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CHANGE OF ACCOUNTING PERIOD OMB No 1545-0047 Return of Organization Exempt From Income Tax 2009 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Open to Public Department of the Treasury Internal Revenue Service ▶ The organization may have to use a copy of this return to satisfy state reporting requirements Inspection 06/ 30/10 06 01 For the 2009 calendar year, or tax year beginning and ending Please THE GRAND LODGE OF MINNESOTA Check if applicable C Name of organization D Employer identification number use IRS Address change INDEPENDENT ORDER OF ODD FELLOWS label or 41-0327863 Doing Business As print or Name change type. Number and street (or P O box if mail is not delivered to street address) Room/suite Telephone number Initial return See PO BOX 7415 612-210-1438 Specific Termination 12,374 City or town, state or country, and ZIP + 4 G Gross receipts \$ Instruc-HUTCHINSON Amended return tions MN 55350-7415 Name and address of principal officer H(a) Is this a group return for Application pending ROBERT AMIOT H(b) Are all affiliates included? PO BOX 7415 HUTCHINSON MN 55350 If "No," attach a list. (see instructions) 8) Tax-exempt status 501(c) (insert no) 4947(a)(1) or 527 N/AWebsite: ▶ H(c) Group exemption number ▶ Type of organization X Corporation 1857 MN κ Other > M State of legal domictle Trust Year of formation Association Part I Summary Briefly describe the organization's mission or most significant activities FRATERNAL BENEFICIARY ASSOCIATION OPERATING UNDER THE LODGE Activities & Governance SYSTEM. 2 Check this box ▶ │ If the organization discontinued its operations or disposed of more than 25% of its net assets 10 Number of voting members of the governing body (Part VI, line 1a) 10 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 1 Total number of employees (Part V, line 2a) 366 6 Total number of volunteers (estimate if necessary) 6 1,700 7a 7a Total gross unrelated business revenue from Part VIII, column (C), line 12 -3,083 b Net unrelated business taxable income from Form 990-T, line 34 7b Prior Year **Current Year** 489 Contributions and grants (Part VIII, line 1h) ASSESSAINNEP, DEC 3 0 2010 Revenue Balances 24,037 4,125 Program service revenue (Part VIII, line[2g]) Investment income (Part VIII, column (A), lines 8, Fand 7d 6,241 520,268 53,130 2,008 Other revenue (Part VIII, column (A), lines \$, 6d, 8c, 9c, 10c, and 11e) Total revenue - add lines 8 through 11 (1985) t equal PartMill côiùirin (A) Time 12) 12,374 599,924 Grants and similar amounts paid (Part IX, column (A), lines 1-3) Benefits paid to or for members (Part IX) column (A) line 4 15 Salaries, other compensation, employee benefits (Fart-X-column (A) 13,412 1,306 _lines||5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) ▶ 63,931 16,241 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 77,343 17,547 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) -5,173 522,581 19 Revenue less expenses Subtract line 18 from line 12 Beginning of Current Year End of Year 901,336 1,912,613 20 Total assets (Part X, line 16) 67,081 21 Total liabilities (Part X, line 26) 73,185 839,428 834,255 22 Net assets or fund balances Subtract line 21 from line 20 Part II Signature Block Under penalties of perjury declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge approximated Department of prepared other than officer) is based on all information of which preparer has any knowledge and 29-10 Sign Here Signature of officer Date GRAND SECRETAR MOBERT Type or print name and title

Date

P.A

Check if

employed >

EIN >

Phone

Form **990** (2009)

Preparer's identifying number

41-1763115

Yes

P00125145

▶ 320-234-4430

(see instructions)

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

JOHN BECKMAN

PIEHL.

HANSON,

HUTCHINSON, MN

BECKMAN

55350

700 SOUTH GRADE RD SW PO BOX 399

Preparer's

signature

Firm's name (or yours

address, and ZIP + 4

if self-employed).

Paid

Preparer's

Use Only

Pa	ert III Staten	nent of Program	Service Accomp	lishments			
1 F	Briefly describe the	e organization's mission		ON OPERATING U	NDER THE I	LODGE	
	· · · · · · · · · · · · · · · · · · ·						
2	_		cant program services	during the year which were	not listed on		□ ਓ
	the prior Form 990		Sobodulo O				Yes X No
3		hese new services on S in cease conducting, or		nges in how it conducts, any	program		
-	services?	,,g,		,	F3		Yes X No
		hese changes on Sche					
4			-	anization's three largest prog			
				'(a)(1) trusts are required to r each program service repo		r grants and	
I	THE ORGANIA		ESTABLISHEI	ncluding grants of \$ D TO PROVIDE A EY ARE IN FINA) (Revenue \$TO)
4b	(Code) (Expenses \$		ncluding grants of \$) (Revenue \$)
	(0.1	\(\(\)	· · · · · · · · · · · · · · · · · · ·) (D	
4C	(Code) (Expenses \$	ll l	ncluding grants of \$) (Revenue \$,
	· · ·					 .	-,,,,,,,,,,,,,
4d	_	rices (Describe in Sche		•) (Davis		,
4e	(Expenses \$ Total program ser	vice expenses >	including grants of	>) (Revenue \$		

