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Form **990**Department of the Treasury  
Internal Revenue Service**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)

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

OMB No 1545-0047

**2010**Open to Public  
Inspection**A** For the 2010 calendar year, or tax year beginning **OCT 1, 2010** and ending **SEP 30, 2011****B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Terminated  
☐ Amended return  
☐ Application pending

**C** Name of organizationOSGOOD LODGE #48, GRAND LODGE OF NH  
INDEPENDENT ORDER OF ODD FELLOWS

## Doing Business As

Number and street (or P O box if mail is not delivered to street address)

PO BOX 1045, 651 MAPLEWOOD AVENUE

Room/suite

City or town, state or country, and ZIP + 4

PORTSMOUTH, NH 03802

**F** Name and address of principal officer: RICHARD CORNWALL

SAME AS C ABOVE

**D** Employer identification number

02-6004656

**E** Telephone number

603-436-4913

**G** Gross receipts \$

200437.

**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)

**H(c)** Group exemption number ▶**I** Tax-exempt status: ☐ 501(c)(3) ☒ 501(c)(10) (insert no) ☐ 4947(a)(1) or ☐ 527**J** Website: ▶ N/A**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L** Year of formation 1868**M** State of legal domicile NH**Part I** Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: <b>FRATERNAL ORGANIZATION PROVIDING CHARITABLE SUPPORT TO MEMBERS AND OTHER CHARITABLE ORGANIZATIONS</b>		
	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	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	
	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	0	
	6	Total number of volunteers (estimate if necessary)	0	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	0.	
7b	Net unrelated business taxable income from Form 990-T, line 34	0.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	520.	580.
	9	Program service revenue (Part VIII, line 2g)	0.	0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	59146.	52606.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	59666.	53186.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	21950.	21430.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	1200.	1000.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	2000.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	16b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	9825.	13900.
	18	Total expenses - Add lines 13-17 (must equal Part IX, column (A), line 25)	32975.	38330.
19	Revenue less expenses. Subtract line 18 from line 12	26691.	14856.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	1335070.	1349926.
	21	Total liabilities (Part X, line 26)	0.	0.
	22	Net assets or fund balances. Subtract line 21 from line 20	1335070.	1349926.

**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 *Richard Cornwall*

Date

RICHARD CORNWALL, PRESIDENT

Type or print name and title

7-19-12

Paid

Print/Type preparer's name

SARAH Y SMITH

Preparer's signature

Date

07/12/12

Check if self-employed

PTIN

Preparer

Firm's name

YOUNGCLAUS AND COMPANY, PLLC

Firm's EIN

Use Only

Firm's address

65 LAFAYETTE ROAD SUITE 102  
NORTH HAMPTON, NH 03862

Phone no 603-964-2772

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes☐ No

032001 02-22-11

LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2010)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

SCANNED AUG 01 2012

MP

**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:

ASSIST VARIOUS LOCAL ORGANIZATIONS AND INDIVIDUALS TO FACILITATE  
PROGRESS THROUGH DONATIONS.

**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 \$ 16500 . including grants of \$ ) (Revenue \$ )  
ISSUE SCHOLARSHIPS TO INDIVIDUALS GOING ON TO HIGHER EDUCATION.

**4b** (Code: ) (Expenses \$ 4930 . including grants of \$ ) (Revenue \$ )  
DONATIONS ISSUED TO VARIOUS LOCAL ORGANIZATIONS SUCH AS PORTSMOUTH  
RECREATION DEPARTMENT; RESIDENTIAL OAKS; MARTIN LUTHER KING COALITION;  
OTHER LODGES ACROSS THE UNITED STATES.

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

**4d** Other program services. (Describe in Schedule O )

(Expenses \$ 16900 . including grants of \$ ) (Revenue \$ )

**4e** Total program service expenses 38330 .

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>		X
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors?		X
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III</i>		
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I</i>		X
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV</i>		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII</i>		X
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX</i>		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X</i>		X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		X
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
<b>15</b> 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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
<b>16</b> 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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I</i>		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
<b>20a</b> Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
<b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

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**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>21</b> 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
<b>22</b> 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
<b>23</b> 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
<b>24a</b> 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>24b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
<b>24c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
<b>24d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
<b>25a</b> <b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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>		
<b>25b</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>		
<b>26</b> 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
<b>27</b> 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
<b>28</b> 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):		
<b>28a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
<b>28b</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
<b>28c</b> 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
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
<b>30</b> 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
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
<b>32</b> 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
<b>33</b> 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
<b>34</b> 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
<b>35</b> Is any related organization a controlled entity within the meaning of section 512(b)(13)?		X
<b>a</b> 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	
<b>36</b> <b>Section 501(c)(3) organizations.</b> 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
<b>37</b> 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
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	X	

