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Return of Organization Exempt From Income Tax

2010

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2010 calendar year, or tax year beginning 4/1/2010, and ending 3/31/2011

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization Independent Order of Odd Fellows
 Doing Business As _____
 Number and street (or P O box if mail is not delivered to street address) Room/suite
1107 Walnut Street E
 City or town, state or country, and ZIP + 4
Devils Lake ND 58301

D Employer identification number 45-0140310

E Telephone number _____

F Name and address of principal officer
Jim Lawson 304 E 20th St, Williston, ND 58801

G Gross receipts \$ 497,626

H(a) Is this a group return for affiliates? Yes No
H(b) Are all affiliates included? Yes No
 If "No," attach a list (see instructions)

I Tax-exempt status 501(c)(3) 501(c) (8) ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ N/A

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1890

M State of legal domicile ND

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <u>The purposes of the Independent Order of Odd Fellows are to promote the principles of Odd Fellowship throughout the world and seek to improve and elevate the character of man.</u>		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	<u>11</u>
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	<u>10</u>
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	<u>15</u>
	6	Total number of volunteers (estimate if necessary)	6	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	
	b Net unrelated business taxable income from Form 990-T, line 34	7b		
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year <u>44,313</u>	Current Year <u>32,549</u>
	9	Program service revenue (Part VIII, line 2g)	<u>10,424</u>	<u>40,120</u>
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<u>51,887</u>	<u>48,672</u>
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u>-105,588</u>	<u>-45,318</u>
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u>1,036</u>	<u>76,023</u>
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	<u>21,536</u>	<u>21,043</u>
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	<u>21,536</u>	<u>21,043</u>	
	19 Revenue less expenses. Subtract line 18 from line 12	<u>-20,500</u>	<u>54,980</u>	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year <u>1,778,020</u>	End of Year <u>1,786,944</u>
	21	Total liabilities (Part X, line 26)	<u>138,456</u>	<u>92,400</u>
	22	Net assets or fund balances. Subtract line 21 from line 20	<u>1,639,564</u>	<u>1,694,544</u>

Part II Signature Block

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

Sign Here
 Signature of officer: Mark E. Ulrich Date: 8-8-2011
 Type or print name and title: Mark E. Ulrich, Secretary

Paid Preparer's Use Only
 Print/Type preparer's name: Thomas A Culmer Preparer's signature: [Signature] Date: 8/4/2011 Check if self-employed PTIN: _____
 Firm's name ▶ Thomas A Culmer, CPA Firm's EIN ▶ _____
 Firm's address ▶ 312 Smith Dr, Devils Lake, ND 58301 Phone no (701) 662-8678

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

SCANNED AUG 30 2011

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Part III

Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission:
The Order is, and shall forever continue to be, bound to charitable and beneficent works, in visiting the sick, relieving the distressed, burying the dead, and educating the orphan, and in the performance of all those reciprocal duties and benevolences which spring from our recognition of a Supreme Being and the Brotherhood of Man, and from the inculcation and

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) 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.

4a (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services. (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ▶

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A		X
2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)		X
3 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		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I		X
7 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		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III		X
9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV		X
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	X	
b 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		X
c 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		X
d 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		X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X		X
f 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 (ASC 740)? If "Yes," complete Schedule D, Part X		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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, Parts I and IV		X
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, Parts II and IV		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV		X
17 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 (see instructions)		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III		X
20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
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, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
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?		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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.

Check if Schedule O contains a response to any question in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include 1a (11), 1b (10), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: Pam Kraft, 1107 Walnut Street E, Devils Lake, ND 58301

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

Check if Schedule O contains a response to any question in this Part VII

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Charles Hendrickson Grand Master	2	X		X						
(2) Donald Lange Deputy Grand Master	2	X		X						
(3) Raymond Burkhard Grand Warden	2	X		X						
(4) Mark E. Ulrich Grand Secretary	15	X		X	X		26,366	30,439		
(5) Mark McDonald Grand Treasurer	2	X		X						
(6) Robert Bell Assistant Grand Secretary	2	X		X						
(7) Franklin Rust Grand Marshal	2	X		X						
(8) Harry Linz Grand Conductor	2	X		X						
(9) James Hamann Grand Chaplain	2	X		X						
(10) Don Gudmensen Grand Guardian	2	X		X						
(11) Donald Ulrich Grand Herald	2	X		X						
(12)										
(13)										
(14)										
(15)										
(16)										

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(17).....										
(18).....										
(19).....										
(20).....										
(21).....										
(22).....										
(23).....										
(24).....										
(25).....										
(26).....										
(27).....										
(28).....										

