

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



### Return of Organization Exempt From Income Tax

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

CMB No 1545-0047

2009

Department of the Treasury

Ones to Public Inspectio

Int	ernal Rev	venue Service		► The organizat	ion may have to	use a copy of thi	s return to :	satisty state repo	orting requirements.	Ope	at to t matte makedus
	For t	he 2009 calenda	ar year,	or tax year begi	inning 8/	01	, 20	09, and end	ing 7/31		, 2010
В		if applicable		С					DE	mployer Identi	fication Number
_		· · · F	lease use IRS label	INDEPENDE	NT ORDER	OF ODD	FELLOW	S	8	32-0132	160
		- 1	or pr <del>i</del> nt	920 GRANT	STREET			_	<del></del>	lephone numb	
	<b> </b>	ame change	or type. See_	CALDWELL,		5			_   _	08-459	-2001
	$\vdash$	utal return	specific Instruc-	,					<del> </del>	.00-433	2031
	IJ <sup>™</sup>	ermination	tions.								E10 22E
	Ar	mended return		<u> </u>						oss receipts \$	
	L Ar			and address of princip	oal officer				H(a) is this a group H(b) Are all affiliate		
				As C Above					If 'No,' attach		ructions) Yes No
I	Tax	exempt status	X 501	(c) (8 ) <b>&lt;</b>	(insert no.)	4947	(a)(1) or	527		•	- '
J	Wel	bsite: ► N/A						-	H(c) Group exempt	on number 🟲	
K	Form	of organization	Corpora	ton Trust	Association	Other►		L Year of Forma	ton	M State of le	gal domicile
		****					•				
				anization's miss	sion or most	significant ac	tivities:	IDAHO ST	ATE LODGE	MANAGE	MENT
	1	Bridiny document				<b>9</b>	_				
nçe	'										
ä						<b></b> -					
جَيْ	2	Check this box-		f the organization	on discontinu	ed its operati	ons or di	sposed of mo	ore than 25% of	its assets.	
<u>ه</u>	3	Number of votin	na meml	pers of the gove	rning body (f	Part VI, line 1	a).			-3	6
~જૂં.	4	Number of inde	pendent	voting member	rs of the gove	rning body (F	⊃art VI, Iı	ne 1b)	•	4	0
٩	5					•			•	5	0
.≧.	6					•				<del></del>	0
₹	7a						), line 12				0.
		Net unrelated b	usiness	taxable income	from Form 9	90-T, line 34			· • · · · · · · · · · · · · · · · · · ·	7b	0.
団									Prior Y	ear	Current Year
Z	8	Contributions ar	nd grant	s (Part VIII, line	e 1h)				3	,362.	86,958.
goghygel	9										16,358.
	10				and 7d)		9	,218.	15,019.		
<b>e</b> 5	11	Other revenue (	Part VII	I, column (A), li	nes 5, 6d, 8c	, 9c, 10c, and	111e) .		29	,006.	
								line 12) .	42	,624.	118,335.
							n (A). line	es 5-10)	12	,978.	13,286.
es							. ( ),				<del></del>
ens							· \ /F F	<u> </u>			
Š.	b ī	Total fundraising	g expen	ses (Part IX, col	lumn (D), line	2 ※ 2 ※ 上 に 上	IVEL	<del></del>			
ш	17 (	Other expenses	(Part IX	(, column (A), lii	nes 11a-111d,	111-24t).	•	NO NO			28,621.
	18	Total expenses.	Add line	es 13-17 (must	equal PartdX	сондал (А),	dine (25)	Q			41,907.
	19 F	Revenue less ex	penses	Subtract line 1	8 from line	P DEC 0	\$ 2010	_ lo	-7	<u>,143.</u>	76,428.
58					- <u>1</u>			ഥ	Beginning of	of Year	End of Year
a fe	20 1	Total assets (Pa	rt X. Im	e 16.) .	1.	CODE	EN. U	T			1,831,209.
A B				•	Ļ		<del>-: •)</del>	<del></del>		0.	90.
ž,		,			oo 21 from lin	e 20			1 663	141	1,831,119.
					16 21 11 0111 1111				1,003	,	1,001,110.
Part   Summary											
_		Under penalties of true, correct page of	perfury, i i emplete [	declare that I have ex Declaration of prepar	er (other than officer	principling accor er) pased on a	mpanying so ili informatio	u ot mpicu brebai uednies aud seste	rer has any knowledg	e .	eage and belief, it is
٠.		/ X	61.	a. 81	1/8/2	XX			111-	7-1	10
Sig	ın	//	<u> ///</u>	my M	10211				Date	<del>/_</del> /	
пе	re	/		/						עם גייים חי	
									GRAIND SEC	RETAKI	
		Type or print r	name and 1						- 1	· Prop	ren'r identifiena number
		Ì			/	Λ		Date	self-	(see	instructions)
		Preparer's			1 -0	<i>[]</i>	-	/2-/	employed	<u>-                                    </u>	
		signature				15		10/10	1	[N/I	<u> </u>
pai	rer S							_/_/			
		employed),	504	16th Avenu	e South				EIN ►		
	-	ZIP + 4							Phone no		467-9330
May	the IF	RS discuss this r	eturn w	th the preparer	shown above	? (see instru	ictions)				
BA	A For	Privacy Act and	Paperw	ork Reduction	Act Notice, s	ee the separa	ate instru	ctions.	TEEA01	13L 12/29/09	Form 990 (2009)