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

	art IV Checklist of Required Schedules				ugo .
		··-		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"				
	complete Schedule A		1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?		2	<u> </u>	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to				1
	candidates for public office? If "Yes," complete Schedule C, Part I		3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete				l
	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)			ĺ	
	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				
	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,				l
	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,"				١
	complete Schedule D, Part III		8	<u> </u>	X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part		}		
	X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"		İ _		٦,
	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,		٠,	v	
	VII, VIII, IX, or X as applicable		11	X	
•	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 related 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				
Ī	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		12		Х
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes No			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A X			ĺ
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		13		<u>X</u>
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,				l
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I		14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any				ĺ
	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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			ĺ	
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I		17		<u> X</u>
81	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		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		4-	Ì	3.7
	If "Yes." complete Schedule G. Part III		19		X

20

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	ļ	 	
	United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	ļ	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				
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	į		
	24b through 24d and complete Schedule K If "No," go to line 25	24a		X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	1		
	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		Ì		
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b				
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	1		
	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	l		٠,,
	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?	١		7.7
	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)	00-		
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	006		Х
	Schedule L, Part IV	28b		
С	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,	28c		Х
20	Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
29 30	Did the organization receive more than \$25,000 in hon-cash contributions? If Tes, complete schedule in	25		-21
30	conservation contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	30		
J 1	Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	<u> </u>		
_	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Х
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-chantable 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		<u>X</u>
88	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
	192 Note. All Form 990 filers are required to complete Schedule O	38	х	

Pa	art 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	1 1				
	U.S. Information Returns. Enter -0- if not applicable	1a	3			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able				
	gaming (gambling) winnings to prize winners?	. ,		1c	ļ	,
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax					
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	•		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see					
	instructions)					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered b	у			1 1	v
	this return?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authors for the calendar year.					
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	iai		4a		Х
_	account)?			-44		
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 Bar	nk				
	and Financial Accounts	iK.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	Ì	<u>x</u>
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	17		5b		Х
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regards					
_	Prohibited Tax Shelter Transaction?	Ū		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	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	ds				
	and services provided to the payor?		•	7a		
þ	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			7.		
	required to file Form 8282?	7d]		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year. Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person					
ө	benefit contract?	Jilai		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?			7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as					
	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				1	
	organization, have excess business holdings at any time during the year?			8		,
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		
0	Section 501(c)(7) organizations. Enter	ایدا				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b •	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter	11a				
a h	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	ı ıa			1	
р	amounts due or received from them)	11ь				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10			12a	Ī	
b	and a contract to the contract	12b				
				Form	990	(2009)

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

Sec	etion A. Governing Body and Management			
000	Mon A. Coverning Body and management		Yes	No
1a	Enter the number of voting members of the governing body		100	
b	Enter the number of voting members that are independent 1b 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	х	
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		Х
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Х
6	Does the organization have members or stockholders?	6		Х
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		Х
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			
а	The governing body?	8a_	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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	venue Code.)			
			Yes	No
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	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	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?			3,7
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Α_
	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			v
	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	40.	1	
	the organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an agreement of the make the Form 1033 (or 1034 if applicable), 200, and 200 T (501(c)(3)s cable)			
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			
40				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
20	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			
нп		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 ail 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

(A)	(B)				;)	h	 (D)	(E)	(F)
Name and Title	Average hours per week	or director		Officer		Highest compensated employee	 Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
ROBERT AMIOT									
GRAND SECRETARY	35.00			X			1,050	0	(
J DOUGLAS PLOTT		1							
PAST GR. MASTER	10.00		<u> </u>	Х			0	0	(
STUART HUNTER									
GRAND MASTER	20.00			Х			0	0	(
LEWIS MCFERRAN JR									
DEPUTY GRAND MASTER	10.00			Х			0	. 0	
EDWARD SPILMAN									
GRAND WARDEN	10.00			Х			0	0	C
DAVID ADAMS									
GRAND REPRESENTATIVE	10.00			Х			0	0	C
LEWIS MCFERRAN SR									
GRAND TREASURER	10.00			X			0	0	C
FRANK MOTT	·								
FINANCE CHAIRMAN	5.00			Х			o	0	C
BILL ALITZ									
FINANCE COMMITTEE ME	5.00			Х			0	0	C
WAYNE R JOHNSON									
FINANCE COMMITTEE ME	5.00			Х			0	0	C