**Note.** All Form 990 filers are required to complete Schedule O.

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**Part V Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response to any question in this Part V ☐

		Yes	No
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 0		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
<b>2a</b> Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 0		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	2b		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		
<b>4a</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)?	4a		X
<b>b</b> If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
<b>c</b> If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
<b>6a</b> Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	7d		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?	9a		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
<b>10 Section 501(c)(7) organizations.</b> Enter:			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	10a		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
<b>11 Section 501(c)(12) organizations.</b> Enter:			
<b>a</b> Gross income from members or shareholders	11a		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a		
<b>b</b> Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
<b>c</b> Enter the amount of reserves on hand	13c		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

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**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

☒**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year		
<b>1b</b> Enter the number of voting members included in line 1a, above, who are independent		
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		X
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b> Does the organization have members or stockholders?		X
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
<b>7b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

	Yes	No
<b>10a</b> Does the organization have local chapters, branches, or affiliates?		X
<b>10b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
<b>11a</b> Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>11b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Does the organization have a written conflict of interest policy? If "No," go to line 13		X
<b>12b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
<b>12c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done		
<b>13</b> Does the organization have a written whistleblower policy?		X
<b>14</b> Does the organization have a written document retention and destruction policy?		X
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>a</b> The organization's CEO, Executive Director, or top management official		X
<b>b</b> Other officers or key employees of the organization		X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
<b>16b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed **NH**

**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. Indicate how you make these available. Check all that apply.  
☐ Own website ☐ Another's website ☒ Upon request

**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: **▶**  
**GLENN PAYNE - 603-436-4913**  
**651 MAPLEWOOD AVENUE, PORTSMOUTH, NH 03801**

**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.[illegible]



OSGOOD LODGE #48, GRAND LODGE OF NH  
INDEPENDENT ORDER OF ODD FELLOWS

Form 990 (2010)

02-6004656 Page 8

**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			
<b>1b Sub-total</b>								2000.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								2000.	0.	0.

**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 **0**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
<b>4</b> 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? If "Yes," complete Schedule J for such individual		X
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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. **NONE**

(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 **0**

Form 990 (2010)

**OSGOOD LODGE #48, GRAND LODGE OF NH  
INDEPENDENT ORDER OF ODD FELLOWS**

Form 990 (2010)

02-6004656 Page **9**

**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
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1 a</b> Federated campaigns	<b>1a</b>					
	<b>b</b> Membership dues	<b>1b</b>	580.				
	<b>c</b> Fundraising events	<b>1c</b>					
	<b>d</b> Related organizations	<b>1d</b>					
	<b>e</b> Government grants (contributions)	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f \$						
	<b>h Total.</b> Add lines 1a-1f			580.			
<b>Program Service Revenue</b>	<b>2 a</b> _____			<b>Business Code</b>			
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue						
	<b>g Total.</b> Add lines 2a-2f						
	<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			17883.		
<b>4</b> Income from investment of tax-exempt bond proceeds							
<b>5</b> Royalties							
<b>6 a</b> Gross Rents		(i) Real	(ii) Personal				
<b>b</b> Less: rental expenses							
<b>c</b> Rental income or (loss)							
<b>d</b> Net rental income or (loss)							
<b>7 a</b> Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
		181974.					
<b>b</b> Less: cost or other basis and sales expenses				147251.			
<b>c</b> Gain or (loss)				34723.			
<b>d</b> Net gain or (loss)				34723.	34723.		
<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18							
<b>b</b> Less: direct expenses							
<b>c</b> Net income or (loss) from fundraising events							
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19							
<b>b</b> Less: direct expenses							
<b>c</b> Net income or (loss) from gaming activities							
<b>10 a</b> Gross sales of inventory, less returns and allowances							
<b>b</b> Less: cost of goods sold							
<b>c</b> Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>				<b>Business Code</b>			
<b>11 a</b> _____							
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue							
<b>e Total.</b> Add lines 11a-11d							
<b>12 Total revenue.</b> See instructions				53186.	34723.	0.	17883.

032009  
12-21-10

Form **990** (2010)

Form 990 (2010)

**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)

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(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	4930.	4930.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	16500.	16500.		
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	1000.	1000.		
5 Compensation of current officers, directors, trustees, and key employees	2000.	2000.		
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	1200.	1200.		
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy	10696.	10696.		
17 Travel				
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	904.	904.		
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 ADMINISTRATION FEE	1100.	1100.		
b				
c				
d				
e				
f All other expenses				
25 Total functional expenses. Add lines 1 through 24f	38330.	38330.	0.	0.
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.				