For	990 (2009) INDEPENDENT ORDER OF ODD FELLOWS	82-0132160	Page
7	art III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission:		
	IDAHO STATE LODGE MANAGEMENT		
		· · · · · · · · · · · · · · · · · · ·	
2	Did the organization undertake any significant program services during the year which were not listed on		Ma
	Form 990 or 990-EZ?	Yes X	No
	If 'Yes,' describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program serv	ices? Yes X	No
3	If Yes, describe these changes on Schedule O.	ices: res [A]	140
4		- hv exnenses: Section 501(c)(3	3
7	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.	4 =	
4 a	a (Code:) (Expenses \$ including grants of \$)	(Revenue \$	)
	IDAHO STATE LODGE MANAGEMENT		
			. <del>-</del>
·			
-			
4b	(Code. (Code. (Expenses \$	Revenue \$	)
4 c	(Code	Revenue \$	)
•			
•			
•			- <b></b>
	Other program services. (Describe in Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$		
4e '	Total program service expenses ► 0.		

rvrm **990** (2009) 82-0132160 **Checklist of Required Schedules** No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A . 1 Х Х Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I. 3 X Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete: Schedule C. Part II 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III. 5 provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I . . . . . Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to 6 Х 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,' X complete Schedule D, Part III . 8 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Х .. .. Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? It 'Yes,' complete Schedule D, Part V10 X Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX, or 11 X X as applicable. • Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D. Part VI ... Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII • Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII . Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX • Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D. Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses
the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X 12 Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII Х 12 12A Was the organization included in consolidated, independent audited financial statement for the tax No Yes X year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A X 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 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, business, and program service activities outside the United States? *If 'Yes,' complete Schedule F, Part I* Х 14h 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II Х 15 Did the organization report on Part  $IX_7$  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 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 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

18

-19

20

X

-X--

Х

lines 1c and 8a? If 'Yes,' complete Schedule G, Part II

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

INDEPENDENT ORDER OF ODD FELLOWS rorm **990** (2009) 82-0132160 Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х 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 employees? If 'Yes,' complete Х Schedule J . 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25 X 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d \*25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction-with a---- disqualified person during the year? If 'Yes,' complete Schedule L, Part I 25a b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If 'Yes,' complete 25b Schedule L, Part I . . . . 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II 26 X Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes,' complete X Schedule L. Part III 27 Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions). a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L. Part IV X 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete 28b X Schedule L, Part IV 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 X 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes.' complete Schedule M 29 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M 30 30 Х 31 X Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part L ...

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Schedule N. Part II . 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 33 Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, 34 line 1 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 35

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

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,  $Part\ Vl$ 

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? 38 Note. All Form 990 filers are required to complete Schedule O.

Form	990	(2009)

36

**3**7

38

X

Х

X

Х

**X** 

X

Part	V Statements Regarding Other IRS Filings and Tax Compliance				
	•		F	Yes	No
1a E	Inter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S	. 1a0		-	
	nformation Returns. Enter -0- if not applicable	1b 0	-‡	İ	
(9	old the organization comply with backup withholding rules for reportable payments to vend gambling) winnings to prize winners?	ors and reportable garning	1c		
Ca	nter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the alendar year ending with or within the year covered by this return	2a 0			
	at least one is reported on line 2a, did the organization file all required federal employments		2b		ļ
	ote. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this re				ł
th	ld the organization have unrelated business gross income of \$1,000 or more during the years return?		3a_		Х
b If	'Yes' has it filed a Form 990-T-for this year? If 'No,' provide an explanation_in Schedule C	)	.3b	-	
<b>4a</b> A	t any time during the calendar year, did the organization have an interest in, or a signatur nancial account in a foreign country (such as a bank account, securities account, or other	e or other authority over, a financial account)?	4a		Х
<b>b</b> If	'Yes,' enter the name of the foreign country: >				
S Fi	ee the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report o nancial Accounts	f Foreign Bank and	,	<i>'</i>	
5a W	as the organization a party to a prohibited tax shelter transaction at any time during the t	ax year? .	5 a		<u>X</u>
<b>b</b> D	d any taxable party notify the organization that it was or is a party to a prohibited tax she	Iter transaction? .	5 b		X
· -c If	'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Eax Shelter Transaction?	ntity Regarding Prohibited	- 5с		-
<b>6a</b> Do	pes the organization have annual gross receipts that are normally greater than \$100,000, blicit any contributions that were not tax deductible?	and did the organization	6a		Х
b If	'Yes,' did the organization include with every solicitation an express statement that such organization include with every solicitation an express statement that such organization.	contributions or gifts were not	6ь		
	rganizations that may receive deductible contributions under section 170(c).				
a Dı	d the organization receive a payment in excess of \$75 made partly as a contribution and ovided to the payor?	partly for goods and services	7a		Х
	'Yes,' did the organization notify the donor of the value of the goods or services provided:		7b		
	d the organization sell, exchange, or otherwise dispose of tangible personal property for v				
	rm 8282?	, ,	7 c		X
<b>d</b> If	Yes, Indicate the number of Forms 8282 filed during the year	7d	1	- 1	
e Di be	d the organization, during the year, receive any funds, directly or indirectly, to pay premiu nefit contract?	ms on a personal	7e		X
	d the organization, during the year, pay premiums, directly or indirectly, on a personal bei		7f		X
	r all contributions of qualified intellectual property, did the organization file Form 8899 as		7g		
	r contributions of cars, boats, airplanes, and other vehicles, did the organization file a Foi		7h		<del></del>
sù	onsoring organizations maintaining donor advised funds and section 509(a)(3) supporti pporting organization, or a donor advised fund maintained by a sponsoring organization, bildings at any time during the year?	ng organizations. Did the nave excess business	8		
	consoring organizations maintaining donor advised funds.				
	d the organization make any taxable distributions under section 4966?	, ,,	9a		
	d the organization make any distribution to a donor, donor advisor, or related person?	, ,,	9b		
	ection 501(c)(7) organizations. Enter:		Ī		
	tiation fees and capital contributions included on Part VIII, line 12	10a	ļ		
	oss Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10Ь		Ī	
	ction 501(cX12) organizations. Enter:	. ,	- 1	İ	
. a Gr	oss income from other members or shareholders.	11a	-	1	
<b>b</b> Gr an	oss income from other sources (Do not net amounts due or paid to other sources against nounts due or received from them.)	11ь		ļ	
	ction 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	f Form 1041?	12a		
	Yes,' enter the amount of tax-exempt interest received or accrued during the year	12b			
BAA			Form	990 (2	<u>:009</u> )