Pa	ert VII Section A. Officers	, Directors, Trus	tees	, Ke	у Еп	plo	yees	, an	d Highest Compensated E	mployees (continued)				
	(A) Name and Title	(B) Average hours per	\vdash	_	chec	r —	hat a		(D) Reportable compensation	(E) Reportable compensation		(F) Estima	ated	
		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)	coi or a	othempen from ganiz nd rel	er sation the ation	
	p													
							•							
											_			
														-
1b	Total							•	1,050					
2	Total number of individuals (inc reportable compensation from t				ose I	isted	l abo	ve)	who received more than \$10	00,000 in				
											F		Yes	No
3	Did the organization list any for employee on line 1a? If "Yes," of	complete Schedu	le J f	for su	uch i	ndıvı	dual		-		<u>[</u>	3		Х
4	For any individual listed on line the organization and related organization											4		х
5	Did any person listed on line 1a services rendered to the organi											5		Х
Sec	tion B. Independent Contracto	rs												
1	Complete this table for your five compensation from the organization	ation	sate	d ind	lepei	nden	t con	trac						
	Name and	(A) business address				_			Descript	(B) tion of services		<u>Co</u>	(C) mpensat	tion
·														
	-									· · · · · · · · · · · · · · · · · · ·		,,		, ,
2	Total number of independent comore than \$100,000 in compensation					ited	to the	ose	listed above) who received	·		0		
AAC												Form	. 99ก	/2000

P	art V	III Stater	<u>nent of Reve</u>	nue						
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
97 0	1a	Federated can	nnaigne	1a			·	TOVERIUG		012, 010, 01014
and a	, i	Membership d	•	1b			i	Ī		
95	٠	Fundraising ev		1c	-		1			
if s	4	Related organi		1d			1	•		
S,E	9	_		1e		 		l		
Ö		All other contribution	•	10		•				
캶	'		not included above	1f				•		
<u> </u>	g	Nancach contributio	ns included in lines 1a-		\$ \$	****		1		
Contributions, gifts, grants	h	Total. Add line		"	Ψ	•		Ī		
-	 "	TOTAL Add line	5 Ta-11			Busn. Code				
Program Service Revenue	2a	MEMBEDS	HIP DUES			900099				2,425
ě	b		IVER FALLS B	ות.ודוו	NG	531120			1,700	
<u>.</u>	C	IIIIII K	IVER PADES B	OIDDI	.110	3322				
ē	ď					·····		 	-	
E	_ 									
gra	f	All other progra	am service reven	ue.				<u> </u>		
P	ı	Total. Add line				•	4,125			, , , , , , , , , , , , , , , , , , ,
_	3		come (including d	ıvidend	ls. intere		5,555	<u> </u>		
	`	other similar a	_		,	•	6,241			6,241
	4	4 Income from investment of tax-exempt bond pr		roceeds >				· ·		
	5	Royalties				•			-	-
		,	(ı) Real		(11)	Personal				
	6a	Gross Rents						1		
	Ь	Less rental exps						<u> </u>		
	C	Rental inc or (loss)						‡		
	d	Net rental inco	me or (loss)			•	İ		Ì	
	7a	Gross amount from	(i) Secunties	3	(1	ı) Other				
		sales of assets other than inventory				·		<u> </u>		
	ь	·								
	ì	basis & sales exps			1		, a			`
	c	Gain or (loss)								
	d	Net gain or (los	ss)			>		<u> </u>	Ì	
_	8a		om fundraising even	ts						
n Tee	Ì	(not including \$	•							
946		of contributions r	eported on line 1c)							
ž		See Part IV, line		а						
Other Reven	ь	Less direct ex	penses	ь						
0	C	Net income or	(loss) from fundr	aising `	events	•			<u> </u>	
	9a	Gross income fro	om gaming activities	. [
		See Part IV, line	19	a						
	b	Less direct ex	penses	b						
	С	Net income or	(loss) from gamı	ng actr	vities	•				
	10a	Gross sales of	inventory, less							
		returns and allo	owances	a		62				
	b	Less cost of g	oods sold	ь[
	С	Net income or	(loss) from sales	of inve	entory	>	62			62
		Misc	ellaneous Revenue			Busn. Code				
	11a	MISCELLAN	EOUS INCOME				1,946	1,946		
	b									
	C									
	d	All other revenu	ue			L				
	8	Total. Add line	s 11a-11d			•	1,946			
,	12	Total Revenue	. See instruction	s		•	12,374	1,946	1,700	8,728

