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DLN: 93493116003102

# 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)

2011

OMB No 1545-0047

Open to Public

Department of the Treasury

benefit trust or private roundation)

The organization may have to use a copy of this return to satisfy state reporting requirements Internal Revenue Service Inspection A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011 D Employer identification number **B** Check if applicable INDEPENDENT ORDER OF ODD FELLOWS BOONE LODGE #170 Address change 55-0201344 Doing Business As E Telephone number Name change (304) 369-5819 Initial return Number and street (or P O box if mail is not delivered to street address) Room/suite **G** Gross receipts \$ 154,545 PO BOX 361 Terminated Amended return City or town, state or country, and ZIP + 4 MADISON, WV 25130 Application pending Name and address of principal officer H(a) Is this a group return for RODNEY SMITH affiliates? PO BOX 503 MADISON, WV 25130 H(b) Are all affiliates included? ┌ Yes ┌ No If "No," attach a list (see instructions) Tax-exempt status Group exemption number 🕨 H(c)Website: ► N/A M State of legal domicile K Form of organization ✓ Corporation ✓ Trust ✓ Association ✓ Other ► L Year of formation 1995 Summary 1 Briefly describe the organization's mission or most significant activities FRATERNAL ORGANIZATION Activities & Governance 2 Check this box | 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) . . 125 Number of independent voting members of the governing body (Part VI, line 1b)  $\cdot$ . 4 122 Total number of individuals employed in calendar year 2011 (Part V, line 2a) . 5 2 Total number of volunteers (estimate if necessary) . . . . 6 5 7a 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) . 3,921 3,681 8 Rayenue 0 9 Program service revenue (Part VIII, line 2g) . . 150,864 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 107,715 11 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12 111,636 154,545 0 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) . . . 0 Salaries, other compensation, employee benefits (Part IX, column (A), lines 15 Expenses 8.828 9,157 Professional fundraising fees (Part IX, column (A), line 11e) . . . 0 16a b Total fundraising expenses (Part IX, column (D), line 25)  $\blacktriangleright 0$ Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . 150,134 176,246 17 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 158,962 185,403 Revenue less expenses Subtract line 18 from line 12 . -47,326 -30,858 (Assets or id Balances **Beginning of Current End of Year** Year 4.998.954 4.968.146 20 Total assets (Part X, line 16) . End / 21 347 396 Total liabilities (Part X, line 26) . . . . . 22 Net assets or fund balances Subtract line 21 from line 20 4,998,607 4,967,750 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. 2012-04-20 Signature of officer Date Sian Here RODNEY SMITH SECRETARY Type or print name and title Check if Preparer's taxpayer identification number Date 2012-04-25 (see instructions) ROGER L BROGAN sıqnature Paid employed 🕨 🔽 Preparer's GURSKI BROGAN & ASSOC AC Firm's name (or yours if self-employed), address, and ZIP + 4 **Use Only** PO BOX 825

DANVILLE, WV 250530825

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

Phone no (304) 369-5447

Par		<b>ent of Program Service A</b> Schedule O contains a response			୮
1	Briefly describe	the organization's mission			
FRAT	TERNAL ORGANI	ZATION			
2	the prior Form 9	90 or 990-EZ?	ogram services during the year wh		Yes ✓ No
_		e these new services on Schedul			
3	services?		ignificant changes in how it condu		Yes 🔽 No
	If "Yes," describ	e these changes on Schedule O			
4	expenses Secti	on 501(c)(3) and 501(c)(4) orga	omplishments for each of its three nizations and section 4947(a)(1) es, and revenue, if any, for each p	trusts are required to report	
4a	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
Tu	•		CONTRIBUTIONS AND FRATERNAL OBJECT		,
4b	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
4c	(Code	) (Expenses \$	including grants of \$	) (Revenue \$	)
	Other program	services (Describe in Schedule	0.)		
	(Expenses \$			) (Revenue \$	)
4e	Total program:	service expenses <b>&gt;</b> \$			

			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	1		No
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		No
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	3		No
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	4		Νο
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	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which 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	6		No
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	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		No
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			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line10? If "Yes," complete Schedule D, Part VI.	11a		No
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.	11b	Yes	
С	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.	11c	Yes	
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.	11d		No
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		No
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.	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12a		No
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	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I	14b		No
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 U S? If "Yes," complete Schedule F, Part II and IV	15		No
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 U S ? If "Yes," complete Schedule F, Part III and IV	16		No
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	17		No
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	18		No
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	19		No
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? <b>Note.</b> All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