OSGOOD LODGE #48, GRAND LODGE OF NH  
INDEPENDENT ORDER OF ODD FELLOWS

Form 990 (2010)

02-6004656 Page 11

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	1 Cash - non-interest-bearing	11781.	1	59712.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net		4	
	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	10a 439325.		
	b Less: accumulated depreciation	10b	306000.	10c 439325.
	11 Investments - publicly traded securities	0.	11	
	12 Investments - other securities. See Part IV, line 11	1017289.	12	850889.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 <b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	1335070.	16	1349926.	
<b>Liabilities</b>	17 Accounts payable and accrued expenses		17	
	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		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D		25	
	26 <b>Total liabilities.</b> Add lines 17 through 25	0.	26	0.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	27 Unrestricted net assets	1335070.	27	1349926.
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	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 <b>Total net assets or fund balances</b>	1335070.	33	1349926.
	34 <b>Total liabilities and net assets/fund balances</b>	1335070.	34	1349926.

Form 990 (2010)

OSGOOD LODGE #48, GRAND LODGE OF NH  
INDEPENDENT ORDER OF ODD FELLOWS

Form 990 (2010)

02-6004656 Page 12

**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	53186.
2	Total expenses (must equal Part IX, column (A), line 25)	2	38330.
3	Revenue less expenses Subtract line 2 from line 1	3	14856.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1335070.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
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	1349926.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990: ☒ Cash ☐ Accrual ☐ 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?
- b Were the organization's financial statements audited by an independent accountant?
- 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.
- 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:  
☐ Separate basis ☐ Consolidated basis ☐ 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?
- 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.

	Yes	No
2a		X
2b		X
2c		
3a		X
3b		

Form 990 (2010)

**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

▶ **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.**

OMB No 1545-0047

**2010**

**Open to Public  
Inspection**

**Name of the organization** OSGOOD LODGE #48, GRAND LODGE OF NH  
INDEPENDENT ORDER OF ODD FELLOWS

**Employer identification number**  
02-6004656

**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.

	(a) Donor advised funds	(b) Funds and other accounts
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 and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4 Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ \_\_\_\_\_

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_

8 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)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for 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.

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.

b 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:

- c Beginning balance  
 d Additions during the year  
 e Distributions during the year  
 f Ending balance

	Amount
1c	
1d	
1e	
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:

- (i) unrelated organizations  
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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		133325.		133325.
b Buildings		276000.		276000.
c Leasehold improvements				
d Equipment		30000.		30000.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				439325.

Schedule D (Form 990) 2010

**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) SEE EDWARD JONES		
(B) STATEMENTS ATTACHED	850889.	COST
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
<b>Total.</b> (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	850889.	

**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)		
<b>Total.</b> (Col (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)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	

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

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

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).

032053  
12-20-10



**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)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	
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	3	
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.)	5	

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	
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	3	
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.)	5	

**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.

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**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

OSGOOD LODGE #48, GRAND LODGE OF NH  
INDEPENDENT ORDER OF ODD FELLOWS

Employer identification number  
02-6004656

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THROUGH DONATION. OTHER ORGANIZATIONS INCLUDE SCHOLARSHIP FUNDS, YOUTH  
SPORTS TEAMS, SENIOR CITIZEN SUPPORT PROGRAMS, AND MORE.

FORM 990, PART VI, SECTION B, LINE 11: THE GOVERNING BOARD WILL REVIEW THE  
RETURN BEFORE IT IS FILED.

FORM 990, PART VI, SECTION C, LINE 18: THE ORGANIZATION GRANTS ACCESS TO  
ALL AVAILABLE DOCUMENTS UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION GRANTS ACCESS TO  
ALL AVAILABLE DOCUMENTS UPON REQUEST.

**Edward Jones**

201 Progress Parkway  
 Maryland Heights, MO 63043-3042  
 www.edwardjones.com  
 Member SIPC

Account number: 645-09219-1-8  
 Statement type: Preferred  
 November 26 - December 31, 2011

## A Unique Understanding of Your Financial Needs

At Edward Jones, we believe the best investment recommendations are those tailored to your specific needs. That's why we work so hard to thoroughly understand your financial situation and your goals. The following is an overview of your investment and borrowing activity with Edward Jones. Working with your financial advisor, use it to determine how we can help you meet other important financial goals. Call JEFFREY S. KOLOD at 207-439-6206.