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.

Se	ction A.	Governing Body and Management		-		
					Yes	No
-	a Enter the	e number of voting members of the governing body	1a	_6		
	<b>b</b> Enter the	e number of voting members that are independent	1b			
2	2 Did any officer, d	officer, director, trustee, or key employee have a family relationship or a business re irector, trustee or key employee?	elationship with any other	2		Х
3	B Did the o	rganization delegate control over management duties customarily performed by or u s, directors or trustees, or key employees to a management company or other perso	under the direct supervision?.	on 3		Х
4		rganization make any significant changes to its organizational documents		4		-X
		prior Form 990 was filed?	, ,		<u> </u>	
5		rganization become aware during the year of a material diversion of the organization	n's assets?	. 5		Х
6		organization have members or stockholders?	.,	6	1	X
7		organization have members, stockholders, or other persons who may elect one or m	nore members of the	7a		Х
	-	decisions of the governing body subject to approval by members, stockholders, or oth	her persons?	7b		X
	•	ganization contemporaneously document the meetings held or written actions under		,		,
	the follow	ring:	taken daning the year by	8a		Х
	<b>a</b> The gover <b>b</b> Each com	imittee with authority to act on behalf of the governing body?		-8b	٠ _	-X
9	ls there a	ny officer, director or trustee, or key employee listed in Part VII, Section A, who can on's mailing address? If 'Yes,' provide the names and addresses in Schedule O	nnot be reached at the	9		Х
Sec		Policies (This Section B requests information about policies not re	equired by the Interi	nal		
Rev	enue Code	)				
					Yes	No
10	a Does the	organization have local chapters, branches, or affiliates? .		10a		Х
ı	b if 'Yes,' do	oes the organization have written policies and procedures governing the activities of hes to ensure their operations are consistent with those of the organization?	such chapters, affiliates	10ь		-
11		ganization provided a copy of this Form 990 to all members of its governing body be	efore filing the form?	11		X
		n Schedule O the process, if any, used by the organization to review this Form 990.				
		organization have a written conflict of interest policy? If 'No,' go to line 13		12a		X
		s, directors or trustees, and key employees required to disclose annually interests the	hat could give rise	12b		
(	Does the o	organization regularly and consistently monitor and enforce compliance with the polic O how this is done	cy? If 'Yes,' describe in	12c		
13	-	organization have a written whistleblower policy?		13		X
		organization have a written document retention and destruction policy?		14		X
		ocess for determining compensation of the following persons include a review and a comparability data, and contemporaneous substantiation of the deliberation and decis	pproval by independent sion?			
		ization's CEO, Executive Director, or top management official		15a	- 1	Х
	_	ers of key employees of the organization.		15b	$\dashv$	X
		line 15a or 15b, describe the process in Schedule O. (See instructions.)				***************************************
16 <i>a</i>	Did the org	ganization invest in, contribute assets to, or participate in a joint venture or similar and the year?	arrangement with a taxab	e 16a	-	Х
	If 'Yes,' ha in joint ver	is the organization adopted a written policy or procedure requiring the organization to sture arrangements under applicable federal tax law, and taken steps to safeguard the	he organızatıon's exempt	1 1		
		-respect-to-such-arrangements?	<u> </u>	_  16b _	<u> </u>	<del></del> -
_		Disclosures ates with which a copy of this Form 990 is required to be filed ► None				
		of the control of this form 990 is required to be filed \$\frac{10011e}{10011e} = \frac{1}{2} = \frac	1 990-T (501(c)(3)s only)			– – iblic
	inspection.	Indicate how you make these available. Check all that apply.	- 130 · (30 · (5/(5/(5/3 Orlly)	a tanabic	.o. pc	
10		a Schedule O whether (and if so, how) the organization makes its governing documen	ents conflict of interest s	diev ene	finan	cıal
	-statements	-available-to-the-public				 
		name, physical address, and telephone number of the person who possesses the book AVERILL 920 GRANT STREET CALDWELL ID 83605 208-459-2		ganızatıo 	n: 	