	350 (2011)			i age -
Par	t IV Checklist of Required Schedules (continued)			
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? If "Yes," complete Schedule I, Parts I and II	21		No
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? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		No
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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
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?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	<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</i> "Yes," complete Schedule L, Part I	25a		No
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? If "Yes," complete Schedule L, Part I	25b		No
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? If "Yes," complete Schedule L, Part II	26		No
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? If "Yes," complete Schedule L, Part III	27		No
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)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part			
		28a		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
С	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 owner? <i>If</i> "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,  Part I	31		No
32	· · · · · · · · · · · · · · · · · · ·	32		No
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>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section $512(b)(13)^2$ If "Yes," complete Schedule R, Part V, line 2	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		
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? If "Yes," complete Schedule R, Part VI	37		No
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	38	Yes	

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Part V	Statements Regarding Other IRS Filings and Tax Compliance

	Check it Schedule O contains a response to any question in this Part V	<u> </u>	• 1	
1a	Enter the number reported in Box 3 of Form 1096 Enter -0 - if not applicable		Yes	No
14				
	<b>1a</b> 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  1b  0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	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			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	20	165	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
b	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	3b		
4a	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 or securities			
	account)?	4a		No
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			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	- J-J		
		5c		
6a	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		Νo
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
-	were not tax deductible?	6b		
7 a	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	7a		No
	services provided to the payor?			
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			
-	contract?	7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. 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		
9	Sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the			
13	year			
	Is the organization licensed to issue qualified health plans in more than one state?			
~	<b>Note.</b> All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a		
b	Enter the aggregate amount of reserves the organization is required to maintain by			
	the states in which the organization is licensed to issue qualified health plans  Enter the appropriate amount of recognize an hand.			
С	Enter the aggregate amount of reserves on hand  13c			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

**Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Se	ection A. Governing Body and Management			
			Yes	No
	1 1			
1a	Enter the number of voting members of the governing body at the end of the tax year			
ь	Enter the number of voting members included in line 1a, above, who are			
_	Independent         1         1         1         1			
2	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?	2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		No
4	supervision of officers, directors or trustees, or key employees to a management company or other person? .  Did the organization make any significant changes to its governing documents since the prior Form 990 was			NO
	filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	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	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal	_		
	venue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Νo
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt	10b		
	purposes?	100		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review the Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes," to line 15a or 15b, describe the process in Schedule O (see instructions)			
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed <b>▶</b> WV			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)	_		_

Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply

Own website Another's website V Upon request

- 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization RODNEY SMITH

PO BOX 316 MAIN ST

MADISON, WV 251300361

(304)369-5819

# <u>Part VIII</u> Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

#### 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, and **current** key employees 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations

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

• 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

(A)  Name and Title	(B) A verage hours per week (describe	Position more unless	on (de tha	C) o no n one son er ar	t che e bo: is bo id a tee)	eck x, oth		(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
	hours for related organizations in Schedule O)	Individual trustee or director	Institutional Trustee	Officei	Key employee	Highest compensated employee	Former		MISC)	organizations
(1) RODNEY SMITH SECRETARY	4 00			х				4,044	0	0
(2) RICHARD MILLER LODGE OFFICER	2 00			х				0	0	0
(3) WARREN MILLER LODGE OFFICER	2 00			х				0	0	0
(4) JOHN HOLSTEIN LODGE OFFICER	2 00			х				0	0	0
(5) CARL SMITH LODGE OFFICER	2 00			Х				0	0	0
(6) GARY HARRIS LODGE OFFICER	2 00			Х				0	0	0
(7) WENDELL HILL LODGE OFFICER	2 00			х				0	0	0