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 complete column (A) but are not required to complete columns (B), (C), and (D).												
	o 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			, · · · · · · · · · · · · · · · · ·										
•	organizations in the U.S. See Part IV, line 21			1									
•	_		-										
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,			1									
	trustees, and key employees	1,050		1									
6	Compensation not included above, to disqualified												
-	persons (as defined under section 4958(f)(1)) and			1									
	persons described in section 4958(c)(3)(B)			1									
-				- 									
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	256											
11	Fees for services (non-employees)												
а	Management												
b	Legal												
С	Accounting	1,284											
d	· · · ·	,											
- -	Professional fundraising services See Part IV, line 17												
•	Investment management fees												
	_		·	 									
9	Other												
12	Advertising and promotion	0.140			,								
13	Office expenses	2,142	·										
14	Information technology												
15	Royalties												
16	Occupancy	2,171											
17	Travel	312		1									
18	Payments of travel or entertainment expenses												
	for any federal, state, or local public officials												
19	Conferences, conventions, and meetings	1,712											
20	Interest	261		 									
21	Payments to affiliates	201											
	•	360		 									
22	Depreciation, depletion, and amortization	360	<u> </u>	 									
23	Insurance	<u> </u>											
_				1									
24	Other expenses Itemize expenses not												
	covered above (Expenses grouped together	1		1									
	and labeled miscellaneous may not exceed			1									
	5% of total expenses shown on line 25 below)			<u> </u>									
а	REPAIRS	6,766											
b	SPECIAL FUNDS EXPENSE	1,005											
c	OTHER EXPENSES	163											
d	SUPPLIES	65		 									
	2011212		 	 									
6	All other evenes			 	· · · · · · · · · · · · · · · · · · ·								
f	All other expenses	17 [47]											
25	Total functional expenses. Add lines 1 through 24f	17,547		 									
26	Joint costs. Check here I I I following]									
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs												
	from a combined educational campaign and	ł											
	fundraising solicitation												
DAA					Form 990 (2006								

	K Balance Sheet			(A)		(B)
				Beginning of year		End of year
1	Cash—non-interest bearing		-	2,307	1.	6,05
2	Savings and temporary cash investments		-	455,101	2	455,758
3	Pledges and grants receivable, net		ļ.		3	
4	Accounts receivable, net		Ļ		4	
5	Receivables from current and former officers, directors, to	ustees	key			
	employees, and highest compensated employees. Comp	lete Pai	t II of			
	Schedule L		L		5_	
6	Receivables from other disqualified persons (as defined to	ınder se	ection			
	4958(f)(1)) and persons described in section 4958(c)(3)(I	3) Com	plete			
	Part II of Schedule L				6	
7 8	Notes and loans receivable, net		2,000	7	2,000	
8 8	Inventones for sale or use			8		
9	Prepaid expenses and deferred charges			135	9	13!
10a	Land, buildings, and equipment cost or		[
	other basis Complete Part VI of Schedule D	10a	131,456			
Ь	Less accumulated depreciation	10b	27,889	103,927	10c	103,56
11	investments—publicly traded secunties			1,349,143	11	1,333,82
12	Investments—other securities See Part IV, line 11			12		
13	Investments—program-related See Part IV, line 11			13		
14	Intangible assets	Ì		14		
15	Other assets See Part IV. line 11			15		
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,912,613	16	1,901,336		
17	Accounts payable and accrued expenses		6,584	17	779	
18	Grants payable		0,30,1	18		
19	Deferred revenue			39,622	19	39,622
20	Tax-exempt bond liabilities		-	37,022	20	337022
- 1	Escrow or custodial account liability Complete Part IV of	Sahadı	10 D		21	·
21 22					21	 ,
22	Payables to current and former officers, directors, trustee		[
	employees, highest compensated employees, and disqua	iiiiea	ŀ		22	
	persons. Complete Part II of Schedule L	4	-		22	
23	Secured mortgages and notes payable to unrelated third		-	26,979	23	26 691
24	Unsecured notes and loans payable to unrelated third par	τies	-	20,979	24	26,680
25	Other liabilities Complete Part X of Schedule D		}-	72 100	25	C7 001
26	Total liabilities. Add lines 17 through 25	7 .		73,185	26	67,081
3	Organizations that follow SFAS 117, check here ▶	jand	İ			
	complete lines 27 through 29, and lines 33 and 34.					
27	Unrestricted net assets		-		27	
28	Temporarily restricted net assets		<u> </u>		28	
29	Permanently restricted net assets				29	
<u>'</u>	Organizations that do not follow SFAS 117, check her	e ► [2			1	
;	and complete lines 30 through 34.				1	
30	Capital stock or trust principal, or current funds		L		30	
31	Paid-in or capital surplus, or land, building, or equipment	fund			31	
32	Retained earnings, endowment, accumulated income, or	other fu	nds	1,839,428		1,834,255
27 28 29 30 31 32 33 34	Total net assets or fund balances			1,839,428	33	1,834,255
34	Total liabilities and net assets/fund balances			1,912,613	34	1,901,336

Form **990** (2009)

Form 99	90 (2009) THE GRAND LODGE OF MINNESOTA 41-0327863		Pa	ge 1 2
Part	XI Financial Statements and Reporting			
			Yes	No
1 A	ccounting method used to prepare the Form 990 X Cash Accrual Other			
If	the organization changed its method of accounting from a prior year or checked "Other," explain in			
s	chedule O			
2a V	Vere the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
	Vere the organization's financial statements audited by an independent accountant?	2b		X
c If	"Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
t	he audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
If	the organization changed either its oversight process or selection process during the tax year, explain in			
s	chedule O			
d If	"Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
IS	sued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a A	s a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
th	ne Single Audit Act and OMB Circular 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