BAA

Form 990 (2009)

# Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organizations's tax year. Use Schedule J-2 if additional space is needed
- -• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees. See instructions for definition of 'key employees'

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

- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- -• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A)	(B)		-	(c)		 (D)	(E)	(F)
Name and Title	Average hours per week	or director		 	employee	 Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Esbmated amount of other compensation from the organization and related organizations
LEE MOBERLY GRAND MASTER	0					0.	0.	0.
KENNY AVERILL GRAND SECRETARY	0					12,342.	0.	0.
FRANK MARKUM GRAND TREASURER	0					0.	0.	0.
WINTHROP OSBORN DEPUTY GRAND	0					0.	0.	0.
ROBERT_WEYGANDT GRAND WARDEN	0					0.	0.	0.
RALPH COLLINS GRAND MARSHALL	0					0.	0.	0.
					-		-	
			-	_		 		
					ļ			

TEEA0107L 11/10/09

Name and Title    Average   Position (Arek all Plat a print)   Complementation from the compensation is an including but not limited to those histed above) who received more than \$100,000 in reportable compensation from the compensation from the compensation limited for the compensation from the compensation from the compensation from the compensation from the compensation from the compensation and other compensation from the compensation and related organizations greater than \$100,000? If Yes' complete Schedule J for such motividual sets of the compensation from the compensation from the compensation and related organizations greater than \$100,000? If Yes' complete Schedule J for such person.    Yes   No   Yes'   No   Yes'   No   Yes'   No   Yes'   Yes'   No   Yes'   Yes'   No   Yes'   Yes'   Yes'   No   Yes'   (A)	(B)	T	<u>y L</u>		(c)	CCS	5, aı	(D)	(E)	inpic			
The Total  The Total	• •	Average	Pos	itton			that a	apply)	Reportable ~	ľ			-
1b Total  1b Total  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization is any former officer, director of function, key employee, or highest compensated employee or interest or the state of the state individual of the state individu	Halle and 100	hours per wee	k e ۽	5	_9	_	g ,	F 37	compensation from	compensation from	n ns	amount o	f other
1b Total  1b Total  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization list any former officer, director or fusibles key employee, or highest compensated employee which let \$6 \text{ / Yes} \text{ complete} \text{ Schedule of for such individuals} \text{ / Yes complete}  /			direc	ğ	Ę	en	ploy	mer	(W 2/1099-MISC)	(W-2/1099-MISC		from t	the ation –
1b Total  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization list any former offices; director or insiste, key employee, or highest compensated employee or interest of the scale individuals of the scale individuals or interest of the scale individuals or interest of the scale individuals or interest of the scale individuals or interest or insiste, key employee, or highest compensated employee or interest or i		}	Įģ s	- S		탕	i con	1	1		- }	and rel	lated -
1b Total  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization list any former offices; director or insiste, key employee, or highest compensated employee or interest of the scale individuals of the scale individuals or interest of the scale individuals or interest of the scale individuals or interest of the scale individuals or interest or insiste, key employee, or highest compensated employee or interest or i			Istee	trug		1 8	Pens						
1b Total  2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization list any former offices; director or insiste, key employee, or highest compensated employee or interest of the scale individuals of the scale individuals or interest of the scale individuals or interest of the scale individuals or interest of the scale individuals or interest or insiste, key employee, or highest compensated employee or interest or i			"	8			äted						
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization  The organization is any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual  To any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than		<u> </u> _		_				_				· · · · · · · · · · · · · · · · · · ·	
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization  The organization is any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual  To any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than			1	1	1	ł					-		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization  The organization is any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual  To any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than			├			-	ļ			<del></del>			
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization  The organization is any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual  To any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than			l										
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization  The organization is any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual  To any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than		<del> </del>	├		$\vdash$	$\vdash$	-			<del></del> -	+-		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization  The organization is any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual  To any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than		}				İ	1 1				ł		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization  The organization is any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual  To any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than							H						
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization  The organization is any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual  To any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than													
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization  The organization is any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual  To any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than													
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization  The organization is any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual  To any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than													
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization  The organization is any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual  To any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than				-				Ì					
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization  The organization is any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual  To any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than													
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization  The organization is any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual  To any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than						Ì							
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization  The organization is any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual  To any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than				-	_		-				+-		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization  The organization is any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual  To any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than													
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization  The organization is any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual  To any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than			-			$\dashv$	-	+			+		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization  The organization is any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual  To any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than		1		i	ļ								
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization  The organization is any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual  To any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than			十	+	7	$\neg \dagger$	7	十			+-		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization  The organization is any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual  To any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than				-					1				
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization  The organization is any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual  To any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than			$\neg$	T		T			*				
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization  The organization is any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual  To any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than													
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization  The organization is any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual  To any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than				- 1									
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization  The organization is any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual  To any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than			_	4	4	_	_	_			Д_		
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization  The organization is any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual  To any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than			İ			ı		ł					
Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization  The organization is any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual  To any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person  Section B. Independent Contractors  Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than							Ц,	_	12 242		-		
from the organization      Ves   No		to thes	o lici	tod :	abo	· (a)	who	5000			- 1		
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes" complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than	· •	to thos	e 1151	ieu i	abo	ve) '	WIIO	rece	eived more uiaii p	100,000 iii repor	lable (	ompens	sation
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If 'Yes,' complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  (B)  (C)  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than	nom the organization											Yes	No
on line 1a? If 'Yes,' complete Schedule J for such individual  4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than	3 D d the comment of the control of		ر دا		1			. b.al	hast sammanastas	l ampleuss		1.55	<del> </del>
the organization and related organizations greater than \$150,000? If 'Yes' complete Schedule J for such Individual  5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person  5 X  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  (B)  (C)  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than	on line 1a? If 'Yes,' complete Schedule J for such inc	dividual	e, K	зу с	шрі	oye	e, Oi	nigi	nest compensated	i employee	[ 5	3	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  (B)  (C)  Compensation  Pescription of Services  2 Total number of independent contractors (including but not limited to those listed above) who received more than	4 For any individual listed on line 1a, is the sum of rep	ortable	com	pen	satio	on a	nd d	other	compensation fro	om			
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If 'Yes,' complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  Description of Services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than		an \$150	,000	? 11	Ye.	s' co	omp.	iete	Scneaule J Tor su · · ·	cn	4	,	X
rendered to the organization? If 'Yes,' complete Schedule J for such person  Section B. Independent Contractors  1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  (B)  (C)  Compensation  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than	E. Did any parcon leted on line to receive or accrue co	mnenca	tion	fron			arola	hate	organization for e	enuces			
1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.  (A)  Name and business address  (B)  Description of Services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than	rendered to the organization? If 'Yes,' complete Sche	edule J i	for s	uch	per.	son	11 616	aleu	organization for s		5	<u>;                                    </u>	X
compensation from the organization.  (A) Name and business address  Description of Services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than	Section B. Independent Contractors												
(A) Name and business address  Description of Services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than		d indepe	ende	nt c	ontr	acto	ors⁻t	hat r	received-more-tha	n-\$-100,000 of			
Name and business address  Description of Services  Compensation  2 Total number of independent contractors (including but not limited to those listed above) who received more than								Т	(B)			(C)	
									Description of	Services			n
								$oldsymbol{\perp}$					
								$\perp$				<u>·</u> _	
								7					
								+-					
	2. Takal manches of independent controllers (in taking to	rt net le		- + -	the	co !-	ctoo	1 252	wa) who received	more than	<del></del>	·····	
	· · · · · · · · · · · · · · · · · · ·				u iU	اا تد	3100	auc	And received	ore utail	`		:

	in vir Statement of Revenue	<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1a Federated campaigns     1a       b Membership dues     1b       c Fundraising events     1c       d Related organizations     1d		,	,	
UTIONS, G HER SIMILA	e Government grants (contributions)  1 e  1 All other contributions, gifts, grants, and similar amounts not included above  1 f  86,958.				
SONTRIB AND OT	g Noncash contributes included in lins 1a-1f: \$	86,958.			
	2a Membership Dues & Assessments	16,358.	16,358.		
PROGRAM SERVICE REVENUE	b				
GRAM SE	d				
PRO	g Total. Add lines 2a:2f	16,358.			
	<ul> <li>Investment income (including dividends, interest and other similar amounts)</li> <li>Income from investment of tax-exempt bond proceeds</li> </ul>	15,019.	15,019.		
	5 Royalties				
	6a Gross Rents b Less: rental expenses c Rental income or (loss)				
	d Net rental income or (loss)  7a Gross amount from sales of (i) Securibes (ii) Other				
i	b Less cost or other basis and sales expenses. 400,000.				
	c Gain or (loss) d Net gain or (loss)				
VENUE	8a Gross income from fundraising events (not including \$ of contributions reported on line 1c).				
OTHER REVENU	See Part IV, line 18 a b Less: direct expenses . b				
	9a Gross income from gaming activities See Part IV, line 19				·
	b Less: direct expenses c Net income or (loss) from gaming activities		,	,,,,,,,,,,,	
	10a Gross sales of inventory, less returns and allowances a b Less. cost of goods sold b	,	, -		
	c Net income or (loss) from sales of inventory		"		
ŀ	Miscellaneous Revenue Business Code	,			
	11a				
	<u>b</u>				
	d All other revenue				
	e Total. Add lines 11a-11d		`		
	12 Total revenue. See instructions.	118,335.	31,377.	0.	0.

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).

Do 6b	o not include amounts reported on lines o, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(8)Program.service _ expenses	(C)Management and general expenses	( <b>D)</b> Fundraising expenses
-	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16		 	,	
4	Benefits paid to or for members .				
5	Compensation of current officers, directors, trustees, and key employees	12,342.	0.	12,342.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages .				
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits				- · ·
10	Payroll taxes	944.		944.	· ·
11	Fees for services (non-employees)				
	a Management				
	b Legal				
	c Accounting	605.		605.	
	d Lobbying				
	e Prof fundraising svcs. See Part IV, In 17				
1	f Investment management fees .				
(	g Other				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel	2,149.		2,149.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24 -	Other expenses. Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)	`		,	,
a	SOV GRAND LODGE DUES	6,495.		6,495.	
	REPAIRS	6,7277-		0/2//	
	CONTRIBUTIONS	5,225.		5,225.	
	UTILITIES	4,905.		4,905.	
	SUPPLIES	1,192.		1,192.	
	All other expenses .	1,773.		1,773.	
25	Total functional expenses Add lines 1 through 24f	41,907.	0.	41,907.	0.
26	Joint costs. Check here ► If following				<del>.</del>
	SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
BAA					Form 990 (2009)

