,537
Ser	d								
E	е								<u></u>
Program Service Revenue	f	All other program service rev	enue						
4	g	Total. Add lines 2a-2f			<b>•</b>	24,037			
	3	Investment income (including	dividen	ds, interes	st, and	i			
		other similar amounts)			▶ _	56,287			56,287
	4	Income from investment of ta	x-exemp	t bond pr	oceeds 🕨 📙				
	5	Royalties	_		<b>•</b>				
		(ı) Rea	1	(11)	Personal	1		I	
ļ	6a	Gross Rents				1		Ī	
	b	Less rental exps				1		1	
	C	Rental inc or (loss)				Į.		1	
		Net rental income or (loss)		,					
	/a	Gross amount from sales of assets (i) Securit	ies	(11	) Other	1		I	
		other than inventory			677,500	I		1	
	b	Less cost or other				I		I	
		basis & sales exps			213,519	1		Ī	
Į	C	Gain or (loss)		<u> </u>	463,981			1	
	d	Net gain or (loss)			<u> </u>	463,981	463,981		
	8a	Gross income from fundraising ev	rents		1	<b>‡</b>			
Other Revenue		(not including \$				1		1	
ě		of contributions reported on line 1	c)			Ī		I	
F		See Part IV, line 18	а			ŧ			
툂		Less direct expenses	b			Į.	1	ŧ	
٦		Net income or (loss) from fun	- 1	events					
	<b>9</b> a	Gross income from gaming activit	ies			Ī		1	
		See Part IV, line 19	а			1	1	1	
		Less direct expenses	b						
		Net income or (loss) from gain	- 1	vities	•	<u></u>			<del></del>
	10a	Gross sales of inventory, less				1	1	I I	
		returns and allowances	a		903	<b>!</b>	1	I	
		Less cost of goods sold	, P					ŧ	227
}	С	Net income or (loss) from sal		entory	Buan Cada	903		<del> </del>	903
-		Miscellaneous Reven			Busn. Code	,, ,,,	47 505	<b>#</b>	
	11a	DEFUNCT LODGE INCOME			<del>                                     </del>	47,597	47,597		
	þ	MISCELLANEOUS INCOME	:			4,173	4,173		
	C	SESSION INCOME			-	457	457	<del></del>	<del></del>
		All other revenue			<u></u>	50 007			
		Total. Add lines 11a-11d			▶ }	52,227		11 050	
	<u> 12</u>	Total Revenue. See instructi	ons	·	<u> </u>	599,924	516,208	11,950	69,277

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		re not required to com		
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				<del></del>
•	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in			1	
-	the U.S. See Part IV, line 22			1	
3	Grants and other assistance to governments,				<del></del>
J	organizations, and individuals outside the			1	
	_	]		1	
	U.S. See Part IV, lines 15 and 16	<del></del>		+	
4	Benefits paid to or for members			1	
5	Compensation of current officers, directors,	10 100		1	
	trustees, and key employees	12,192	· · · -	<del>                                     </del>	<del></del>
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	ļ. <u>.</u>			
8	Pension plan contributions (include section 401(k)			1	
	and section 403(b) employer contributions)			1	
9	Other employee benefits				
10	Payroll taxes	1,220			
11	Fees for services (non-employees)				
	Management				
b	Legal				<del></del>
•	Accounting	11,257			<del></del>
۰	-	11,207		1	
d	Lobbying  Referenced fundament converse See Rest IV, line 17	+			
e	Professional fundraising services See Part IV, line 17			1 1	
f	Investment management fees			1	
g	Other	F00	<del></del>		
12	Advertising and promotion	500			
13	Office expenses	9,433			
14	Information technology	<del></del>			
15	Royalties				
16	Occupancy	17,116			···
17	Travel	6,030			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				<u> </u>
19	Conferences, conventions, and meetings	5,647			
20	Interest	1,142			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,697	•		
23	Insurance	1	=		-
24	Other expenses Itemize expenses not			1	
-•	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
	5% of total expenses shown on line 25 below )			1	
_	REPAIRS	4,364	· · · · · · · · · · · · · · · · · · ·	<del> </del>	<u> </u>
a		2,008	<del></del>	<del>                                     </del>	
b	REIMBURSED EXPENSES		<del></del>	<del> </del>	
C	SUPPLIES	1,821		<del> </del>	
d	TAXES	1,090		<del>  -   -   -     -   -   -   -   -   -   -   -   -   -   -   -   -   -   -  </del>	<del>-</del>
θ	OTHER EXPENSES	826			
f	All other expenses			ļ	
25		77,343			
26	Joint costs. Check here ▶ ☐ If following SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs	Į.			
	from a combined educational campaign and fundraising solicitation				
DAA	idital and some and a some a some and a some and a some a some and a some a some and a some a	<u> </u>	<del></del>	<u> </u>	Form 990 (200)