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 Employer identification number Name of the organization THE GRAND LODGE OF MINNESOTA INDEPENDENT ORDER OF ODD FELLOWS 41-0327863 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 Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) 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? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for chantable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically important land area Preservation of certified historic structure Protection of natural habitat Preservation of open space 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 Held at the End of the Tax Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c 2d d Number of conservation easements included in (c) acquired after 8/17/06 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section Yes No 170(h)(4)(B)(ı) and section 170(h)(4)(B)(ıı)? 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 Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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

1425	D							
Scho	dule D (Form 990) 2009 THE GRAND	LODGE OF MIN	INESOTA		41-03	27863		Page 2
7.	ert III Organizations Maintaining			sures. C			(continued	
3	Using the organization's acquisition, accession, collection items (check all that apply)							,
а	Public exhibition	d 🗍 Loan	or exchange progran	ne				
b	Scholarly research	e Other		110				
	Preservation for future generations	e 🗀 Otrici						
4	Provide a description of the organization's colle Part XIV	ctions and explain how th	ey further the organiz	zation's ex	cempt purpo	se ın		
5	During the year, did the organization solicit or reassets to be sold to raise funds rather than to b				ılar		Yes [☐ No
Pa	ert IV Escrow and Custodial Arra				swered "	Yes" to Form 99	90, Part	
	IV, line 9, or reported an am							
1a	Is the organization an agent, trustee, custodian			assets n	ot		<u> </u>	
	included on Form 990, Part X?	·					Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV an	d complete the following	table					
	-						Amount	
C	Beginning balance					1c		
d	Additions during the year					1d		
0	Distributions during the year	•				1ө		
f	Ending balance					1f		
2a	Did the organization include an amount on Forn	n 990, Part X, line 21?					Yes	No
b	If "Yes," explain the arrangement in Part XIV							
Pa	ert V Endowment Funds. Comple	ete if organization a	nswered "Yes" to	o Form	990, Parl	l IV, line 10.		
		(a) Current year	(b) Pnor year	(c) Two	years back	(d) Three years back	(e) Four yea	rs back
1a	Beginning of year balance			<u> </u>				
b	Contributions			<u> </u>			<u> </u>	
C	Net investment earnings, gains,							
	and losses			ļ				
đ	Grants or scholarships				.,,,			
θ	Other expenditures for facilities			1				
	and programs			ļ				
f	Administrative expenses			ļ				
g	End of year balance			<u> </u>		<u></u>		
2	Provide the estimated percentage of the year er	nd balance held as						
а	Board designated or quasi-endowment ▶	%						
	Permanent endowment ▶ %							
C	Term endowment ► %							
3a	Are there endowment funds not in the possession	on of the organization tha	t are held and admin	stered for	the		r—	1
	organization by.						Yes	s No
	(i) unrelated organizations						3a(i)	<u> </u>
	(ii) related organizations						3a(ii)	
b	If "Yes" to 3a(II), are the related organizations lis	sted as required on Sched	fule R?				3b	
4	Describe in Part XIV the intended uses of the or				 	 		
Pa	rt Vi Investments—Land, Buildir	1						
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or ot basis (other		• •	eumulated eciation	(d) Book value	e
1a	Land							
ь	Buildings		103	,514		26,463	77	,051

Schedule D (Form 990) 2009

26,516

103,567

1,426

27,942

c Leasehold improvements

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

d Equipment

	orm 990) 2009 THE GRAND LODGE OF M		41-0327863	Page 3
Part VII	Investments—Other Securities. See Form S		(a) Mathed of yel	luotion .
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
Financial deriva			· · ·	
Closely-held ed				
Other	quity interests			
		_	· · · · · · · · · · · · · · · · · · ·	
		_		
		_		
	n (b) must equal Form 990, Part X, col (B) line 12)	000 Dad V line 12		
Part VIII	Investments—Program Related. See Form		(a) Mothed of vol	history
	(a) Description of investment type	(b) Book value	(c) Method of val Cost or end-of-year m	
	· ///			
			·	
			······································	
	()	>		
Part IX	Other Assets. See Form 990, Part X, line 15) •		(b) Book value
	(a) Description			(b) Book raido
 				
		- 		
Fatal (Oaluma	(h)1			
Part X	(b) must equal Form 990, Part X, col (B) line 15) Other Liabilities. See Form 990, Part X, line	25		
FaitV	(a) Description of liability	(b) Amount		
ederal income		(2)/		
Cacrai income	· WANGE	+		
		I		