Although account information is provided on this page, it does not guarantee an actual statement was produced. Please refer to your account statement for the exact registration and more specific details regarding each account. Edward Jones statements are issued for each account holding securities in firm name with Edward Jones in March, June, September and December. Monthly statements (for months other than those previously referred to) will not be sent to you in months for which there was no activity or your only account activity is the payment of income on your Edward Jones money market fund or your cash account balance.

Investment accounts	Account holder	Account number	Current value	Value one year ago
Association account	OSGOOD LODGE NMBR FORTY EIGHT	645-09219-1-8	\$413,230.61	\$471,710.30
Association account	OSGOOD LODGE NBR FORTY EIGHT	645-09379-1-4	\$326,164.61	\$334,019.08
Association account	OSGOOD LODGE NBR FORTY EIGHT	645-10998-1-3	\$199,975.17	\$232,658.27
<b>Total Investment accounts</b>			\$939,370.59	\$1,038,387.65

### Improve your financial health in 2012.

'Tis the season for New Year's resolutions, and adopting such goals as reducing your debt, building an emergency fund, saving more for retirement and creating an estate plan can substantially improve your long-term financial outlook. If you need help getting started, give your financial advisor a call. He or she can help you create reasonable and attainable goals and then help you stick with them.



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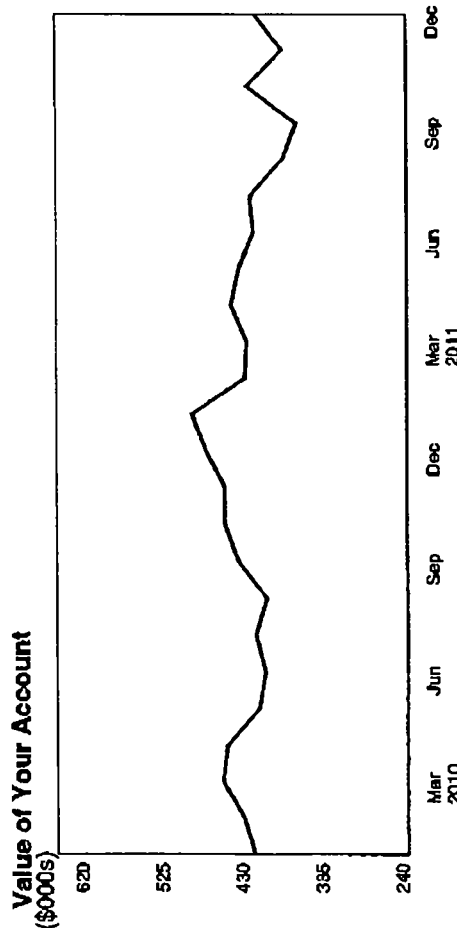
JEFFREY S. KOLOD  
 33B LEVESQUE DRIVE  
 ELIOT ME 03903  
 207-439-6206

Account number: 645-09219-1-8  
 Statement type: Preferred  
 November 26 - December 31, 2011

OSGOOD LODGE NMBR FORTY EIGHT  
 INDEPENDENT ORDER  
 OF ODD FELLOWS  
 PO BOX 1045  
 PORTSMOUTH NH 03802-1045

Summary of Your Assets			
Held at Edward Jones	Value on Dec 31	Value on Nov 26	Dollar change
Cash, Insured Bank Deposit & Money Market funds	\$15,501.03	\$11,133.91	\$4,367.12
Stocks	397,729.58	371,273.86	26,455.72
<b>Total at Edward Jones</b>	<b>\$413,230.61</b>	<b>\$382,407.77</b>	<b>\$30,822.84</b>

Value Summary	
Value on Dec 31	\$413,230.61
Value on Nov 26	\$382,407.77
Value one year ago	\$471,710.30



This chart shows how the value of your account has changed recently. While it's important to be aware of short-term results, don't lose sight of the long term. Edward Jones believes a long-term investment strategy offers the greatest potential for success.