	art >	( Balance Sheet			(A)		(B)
			_		Beginning of year		End of year
	1	Cash—non-interest bearing		-	7,176	1	2,307
	2	Savings and temporary cash investments		-	660,132	2	455,101
	3	Pledges and grants receivable, net		}		3	
	4	Accounts receivable, net		<u>}</u>		4	
	5	Receivables from current and former officers, directors, t					
		employees, and highest compensated employees. Comp	olete Part II of	•			
		Schedule L		ļ		5	
	6	Receivables from other disqualified persons (as defined		Į.			
		4958(f)(1)) and persons described in section 4958(c)(3)(	B) Complete	ŀ		1	
s	1	Part II of Schedule L		Ļ		6	
Assets	7	Notes and loans receivable, net		Ļ		7	2,000
158	8	Inventories for sale or use		<u> </u>		8	
Q	9	Prepaid expenses and deferred charges	, ,			9	135
	10a	Land, buildings, and equipment cost or					
	1	other basis Complete Part VI of Schedule D	10a	131,456		1	
	b	Less: accumulated depreciation	10b	27,529	231,121	10c	103,927
	11	Investments—publicly traded securities			440,269	11	1,349,143
	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	)		1,338,698	16	1,912,613
	17	Accounts payable and accrued expenses			35	17	6,584
	18	Grants payable				18	
	19	Deferred revenue			21,816	19	39,622
	20	Tax-exempt bond liabilities				20	
ŝ	21	Escrow or custodial account liability Complete Part IV of	Schedule D			21	
Liabilities	22	Payables to current and former officers, directors, trustee	es, key			I	
ē		employees, highest compensated employees, and disqua	alıfied			Į	
Ë	ŀ	persons Complete Part II of Schedule L				22	
	23	Secured mortgages and notes payable to unrelated third	parties			23	
	24	Unsecured notes and loans payable to unrelated third pa	rties			24	26 <b>,</b> 979
	25	Other liabilities Complete Part X of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			21,851	26	73 <b>,</b> 185
S		Organizations that follow SFAS 117, check here ▶	and			I	
ည		complete lines 27 through 29, and lines 33 and 34.				Ī	
lai	27	Unrestricted net assets		L		27	
Ba	28	Temporanly restricted net assets				28	
þ	29	Permanently restricted net assets				29	
5		Organizations that do not follow SFAS 117, check he	re ▶ X			I	
7		and complete lines 30 through 34.	_			ŧ	
Ş	30	Capital stock or trust principal, or current funds				30	
set	31	Paid-in or capital surplus, or land, building, or equipment	fund	Γ		31	
Š	32	Retained earnings, endowment, accumulated income, or		Γ	1,316,847	32	1,839,428
Net Assets or Fund Balances	33	Total net assets or fund balances		Γ	1,316,847	33	1,839,428
ž	34	Total liabilities and net assets/fund balances		Ī	1,338,698	34	1,912,613