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

	(A) Name and Title A verage hours per week (describe hours			on (d e than s per offic ector	n one son er ai	e bo is bo nd a tee]	x, oth )		Repo compe fror organiz	( <b>D)</b> ortable ensation in the ation (W- 9-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)		(F) Estima mount o compens from t ganizati relate	ted fother ation he on and
		Highest compensated employee or director schedule of Schedule of Chical Trustee of C										organiza	I .	
1b	Sub-Total			<u> </u>	•			<u> </u>						
С	Total from continuation sheets							<b>•</b>						
2	Total (add lines 1b and 1c) .  Total number of individuals (inclusion) in the state of the state	udıng but not lım	nited to	thos	e lıs		above	) who	receive	4,044 d more tha	ın			
													Yes	No No
3	Did the organization list any <b>form</b> on line 1a? <i>If "Yes," complete Sch</i>								r highest	t compens	ated employee	3	Tes	No No
4	For any individual listed on line 1 organization and related organization and related organization.													
5	Did any person listed on line 1a services rendered to the organiza										or individual for	5		No_
			,					,			_	<u> </u>		No_
	ction B. Independent Cont Complete this table for your five		is atad i	nden	end	nt o	ontra	torc	that rec	elved mor	e than			
	\$100,000 of compensation from or within the organization's tax y	the organizatio ear									ng with			
	Nam	(A) ne and business add	dress							Desc	(B) ription of services		(C) Compen	
												#		
	Total number of independent conti \$100,000 of compensation from t			ot lın	nited	l to 1	those	liste	d above)	who recei	ved more than			

Form 9								Page <b>9</b>
Part \	<u> </u>	Statement o	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
\$ £	1a	Federated cam	paigns 1a	ı				
E E	ь	Membership du	ıes <b>1b</b>	3,681				
Contributions, gifts, grants and other similar amounts	С	Fundraising ev	ents <b>1c</b>					
<u>₹</u>	d	Related organiz	zations 1d					
E, E	e	Government grant	s (contributions) 1e					
er s	f	All other contribute	ons, gifts, grants, and <b>1f</b> ot included above					
音巻	g		ibutions included in					
걸	١.	lines 1a-1f\$_			3,681			
<u>Q u</u>	h	iotai. A dd iine	s 1a-1f	[	3,061			
a≘	30			Business Code				
wen	2a b							-
2 <u>4</u>	°							
Program Serwce Revenue	d							
	e							
<u>e</u>	f	All other progra	am service revenue					
<u>~</u>								
	3		s 2a-2f					-
			ome (including dividen ar amounts)		150,864			
	4		stment of tax-exempt bond					
	5	Royalties .		•				
			(ı) Real	(II) Personal				
	6a	Gross rents						
	b	Less rental expenses						
	C	Rental income or (loss)						
	d	Net rental inco	me or (loss)	🛌				
	_		(ı) Securities	(II) Other				
	7a	Gross amount from sales of						
		assets other than inventory						
	b	Less cost or other basis and						
	c	sales expenses Gain or (loss)						
	d		ss)					
<u> </u>	8a		from fundraising					
Other Revenue			s reported on line 1c)					
높			a					
Ě	b		penses <b>b</b>					
0	9a		(loss) from fundraising from gaming activities	events F				
			ne 19 a					
	ь		penses b					
	C		(loss) from gamıng actı	ivities				ļ
	10a	Gross sales of returns and allo						
	ь	Less cost of g	oods sold <b>b</b>					
	С		(loss) from sales of inv					
	<u></u>	Miscellaneou	s Revenue	Business Code				
	11a							ļ
	b							<u> </u>
	C	A 11 - +1-						<u> </u>
	d e		ue s 11a-11d					<del>                                     </del>
		rocal. Add lille:	3 11a-11U					
	12	Total revenue.	See Instructions .	▶	154,545	150,864		