Account number: 645-09219-1-8  
Statement type: Preferred  
November 26 – December 31, 2011

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Account number: 645-09219-1-8  
Statement type: Preferred  
November 26 - December 31, 2011

Stocks	Tax Info.	Quantity	2012												Total
			JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
ARCHER DANIELS MIDLAND CO	Q	70			12			12			12			12	48
AT&T INC	Q	157		69			69			69			69		276
BHP BILLITON LTD ADR	Q	55			60						60				120
BLACKROCK INC CL A	Q	51			70			70			70			70	280
BRISTOL-MYERS SQUIBB CO	Q	195		66			66			66			66		264
BROADCOM CORP	Q	220			19			19			19			19	76
CAPITAL ONE FINANCIAL CORP	Q	80			4			4			4			4	16
CATERPILLAR INC	Q	30		13			13			13			13		52
CHEVRON CORP	Q	110			89			89			89			89	356
COACH INC	Q	100	22			22			22			22			88
CONOCOPHILLIPS	Q	144			95			95			95			95	380
CUMMINS ENGINE INC	Q	30			12			12			12			12	48
DANAHER CORP	Q	142	3			3			3			3			12
DOMINION RESOURCES INC	Q	235			115			115			115			115	460
EATON CORP	Q	136		46			46			46			46		184
EMERSON ELECTRIC CO	Q	139			55			55			55			55	220
ENSCO INTL LTD	Q	248			86			86			86			86	344
FREEMPORT-MCMORAN COPPER & GOLD	Q	130		32			32			32			32		128
GENUINE PARTS CO	Q	85	38			38			38			38			152
HOME DEPOT INC	Q	113			32			32			32			32	128
IBM	Q	52			39			39			39			39	156
ILLINOIS TOOL WORKS INC	Q	149	53			53			53			53			212



Account number: 645-09219-1-8  
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November 26 - December 31, 2011

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Stocks	Tax Info.	Quantity	2012												Total
			JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
INTEL CORP	Q	290			60			60			60			60	240
JPMORGAN CHASE & CO	Q	120	30			30			30			30			120
MARATHON OIL CORP	Q	292			43			43			43			43	172
MARATHON PETE CORP	Q	151			37			37			37			37	148
MCDONALDS CORP	Q	106			74			74			74			74	296
MCKESSON CORP	Q	108	21			21			21			21			84
METLIFE INC	Q	172												127	127
MICROSOFT CORP	Q	245			49			49			49			49	196
NOVARTIS AG ADR	Q	135				318									318
ORACLE CORP	Q	366		21			21			21			21		84
PEPSICO INC	Q	100			51			51			51			51	204
PHILIP MORRIS INTL INC	Q	174	133			133			133			133			532
PRAXAIR INC	Q	93			46			46			46			46	184
QUALCOMM INC	Q	185			39			39			39			39	156
ROSS STORES INC	Q	282			57			57			57			57	228
STATE STREET CORP	Q	201	36			36			36			36			144
TE CONNECTIVITY LTD	Q	274			49			49			49			49	196
TEVA PHARM IND LTD ADR	Q	87			18			18			18			18	72
UNION PACIFIC CORP	Q	117	70			70			70			70			280
UNITED TECHNOLOGIES CORP	Q	156			74			74			74			74	296
UNITEDHEALTH GROUP INC	Q	212			34			34			34			34	136
VODAFONE GROUP PLC ADR	Q	223		215						215					430

(Association account)

December 2011 page 4



Account number: 645-09219-1-8  
Statement type: Preferred  
November 26 - December 31, 2011

Stocks	Tax Info.	Quantity	2012												Total
			JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
XILINX INC	Q	284		50			50			50			50		200
YUM BRANDS INC	Q	158		45			45			45			45		180
<b>Total</b>			504	588	1,408	822	373	1,348	504	588	1,408	504	373	1,475	9,895

## Your Assets at Edward Jones

Cash, Insured Bank Deposit & Money Market funds	Current Yield/Rate	Current value
Money Market*	0.01%	\$15,501.03
<b>Total Cash, Insured Bank Deposit &amp; Money Market funds</b>		<b>\$15,501.03</b>

\* Current Yield - The average yield on the money market fund for the past seven days.

Stocks	Our asset category/ Our recommendation	Current price	Current shares	Current value	Amt. invested since inception	Amt. withdrawn since inception
AFLAC INC Symbol: AFL	Growth & Income None	43.260	271.	\$11,723.46	\$16,775.09	-\$7,763.79
ALTRIA GROUP INC Symbol: MO	Aggressive Hold	29.650	240.	7,116.00	8,054.21	-6,048.50
AMERICAN EXPRESS CO Symbol: AXP	Growth Buy	47.170	173.	8,160.41	15,783.77	-8,530.06
ARCHER DANIELS MIDLAND CO Symbol: ADM	Aggressive None	28.600	70	2,002.00	2,068.54	-
AT&T INC Symbol: T	Growth & Income Buy	30.240	157.	4,747.68	16,588.03	-14,109.78
BHP BILLITON LTD SPONSORED ADR Symbol: BHP	Growth None	70.630	55.	3,884.65	6,504.92	-3,298.70