1,912,613 Form **990** (2009)

orm	990 (2009)	THE	GRAND	LODGE	OF	MINNESOTA	41-0327863		Pa	ge 12
Pa	rt XI	<u>Financia</u>	l Staten	nents and	Rep	orting			,	<b>,</b>
									Yes	No
1	Accounting	g method u	sed to prep	are the Form	990	X Cash Accor	ual Other			ŧ
	If the organ	nization cha	anged its m	ethod of acc	ountin	g from a prior year or checke	d "Other," explain in			Ī
	Schedule (	0	•							I
2a	Were the	organization	n's financial	statements	compi	led or reviewed by an indeper	ndent accountant?	2a		Х
b	Were the o	organization	n's financial	statements	audite	d by an independent account	ant?	2b		Х
С	If "Yes" to	line 2a or 2	b, does the	organization	have	a committee that assumes re	esponsibility for oversight of			
				-		ements and selection of an in		2c_	<u>L</u>	
			-			ess or selection process dun				
	Schedule (		•	_	·	·				Ī
d	If "Yes" to	line 2a or 2	b, check a	box below to	indica	ite whether the financial state	ements for the year were			Ī
				separate bas			-			l
	Separa	ate basis	Cons	olidated basi	s [	Both consolidated and ser	parate basis			
3a	As a result	of a federa	al award, w	as the organ	zation	required to undergo an audit				
				roular A-133				3a		

**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

Form **990** (2009)

### 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

Open to Public Inspection

Nam	e of the organization		Employer identification number
	HE GRAND LODGE OF MINNESOTA	į	
I	NDEPENDENT ORDER OF ODD FELLOWS		41-0327863
P	Organizations Maintaining Donor Advised Fun the organization answered "Yes" to Form 990, P		counts. Complete if
		(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	ne assets held in donor advised	
	funds are the organization's property, subject to the organization's exclusi	ve legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in wr	iting that grant funds can be	
	used only for chantable purposes and not for the benefit of the donor or de	onor advisor, or for any other	
	purpose conferring impermissible private benefit?		Yes No
Pa	art II Conservation Easements. Complete if the organ	nization answered "Yes" to Form 9	990, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization (check all	l that apply)	
	Preservation of land for public use (e.g., recreation or pleasure)	Preservation of an historically impor	tant land area
	Protection of natural habitat	Preservation of certified historic stru	cture
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conserva	ition contribution in the form of a conservatio	n
	easement on the last day of the tax year		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
Ь	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic structure include	ed in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06		2d
3	Number of conservation easements modified, transferred, released, exting	guished, or terminated by the organization di	uring
	the taxable year		
4	Number of states where property subject to conservation easement is local		
5	Does the organization have a written policy regarding the periodic monitor	ring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing	g conservation easements during the year	
	<b>-</b>		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing con	servation easements during the year	
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above satisfy the	requirements of section	п. п.
	170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)?		Yes No
9	In Part XIV, describe how the organization reports conservation easement	•	
	balance sheet, and include, if applicable, the text of the footnote to the org the organization's accounting for conservation easements	janization's financial statements that describe	es
De	art III Organizations Maintaining Collections of Art, H	Historical Treasures or Other Sin	nilar Assats
	Complete if the organization answered "Yes" to I		illiai Assels.
1a	If the organization elected, as permitted under SFAS 116, not to report in i		rks of
	art, historical treasures, or other similar assets held for public exhibition, e		
	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 re	evenue statement and balance sheet works	of art,
	historical treasures, or other similar assets held for public exhibition, educa-	ation, or research in furtherance of public se	rvice,
	provide the following amounts relating to these items	·	
	(i) Revenues included in Form 990, Part VIII, line 1		<b>&gt; \$_</b>
	(ii) Assets included in Form 990, Part X		▶ \$ <u> </u>
2	If the organization received or held works of art, historical treasures, or oth	ner similar assets for financial gain, provide t	 he
	following amounts required to be reported under SFAS 116 relating to the		
а	Revenues included in Form 990, Part VIII, line 1		<b>&gt;</b> \$
þ	Assets included in Form 990, Part X		► \$

