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04368 45799 MAR 27 '14 No statute issue

SCANNED MAY 15 2014

Amended

1103

Form 990

# 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)

OMB No-1545-0047

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 IOOF Grand Lodge of California  
 Doing Business As INDE  
 Number and street (or P O box if mail is not delivered to street address) P O Box 2669 Room/suite B  
 City or town, state or country, and ZIP + 4 Saratoga CA 95070

**D** Employer identification number 94-0575426

**E** Telephone number (408) 867-0231

**F** Name and address of principal officer Eugene Breeland P O Box 2669, Saratoga, CA 95070

**G** Gross receipts \$ 5,929,803

**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 1992

**M** State of legal domicile CA

## Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities <u>Fraternal Organization providing services to lodges and members of the organization</u>			
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<u>3</u>	<u>15</u>	
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<u>TPR BRANCH</u>	<u>15</u>	
	<b>5</b> Total number of individuals employed in calendar year 2010 (Part V, line 2a)	<u>CRIDEN</u>	<u>4</u>	
	<b>6</b> Total number of volunteers (estimate if necessary)	<u>6</u>	<u>13</u>	
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<u>7a</u>	<u>0</u>	
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	<u>7b</u>	<u>0</u>		
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	<b>9</b> Program service revenue (Part VIII, line 2g)	178,253	300	
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	0	
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	296,002	278,566	
	<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,075,343	592,281	
	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,549,598	871,147	
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	562,210	474,258	
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0	
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	139,911	145,524	
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25)	0	0	
Expenses	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	817,901	523,599	
	<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,520,022	1,143,381	
	<b>19</b> Revenue less expenses. Subtract line 18 from line 12	29,576	-272,234	
	Net Assets or Fund Balances	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
		<b>21</b> Total liabilities (Part X, line 26)	19,943,831	20,703,813
<b>22</b> Net assets or fund balances Subtract line 21 from line 20		878,554	232,396	
		19,065,277	20,471,417	

## 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: [Signature] Date: 11/8/11

Type or print name and title: BOB LIZAL, CEO

**Paid Preparer's Use Only**

Preparer's name: Robert Izabal Preparer's signature: [Signature] Date: 11/1/2011 PTIN: P01009486

Firm's name: Izabal, Bernaciak & Company Firm's EIN: 77-0016122

Firm's address: One Market - Spear 344, San Francisco, CA 94105 Phone no: (415) 896-5551

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

For Paperwork Reduction Act Notice, see the separate instructions. (HTA)

9-2-25