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

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

Sche	edule D (Form 990) 2009 THE GRAND LODGE OF MINNESC	TA 41-0)327863	Page 4
	art XI Reconciliation of Change in Net Assets from Form 9			
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	Pnor penod 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 a	ind 9	10	
Pi	art XII Reconciliation of Revenue per Audited Financial Sta	tements 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			
а	Net unrealized gains on investments	2a		
þ	Donated services and use of facilities	2b		
C	Recovenes of pnor year grants	2c		
d	Other (Describe in Part XIV)	2d		
θ	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:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	_4a		
b	Other (Describe in Part XIV)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5_	
Pa	art XIII Reconciliation of Expenses per Audited Financial St	atements With Expense	es 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			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
C	Other losses	2c		
d	Other (Describe in Part XIV)	2d		
0	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1	1 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	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				
Pa	ert XIV Supplemental Information		· · · · · · · · · · · · · · · · · · ·	
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part I	II, lines 1a and 4, Part IV, lines	1b	
ind 2	2b, Part V, line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XII	I, lines 2d and 4b Also comple	ete	
his p	part to provide any additional information			
				~
			 .	
			· ·	
_				
			. 	
			_	

Schedule D (F	orm 990) 2009	THE	GRAND	LODGE	OF MINNES	SOTA	41-0	327863	Page
Part XIV	Supplem	ental Info	ormation	(continued)	OF MINNES				
				•					
	. – – –	- - -				-			
	. – – –								
	. -								
_									
									-
_									
						. – – – .			
						. – – – .			
						. .			
- - -		- -				_ 			

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047 2009 Open to Public

Inspection

Department of the Treasury Internal Revenue Service

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

▶ Attach to Form 990.

Name of the organization

THE GRAND LODGE OF MINNESOTA INDEPENDENT ORDER OF ODD FELLOWS Employer identification number

41-0327863

FORM 990, PART V, LINE 3B - FORM 990-T NOT FILED EXPLANATION THE ORGANIZATION HAS LESS THAN \$1,000 OF GROSS INCOME FROM UNRELATED BUSINESS AND IS NOT REQUIRED TO FILE FORM 990T.

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 O - ADDITIONAL INFORMATION

A CHANGE OF ACCOUNTING PERIOD IS BEING MADE AND THIS RETURN IS FOR THE ONE MONTH PERIOD ENDED JUNE 30, 2010. THIS IS THE SECOND 2009 FORM TO BE FILED ALL AMOUNTS RECORDED IN THE PRIOR YEAR OR BEGINNING OF YEAR THIS YEAR. COLUMN ARE FROM THE MAY 31, 2010 YEAR END.

SCHEDULE R (Form 990)	Related Organ	Related Organizations and Unrelated Partnerships	related Partner	ships		OMB No 1545-0047
Department of the Treasury Internal Revenue Service	 Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ Attach to Form 990. 	ion answered "Yes" to F	to Form 990, Part IV, line 33, ► See separate instructions.	, 34, 35, 36, or 37.		Open to Public
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 Identific	Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)	rganization answere	d "Yes" to Form 99	0, Part IV, line 33.)		
2	(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
Part II Identific	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 organ the tax year.)	ization answered "\	es" to Form 990, P	art IV, line 34 beca	luse it
Z	(a) Name, address, and EIN of related organization	(b) Primary 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 LODG PO BOX 7415 HUTCHINSON	THE GRAND LODGE OF MINNESOTA IOOF PO BOX 7415 HUTCHINSON MN 55350	COMMON OFF	MIN	3	PF	N/A
For Privacy Act and Pape	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 99	990.			Schei	Schedule R (Form 990) 2009

Schedule R	Schedule R (Form 990) 2009 THE GRAND LODGE OF MINNESOTA Part III Identification of Related Organizations Taxable as a Pa because it had one or more related organizations treated	MINNESOTA ns Taxable as ganizations tre	a Parti ated as	41-0327863 nership (Comple s a partnership d	plete if the orga	ınization answerı year.)	41-0327863 Intership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 as a partnership during the tax year.)	990, Part I	V, line 34	Page 2
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate a alloc ? Yes No	(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?
Part IV	Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)	ins Taxable as lated organizati	a Corp	oration or Tru sated as a cor	ust (Complete i poration or trus	if the organization during the tax	n answered "Yes' year.)	" to Form 9	to Form 990, Part IV,	- -
	(a) Name, address, and EIN of related organization	(b) Pnmary activity	e fore	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage) ntage ship
			-							
DAA								Sch	Schedule R (Form 990) 2009	90) 2009

41-0327863

Page 3

Yes

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THE GRAND LODGE OF MINNESOTA

Schedule R (Form 990) 2009

Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.) Part V

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule		
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-1V2		
a Recent of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity] {	١,

- c Gift, grant, or capital contribution from other organization(s) b Gift, grant, or capital contribution to other organization(s)
 - - d Loans or loan guarantees to or for other organization(s)
 - e Loans or loan guarantees by other organization(s)
- Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)

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- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
 - I Performance of services or membership or fundraising solicitations by other organization(s)
 - m Sharing of facilities, equipment, mailing lists, or other assets
 - Sharing of paid employees
- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- 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 r Other transfer of cash or property from other organization(s)