Pa	art III Organizations Maintaining	Collections of Art,	Historical Treas	ures, or Oth	er Similar Asset	s (continued)
3	Using the organization's acquisition, accession, collection items (check all that apply)	and other records, check	any of the following t	that are a signific	cant use of its	
а	Public exhibition	d 🔲 Loan	or exchange program	s		
b	Scholarly research	e Other	·			
С	Preservation for future generations					
4	Provide a description of the organization's collection of the organization of the orga	ctions and explain how the	ey further the organiz	ation's exempt p	eurpose in	
5	During the year, did the organization solicit or reassets to be sold to raise funds rather than to be	e maintained as part of th	e organization's colle	ction?		Yes No
Pa	ert IV Escrow and Custodial Arra	ngements. Comple	te if the organiza	ition answere	ed "Yes" to Form	990, Part
	IV, line 9, or reported an am-	ount on Form 990, t	Part X, line 21.			
1a	Is the organization an agent, trustee, custodian	or other intermediary for o	contributions or other	assets not		
	ıncluded on Form 990, Part X?					Yes No
b	If "Yes," explain the arrangement in Part XIV an	d complete the following t	able			
						Amount
C	Beginning balance				1c	
d	Additions during the year				1d	
8	Distributions during the year				1e	
f	Ending balance				1f	
2a	Did the organization include an amount on Form	n 990, Part X, line 21?				Yes No
b	If "Yes," explain the arrangement in Part XIV					
Pa	art V Endowment Funds. Comple	te if organization ar	nswered "Yes" to	Form 990, I	Part IV, line 10.	
		(a) Current year	(b) Prior year	(c) Two years ba	ack (d) Three years ba	ack (e) Four years back
1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains,		-			
	and losses					
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses	Ī				
g	End of year balance					
2	Provide the estimated percentage of the year er	nd balance held as				
а		%				
b	Permanent endowment ▶ %					
С	Term endowment ▶ %					
3a	Are there endowment funds not in the possession	on of the organization that	t are held and adminis	stered for the		
	organization by	-				Yes No
	(i) unrelated organizations					3a(i)
	(ii) related organizations					3a(ii)
b	If "Yes" to 3a(ii), are the related organizations lis	sted as required on Sched	lule R?			3b
4	Describe in Part XIV the intended uses of the or	ganization's endowment t	funds			
Pa	irt VI Investments—Land, Buildin			, Part X, line	10.	
	Description of investment	(a) Cost or other basis	(b) Cost or oth		:) Accumulated	(d) Book value
		(investment)	basis (other)		depreciation	
1a	Land					
	Buildings		103	,514	26,228	77,286
	Leasehold improvements					
	Equipment		27	,942	1,301	26,641
	Other					, <del>-</del>
	I. Add lines 1a through 1e (Column (d) must equa	al Form 990. Part X. colur	mn (B), line 10(c) )		<b>•</b>	103,927

14250			
Schedule D (Form 990) 2009 THE GRAND LODGE OF MI	NNESOTA	41-0327863	Page 3
Part VII Investments—Other Securities. See Form 990			
(a) Description of security or category	(b) Book value	(c) Method o	of valuation
(including name of security)	(5) 500% 10.50	Cost or end-of-ye	
	<del></del>	<del>-</del>	<del></del>
Financial denvatives		<del>-   </del>	
Closely-held equity interests		<del>-</del>	<del></del>
Other		<del> </del>	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)			······································
Part VIII Investments—Program Related. See Form 99	0 Part X line 13	_t	<u></u>
(a) Description of investment type	(b) Book value	(c) Method o	of valuation
(a) Description of investment type	(b) book value	Cost or end-of-ye	
	<del></del>		
	<del> </del>	<u> </u>	
		<del></del>	
Total. (Column (b) must equal Form 990, Part X, col (B) line 13)			
Part iX Other Assets. See Form 990, Part X, line 15.			
(a) Description			(b) Book value
	· · · · · · · · · · · · · · · · · · ·		
	<del>.</del>		
		· · · · · · · · · · · · · · · · · · ·	
Tatal (Caluma (h) must asual Form 000, Bort V, and (D) line 45 )		<b>•</b>	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)  Part X Other Liabilities. See Form 990, Part X, line 25	•		
	<del></del>		
(a) Description of liability	(b) Amount	-	
ederal income taxes		-{	
- · · · · · · · · · · · · · · · · · · ·			
		-[	
		4	
		_[	
		_	
		-	