1b Sub-total	26,366	30,439
c Total from continuation sheets to Part VII, Section A		
d Total (add lines 1b and 1c)	26,366	30,439

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 ▶

	Yes	No
3 Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
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? <i>If "Yes," complete Schedule J for such individual</i>		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		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	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ▶

Part VIII Statement of Revenue				(A) 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	5,630				
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	26,919				
	g	Noncash contributions included in lines 1a-1f:	\$					
	h	Total. Add lines 1a-1f		▶	32,549			
Program Service Revenue			Business Code					
	2a	Expense reimbursement		40,120	40,120			
	b							
	c							
	d							
	e							
	f	All other program service revenue						
g	Total. Add lines 2a-2f		▶	40,120				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		▶	48,672	48,672		
	4	Income from investment of tax-exempt bond proceeds		▶				
	5	Royalties		▶				
	6a	Gross Rents	(i) Real	(ii) Personal				
			376,285					
			421,603					
	c	Rental income or (loss)			-45,318			
	d	Net rental income or (loss)		▶	-45,318			
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	b	Less: cost or other basis and sales expenses						
	c	Gain or (loss)						
	d	Net gain or (loss)		▶				
	8a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
b			Less: direct expenses	b				
c			Net income or (loss) from fundraising events		▶			
9a	Gross income from gaming activities. See Part IV, line 19	a						
		b	Less: direct expenses	b				
		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		▶			
Miscellaneous Revenue		Business Code						
11a								
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		▶					
12	Total revenue. See instructions		▶	76,023	88,792			

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).

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 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				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
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				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses	11,122		11,122	
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel	5,500		5,500	
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	1,200		1,200	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a Per Capita	3,221		3,221	
b				
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	21,043		21,043	
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year		
Assets	1	Cash—non-interest-bearing	93,597	1	43,922	
	2	Savings and temporary cash investments	1,295,582	2	1,364,948	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net	6,663	4	9,823	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7	Notes and loans receivable, net		7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	1,288,945			
		10a				
	b	Less: accumulated depreciation	920,694	382,178	10c	368,251
		10b				
	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		
14	Intangible assets		14			
15	Other assets. See Part IV, line 11		15			
16	Total assets. Add lines 1 through 15 (must equal line 34)	1,778,020	16	1,786,944		
Liabilities	17	Accounts payable and accrued expenses	59,611	17	39,812	
	18	Grants payable		18		
	19	Deferred revenue		19		
	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 of Schedule L		22		
	23	Secured mortgages and notes payable to unrelated third parties	78,845	23	52,588	
	24	Unsecured notes and loans payable to unrelated third parties		24		
	25	Other liabilities. Complete Part X of Schedule D		25		
	26	Total liabilities. Add lines 17 through 25	138,456	26	92,400	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.					
	27	Unrestricted net assets	1,639,564	27	1,694,544	
	28	Temporarily restricted net assets		28		
	29	Permanently restricted net assets		29		
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.					
	30	Capital stock or trust principal, or current funds		30		
	31	Paid-in or capital surplus, or land, building, or equipment fund		31		
	32	Retained earnings, endowment, accumulated income, or other funds		32		
33	Total net assets or fund balances	1,639,564	33	1,694,544		
34	Total liabilities and net assets/fund balances	1,778,020	34	1,786,944		

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	76,023
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,043
3	Revenue less expenses. Subtract line 2 from line 1	3	54,980
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,639,564
5	Other changes in net assets or fund balances (explain in Schedule O)	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1,694,544

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ 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 Were the organization's financial statements audited by an independent accountant?	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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 the Single Audit Act and OMB Circular A-133?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	X	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

- Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

Name of the organization: Independent Order of Odd Fellows; Employer identification number: 45-0140310