Account number: 645-09219-1-8  
Statement type: Preferred  
November 26 - December 31, 2011

Stocks, continued	Our asset category/ Our recommendation	Current price	Current shares	Current value	Amt. invested since inception	Amt. withdrawn since inception
BLACKROCK INC CL A Symbol: BLK	Growth Buy	178.240	51.	\$9,090.24	\$9,490.61	~
BRISTOL-MYERS SQUIBB CO Symbol: BMY	Growth & Income Hold	35.240	195.	6,871.80	6,403.11	-888.65
BROADCOM CORP Symbol: BRCM	Growth Buy	29.360	220	6,459.20	8,225.98	~
CAPITAL ONE FINANCIAL CORP Symbol: COF	Growth None	42.290	80.	3,383.20	4,120.30	~
CATERPILLAR INC Symbol: CAT	Growth & Income Hold	90.600	30.	2,718.00	2,668.59	~
CHEVRON CORP Symbol: CVX	Growth & Income Buy	106.400	110.	11,704.00	12,814.90	-13,191.91
COACH INC Symbol: COH	Growth None	61.040	100.	6,104.00	5,765.56	~
CONOCOPHILLIPS Symbol: COP	Growth & Income Buy	72.870	144.	10,493.28	10,610.52	-1,144.00
CUMMINS ENGINE INC Symbol: CMI	Growth None	88.020	30.	2,640.60	2,787.43	~
DANAHER CORP Symbol: DHR	Growth None	47.040	142.	6,679.88	6,740.61	-2,248.11
DOMINION RESOURCES INC NEW Symbol: D	Growth & Income Hold	53.080	235.	12,473.80	12,972.96	-6,143.07
EATON CORP Symbol: ETN	Growth & Income None	43.530	136.	5,920.08	5,876.71	-1,302.36
EMERSON ELECTRIC CO Symbol: EMR	Growth & Income Buy	46.590	139.	6,476.01	8,677.02	-5,907.73
ENSCO INTERNATIONAL LTD SPONSORED ADR Symbol: ESV	Aggressive None	46.920	248.	11,636.16	~	~



Account number: 645-09219-1-8  
Statement type: Preferred  
November 26 - December 31, 2011

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Stocks, continued	Our asset category/ Our recommendation	Current price	Current shares	Current value	Amt. invested since inception	Amt. withdrawn since inception
EXPRESS SCRIPTS INC Symbol: ESRX	Growth Buy	44.690	74.	\$3,307.06	\$4,388.06	-\$340.44
FREEMPORT-MCMORAN COPPER & GOLD INC Symbol: FCX	Aggressive None	36.790	130.	4,782.70	6,224.23	-
GAMESTOP CORP NEW CL A Symbol: GME	Growth None	24.130	160.	3,860.80	4,295.85	-
GENUINE PARTS CO Symbol: GPC	Growth & Income None	61.200	85.	5,202.00	4,288.82	-775.50
GOOGLE INC CL A Symbol: GOOG	Aggressive Buy	645.900	17.	10,980.30	9,842.53	-1,828.08
HOME DEPOT INC Symbol: HD	Growth & Income Buy	42.040	113.	4,750.52	4,593.16	-950.69
IBM Symbol: IBM	Growth & Income Buy	183.880	52.	9,561.76	7,085.79	-2,542.18
ILLINOIS TOOL WORKS INC Symbol: ITW	Growth & Income Buy	46.710	149	6,959.79	8,736.70	-2,722.13
INTEL CORP Symbol: INTC	Growth Buy	24.250	290.	7,032.50	16,227.77	-6,572.99
JPMORGAN CHASE & CO Symbol: JPM	Growth Buy	33.250	120.	3,990.00	4,274.98	-
LABORATORY CORP AMERICA HOLDINGS NEW Symbol: LH	Growth None	85.970	48.	4,126.56	9,640.86	-6,878.40
MARATHON OIL CORP Symbol: MRO	Growth & Income None	29.270	292.	8,546.84	16,426.63	-9,782.67
MARATHON PETE CORP Symbol: MPC	Growth & Income None	33.290	151.	5,026.79	3,017.19	-



Account number: 645-09219-1-8  
Statement type: Preferred  
November 26 - December 31, 2011