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

organization's liability for uncertain tax positions under FIN 48

2. FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the

Sche	dule D (Form 990) 2009 THE GRAND LODGE OF MINNESOTA		41-032786	53	Page 4
	art Xi Reconciliation of Change in Net Assets from Form 990 to A	Audit			
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1	
2	Total expenses (Form 990, Part IX, column (A), line 25)			2	
3	Excess or (deficit) for the year Subtract line 2 from line 1			3	
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	
Pa	Reconciliation of Revenue per Audited Financial Statemen	ıts W	ith Revenue per Re	turn	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		•		
а	Net unrealized gains on investments	2a	<del></del>	1 1	
b	Donated services and use of facilities	2b			
C	Recovenes of prior year grants	2c		- 1	
d	Other (Describe in Part XIV)	_2d		1	
0	Add lines 2a through 2d			2е	
3	Subtract line 2e from line 1	1	ſ	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		- 1	
þ	Other (Describe in Part XIV)	4b		- 1	
C	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	-4- 14		5_	
	rt XIII Reconciliation of Expenses per Audited Financial Stateme	nts v	vitn Expenses per r	1 1	!
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	امدا			
a	Donated services and use of facilities	2a 2b		1 1	
b	Prior year adjustments			1 1	
C	Other losses	2c 2d	. ,	1 1	
d	Other (Describe in Part XIV)	zu_	· . <del> </del>	2e	
9	Add lines 2a through 2d Subtract line 2e from line 1			3	
3 4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1			
•	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
a	Other (Describe in Part XIV)	4b		1 1	
	Add lines 4a and 4b		l	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)			5	
	rt XIV Supplemental Information				· · · · ·
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines	1a and	I 4, Part IV, lines 1b		
	b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2				
	art to provide any additional information				
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Sche	dule	D (Fo	m 9	90) 2	2009		PHE	G	RAI	ND	LO.	DGE	O	F' 1	MI.	NNI	ESC	$\mathcal{F}'$	4		4	T-(	132	/86	ンろ					Page 5
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# SCHEDULE O

## Supplemental Information to Form 990

(Form 990)

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

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

THE GRAND LODGE OF MINNESOTA INDEPENDENT ORDER OF ODD FELLOWS

Employer identification number 41-0327863

FORM 990, PART VI, LINE 2 - RELATED PARTY INFORMATION AMONG OFFICERS

LEWIS MCFERRAN JR

LEWIS MCFERRAN SR

DEPUTY GRAND

DEPUTY TREAS

FAMILY RELATIONSHIP

FORM 990, PART VI, LINE 10B - POLICIES AND PROCEDURES GOVERNING CHAPTERS

YES - THE ORGANIZATION HAS WRITTEN POLICIES AND PROCEDURES IN PLACE

GOVERNING THE ACTIVITIES OF THE LOCAL CHAPTERS.

FORM 990, PART VI, LINE 11A - ORGANIZATION'S PROCESS TO REVIEW FORM 990
THE GRAND MASTER AND GRAND TREASURER REVIEW THE FORM PRIOR TO SUBMISSION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC.