#### 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)

Check if Schedule O contains a response to any question in this Part IX (B) (C) (D) Do not include amounts reported on lines 6b, (A) Program service Management and Fundraising Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 Grants and other assistance to individuals in the United States See Part IV, line 22 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and 8,389 8,389 0 key employees . . . 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 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . Other employee benefits . . . . . . . 768 768 0 0 10 Fees for services (non-employees) 11 Management . . . . . Legal . . . . . . . . . 0 Accounting . . . . . . . 800 800 0 Lobbying . . . . . . . . . . . . Professional fundraising See Part IV, line 17 . . Investment management fees . . . . . . 33,053 33,053 0 0 g Advertising and promotion . . . 12 0 Office expenses . . . . 2,894 2,894 13 0 14 Information technology . . . . . 15 Royalties . . 16 17 Payments of travel or entertainment expenses for any federal, 18 state, or local public officials . . . . . 19 Conferences, conventions, and meetings . . . . 20 21 Payments to affiliates . . . . 22 Depreciation, depletion, and amortization . . . . 7,389 7,389 0 0 23 1.634 1,634 0 0 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) CONTRIBUTIONS 12,874 12,874 0 0 SCHOLARSHIPS 20,900 20,900 0 0 LODGE ACTIVITIES 43,137 43,137 0 0 **GRAND LODGE** 7,760 7,760 0 0 d е All other expenses 45,805 45,805 0 0 25 Total functional expenses. Add lines 1 through 24f 0 185,403 185,403 0 Joint costs. Check here ► 🗀 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) (B) Beginning of year End of year 14,089 6,063 1 23.373 2 18,407 2 3 3 4 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of 6 7 8 9 9 Prepaid expenses and deferred charges . . . . . . 10a Land, buildings, and equipment cost or other basis *Complete Part* VI of Schedule D 10a 10b b Less accumulated depreciation . . . . . 10c 11 11 12 12 Investments—other securities See Part IV, line 11 . . . . . . 13 4,870,405 13 4,859,978 Investments—program-related See Part IV, line 11 . . 14 14 91,087 15 83,698 15 4,998,954 4,968,146 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 16 347 17 17 Accounts payable and accrued expenses . 18 18 19 19 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D . . Liabilities 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 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 (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule 25 D . . . . 26 26 **Total liabilities.** Add lines 17 through 25 . . . . . Organizations that follow SFAS 117, check here ▶ 

and complete lines 27 Balances through 29, and lines 33 and 34. 27 27 Unrestricted net assets . . . . 28 28 Temporarily restricted net assets . . . . . Fund 29 29 Permanently restricted net assets . . . . . Organizations that do not follow SFAS 117, check here ▶ 

 and complete lines 30 through 34. ö 30 Capital stock or trust principal, or current funds . . . . . . . . . 30 Assets 31 31 Paid-in or capital surplus, or land, building or equipment fund . . . . . 4,998,607 4.967,750 32 32 Retained earnings, endowment, accumulated income, or other funds ¥ 33 4.998.607 33 4.967.750 Total net assets or fund balances . . . . . 34 Total liabilities and net assets/fund balances . . . . . 4.998.954 34 4.968.146

	LAI	Check if Schedule O contains a response to any question in this Part XI			٦.	
1	Total	revenue (must equal Part VIII, column (A), line 12)	1		-	154,54
2	Total	expenses (must equal Part IX, column (A), line 25)	2			185,40
3	Rever	nue less expenses Subtract line 2 from line 1	3			-30,85
4	Neta	ssets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		4,9	998,60
5	O ther	changes in net assets or fund balances (explain in Schedule O )	5			
6	Net a: (B))	ssets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column	6		4,9	967,75
Pai	t XII	Financial Statements and Reporting  Check if Schedule O contains a response to any question in this Part XII			୮	
1		unting method used to prepare the Form 990			Yes	No
2a	Were	the organization's financial statements compiled or reviewed by an independent accountant?		2a		No
b	Were	the organization's financial statements audited by an independent accountant?	[	2b		No
c	audıt,	s," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of review, or compilation of its financial statements and selection of an independent accountant? organization changed either its oversight process or selection process during the tax year, explain its of the control of the		2c		
d		s" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were is eparate basis, consolidated basis, or both	ssued			
	Γs	eparate basis				
За		result of a federal award, was the organization required to undergo an audit or audits as set forth in the Audit Act and OMB Circular A-133?	e	3a		No
b		s," did the organization undergo the required audit or audits? If the organization did not undergo the i or audits, explain why in Schedule O and describe any steps taken to undergo such audits	equired	3b		

DLN: 93493116003102

OMB No 1545-0047

**Inspection** 

### **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, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b ► Attach to Form 990. ► See separate instructions.

Name of the organization Employer identification number INDEPENDENT ORDER OF ODD FELLOWS BOONE LODGE #170 55-0201344 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 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) Aggregate value at end of year 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? ☐ Yes Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ✓ Yes conferring impermissible private benefit Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or pleasure) Preservation of an historically importantly land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a-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 Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after 8/17/06 2d

3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization of the taxable year	uring		
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	D
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			
	<b>▶</b> \$			
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section $170(h)(4)(B)(i)$ and $170(h)(4)(B)(ii)$ ?	┌ Yes	┌ No	D
9	In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, a balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describe 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.