_			(A) Beginning of year		<b>(B)</b> End of year
_	1	Cash — non-interest-bearing	25,173.	1	39,544
	2	Savings and temporary cash investments	345,289.	2	794,508
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	<u> </u>	5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1))		<b>∮</b>	
		and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	-
4 5 5 1	7	Notes and loans receivable, net	237,303.	7	65,241
	8	Inventories for sale_or use	- 1,968.	8	1,968
5	9	Prepaid expenses and deferred charges		9	·····
	10a	Land, buildings, and equipment cost or other basis. 10a 929, 948.			
		Complete Part VI of Schedule D			
	l t	Less, accumulated depreciation.	1,053,408.	10c	929,948.
	11	Investments - publicly-traded securities		11	
	12	Investments – other securities. See Part IV, line 11		12	
	13	Investments – program-related. See Part IV, line 11		13	
İ	14	Intangible assets		14	
-	15	Other assets. See Part IV, line 11		15	
ı	16	Total assets Add lines 1 through 15 (must equal line 34)	1,663,141.	16	1,831,209.
1	17	Accounts payable and accrued expenses.		17	90.
1	18	Grants payable		18	
	19	Deferred revenue .		19	
ł	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D .		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II			
1		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
ł	25	Other habilities. Complete Part X of Schedule D		25	
l	-	Total liabilities. Add lines 17 through 25.	0.	26	90.
1		Organizations that follow SFAS 117, check here ► X and complete lines		1	
		27 through 29 and lines 33 and 34.	1	ı	
	27	Unrestricted net assets	1,663,141.	27	1,831,119.
	28	Temporarily restricted net assets		28	
Ì	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ► and complete		1	
- 1		lines 30 through 34.	1	1	,
	30	Capital stock or trust principal, or current funds	Ī	30	
	31	Paid-in or capital surplus, or land, building, and equipment fund.		31	
	32	Retained earnings, endowment, accumulated income, or other funds.		32	
	33	Total net assets or fund balances.	1,663,141.	33	1,831,119.
		Total liabilities and net assets/fund balances.	1,663,141.	34	1,831,209.
L NA	34	Total Habilities and net associated balances.			Form- <b>990</b> (2009)

· · · · · · · · · · · · · · · · · · ·	82-0132160	Pa	ge 12
Part XI Financial Statements and Reporting		Yes	No
1 Accounting method used to prepare the Form 990: X Cash Accrual Other		162	140
If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant?			X
<b>b</b> Were the organization's financial statements audited by an independent accountant?	. <u>2b</u>		<u>X</u> .
c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight review, or compilation of its financial statements and selection of an independent accountant?	of the audit,		
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were consolidated basis, separate basis, or both:	issued on a		
Separate basis Consolidated basis Both consolidated and separate basis			•
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in Audit Act and OMB Circular A-133?	the Single 3a	-	X
b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	required audit 3b		
AA	Form	n <b>990</b> (2	2009)
	,		
·			
·			
•			

### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

# **Supplemental Financial Statements**

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. ► Attach to Form 990. ► See separate instructions 2009