SCHEDULE R (Form 990)	Related Organ	Related Organizations and Unrelated Partnerships	nrelated Partne	rships		OMB No 1545-0047
	► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.	on answered "Yes" to F	orm 990, Part IV, line 3	3, 34, 35, 36, or 37.		5003
Department of the Treasury Internal Revenue Service	▶ Attach to l	-orm 990.	See separate instructions.	ν <b>i</b>		Open to Public inspection
Name of the organization	THE GRAND LODGE OF MINNESOTA INDEPENDENT ORDER OF ODD FELLOWS				Employer identific 41-0327863	Employer identification number 41-0327863
Part I Identifica	Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)	rganization answei	ed "Yes" to Form 9	90, Part IV, line 33		
Na	(a) Name, address, and EIN of disregarded entity	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
						•
Part II Identifica	Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)	omplete if the orga g the tax year.)	nization answered	"Yes" to Form 990,	Part IV, line 34 be	cause it
Nan	(a) Name, address, and EiN of related organization	(b) Pnmary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling 'entity
THE GRAND LODGE PO BOX 7415 HUTCHINSON	GRAND LODGE OF MINNESOTA 100F SOX 7415 HINSON MN 55350	COMMON OFF	MN	3	다 단	. A/N
				2000		
			5			
For Privacy Act and Paper DAA	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. DAA	990.			Sche	Schedule R (Form 990) 2009

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Page 2

41-0327863

Schedule R (Form 990) 2009 THE GRAND LODGE OF MINNESOTA

(j) General or managing partner? Schedule R (Form 990) 2009 Yes No Percentage ownership Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, Inne 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.) end-of-year assets Share of Ð (h)
Disproportionate
alloc ? Yes No (g) Share of end-of-year assets Share of total income Share of total income (C corp, S corp, Type of entity or trust) (e)
Predominant
income (related,
uninelated,
excluded from
tax under
sections
512-514) Direct controlling entity (d)
Direct controlling entity Legal domicile foreign country) (state or (c)
Legal
domictle
(state or
foreign Primary activity Primary activity € Name, address, and EIN of related organization Name, address, and EIN of related organization Part IV Part I Ā

# Schedule R (Form 990) 2009 THE GRAND LODGE OF MINNESOTA

14250

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		Ļ
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		Ta X
b Gift, grant, or capital contribution to other organization(s)		1b ×
c Gift, grant, or capital contribution from other organization(s)		1c ×
d Loans or loan guarantees to or for other organization(s)		1d ×
e Loans or loan guarantees by other organization(s)		
6 Cala of accept to other arrangation(a)		***
		1
		-1g
h Exchange of assets		ŧ
i Lease of facilities, equipment, or other assets to other organization(s)		<del>=</del>
j Lease of facilities, equipment, or other assets from other organization(s)		- <del>-</del>
k Performance of services or membership or fundraising solicitations for other organization(s)		
l Performance of services or membership or fundraising solicitations by other organization(s)		11 X
m Sharing of facilities, equipment, mailing lists, or other assets		1m X
n Sharmo of paid employees		-t-
		_
o Reimbursement paid to other organization for expenses		10 ×
p Reimbursement paid by other organization for expenses		
q Other transfer of cash or property to other organization(s)		1q ×
r Other transfer of cash or property from other organization(s)		1r   X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	nsaction thresholds	
(a)	(q)	(၁)
Name of other organization	Transaction type (a-r)	Amount involved
		•
(1)		
	_	
(7)		
(4)		
(5)		
(9)		
	Š	Schedule R (Form 990) 2009

41-0327863

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Schedule R (Form 990) 2009 THE GRAND LODGE OF MINNESOTA

Part VI

Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

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

Visions address and FIN of earth,	(b)	(c)	2 2	(b)	(e)	) compa	(f)	(g)	-	(h)
יאמוויק, מטענקטט, מוא בווא כן פוועין		(state or foreign country)	section section 501(c)(3)	ion (3)	end-of-year assets	alloca	allocations?	amount in box 20 of Schedule K-1		managing partner?
			Yes	No No		Yes	å	(Form 1065)	Yes	Ŷ.
										,
					-					•
		-								
						·- ·-				
								Schedule R (Form 990) 2009	orm 99	900 (00

**Depreciation and Amortization** 

(Including Information on Listed Property)

OMB No 1545-0172

ZU	U	J
44 <b>L</b> 4		

Department of the Treasury Internal Revenue Service

► See separate instructions.