- If the organization elected, as permitted under SFAS 116, 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
- If the organization elected, as permitted under SFAS 116, 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

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 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Schedule D (Form 990) 2011

For Privacy Act and Paperwork Reduction Act Notice, see the Intructions for Form 990

Cat No 52283D

Par	term Organizations Maintaining Co	llections of Art,	<u>, His</u>	<u>tori</u>	<u>cal Tr</u>	<u>easur</u>	es, or C	ther	· Simila	r Asse	ets (co	ntınued)
3	Using the organization's accession and othe items (check all that apply)	r records, check any	of th	ie foll	owing	that are	a significa	ant us	se of its c	ollectio	n	
а	Public exhibition		d	Γ	Loan	or excha	ange prog	rams				
b	Scholarly research		e	Γ	Other	r						
C	Preservation for future generations											
4	Provide a description of the organization's co Part XIV	ollections and explai	ın hov	v the	/ furthe	er the or	ganızatıor	ı's ex	empt purp	ose in		
5	During the year, did the organization solicit of assets to be sold to raise funds rather than t								ılar	Г	Yes	┌ No
Pa	rt IV Escrow and Custodial Arrang Part IV, line 9, or reported an an						answere	d "Ye	es" to Fo	rm 990	0,	
1a	Is the organization an agent, trustee, custod included on Form 990, Part X?	lan or other interme	diary	for c	ontribu	itions or	other ass	ets n	ot	Г	Yes	┌ No
b	If "Yes," explain the arrangement in Part XIV	/ and complete the f	follow	ıng ta	able		Г			Amoi	unt	
c	Beginning balance						-	1c				
d	Additions during the year						F	1d				
e	Distributions during the year						ŀ	1e				
f	Ending balance						-	1f				
2a	Did the organization include an amount on Fo	orm 990 Part X line	217				L			Г	Yes	
b										'		,
	rt V Endowment Funds. Complete		n ans	were	ed "Ye	s" to Fo	orm 990.	Part	IV. line	10.		
		(a)Current Year		Prior `			Years Back		hree Years		Four Y	ears Back
1a	Beginning of year balance											
b	Contributions											
С	Investment earnings or losses											
d	Grants or scholarships											
е	Other expenditures for facilities and programs											
f	Administrative expenses							<u> </u>				
g	End of year balance											
2	Provide the estimated percentage of the yea	r end balance held a	as									
а	Board designated or quasi-endowment 🕨											
b	Permanent endowment 🕨											
С	Term endowment ►											
3a	Are there endowment funds not in the posses	ssion of the organiza	ation t	that a	re held	d and ad	mınıstere	d for t	:he			
	organization by									2-(:)	Yes	No
	(i) unrelated organizations			•				•		3a(i) 3a(ii)		<del>                                     </del>
ь	(ii) related organizations							٠		3b	1	<u> </u>
4	Describe in Part XIV the intended uses of th							-				<b>L</b>
Pai	rt VI Land, Buildings, and Equipme	nt. See Form 99	0, Pa	rt X	line :	10.						
	Description of property		•			or other estment)	(b)Cost or basis (ot			ımulated cıatıon	(d) B	Book value
1a	Land											
	Buildings		•	<u> </u>							4	
С	Leasehold improvements		•	$\vdash$							1	
	Equipment		•									
	Other	<u> </u>									$\bot$	
Tota	al. Add lines 1a-1e <i>(Column (d) should equal Fo</i>	orm 990, Part X, colun	nn (B)	, line	10(c).)	٠			🕨			