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 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... Yes No, 6 Did the organization inform all grantees... Yes No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution..., 3 Number of conservation easements..., 4 Total acreage restricted..., 5 Number of conservation easements on a certified historic structure..., 6 Number of conservation easements included in (c) acquired after 8/17/06..., 7 Number of conservation easements modified..., 8 Number of states where property subject to conservation easement is located..., 9 Does the organization have a written policy regarding the periodic monitoring..., 10 Staff and volunteer hours devoted to monitoring..., 11 Amount of expenses incurred in monitoring..., 12 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?, 13 In Part XIV, describe how the organization reports conservation easements...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: \$, \$, \$, \$. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. 1b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment ▶
 - b Permanent endowment ▶
 - c Term endowment ▶
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	208,888	26,604		235,492
b Buildings		1,053,453	920,694	132,759
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) ▶				368,251

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12) ▶		

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 13) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Amount
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25) ▶	

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	76,023
2	Total expenses (Form 990, Part IX, column (A), line 25)	21,043
3	Excess or (deficit) for the year. Subtract line 2 from line 1	54,980
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
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	54,980

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	76,023
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	
a	Net unrealized gains on investments	2a
b	Donated services and use of facilities	2b
c	Recoveries of prior year grants	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	76,023
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	76,023

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	21,043
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	
a	Donated services and use of facilities	2a
b	Prior year adjustments	2b
c	Other losses	2c
d	Other (Describe in Part XIV.)	2d
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	21,043
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a
b	Other (Describe in Part XIV.)	4b
c	Add lines 4a and 4b	4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	21,043

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, lines 1b and 2b; Part V, 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 part to provide any additional information.

Part XIV Supplemental Information *(continued)*

Area with horizontal dashed lines for supplemental information.

Name of the organization

Employer identification number

Independent Order of Odd Fellows

45-0140310

Area with horizontal dashed lines for additional information.

