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Form **990-EZ****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)

- 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.

OMB No 1545-1150

2009**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

A For the 2009 calendar year, or tax year beginning 10/1/2009 , and ending 9/30/2010													
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1"> <tr> <td rowspan="4">Please use IRS label or print or type. See Specific Instructions.</td> <td colspan="2">C Name of organization INDEPENDENT ORDER OF ODDFELLOWS-WECOHAMET LODGE 3</td> <td>D Employer identification number 23-7597269</td> </tr> <tr> <td colspan="2">Number and street (or P O box, if mail is not delivered to street address) 105 RUTLAND ST</td> <td>E Telephone number (603) 749-4242</td> </tr> <tr> <td>City, town, or country DOVER</td> <td>State NH</td> <td>ZIP + 4 03820</td> </tr> <tr> <td colspan="2">F Group Exemption Number 0028</td> </tr> </table>	Please use IRS label or print or type. See Specific Instructions.	C Name of organization INDEPENDENT ORDER OF ODDFELLOWS-WECOHAMET LODGE 3		D Employer identification number 23-7597269	Number and street (or P O box, if mail is not delivered to street address) 105 RUTLAND ST		E Telephone number (603) 749-4242	City, town, or country DOVER	State NH	ZIP + 4 03820	F Group Exemption Number 0028	
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	F Group Exemption Number 0028												

• **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**

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

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

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. **\$ 75,173**

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	500
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	480
	4 Investment income	4	18,185
	5a Gross amount from sale of assets other than inventory	5a	56,008
	b Less: cost or other basis and sales expenses	5b	53,344
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	2,664
	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	0
b Less: direct expenses other than fundraising expenses	6b	0	
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0	
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)	7c	0	
8 Other revenue (describe ►)	8	0	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	21,829	
Expenses	10 Grants and similar amounts paid (attach schedule)	10	6,340
	11 Benefits paid to or for members	11	1,303
	12 Salaries, other compensation, and employee benefits	12	700
	13 Professional fees and other payments to independent contractors	13	500
	14 Occupancy, rent, utilities, and maintenance	14	7,340
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ► See Attached Statement)	16	8,008
	17 Total expenses. Add lines 10 through 16	17	24,191
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-2,362	
Net Assets	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)	19	521,958
	20 Other changes in net assets or fund balances (attach explanation)	20	30,231
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	549,827

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.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	2,792	3,366
23 Land and buildings	112,000	112,000
24 Other assets (describe ► Investments in stocks and bonds)	407,166	435,145
25 Total assets	521,958	550,511
26 Total liabilities (describe ► Dues payable)	0	684
27 Net assets or fund balances (line 27 of column (B) must agree with line 21).	521,958	549,827

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

Form **990-EZ** (2009)

(HTA)

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Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0		
b Did the organization file Form 1120-POL for this year?		X
38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 0		
39 Section 501(c)(7) organizations Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 40a , section 4912 40a , section 4955 40a		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b		
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e		X
41 List the states with which a copy of this return is filed 41 NH		
42 a The organization's books are in care of 42a Laurence Gadbois Telephone no. 42a (603) 749-0080		
Located at 42a 24 Cedarbrook Dr City 42a Dover ST 42a NH ZIP + 4 42a 03820		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b		X
If "Yes," enter the name of the foreign country 42b		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c		X
If "Yes," enter the name of the foreign country 42c		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here 43 <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year 43 N/A		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ 44		X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ 45		X

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. **46** ☐ Yes ☐ No
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. **47** ☐ Yes ☐ No
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E **48** ☐ Yes ☐ No
- 49 a** Did the organization make any transfers to an exempt non-charitable related organization? **49a** ☐ Yes ☐ No
- b** If "Yes," was the related organization a section 527 organization? **49b** ☐ Yes ☐ No
- 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."

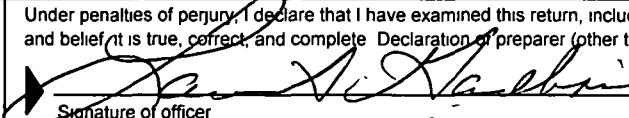
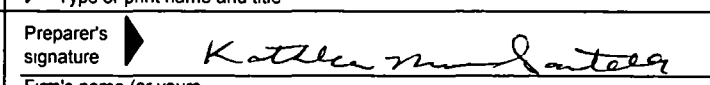
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>None</u> Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>
Name _____ Str _____	Title _____			
City <u>ST</u> ZIP _____	Hr/WK <u>.00</u>	<u>0</u>	<u>0</u>	<u>0</u>

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
Name <u>None</u> Str _____		
City <u>ST</u> ZIP _____		
Name _____ Str _____		
City <u>ST</u> ZIP _____		
Name _____ Str _____		
City <u>ST</u> ZIP _____		
Name _____ Str _____		
City <u>ST</u> ZIP _____		