(a) Name of other organization	(b) Transaction	(c) Amount involved
	type (a-r)	•

- (5) ල
- € (2)

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Schedule R (Form 990) 2009

Part VI

41-0327863

Page 4

THE GRAND LODGE OF MINNESOTA

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

(a) (b) (c) (c) (c) (d) (d) (d) (e)	(b)	(C)	9	(e)		e	L		 €
Name, address, and EIN of entity	Primary activity	Legal domicile	Are all partners			Disproportionate		Gen	eral or
		(state or foreign country)	section 501(c)(3) organizations?	end-of-year assets s?		allocations?	of Schedule K-1 (Forn 1065)	man	managing partner?
			Yes No		<u> </u>	Yes No	т-	Υes	Š
						<u> </u>			<u> </u>
							Schedule R (Form 990) 2009	orm 990) 2009

14250	•					
Forms		her Notes and	Loans Receiv	able		0000
990 / 990-PF	For calendar year 2009, c	or tax vear beginning	06/01/10	and ending 06	/30/10	2009
Name						entification Number
	OGE OF MINNESOT ORDER OF ODD FE				41-032	7863
EODM OOG DAT		ADDIMIONAI	TNEODMARIO	ΔŢ		
FORM 990, PAR	RT X, LINE 7 -	ADDITIONAL	INFORMATIO	.V	<u> </u>	
	Name of borrower		-	Relationship to disc	qualified persor	ı
(1) ST PETER #1 (2)	.2					
(3)						
(4)				······································		<u> </u>
(5)				<u> </u>		
(6)		· · · · · · · · · · · · · · · · · · ·			7	
(7)						
(8)		·				
(9)						
(10)	······································					
Original amount borrowed	Date of loan	Maturity date		Repayment terms		Interest rate
(1)	Date of loan	dute		tepayment terms		74.0
(2)			_			
(3)						
(4)						
(5)						
(6)						
(7)					<u> </u>	
(8)				-		-
(10)						
						· ·
Sec	unty provided by borrower			Purpose of	loan	
(1)						
(2)		·	<u> </u>		_	
(3)						
(4)	·		-			•
(5) (6)						
(7)					•	
(8)						
(9)						
(10)						
			Balance due at	Balance due at	Fai	ır market value
	tion furnished by lender		beginning of year	end of year		(990-PF only)
(1) (2)			2,000	2,0	700	
(3)						
(4)						
(5)						
(6)						
(7)			· · · · · · · · · · · · · · · · · · ·			
(8)						

2,000

2,000

(9) (10)

Totals

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172 2009

tachment 6

Name(s) shown on return

See separate instructions.
 THE GRAND LODGE OF MINNESOTA

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Identifying number

INDEPENDENT ORDER OF ODD FELLOWS 41-0327863 Business or activity to which this form relates INDIRECT DEPRECIATION Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 250,000 1 Maximum amount. See the instructions for a higher limit for certain businesses. 2 2 Total cost of section 179 property placed in service (see instructions) 800,000 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0-. If marned filing separately, see instructions (b) Cost (business use only) (c) Elected cost (a) Description of property 6 7 7 Listed property Enter the amount from line 29 8 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction Enter the smaller of line 5 or line 8 10 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 11 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 12 12 Section 179 expense deduction, Add lines 9 and 10, but do not enter more than line 11 13 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instr. Special depreciation allowance for qualified property (other than listed property) placed in service 14 during the tax year (see instructions) 14 15 15 Property subject to section 168(f)(1) election 125 16 16 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not include listed property.) (See instructions.) 17 17 0 MACRS deductions for assets placed in service in tax years beginning before 2009 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (f) Method (g) Depreciation deduction (a) Classification of property (e) Convention placed in period service only-see instructions) 19a 3-year property b 5-year property 7-year property 10-year property 15-year property 20-year property S/L 25 yrs g 25-year property S/L Residential rental 27 5 yrs MM property MM S/L 27.5 yrs MM Nonresidential real 39 yrs S/L property MM S/L Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs S/L 12-year 40-<u>year</u> MM S/L 40 vrs Summary (See instructions.) Part IV 21 21 Listed property Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions 22 125 For assets shown above and placed in service during the current year, enter the

23

Form **4562**

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Name(s) shown on return

► See separate instructions.

Attach to your tax return.

Attachment Sequence No

Nam		AND LODGE C IDENT ORDER			NS.			1		umber 7863
Bucir	ness or activity to which this form relates	ORDER ORDER	C OI ODD I		10				<u> </u>	7005
	HIEF RIVER FALLS									
	art I Election To Expen	oo Cortoin Bron	orty Under Se	otion 17	70					
-171	· · · · · · · · · · · · · · · · · · ·	•	•				nloto Dor	4 1		
_	Note: If you have a				lore you	COIT	piete Pai	<u> </u>	т.	750 000
1	Maximum amount See the instructi	-		ses					1	250,000
2	Total cost of section 179 property p								2	200 000
3	Threshold cost of section 179 proper	-		structions))				3	800,000
4	Reduction in limitation Subtract line								4	
5	Dollar limitation for tax year Subtract line		r less, enter -0- If marr						5	
6_	(a) Description	of property		(b) Cost (I	business use	only)	(c) E	ected cost	! 	
							 			