IOOF Retirement Village
 Depreciation - Book Data

ID# 45-0140310
 CLIENT # OFRV

PAGE 1
 RUN 06/07/11
 15 51 07

YEAR ENDED 03/31/11

PPD BY Thomas A Culmer, CPA

ASSET NO	DESCRIPTION	PLC	DATE	METHOD	1	ORIG COST	DEPR BASIS	BEGIN A/D	CURRENT DEP	ENDING A/D	BOOK VALUE	
		BU#	LIFE	4797 PTC	N/U	2	ITC BASIS	ITC AVAIL	ITC BAS RED	REDUC RECOV	SEC 179 EXP	SALVAGE
Units 1 (L1) - (C0) - Acct 14201												
1 00	Buildings 1		01/01/70	SL		1	535798 00	535798 00	532449 26	0 00	532449 26	3348 74
		40	50 0		N	2	0 00	0 00	0 00	0 00	0 00	0 00
44 00	Remodeling		03/15/08	SL		1	60558 94	60558 94	3170 28	1552 79	4723 07	55835 87
		39	50 0		N	2	0 00	0 00	0 00	0 00	0 00	0.00
45 00	Remodeling		06/15/08	SL		1	30344 79	30344 79	1426 46	778 07	2204 53	28140 26
		39	50 0		N	2	0 00	0 00	0 00	0 00	0 00	0 00
* Acct	14201 *					3	asset(s)					
						1	626701 73	626701 73	537046 00	2330 86	539376 86	87324 87
Units 1 (L1) - (C0) - Acct 14401												
2 00	Equipment Units 1		01/01/70	SL		1	6366 92	6366 92	6366 92	0 00	6366 92	0 00
		10	45 0		N	2	0.00	0 00	0 00	0 00	0 00	0 00
5 00	Equipment Units 1		01/01/74	SL		1	100 00	100 00	100.00	0 00	100 00	0 00
		10	45 0		N	2	0 00	0 00	0 00	0 00	0 00	0 00
6.00	Storage Shed Units 1		01/01/75	SL		1	385 14	385 14	385 14	0 00	385 14	0 00
		10	45 0		N	2	0 00	0 00	0 00	0 00	0 00	0 00
7.00	Used Refridgerator Unit		01/01/76	SL		1	156 00	156 00	156 00	0 00	156 00	0 00
		10	45 0		N	2	0 00	0 00	0 00	0 00	0 00	0 00
8 00	Fire Extinguisher 1/2		01/01/77	SL		1	46.35	46 35	46 35	0 00	46 35	0 00
		10	45 0		N	2	0 00	0 00	0 00	0 00	0 00	0 00
9 00	Office Equipment Units		06/01/78	SL		1	304 26	304.26	304 26	0 00	304 26	0 00
		10	45 0		N	2	0 00	0 00	0 00	0 00	0 00	0 00
10 00	Smoke Detectors Unit 1		04/01/79	SL		1	2742 96	2742 96	2742 96	0 00	2742 96	0 00
		10	45 0		N	2	0 00	0 00	0 00	0 00	0 00	0 00
11 00	Stove Units 1		05/01/79	SL		1	221 45	221 45	221 45	0 00	221 45	0 00
		10	45 0		N	2	0 00	0 00	0 00	0 00	0 00	0.00
12 00	Fire Extinguishers 70%		11/01/79	SL		1	91 00	91 00	91 00	0 00	91 00	0 00
		10	45 0		N	2	0 00	0 00	0 00	0 00	0 00	0 00
13 00	Snow Blower 70% Units 1		02/01/80	SL		1	339 50	339.50	339.50	0 00	339 50	0 00
		10	45 0		N	2	0 00	0.00	0 00	0 00	0 00	0 00
14 00	Calculator Units 1		01/01/81	SL		1	118 93	118.93	118.93	0 00	118 93	0 00
		10	45 0		N	2	0 00	0 00	0 00	0 00	0 00	0 00
15 00	Water Heater Units 1		11/01/82	SL		1	439 65	439 65	439 65	0 00	439 65	0 00
		12	45 0		N	2	0 00	0 00	0 00	0 00	0 00	0 00
16 00	80 Refrigerators 70% Un		08/01/88	MACRS-Y		1	17593 80	17593 80	17593 80	0 00	17593 80	0 00
		7	45 0		N	2	0 00	0 00	0 00	0 00	0 00	0 00
17 00	2 Beds Units 1		06/01/91	MACRS-Y		1	850.00	850 00	850 00	0 00	850 00	0 00
		7	45 0		N	2	0 00	0 00	0 00	0 00	0 00	0 00
18 00	1/3 Copy Machine 70% Un		09/01/91	MACRS-Y		1	558 84	558 84	558.84	0 00	558 84	0 00
		7	45 0		N	2	0 00	0 00	0 00	0 00	0 00	0.00
19 00	Snow Blower 70% Units 1		03/01/93	MACRS-Y		1	420 00	420 00	420 00	0 00	420 00	0 00
		7	45 0		N	2	0 00	0 00	0 00	0 00	0 00	0 00
20 00	Stoves 70% Units 1		06/01/95	MACRS-Y		1	14721.88	14721.88	14721 88	0 00	14721 88	0.00
		7	45 0		N	2	0.00	0 00	0 00	0 00	0 00	0 00
21 00	Tractor 70% Units 1		12/01/95	MACRS-Y		1	5356.00	5356.00	5356 00	0 00	5356 00	0 00
		7	45 0		N	2	0 00	0 00	0.00	0 00	0 00	0 00