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

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer	<u>11 Feb 2011</u> Date		
	<u>LOUISE A. GARDIS SECRETARY</u> Type or print name and title			
Paid Preparer's Use Only	Preparer's signature  Firm's name (or yours if self-employed), address, and ZIP + 4 <u>Kathleen Morse Sawtelle, CPA</u> <u>7 South Cranberry Ln, Rochester, NH 03867</u>	Date <u>2/9/2011</u>	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions) <u>P00035155</u> EIN <u> </u> Phone no <u>(603) 332-2864</u>

May the IRS discuss this return with the preparer shown above? See instructions. ▶ ☐ Yes ☐ No

Part I, Line 10 (990-EZ) - Grants and Similar Amounts Paid

	Class of activity	Grantee's name	Check (X) if grantee is a business	Address	City	State	Zip code	Foreign Country
1	SCHOLARSHIP	JEFFERY ADAMS		36 BRIARWOOD RD	LEBANON	ME	04027	
2	SCHOLARSHIP	ALICYN FRENCH		28 BACKRIVER RD	DOVER	NH	03820	
3	SCHOLARSHIP	SARAH MULLANEY		9 FEDERAL ST	DOVER	NH	03820	
4	SCHOLARSHIP	CASSIDY SULLIVAN		27 WAYNE ST	WORCESTER	MA	01603	
5	SCHOLARSHIP	VANESSA GADBOIS		1900 PORTDALE CT	PANTEGO	TX	76013	
6	SCHOLARSHIP	CARRIE GADBOIS		24 CEDARBROOK DR	DOVER	NH	03820	
7	SCHOLARSHIP	KELLY BLOOMFIELD		2 HINGHAM RD	WORCESTER	MA	01606	
8	DONATION	FIDELITY LODGE #71						
9	DONATION	ST MARY'S CHRISTMAS PARA			DOVER	NH	03820	
10	DONATION	FAMILIES IN NEED-GIFT CAR						
11	DONATION	DOVER GIRLS HOCKEY			DOVER	NH	03820	
12	DONATION	DOVER BASEBALL BC			DOVER	NH	03820	
13	DONATION	MY FRIENDS PLACE			DOVER	NH	03820	
14	DONATION	GRAND LODGE OF NH						
15	DONATION	DOVER VOLUNTEER OF YR			DOVER	NH	03820	
16	DONATION	GIVE A BOOK READING PROC			DOVER	NH	03820	
17	DONATION	DOVER BASEBALL			DOVER	NH	03820	
18	DONATION	TAYLOR FOSTER-NATL YOUT						
19	DONATION	DOVER LITTLE LEAGUE			DOVER	NH	03820	
20	DONATION	AM LEGION POST #214			DOVER	NH	03820	
21	DONATION	CAMP NEOFA						
22	DONATION	HARMONY CLUB						
23	DONATION	EATON PARK						

5,840

500

500

Amount of cash grant	Relationship	Description of the property	Purpose of payment to affiliate	Book value	How book value determined	Fair market value	Method used to determine FMV	Date received
300	MEMBER							
900	Blood							
300	Blood							
300	Blood							
300	Marriage							
300	Marriage							
300	Blood							
200								
25								
0		GIFT CARDS		500	COST	500	REDEMPTION VALUE	
500								
250								
200								
80								
50								
50								
400								
100								
500								
250								
10								
500								
25								

Part I, Line 16 (990-EZ) - Other Expenses

8,008

1	Travel	1	
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	794
6	Depreciation	6	0
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	45
11	Telephone	11	
12	Unrelated business income taxes	12	0
13	Investment fees	13	6,485
14	Dues	14	684
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	

Part I, Line 20 (990-EZ) - Other Changes in Net Assets or Fund Balances

30,231

Description		Amount	
1	UNREALIZED GAINS ON INVESTMENTS	1	30,231
2		2	
3		3	
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	

Part II, Line 24 (990-EZ) - Other Assets

		407,166	435,145
Description		Beginning	End
1	Investments in stocks and bonds	407,166	435,145
2			
3			
4			
5			
6			
7			
8			
9			
10			

Part II, Line 26 (990-EZ) - Liabilities

0

684

Description		Beginning	End
1	Dues payable	0	684
2			
3			
4			
5			
6			
7			
8			
9			
10			

Part III, Line 31 (990-EZ) - Other Program Services

		Program Service Expenses
Donations to individuals, local and national organizations for the public good		
(Grants and allocations \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		3,640
(Grants and allocations \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		0
(Grants and allocations \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		0
(Grants and allocations \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		0
(Grants and allocations \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		0
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(Grants and allocations \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		0
(Grants and allocations \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		0
(Grants and allocations \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		0
(Grants and allocations \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		0
(Grants and allocations \$ _____ 0) If this amount includes foreign grants, check here <input type="checkbox"/>		0
Total	0	3,640