Attach to your tax return.

Attachment Sequence No 67

Name(s	shown	on	return

THE GRAND LODGE OF MINNESOTA INDEPENDENT ORDER OF ODD FELLOWS

Identifying number 41-0327863

	THUBLE	IDDNI ORDBI	COL ODD I	<u> </u>				<del></del>	, , , , , , , , , , , , , , , , , , , ,
	ess or activity to which this form relates	r.031							
	NDIRECT DEPRECIATION  In the second of the s		orty Under Se	ction 179					<del></del> .
73	Election To Expension  Note: If you have a				com	olete Pa	rt I		
1	Maximum amount See the instruct				00111	<u> </u>		1	250,000
2	Total cost of section 179 property p							2	
3	Threshold cost of section 179 prop			structions)				3	800,000
4	Reduction in limitation Subtract line							4	
5	Dollar limitation for tax year Subtract lin			ried filing separately, se	e instru	ctions		5	
6	(a) Description			(b) Cost (business use			lected cost		
<u> </u>		<del> </del>				-		_	
7	Listed property Enter the amount f	rom line 29			7			-	
8	Total elected cost of section 179 pr		ın column (c), lines	6 and 7			-	8	
9	Tentative deduction Enter the sma	•	, ,					9	
0	Carryover of disallowed deduction	from line 13 of your 20	008 Form 4562					10	
1	Business income limitation Enter the			than zero) or line 5 (s	see ins	tructions)		11	
2	Section 179 expense deduction Ad	dd lines 9 and 10, but	do not enter more	than line 11				12	
3	Carryover of disallowed deduction			<u> </u>	13				
lote	: Do not use Part II or Part III below								<del></del>
Pa	rt II Special Depreciati	on Allowance a	nd Other Depr	eciation (Do no	t incl	<u>ude liste</u>	d prope	rty.) (	See instr.)
4	Special depreciation allowance for	qualified property (oth	er than listed prope	erty) placed in servic	e			!	
	during the tax year (see instructions	s)		•				14	***
5	Property subject to section 168(f)(1	) election						15	
6	Other depreciation (including ACRS							16	1,301
Pa	rt III MACRS Depreciat	ion (Do not inclu			uction	s.)			
			Secti	· · · · · · · · · · · · · · · · · · ·					
7	MACRS deductions for assets place	•						17	0
8	If you are electing to group any assets pl	laced in service during th	e tax year into one or	more general asset acc	ounts, c	heck here	i-tion Con	L	
	Section B—	Assets Placed in Se	· · · ·			rai Depred	iation sy	STAILL	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depre (business/investme only-see instruct	ent use	(e) C	onvention	(f) Met	nod	(g) Depreciation deduction
9a	3-year property	service	Only-see instruct	10(15)	<b>†</b>				
b	5-year property	1							-
c	7-year property	1							
	10-year property	1							
	15-year property	1							
f	20-year property	1							
a	25-year property	1		25 yrs			S/L		
	Residential rental			27 5 yrs		ММ	S/L	7	
	property			27 5 yrs		ММ	S/L		
i	Nonresidential real			39 yrs		MM	S/L		
	property					ММ	S/L		
	Section C—A	ssets Placed in Serv	rice During 2009 T	ax Year Using the	Alterna	tive Depre	ciation S	ystem	, <u></u>
0a	Class life				<u> </u>		S/L		
b	12-year			12 yrs	<u> </u>		S/L		
******	40-year	<u></u>		40 yrs	<u> </u>	MM	S/L		
Pa	art IV Summary (See ins	tructions.)			_				
1	Listed property Enter amount from	line 28						21	
2	Total. Add amounts from line 12, li				Enter	here			
	and on the appropriate lines of you							22	1,301
3	For assets shown above and place	-	e current year, ente	er the					
	portion of the basis attributable to s	section 263A costs			23				4500