YEAR ENDED 03/31/11

PPD BY Thomas A Culmer, CPA

ASSET NO	DESCRIPTION	PLC DATE	METHOD	1	ORIG COST	DEPR BASIS	BEGIN A/D	CURRENT DEP	ENDING A/D	BOOK VALUE		
		BU% LIFE	4797 PTC	N/U	2	ITC BASIS	ITC AVAIL	ITC BAS RED	REDUC RECOV	SEC 179 EXP	SALVAGE	
22 00	Computer 70% Units 1	07/01/00	MACRS-Y	1	1226 47	1226.47	1226.47	0 00	1226 47	0 00		
		5	45 0	N	2	0 00	0 00	0 00	0 00	0 00		
23 00	Snow Blower 70% Units 1	11/01/00	MACRS-Y	1	1540 00	1540 00	1540 00	0 00	1540 00	0 00		
		7	45 0	N	2	0 00	0 00	0 00	0 00	0 00		
24 00	Sidewalk 70% Units 1	09/01/02	MACRS-SL-M	1	47525 63	47525 63	23826 74	3177 50	27004 24	20521.39		
		15	50 0	N	2	0 00	0 00	0 00	0 00	0 00		
* Acct 14401 *				21	asset(s)	1	101104.78	101104.78	77405 89	3177.50	80583 39	20521 39
Units 1 (L1) - (C0) - Acct 14501												
3 00	Office Equipment Units	01/01/70	SL	1	255.67	255.67	255.67	0.00	255 67	0 00		
		10	45 0	N	2	0 00	0 00	0 00	0 00	0 00		
4 00	Office Equipment Units	01/01/72	SL	1	466 44	466 44	466.44	0 00	466 44	0.00		
		10	45 0	N	2	0 00	0 00	0 00	0 00	0 00		
* Acct 14501 *				2	asset(s)	1	722 11	722 11	722 11	0 00	722 11	0 00
** (C0) **				26	asset(s)	1	728528 62	728528 62	615174 00	5508 36	620682 36	107846 26
*** Units 1 (L1) ***				26	asset(s)	1	728528 62	728528 62	615174 00	5508 36	620682 36	107846 26
Units 2 (L2) - (C0) - Acct. 14202												
25 00	Building II	01/01/73	SL	1	276306 72	276306 72	253281 46	6907 67	260189 13	16117 59		
		40	50 0	N	2	0.00	0.00	0 00	0 00	0 00		
* Acct 14202 *				1	asset(s)	1	276306.72	276306.72	253281 46	6907 67	260189 13	16117 59
Units 2 (L2) - (C0) - Acct. 14402												
27.00	Storage Shed Units 2	01/01/75	SL	1	192.59	192 59	192 59	0 00	192 59	0 00		
		10	45 0	N	2	0 00	0 00	0 00	0 00	0 00		
28 00	Office Equipment Units	01/01/76	SL	1	156 00	156.00	156 00	0 00	156 00	0 00		
		10	45 0	N	2	0 00	0 00	0 00	0 00	0 00		
29 00	Fire Extinguisher 1/2 U	01/01/77	SL	1	46 35	46 35	46 35	0 00	46 35	0 00		
		10	45 0	N	2	0 00	0 00	0 00	0 00	0 00		
30 00	Office Equipment Units	06/01/78	SL	1	130 40	130 40	130 40	0.00	130 40	0 00		
		10	45 0	N	2	0 00	0.00	0 00	0 00	0 00		
31.00	Smoke Detectors Units 2	04/01/79	SL	1	1175 51	1175.51	1175.51	0 00	1175 51	0 00		
		10	45 0	N	2	0 00	0 00	0 00	0 00	0 00		
32.00	Fire Extinguisher 30% U	11/01/79	SL	1	39 00	39 00	39 00	0.00	39 00	0 00		
		10	45 0	N	2	0 00	0 00	0 00	0 00	0 00		
33 00	Snow Blower 30% Units 2	02/01/80	SL	1	145 51	145 51	145 51	0 00	145 51	0 00		
		10	45 0	N	2	0 00	0 00	0 00	0 00	0 00		
34.00	Calculator 30% Units 2	01/01/81	ACRS	1	50 97	50 97	50 97	0.00	50 97	0.00		
		10	45 0	N	2	0 00	0.00	0 00	0 00	0 00		
35 00	80 Refrigerators 30% Un	08/01/88	MACRS-Y	1	7540 20	7540.20	7540.20	0.00	7540 20	0 00		
		7	45 0	N	2	0 00	0 00	0 00	0 00	0 00		
36.00	1/3 Copy Machine 30% Un	09/01/91	MACRS-Y	1	239 50	239.50	239 50	0 00	239.50	0 00		
		7	45 0	N	2	0 00	0 00	0 00	0 00	0 00		
37.00	Snow Blower 30% Units 2	03/01/93	MACRS-Y	1	180 00	180 00	180.00	0 00	180 00	0 00		
		7	45 0	N	2	0 00	0 00	0 00	0 00	0 00		
38 00	Stoves 30% Units 2	06/01/95	MACRS-Y	1	6309 37	6309 37	6309 37	0.00	6309 37	0.00		
		7	45 0	N	2	0 00	0 00	0 00	0 00	0 00		