Open to Public Inspection

INDEPENDENT ORDER OF ODD FELLOWS

Employer Identification number

11	NDEPENDENT ORDER OF ODD FELLOWS	S				82-0132160	
P	Organizations Maintaining Dono the organization answered 'Yes'				Funds or Acc		
			(a) Donor advis		(b)	Funds and other a	ccounts
1	Total number at end of year		<u> </u>				<del></del> ::;
.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 dor funds are the organization's property, subject	nor advisors to the organ	in writing that ization's exclus	the assets held sive legal contro	in doncr advised !?	Yes	No
6	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private bene	the benefit o	or advisors in w of the donor or	riting that grant donor advisor or	funds may be for any other	· Yes	□No
Ď,	rt II Conservation Easements Comple		rganization	answered 'V	es' to Form 9	<del></del>	
_	Purpose(s) of conservation easements held by				es to ronnis	790, Fail IV, III	ie 7.
,	Preservation of land for public use (e.g., re	-	•		on of an historic	ally important land	Laron
	Protection of natural habitat	ecreauon or	pieasure)	<b>⊢</b> ⊣	on of certified his	•	ı alta
	Preservation of open space						
2	· · · · · · · · · · · · · · · · · · ·	on held a qua	alıfıed conserva	ition contribution	n in the form of a	a conservation eas	ement on the
				-		Held at the End	of the Year
ŧ	a Total number of conservation easements.				2a		
ŧ	Total acreage restricted by conservation easen	nents			2b	···	
(	: Number of conservation easements on a certifi	ed historic s	tructure include	ed in (a)	. 2c		
c	Number of conservation easements included in	(c) acquired	d after 8/17/06		2d		
3	Number of conservation easements modified, t	ransferred, r	eleased, exting	juished, or term	nated by the org	janization during t	he tax
	year ▶						
4	Number of states where property subject to cor	nservation ea	asement is loca	nted ►	<del></del>		
5	Does the organization have a written policy reg and enforcement of the conservation easement		eriodic monitor	ıng, ınspection,	handling of viola	ations, Yes	No
	Staff and volunteer hours devoted to monitoring during the year		•				_
	Amount of expenses incurred in monitoring, insiduring the year ►		•		\$		<del></del>
8	Does each conservation easement reported on 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	•	-	•		Yes	No No
9	In Part XIV, describe how the organization repo- include, if applicable, the text of the footnote to conservation easements.						
'ar	Organizations Maintaining Collection Complete if the organization answ	tions of A ered 'Yes'	rt, Historica to Form 99	<b>l Treasures,</b> 0, Part IV, lin	or Other Simi e 8.	ilar Assets	
.1 a	If the organization elected, as permitted under treasures, or other similar assets held for public the text of the footnote to its financial statemen	exhibition,	education, or r	esearch in furthe	ement and balan erance of public	ce sheet works of service, provide, ii	art, historical n Part XIV,
b	If the organization elected, as permitted under treasures, or other similar assets held for public amounts relating to these items	SFAS 116, to exhibition, o	o report in its re education, or re	evenue statemei esearch in furthe	nt and balance serance of public s	heet works of art, service, provide th	historical e following
	(i) Revenues included in Form 990, Part VIII, II	ne l				<b>►</b> \$	
	(ii) Assets included in Form 990, Part X					<b>►</b> \$	
2	If the organization-received-or-held-works-of-art amounts required to be reported under SFAS 1	- historical-tr	easures,-or-oth	er-sımılar asset	s-for-financial-ga	in, provide the foll	owing
а	Revenues included in Form 990, Part VIII, line 1					<b>►</b> \$	
b	Assets included in Form 990, Part X .					<b>►</b> \$	

Part III Organizations Mainta  3 Using the organization's acquisite items (check all that apply)  a Public exhibition				toric	al Treasures,	or Othe	r Similar A	ssets (c	ontinued)
items (check all that apply).  a Public exhibition	ion accession	and other							<del>0.1.(</del>
— — .		1 and other	r records, ch	eck ar	y of the following	that are	a significant u	se of its c	ollection
. 🗖 🗸			<b>d</b> Loar	or ex	change programs				•
<b>b</b>     Scholarly research			e Othe	r	<u> </u>	_			
c Preservation for future gener				-	_		=		
4 Provide a description of the organ Part XIV.	inization's co	llections ar	nd explain ho	ow the	y further the organ	nızatıon's	exempt purpo	se in	
5 During the year, did the organiza assets to be sold to raise funds r	ition solicit or ather than to	receive do be mainta	onations of a nined as part	art, his of the	torical treasures, organization's co	or other s llection?	ımılar	Yes	No
Part IV Escrow and Custodial 9, or reported an amou	I Arrangen unt on For	<b>nents</b> Co m 990, F	mplete if art X, line	orgar 21.	ization answe	red 'Yes	s' to Form 9	90, Part 	IV,-line
1 a Is the organization an agent, trus included on Form 990, Part X?	stee, custodia	an, or other	ıntermediar	y for c	ontributions or oth	ner assets	s not	Yes	No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIV a	and comple	ete the follow	ving ta	ole:	<del></del>		A	
						<u> </u>		Amount	
c Beginning balance			•			1c			<del></del>
d Additions during the year		•			1 7 7 - 2	1d			<u></u>
e Distributions during the year	•		•	•		1e			
f Ending balance.					= * *	1f		1,,	
2a Did the organization include an ar		rm 990, Pa	irt X, line 21	?	•	-	•	Yes	∐No
• ¬b-lf 'Yes,' explain the arrangement i	in Part XIV.	<del></del>	r		· · · · ·	, 00 D	107 1 10		
Part V Endowment Funds Cor							t IV, line IU	1	<del></del>
Ĺ	(a) Current	year	(b) Prior yea	ır	(c) Two years back	(d)	Three years back	(e) FOL	r years back
1 a Beginning of year balance								ļ	
<b>b</b> Contributions								<del></del>	
c Net Investment earnings, gains, and losses			<del></del>	-					***************************************
<b>d</b> Grants or scholarships .								<u> </u>	
e Other expenditures for facilities and programs .								<u> </u>	
f Administrative expenses								<u> </u>	***************************************
<b>g</b> End of year balance .								<u> </u>	
2 Provide the estimated percentage	of the year of	end balanc	e held as.						
a Board designated or quasi-endowr	ment 🕨		<sup>8</sup>						
b Permanent endowment ▶									
c Term endowment ▶	8								
3a Are there endowment funds not in organization by:	the possess	sion of the	organızatıon	that a	re held and admır	nistered fo	or the	ΓY	es No
(i) unrelated organizations					• •			3a(i)	
(ii) related organizations								3a(ii)	
b if 'Yes' to 3a(ii), are the related or	rganizations l	isted as re	auired on Sa	chedul	e R?		•	3b	
4 Describe in Part XIV the intended									
Part VI Investments—Land, Bu	uildings. a	nd Equit	ment. Se	e For	m 990. Part X	, line 10	D		
Description of investment		(a) Cost or	other basis tment)	(b)	Cost or other asis (other)	(c) Acc	umulated eciation	( <b>d)</b> Boo	k Value
1a Land		5	64,031.						64,031.
b Buildings .			19,867.					3	19,867.
c Leasehold improvements .	. ]		21,058.						21,058.
d Equipment	. †								
e Other	`   <del>-</del>		24,992.						24,992.
otal. Add lines 1a through 1e (Column	(d) must ear			olumn	(B), line 10(c) )		<b>•</b>		29,948.
otal. Add lines to unough te (Coldinit	(a) musi equ		,	J. 411111	(-), · · · · · · · · · · · · · · · · ·		Sched		m 990) 2009