Part VII Investments—Other Securities. See	Form 990, Part X, line 12		
<ul><li>(a) Description of security or category (including name of security)</li></ul>	(b)Book value	(c) Method of valuation Cost or end-of-year market value	
(1)Financial derivatives		cost of ella of year market value	
(2)Closely-held equity interests			
Other			
Total. (Column (b) should equal Form 990, Part X, col (B) line 12 )			
Part VIII Investments—Program Related. See		13.	
		(c) Method of valuation	
(a) Description of investment type	(b) Book value	Cost or end-of-year market value	
(1) STOCKS, BONDS, MUTUAL FUNDW	4,859,978		F
Total (Column (h) should equal Form 990, Part Y, col (R) line 13.)	4 859 978		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13 )  Part IX Other Assets. See Form 990, Part X, line	, ,		
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)  Part IX Other Assets. See Form 990, Part X, lin  (a) Descrip	e 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin	e 15.		
Part IX Other Assets. See Form 990, Part X, lin	e 15.		
Part IX Other Assets. See Form 990, Part X, lin	e 15.		
Part IX Other Assets. See Form 990, Part X, lin	e 15.		
Part IX Other Assets. See Form 990, Part X, lin	e 15.		
Part IX Other Assets. See Form 990, Part X, lin	e 15.		
Part IX Other Assets. See Form 990, Part X, lin	e 15.		
Part IX Other Assets. See Form 990, Part X, lin	e 15.		
Part IX Other Assets. See Form 990, Part X, lin	e 15.		
Part IX Other Assets. See Form 990, Part X, lin	e 15.		
Part IX Other Assets. See Form 990, Part X, lin	e 15.		
Part IX Other Assets. See Form 990, Part X, lin	e 15.		
Part IX Other Assets. See Form 990, Part X, lin	e 15.		
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip	le 15.	(b) Book value	
Part IX Other Assets. See Form 990, Part X, lin (a) Descrip  Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.	ie 15. tion  5.)		
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X	5.)	(b) Book value	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	ie 15. tion  5.)	(b) Book value	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)	(b) Book value	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)	(b) Book value	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)	(b) Book value	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X	5.)	(b) Book value	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)	(b) Book value	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)	(b) Book value	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)	(b) Book value	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)	(b) Book value	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)	(b) Book value	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)	(b) Book value	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)	(b) Book value	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)	(b) Book value	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)	(b) Book value	
Total. (Column (b) should equal Form 990, Part X, col.(B) line 1.  Part X Other Liabilities. See Form 990, Part X  (a) Description of Liability	5.)	(b) Book value	

_	Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	11.5	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
	Total expenses (Form 990, Part IX, column (A), line 25)	2	
	Excess or (deficit) for the year Subtract line 2 from line 1	3	
	Net unrealized gains (losses) on investments	4	
	Donated services and use of facilities	5	
	Investment expenses	6	
	Prior period adjustments	7	
	Other (Describe in Part XIV)	8	
	Total adjustments (net) Add lines 4 - 8	9	
		10	
) 	Excess or (deficit) for the year per financial statements Combine lines 3 and 9  XII Reconciliation of Revenue per Audited Financial Statements With Revenue p		<u> </u>
14	Reconciliation of Revenue per Audited Financial Statements With Revenue p  Total revenue, gains, and other support per audited financial statements	<u>er Re</u> 1	eturn
	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
	Net unrealized gains on investments 2a		
)	Donated services and use of facilities		
	Recoveries of prior year grants		
ı I	Other (Describe in Part XIV)		
' :	Add lines 2a through 2d	2e	
	Subtract line 2e from line 1	3	
	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
	Investment expenses not included on Form 990, Part VIII, line 7b . 4a  Other (Describe in Part XIV)		
1	, , , , , , , , , , , , , , , , , , , ,	4-	
	Add lines 4a and 4b	4c	
	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	Doturn
ГU	Total expenses and losses per audited financial	рег	Return
	statements	1	
	Amounts included on line 1 but not on Form 990, Part IX, line 25		
1	Donated services and use of facilities		
•	Prior year adjustments		
	Other losses		
ı	Other (Describe in Part XIV) 2d		
:	Add lines <b>2a</b> through <b>2d</b>	2e	
	Subtract line <b>2e</b> from line <b>1</b>	3	
	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
ı	Investment expenses not included on Form 990, Part VIII, line 7b   4a		
•	Other (Describe in Part XIV)	1	
	Add lines <b>4a</b> and <b>4b</b>	4c	
2			
:	Total expenses Add lines <b>3</b> and <b>4c.</b> (This should equal Form 990, Part I, line 18)	5	

Identifier Return Reference Explanation

additional information

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93493116003102

OMB No 1545-0047

2011

Open to Public Inspection

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 to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization
INDEPENDENT ORDER OF ODD FELLOWS BOONE LODGE #170

55-0201344

ldentifier	Return Reference	Explanation
Pt VI, Line 19		AVAILABLE FOR INSPECTION AT THE LODGE HALL UPON REQUEST
Pt VI, Line 7b		VOTE BY MEMBERSHIP AT BUSINESS MEETINGS
Pt VI, Line 11a		REVIEWED BY LODGE OFFICERS
Form 990EZ, Part I, Line 16		CONTRIBUTIONS OFFICE LODGE ACTIVITIES GRAND LODGE REPAIRS INSURANCE ANNIVERSARY EXPENSE PROPERTY TAXES FOREIGN INCOME TAXES FINES AND PENALITIES
Form 990EZ, Part II, Line 24		INVESTMENTS
Form 990EZ, Part II, Line 26		ACCOUNTS PAYABLE & ACCRUED EXPENSES
Form 990, Part IX, Line 24f		PROPERTY TAXES 3037 3037 0 0 UTILITIES 5971 5971 0 0 DEATH BENEFITS 2500 2500 0 0 CLEANING SERVICES 25 25 0 0 REAPIR AND MAINTENANCE 34198 34198 0 0 SUPPLIES 74 74 0 0