YEAR ENDED 03/31/11

PPD BY Thomas A. Culmer, CPA

ASSET NO.	DESCRIPTION	PLC	DATE	METHOD	1	ORIG COST	DEPR BASIS	BEGIN A/D	CURRENT DEP	ENDING A/D	BOOK VALUE	
		BU%	LIFE	4797 PTC	N/U	2	ITC BASIS	ITC AVAIL	ITC BAS RED	REDUC RECOV	SEC 179 EXP	SALVAGE
39.00	Tractor 30% Units 2	12/01/95	MACRS-Y		1	2296 00	2296 00	2296 00	0 00	2296 00	0 00	
		7	45 0	N	2	0 00	0 00	0 00	0 00	0 00	0 00	
40 00	Computer 30% Units 2	07/01/00	MACRS-Y		1	525 63	525 63	525 63	0 00	525 63	0 00	
		5	45 0	N	2	0 00	0 00	0 00	0 00	0.00	0 00	
41 00	Snow Blower 30% Units 2	11/01/00	MACRS-Y		1	660 00	660 00	660.00	0.00	660 00	0 00	
		7	45 0	N	2	0 00	0 00	0 00	0.00	0 00	0 00	
42 00	Sidewalks 30% Units 2	09/01/02	MACRS-SL-M		1	20368.12	20368 12	10211 47	1361.79	11573 26	8794 86	
		15	50 0	N	2	0.00	0 00	0.00	0 00	0 00	0 00	
43 00	Software	07/01/05	MACRS-Y		1	2595 00	2595 00	2445 53	149 47	2595 00	0 00	
		5	45 0	N	2	0.00	0 00	0.00	0 00	0 00	0 00	
Note: Declining balance method switched to SL using \$149 47 over 6 months												
* Acct 14402 *		17	asset(s)		1	42650 15	42650.15	32344 03	1511 26	33855 29	8794.86	
Units 2 (L2) - (C0) - Acct 14502												
26 00	Office Equipment Units	01/01/74	SL		1	374.40	374 40	374 40	0 00	374 40	0 00	
		10	45 0	N	2	0 00	0.00	0 00	0 00	0 00	0 00	
* Acct 14502 *		1	asset(s)		1	374 40	374 40	374 40	0 00	374 40	0 00	
** (C0) **		19	asset(s)		1	319331 27	319331 27	285999.89	8418 93	294418 82	24912 45	
*** Units 2 (L2) ***		19	asset(s)		1	319331 27	319331 27	285999.89	8418 93	294418 82	24912 45	
GRAND TOTALS		45	asset(s)		1	1047859 89	1047859.89	901173.89	13927 29	915101 18	132758.71	

DEPR BASIS SUMMARY

BEGINNING BASIS	1047859 89
ADDITIONS-FULL COST	0 00
IRC 179 EXPENSE	0 00
ITC BASIS REDUCTION	0 00
REDUCTION RECOVERY	0 00
DISPOSITIONS	0 00
ENDING COST	1047859.89

DEPRECIATION SUMMARY

BEGINNING ACCUM DEPR	901173 89
CURRENT DEDUCTION	13927 29
BONUS DEPRECIATION	0 00
DISPOSITIONS	0 00
ENDING ACCUM DEPR	915101 18

COST SUMMARY

BEGINNING COST	1047859 89
ADDITIONS	0 00
DISPOSITIONS	0.00
ENDING COST	1047859 89

DEPRECIATION PLUS IRC 179 SUMMARY

BEGINNING DEPR + 179	901173 89
CURRENT DEPR + 179	13927 29
DISPOSITIONS	0.00
ENDING DEPR + 179	915101 18

Method codes. M, Y, Q=Mid-month, -year, -quarter convention, Am=Amortized;
 L=Listed; A=Lux auto; F=Farm, H=Low inc housing; PU=Pbl util; AB=Adj Basis