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## 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

2009

Open to Public  
Inspection

<b>A</b> For the 2009 calendar year, or tax year beginning	10/1/2009	, and ending	9/30/2010
<b>B</b> Check if applicable	<b>C</b> Name of organization		
Address change	INDEPENDENT ORDER OF ODDFELLOWS-WECOHAMET LODGE 3		
Name change	Number and street (or P O box, if mail is not delivered to street address)		
Initial return	Room/suite		
Terminated	105 RUTLAND ST		
Amended return	City, town, or country	State	ZIP + 4
Application pending	DOVER	NH	03820
<b>D</b> Employer identification number			
23-7597269			
<b>E</b> Telephone number			
(603) 749-4242			
<b>F</b> 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).**

**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)

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"/>	6a	0
a Gross revenue (not including \$ 0 of contributions reported on line 1)	6b	0
b Less: direct expenses other than fundraising expenses	6c	0
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	7a	
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
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
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	22	3,366
23 Land and buildings		112,000	23	112,000
24 Other assets (describe ► Investments in stocks and bonds)		407,166	24	435,145
25 Total assets		521,958	25	550,511
26 Total liabilities (describe ► Dues payable)		0	26	684
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)		521,958	27	549,827

**Part III Statement of Program Service Accomplishments (See the instructions for Part III )**

What is the organization's primary exempt purpose? To improve the character of mankind

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

**Expenses**  
Required for section  
(c)(3) and 501(c)(4)  
organizations and section  
7(a)(1) trusts, optional  
others )

28	Relief of members For lodge members in need		
	(Grants \$ 0 ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	1,143
29	Relief of Lodge Widowed Families		
	(Grants \$ 0 ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	160
30	Scholarships for lodge orphans and relatives		
	(Grants \$ 0 ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	2,700
31	Other program services (attach schedule)		
	(Grants \$ 0 ) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	3,640
32	Total program service expenses. (add lines 28a through 31a)	► 32	7,643

**Part IV** **List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instructions for Part IV.)

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

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity 33  X

34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes 34  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 35a  X  
35b

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? 36  X

b If "Yes," has it filed a tax return on Form 990-T for this year? 37a  0  
37b  X

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 38a  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? 38b  0

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? 39a

b If "Yes," complete Schedule L, Part II and enter the total amount involved. 39b

39 Section 501(c)(7) organizations Enter: 40b

a Initiation fees and capital contributions included on line 9. 40c

b Gross receipts, included on line 9, for public use of club facilities. 40d

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► \_\_\_\_\_, section 4912 ► \_\_\_\_\_, section 4955 ► \_\_\_\_\_ 40e  X

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 40f

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. 40g

d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization. 40h

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. 40i

41 List the states with which a copy of this return is filed ► NH

42 a The organization's books are in care of ► Laurence Gadbois Telephone no. ► (603) 749-0080  
Located at ► 24 Cedarbrook Dr. City Dover ST NH ZIP + 4 ► 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)?

If "Yes," enter the name of the foreign country: ► \_\_\_\_\_  
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ► \_\_\_\_\_

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here 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

	Yes	No
33	<input type="checkbox"/> X	
34	<input type="checkbox"/> X	
35a	<input type="checkbox"/> X	
35b	<input type="checkbox"/>	
36	<input type="checkbox"/> X	
37a	<input type="checkbox"/> 0	
37b	<input type="checkbox"/> X	
38a	<input type="checkbox"/> X	
38b	<input type="checkbox"/> 0	
39a	<input type="checkbox"/>	
39b	<input type="checkbox"/>	
40b	<input type="checkbox"/>	
40c	<input type="checkbox"/>	
40d	<input type="checkbox"/>	
40e	<input type="checkbox"/> X	

	Yes	No
42b	<input type="checkbox"/> X	
42c	<input type="checkbox"/> X	

	Yes	No
44	<input type="checkbox"/> X	
45	<input type="checkbox"/> X	

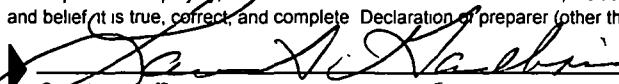
**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

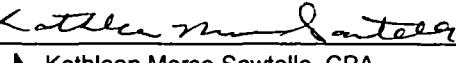
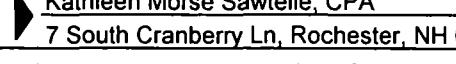
46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
46				
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
47				
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
48				
49a	Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
49a				
b	If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
49b				
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	None	Str	Title							
City		ST	Hr/WK	.00	0	0	0	0	0	0
Name		Str	Title							
City		ST	Hr/WK	.00	0	0	0	0	0	0
Name		Str	Title							
City		ST	Hr/WK	.00	0	0	0	0	0	0
Name		Str	Title							
City		ST	Hr/WK	.00	0	0	0	0	0	0
Name		Str	Title							
City		ST	Hr/WK	.00	0	0	0	0	0	0
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	None	Str								
City		ST	ZIP							
Name		Str								
City		ST	ZIP							
Name		Str								
City		ST	ZIP							
Name		Str								
City		ST	ZIP							
Name		Str								
City		ST	ZIP							
d	Total number of other independent contractors each receiving over \$100,000 ►									

<b>Sign Here</b>	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	
		Date <u>11 Feb 2011</u>
Signature of officer <u>Laurence A. Goodis</u> Date <u>11 Feb 2011</u>		
Type or print name and title <u>SECRETARY</u>		

<b>Paid Preparer's Use Only</b>	Preparer's signature 	Date <u>2/9/2011</u>	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See Instructions) <u>P00035155</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4 	EIN 		Phone no  (603) 332-2864
7 South Cranberry Ln, Rochester, NH 03867				

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	VALESSA 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			DOVER	NH	03820	
9	DONATION	ST MARY'S CHRISTMAS PARA						
10	DONATION	FAMILIES IN NEED-GIFT CARD						
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 PROG			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						



**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**

	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**

	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**

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

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

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