#### **Additional Data**

**Software ID:** 11000175

**Software Version:** 

**EIN:** 55-0201344

Name: INDEPENDENT ORDER OF ODD FELLOWS BOONE

LODGE #170

## Form 990, Special Condition Description:

### **Special Condition Description**

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

DLN: 93493116003102

OMB No 1545-0172

Form **4562** 

# **Depreciation and Amortization** (Including Information on Listed Property)

 $A\,tta\,c\,h\,ment$ 

Department of the Treasury Internal Revenue Service (99)

► See separate instructions.

► Attach to your tax return.

Sequence No 179

Name(s) shown on return INDEPENDENT ORDER O	F ODD FELLOW	/S BOONE	Business	Identifying number						
ODGE #170	Form 990 / Form 990EZ							5-0201344		
	<b>Fo Expense (</b> ou have any li					nplete Part I.				
1 Maxımum amount (see	ınstructions)						1	\$ 500,000		
2 Total cost of section 1	79 property plac	ced in service	(see instruc	ctions) .			2			
3 Threshold cost of sect					uctions)		3	\$ 2,000,000		
4 Reduction in limitation							4	, -,,		
5 Dollar limitation for tax					· · · · )- If marrie	filina	H			
separately, see instruc					• • •		5			
6 (a)	(a) Description of property  (b) Cost (business use only)  (c) Elected									
								-		
7 Listed property Enter	the amount from	ı lıne 29 🔒			. 7					
8 Total elected cost of s			unts ın colu	mn (c), lines 6	and 7 .		8			
9 Tentative deduction E		•		(-7,			9			
10 Carryover of disallower							10			
•		•								
<b>11</b> Business income limitation							11			
<b>12</b> Section 179 expense of					n line 11		12			
13 Carryover of disallowe					13					
Note: Do not use Part				•						
							T	y ) (See instructions )		
14 Special depreciation al tax year (see instruction	•	lified property	(other than	listed property	) placed in s	ervice during the	14			
15 Property subject to see	ction 168(f)(1)	election .					15			
16 Other depreciation (inc	(ludina ACRS)						16			
	preciation (I	Do not inclu	de listed p	roperty.) (Se	e instruction	ons.)				
	<u>ρ. σσ. α.σ χ.</u>	20 1100 111014		ction A	o motracti	211017				
17 MACRS deductions for	assets placed i	n service in ta	x years beg	Jinning before 2	011 .		17	7,389		
18 If you are electing t	o group any a	ssets placed	ın service	e during the ta	ax vear int	o one or more				
general asset accou		•			•					
Section B-Ass			urina 201	1 Tax Year	Using the		recia	ation System		
		(c) Bas								
(a) Classification of property	(b) Month and year placed in service	deprecia (business/in use only—see ins	vestment e	(d) Recovery period	(e) Conver	tion <b>(f)</b> Metho	od	<b>(g)</b> Depreciation deduction		
<b>19a</b> 3-year property										
<b>b</b> 5-year property										
<b>c</b> 7-year property										
<b>d</b> 10-year property										
e 15-year property										
<b>f</b> 20-year property										
<b>g</b> 25-year property				25 yrs		S/L				
<b>h</b> Residential rental				27 5 yrs	MM	S/L				
property				27 5 yrs	MM	S/L				
i Nonresidential real				39 yrs	MM	S/L				
property					MM	S/L				
Section	n C—Assets Pla	ced in Service	During 2011	. Tax Year Using	the Alterna	ative Depreciatio	n Syst	em		
<b>20a</b> Class life						S/L				
<b>b</b> 12-year				12 yrs		S/L				
<b>c</b> 40-year	<u> </u>	<u> </u>		40 yrs	MM	S/L				
	<b>y</b> (see instruc	•					1	<u> </u>		
<b>21</b> Listed property Enter							21			
<b>22 Total.</b> Add amounts fro and on the appropriate							22	7,389		
23 For assets shown abov portion of the basis att				t year, enter the	23					