Stocks, continued	Our asset category/ Our recommendation	Current price	Current shares	Current value	Amt. invested since inception	Amt. withdrawn since inception
MCDONALDS CORP Symbol: MCD	Growth & Income Hold	100.330	106.	\$10,634.98	\$10,948.45	-\$7,578.68
MCKESSON CORP Symbol: MCK	Growth Hold	77.910	108.	8,414.28	7,065.29	-4,881.23
METLIFE INC Symbol: MET	Growth None	31.180	172.	5,362.96	9,294.04	-1,717.25
MICROSOFT CORP Symbol: MSFT	Growth & Income Buy	25.960	245.	6,360.20	21,860.75	-13,483.02
NOVARTIS AG ADR Symbol: NVS	Growth & Income Buy	57.170	135.	7,717.95	10,984.68	-3,857.94
ORACLE CORP Symbol: ORCL	Growth Buy	25.650	366.	9,387.90	13,281.48	-8,552.84
PEPSICO INC Symbol: PEP	Growth & Income Buy	66.350	100.	6,635.00	8,116.61	-2,392.64
PHILIP MORRIS INTL INC Symbol: PM	Aggressive Buy	78.480	174.	13,655.52	10,911.54	-4,541.18
PRAXAIR INC Symbol: PX	Growth None	106.900	93.	9,941.70	9,292.03	-3,103.70
QUALCOMM INC Symbol: QCOM	Aggressive Buy	54.700	185.	10,119.50	11,406.75	-5,277.76
ROSS STORES INC Symbol: ROST	Growth None	47.530	262.	12,452.86	11,609.22	-7,529.53
STATE STREET CORP Symbol: STT	Growth Buy	40.310	201.	8,102.31	12,046.31	-2,645.65
TE CONNECTIVITY LTD Symbol: TEL	Growth None	30.810	274.	8,441.94	8,322.27	-2,322.60
TEVA PHARM IND LTD ADR Symbol: TEVA	Growth Buy	40.360	87.	3,511.32	5,171.71	-1,712.36



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Account number: 645-09219-1-8  
 Statement type: Preferred  
 November 26 - December 31, 2011

Stocks, continued	Our asset category/ Our recommendation	Current price	Current shares	Current value	Amt. invested since inception	Amt. withdrawn since inception
UNION PACIFIC CORP Symbol: UNP	Growth & Income Hold	105.940	117.	\$12,394.98	\$12,280.47	-\$12,390.38
UNITED TECHNOLOGIES CORP Symbol: UTX	Growth & Income Buy	73.090	156.	11,402.04	13,052.90	-8,404.07
UNITEDHEALTH GROUP INC Symbol: UNH	Aggressive None	50.680	212.	10,744.16	9,026.92	-1,563.32
VODAFONE GROUP PLC SPONSORED ADR Symbol: VOD	Growth & Income Buy	28.030	223.	6,250.69	6,772.70	-778.43
XLINX INC Symbol: XLNX	Aggressive None	32.060	264.	8,463.84	8,142.36	-849.42
YUM BRANDS INC Symbol: YUM	Growth Hold	59.010	158.	9,323.58	8,460.03	-592.32
Total Stocks				\$397,729.58	~	~
Total estimated asset value				\$413,230.61		



Account number: 645-09219-1-8  
Statement type: Preferred  
November 26 - December 31, 2011

## Summary of Your Investment Activity

Total Cash, Insured Bank Deposit & Money Market funds on Nov 26	\$11,133.91
<b>Additions</b>	
Income	\$1,457.27
Proceeds from securities sold	\$3,575.47
Total additions	\$5,032.74
<b>Subtractions</b>	
Fees	-\$661.88
Taxes withheld	-\$3.74
Total subtractions	-\$665.62
Total Cash, Insured Bank Deposit & Money Market funds on Dec 31	\$15,501.03

## Detail of Your Investment Activity

Type	Date	Quantity	Days	Rate	Amount	Where Invested
Income			40	0.01	0.08	Money market
<b>Additions</b>						
Money market dividends	12/30					
	Q 11/30	264.			\$50.16	Money market
	Q 12/01	271.			89.43	Money market
	Q 12/01	30.			12.00	Money market
	Q 12/01	144.			95.04	Money market
	Q 12/01	290.			60.90	Money market
	Q 12/02	80.			4.00	Money market
	Q 12/08	245.			49.00	Money market
Dividends						
	Q 11/30		0.19			Money market
	Q 12/01		0.33			Money market
	Q 12/01		0.40			Money market
	Q 12/01		0.66			Money market
	Q 12/01		0.21			Money market
	Q 12/02		0.05			Money market
	Q 12/08		0.20			Money market



