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Form 990-EZ

Department of the Treasury  
Internal Revenue ServiceShort Form  
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

OMB No 1545-1150

2009

Open to Public  
Inspection

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form  
► The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2009 calendar year, or tax year beginning 10/01/09, and ending 09/30/10

B Check if applicable Address change Name change Initial return Termination Amended return Application pending	C Name of organization CHOCORUA LODGE #51 INDEPENDENT ORDER OF ODD FELLOWS	D Employer identification number 02-6008441
	Number and street (or P O box, if mail is not delivered to street address) PO BOX 6251	E Telephone number 603-528-5100
	City or town, state or country, and ZIP + 4 LACONIA NH 03247-6251	F Group Exemption Number ►

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

G Accounting method  Cash  Accrual  
Other (specify) ►

I Website: ► N/A

H Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

J Tax-exempt status (check only one) —  501(c) ( 8 ) (insert no)  4947(a)(1) or  527

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

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 11,020

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1 Contributions, gifts, grants, and similar amounts received	1
2 Program service revenue including government fees and contracts	2
3 Membership dues and assessments	3 81
4 Investment income	4 10,939
5a Gross amount from sale of assets other than inventory	5a
b Less cost or other basis and sales expenses	5b
c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input type="checkbox"/>	
a Gross revenue (not including \$ 0 of contributions reported on line 1)	6a
b Less direct expenses other than fundraising expenses	6b
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	
7a Gross sales of inventory, less returns and allowances	7a
b Less cost of goods sold	7b
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
8 Other revenue (describe ► )	7c
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	8 11,020
10 Grants and similar amounts paid (attach schedule) Stmt 2	9 2,489
11 Benefits paid to or for members	10
12 Salaries, other compensation, and employee benefits	11
13 Professional fees and other payments to independent contractors	12
14 Occupancy, rent, utilities, and maintenance	13
15 Printing, publications, postage, and shipping	14
16 Other expenses (describe ► See Statement 3 )	15 7,232
17 Total expenses. Add lines 10 through 16	16 9,721
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	17 1,299
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	18 488,850
20 Other changes in net assets or fund balances (attach explanation)	19 488,850
21 Net assets or fund balances at end of year Combine lines 18 through 20	20 490,149
22 Cash, savings, and investments	21 490,149
23 Land and buildings	
24 Other assets (describe ► )	22 23
25 Total assets	24 488,850
26 Total liabilities (describe ► )	25 0 26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	26 488,850
	27 490,149

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

(See the instructions for Part II.)

22 Cash, savings, and investments	(A) Beginning of year 488,850	(B) End of year 490,149
23 Land and buildings		22 23
24 Other assets (describe ► )		24
25 Total assets	488,850	25 490,149
26 Total liabilities (describe ► )	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	488,850	27 490,149

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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Form 990-EZ (2009)



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

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	Yes	No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	46	
48	Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	47	
49a	Did the organization make any transfers to an exempt non-charitable related organization?	48	
b	If "Yes," was the related organization a section 527 organization?	49a	
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"	49b	

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

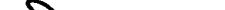
f Total number of other employees paid over \$100,000

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

Sign Here	<p>Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge</p> <p>► <i>Christopher Zarki</i> <span style="float: right;"><i>October 28, 2013</i></span></p> <p>Signature of officer <span style="float: right;">Date</span></p> <p>► <i>Christopher Zarkowski</i> <span style="float: right;"><i>TREASURER</i></span></p> <p>Type or print name and title</p>
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<b>Paid Preparer's Use Only</b>	Preparer's signature 	Date  10-26-10	Check if self- employed <input type="checkbox"/>	Preparer's Identifying Number (See ins) P00082786
	Firm's name (or yours if self-employed), address, and ZIP + 4 		EIN  02-043608	Phone  no 603-528-224

May the IRS discuss this return with the preparer shown above? See instructions

**Form 990-EZ (2009)**

9126 CHOCORUA LODGE #51

02-6008441

FYE: 9/30/2010

## Federal Statements

### Statement 1 - Form 990-EZ, Part I, Line 3 - Membership Dues and Assessments

Description	Amount
ANNUAL DUES	\$ <u>81</u>
Total	\$ <u>81</u>

9126 CHOCORUA LODGE #51  
02-6008441  
FYE: 9/30/2010

## Federal Statements

### Statement 2 - Form 990-EZ, Part I, Line 10 - Payments to Affiliates

<u>Name and Address</u>	<u>Purpose</u>	<u>Amount of Payment</u>
GRAND LODGE OF NH , I.O.O.F. 179 PLEASANT ST. CONCORD, NH 03301	ANNUAL DUES	314
Total		<u>314</u>

9126 CHOCORUA LODGE #51

02-6008441

FYE: 9/30/2010

## Federal Statements

### Statement 3 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
RENT	4,800
OTHER EXPENSES	2,432
Total	\$ <u>7,232</u>

9126 CHOCORUA LODGE #51

02-6008441

FYE: 9/30/2010

## Federal Statements

### Statement 4 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments

#### Description

FRATERNAL ORDER PROVIDING FOR SOCIAL NEEDS OF COMMUNITY