				···-						
7	Listed property Enter the amount fr	rom line 29				_7_			,	
8	Total elected cost of section 179 pr	operty Add amounts	ın column (c), lines	6 and 7					8	
9	Tentative deduction Enter the sma	iler of line 5 or line 8							9	
10	Carryover of disallowed deduction f	from line 13 of your 20	008 Form 4562						10	
11	Business income limitation. Enter the	ne smaller of busines	s income (not less t	than zero)	or line 5 (s	ee ins	tructions)		11	
12	Section 179 expense deduction Ad	ld lines 9 and 10, but	do not enter more t	than line 1	1				12	
13_	Carryover of disallowed deduction t	o 2010 Add lines 9 a	ind 10, less line 12		•	13				
Note	: Do not use Part II or Part III below f	or listed property Ins	stead, use Part V							
P	art II Special Depreciati	on Allowance a	nd Other Depre	eciatio	n (Do not	t incl	ude listed	d prope	rty.) ((See instr.)
14	Special depreciation allowance for o	qualified property (oth	ner than listed prope	erty) place	d in service	;				
	during the tax year (see instructions	s)							14	
15	Property subject to section 168(f)(1)) election							15	
16	Other depreciation (including ACRS								16	235
P	art III MACRS Depreciati		ide listed prope	erty.) (S	ee instru	ction	ıs.)			
			Section				· · · · · · · · · · · · · · · · ·			
17	MACRS deductions for assets place	ed in service in tax ve	ears beginning befor	re 2009					17	С
18	If you are electing to group any assets pla	<u>-</u>			al asset acco	unts. c	heck here			
		Assets Placed in Se						ation Sy	stem	
	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depre- (business/investme only–see instructi	ciation (cation	d) Recovery period	·	Convention	(f) Met		(g) Depreciation deduction
9a	3-year property									
b	5-year property									
С	7-year property									
d	10-year property									
е	15-year property									<u> </u>
f	20-year property									
a	25-year property				25 yrs			S/L		
	Residential rental				27 5 yrs		MM	S/L		
	property				27 5 yrs		MM	S/L		
i	Nonresidential real				39 yrs		MM	S/L		
•	property				00 913		MM	S/L		
	<u> </u>	sets Placed in Serv	rice During 2009 Ta	ax Year II	Ising the A	Iterna			vetem	
000	Class life		100 15411119 2000 11	100.0	Joing the A		LIVO DODIO		,3.0	
				- +	12 yrs	·		S/L S/L	-	
	12-year			+		-	1414			
7 11 11 1	40-year	ruotione)			40 yrs		MM I	S/L		
	Lusted property Enter amount from			-					24	
1	Listed property Enter amount from I		aa 40 aad 00 :- 1	/=\	ا ۵۷ - سالسد	C	L		21	
2	Total. Add amounts from line 12, lin	•				⊏nter	nere		_	005
_	and on the appropriate lines of your	•	· ·		ructions F				22	235
3	For assets shown above and placed	-	e current year, enter	the						
	portion of the basis attributable to se	ection 263A costs				23				

Form **8868**(Rev. April 2009)

Department of the Treasury

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Internal Revenue Service If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868 Automatic 3-Month Extension of Time. Only submit original (no copies needed). A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Chanties & Nonprofits Name of Exempt Organization Type or **Employer identification number** THE GRAND LODGE OF MINNESOTA print INDEPENDENT ORDER OF ODD FELLOWS 41-0327863 File by the due date for Number, street, and room or suite no. If a P.O. box, see instructions filing your PO BOX 7415 return See City, town or post office, state, and ZIP code. For a foreign address, see instructions instructions HUTCHINSON MN 55350-7415 Check type of return to be filed (file a separate application for each return) Form 990 Form 990-T (corporation) Form 4720 Form 990-BL Form 990-T (sec 401(a) or 408(a) trust) Form 5227 Form 990-EZ Form 990-T (trust other than above) Form 6069 Form 990-PF Form 1041-A Form 8870 The books are in the care of LEWIS MCFERRAN Telephone No ▶ 320-587-2605 FAX No ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is If it is for part of the group, check this box for the whole group, check this box and attach a list with the names and EINs of all members the extension will cover I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 02/15/11, to file the exempt organization return for the organization named above. The extension is for the organization's return for calendar year tax year beginning 06/01/10, and ending 06/30/10X If this tax year is for less than 12 months, check reason Initial return Final return |X| Change in accounting period 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. 3a b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit 3b Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions 3c Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev 4-2009)



for payment instructions