Schedule D (Form 990) 2009 INDEPENDENT ORDER	OF ODD FELLOWS		132160 Page
Part VI Investments—Other Securities See F			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	uation arket value
Financial derivatives			
Closely-held equity interests			
Other			
			<u>-</u>
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.)			,
Part VIII Investments-Program Related (See F	orm 990, Part X, Iin	e 13) N/A · · · ·	
(a) Description of investment type	(b) Book value	(c) Method of value	ation
		Cost or end-of-year ma	rket value
			<del></del>
		<u></u>	<del></del>
			<del></del>
			<del></del>
Total (Column (b) must equal Form 990, Part X, Col. (B) line 13.)	15) 1/3		
Part IX Other Assets (See Form 990, Part X, I			1 125 /
(a) Des	cription		(b) Book value
	<del></del>		
	<del></del>		
	<del></del> -		
	<del></del>		
	15)		<u> </u>
Total. (Column (b) must equal Form 990, Part X, col (B), lin			<del></del>
Part X Other Liabilities (See Form 990, Part >		1	
(a) Description of Liability	(b) Amount	<b>-</b>	
Federal Income Taxes	<del></del>	4	,
		-	
			-
	<del></del>		v.
	<del></del>	· ·	<b>v</b> • •
	<del></del>	1	`
	<del> </del>	٠ ` `	
		4	·
	<del></del>		
	<del>                                     </del>	4 ` .	•
		<b>↓</b> ````	· .:
Total (Column (b) must equal Form 990, Part X, col. (B) line 25)	<u> </u>		
2. FIN 48 Footnote. In Part XIV, provide the text of the footnot for uncertain tax positions under FIN 48.	ote to the organization's	financial statements that reports the	organization's liability

Page 3

	<u> 12-01</u>	32160	Page 4
Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		N/A	<del></del>
1 Total revenue (Form 990, Part VIII,column (A), line 12)			<del> </del>
2 Total expenses (Form 990, Part IX, column (A), line 25)			
3 Excess or (deficit) for the year. Subtract line 2 from line 1			
4 Net unrealized gains (losses) on investments			
5 Donated services and use of facilities			
6 Investment expenses		ļ	
7 Prior period adjustments	•		
8 Other (Describe in Part XIV)			
9 Total adjustments (net). Add lines 4 through 8			
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per	Retur	n N/A	
1 Total revenue, gains, and other support per audited financial statements	1		
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		_	
a Net unrealized gains on investments.		_	
b Donated services and use of facilities . 2b	1	ı	
c Recoveries of prior year grants . 2c			
d Other (Describe in Part XIV)			
e Add lines 2a through 2d	2 e		
3 Subtract line 2e from line 1	3		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:  a Investments expenses not included on Form 990. Part VIII, line 7b.	[]		
	-		
2 Ottor (Booking III arrivary)	ا ا		
c Add lines 4a and 4b	4c		
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		NT / 7\	<del></del>
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Ret	urn	N/A	
1 Total expenses and losses per audited financial statements		<del></del>	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25.			
a Donated services and use of facilities			
b Prior year adjustments			
c Other losses 2c			
d Other (Describe in Part XIV)			
e Add lines 2a through 2d	2e		
3 Subtract line 2e from line 1 .	3		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investments expenses not included on Form 990, Part VIII, line 7b 4a			
b Other (Describe in Part XIV)			
c Add lines <b>4a</b> and <b>4b</b>	4c		
5 Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18.)	5		
Part XIV Supplemental Information			
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4, Part IV, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this panformation	lines 1	Ib and 2b; Parovide any add	rt V, litional
	===:-		
	- <del>-</del>		

Schedule D (Form 990) 2009 INDEPENDENT ORDER OF ODD FELLOWS	82-0132160	Page 5
Part XIV   Supplemental Information (continued)		
		- <b></b>
		<del>-</del>
		- <del></del>
	· <b></b>	. <b></b>
		<b>-</b>
		<b>-</b> -
·		. <b>-</b>
		==_=-
	•	

# SCHEDULE Q (Form 990)

# Supplemental Information to Form 990

OMB No 1545-0047

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.

Open to Public Inspection

•	Employer identification number
INDEPENDENT ORDER OF ODD FELLOWS -	82-0132160
Form 990, Part VI, Line 11 - Form 990 Review Process	
LOUII 330' LaiCAI'rille 11 - LOUII 330 Review Lince32 = = _ = _ = _ = = = =	
No review was or will be conducted.	
•	
· · · · · · · · · · · · · · · · · · ·	
THE PROPERTY OF THE PROPERTY O	
·	

Name of the organization	Employer identification number
INDEPENDENT ORDER OF ODD FELLOWS	82-0132160
	-
· · · · · · · · · · · · · · · · · · ·	
•	