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**Additions, continued**

Type	Tax Info.	Date	Quantity	Amount per share	Rate	Amount	Where Invested
Income							
Dividends	Q	12/08	ARCHER DANIELS MIDLAND CO	70.	0.175	\$12.25	Money market
	Q	12/08	TEVA PHARM IND LTD ADR	87.	0.21488	18.69	Money market
	Q	12/09	EMERSON ELECTRIC CO	139.	0.40	55.60	Money market
	Q	12/12	IBM	52.	0.75	39.00	Money market
	Q	12/12	CHEVRON CORP	110.	0.81	89.10	Money market
	Q	12/12	UNITED TECHNOLOGIES CORP	156.	0.48	74.88	Money market
	Q	12/12	MARATHON PETE CORP	151.	0.25	37.75	Money market
	Q	12/12	MARATHON OIL CORP	292.	0.15	43.80	Money market
	Q	12/14	METLIFE INC	172.	0.74	127.28	Money market
	Q	12/15	PRAXAIR INC	93.	0.50	46.50	Money market
	Q	12/15	MCDONALDS CORP	106.	0.70	74.20	Money market
	Q	12/15	HOME DEPOT INC	113.	0.29	32.77	Money market
	Q	12/16	ENSCO INTL LTD	248.	0.35	86.80	Money market
	Q	12/19	TE CONNECTIVITY LTD	274.	0.18	49.32	Money market
	Q	12/19	BROADCOM CORP	220.	0.09	19.80	Money market
	Q	12/20	DOMINION RESOURCES INC	235.	0.4925	115.74	Money market
	Q	12/21	QUALCOMM INC	185.	0.215	39.78	Money market
	Q	12/21	UNITEDHEALTH GROUP INC	212.	0.1625	34.45	Money market
	Q	12/23	BLACKROCK INC CL A	51.	1.375	70.13	Money market
	Q	12/30	ROSS STORES INC	131.	0.22	28.82	Money market
Total Income						\$1,457.27	
Proceeds from securities sold		Date	Quantity	Amount per share	Trade date	Amount	Where Invested
		12/13	BEST BUY INC	130.		\$3,575.47	Money market
Total proceeds from securities sold						\$3,575.47	



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Subtractions	Date	Amount	Source of Funds
Fees	12/15	MANAGED ACCOUNT FEE	Money market
Total fees		-\$661.88	
		-\$661.88	
Taxes withheld	12/08	TEVA PHARM IND LTD ADR 20.000% FOREIGN TAX	Money market
Total taxes withheld		-\$3.74	

Other Activity	Date	Activity	Quantity	Notes	Estimated Value
12/16	STOCK SPLIT	ROSS STORES INC	131.	ON 131 AT 1 PER SHARE	

#### Summary of Realized Gain/Loss From Sale of Your Securities

	This period	Year-to-date
Short term (assets held 1 year or less)	-\$572.26	\$273.07
Long term (held over 1 year)	0.00	19,684.20
Total	-\$572.26	\$19,937.27

#### Details of Realized Gain/Loss From Sale of Your Securities

	Purchase Date	Sale date	Quantity	Cost basis	Proceeds	Realized gain/loss
BEST BUY INC	06/28/2011	12/08	130,000	\$4,147.73	\$3,575.47	-\$572.26

As you requested, copies of your statement have been sent to:  
GLENN D PAYNE  
TODD INVESTMENT ADVISORS



• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print  File by the extended due date for filing your return See instructions	Name of exempt organization <b>OSGOOD LODGE #48, GRAND LODGE OF NH INDEPENDENT ORDER OF ODD FELLOWS</b>	Employer identification number <b>02-6004656</b>
	Number, street, and room or suite no. If a P O box, see instructions. <b>PO BOX 1045, 651 MAPLEWOOD AVENUE</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>PORTSMOUTH, NH 03802</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

**01**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

**STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.**

**GLENN PAYNE**

• The books are in the care of **651 MAPLEWOOD AVENUE - PORTSMOUTH, NH 03801**

Telephone No. **603-436-4913**

FAX No.

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **AUGUST 15, 2012**

5 For calendar year , or other tax year beginning **OCT 1, 2010**, and ending **SEP 30, 2011**

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

7 State in detail why you need the extension

**ACCOUNTANT REQUIRES ADDITIONAL TIME TO REVIEW BOOKS IN ORDER TO PREPARE A COMPLETE REPORT.**

<b>8a</b> If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>8a</b>	\$	<b>0.</b>
<b>b</b> If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	<b>8b</b>	\$	<b>0.</b>
<b>c</b> <b>Balance due.</b> Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>8c</b>	\$	<b>0.</b>

**Signature and Verification**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature **Glenn Payne**

Title **PRESIDENT**

Date **2-19-12**

Form 8868 (Rev 1-2011)