Form 4562 (2011) Part V Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.) **Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

Section A—Depre	ciation a	<u>na Otner In</u>	тогта	tion (C	aution	<u>: 5ee</u>	uie i	<u>HSU UCU</u>	<u>ions tor</u>	IIIIIII	тот ра	isserig	<u>er au</u>	LOITIOL	nies.
<b>24a</b> Do you have eviden	ce to support	the business/inve	estment u	ıse claımed	d? ┌ Yes	Гио		24	<b>b</b> If "Yes,	" is the e	ev idence	written?	Гүе	sГn	0
(a) Type of property (list vehicles first)	ype of property (list   Date placed in Investment   Cost o				(e) Basis for depreciation (business/investment use only)				(g) Method/ Convention		<b>(h)</b> Depreciation/ deduction			(i) Elected section 179 cost	
<b>25</b> Special depreciation allow 50% in a qualified busing	•		y placed	in service o	during the	tax yea	r and ι	ised more	I .	25					
<b>26</b> Property used more	•	•	usiness	use											
<b>Le</b> i repercy asea more		%	45111655	450											
		%													
<b>27</b> Property used 50%	orlessina	%   %	nace lie		<u> </u>			l							
27 i Toperty used 50 70	01 1033 111 0	%	1033 43						S/L -	Т			П		
		%							S/L -				]		
20 4 1 1		%			<u> </u>				S/L -				Ц		
28 Add amounts in co						ne 21,	page	1 .	28		T				
29 Add amounts in co	olumn (ı), lın					•	<u></u>		<u> </u>		29				
Complete this section	for vehicles			—Infor						or rela	tad nar	con			
If you provided vehicles to	your employe	es, first answer th	e questioi	ns in Sectio	n C to see	e if you r	neet a	ın excepti	on to comp	ol rela	is section	for thos	e vehic	les	
30 Total business/inv	estment mi	les driven duri	na the		a)		b)		(c)		(d)		e)		(f)
year ( <b>do not</b> includ			•	Vehi	cle 1	Veh	icle 2	Ve	hicle 3	Veh	ııcle 4	Vehi	cle 5	Veh	ıcle 6
<b>31</b> Total commuting r	nulae drivan	during the year	r							+					
_								-		+					
32 Total other person	•	-,						+		+					
33 Total miles driven through 32 .	auring the y	year Add lines													
<b>34</b> Was the vehicle av	/aılable for p	personal use		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
during off-duty hou	ırs? .														
35 Was the vehicle us	•	y by a more tha	ın 5%												
owner or related po							-	+		+			<del>                                     </del>		
36 Is another vehicle		•			<u> </u>	<u> </u>	<u> </u>			<u>.                                    </u>	<u> </u>	L	<u></u>		
<b>Sectio</b> Answer these question 5% owners or related	ns to determ		t an exc											<b>not</b> mo	re than
<b>37</b> Do you maintain a				nibits all į	personal	use of	vehi	cles, inc	luding c	ommuti	ng, by	your	T	'es	No
employees? .						•	٠			•		•			
<b>38</b> Do you maintain a employees? See th															
39 Do you treat all us	e of vehicle	s by employee	s as per	rsonal us	e? .										
<b>40</b> Do you provide movehicles, and retain				oyees, ob	otaın ınfo	ormatic	n fro	m your e	mployee	s abou	t the us	e of the	a 🔽		
41 Do you meet the re				automobi	le demor	nstratio	on us	e? (See	ınstructı	ons )					
Note: If your answ	er to 37, 38	3, 39, 40, or 41	ıs "Ye:	s," do not	t comple	te Sec	tion E	3 for the	covered	vehicle	es				
	rtization													<u> </u>	
		(b)		/-				(d)		(e)			(f)		
(a)		Date		(c A morti			(	<b>(d)</b> Code		tızatıoı	۱	A mo	rtızatı	on for	
Description of c	osts	amortization begins						ection	per perc		hıs ye				
<b>42</b> A mortization of co	sts that bed	<del></del>	r 2011	tax year	(see ins	tructio	ns)		1 2010	<u></u>					
	T			<u> </u>	-										
43 A mortization of co	sts that beg	gan before your	2011 t	ax year						43					

44 Total. Add amounts in column (f) See the instructions for where to report

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