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

►

Form **990-EZ** (2010)

Part II

Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

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(See the instructions for Part II )		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments . . . . .	91,055	22	121,968
23	Land and buildings . . . . .	46,815	23	41,928
24	Other assets (describe in Schedule O) . . . . .	6,460	24	4,608
25	Total assets . . . . .	144,330	25	168,504
26	Total liabilities (describe in Schedule O) . . . . .	29,931	26	22,857
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	114,399	27	145,647

Part III

Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

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What is the organization's primary exempt purpose? Fraternal order & needy assistance		Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )	
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title			
28	Maintain, operate and make available at low cost - venue for classes and community events. All net proceeds are donated as grants. South Hall and North Hall rental (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	
29	To operate and maintain a historic cemetery located at 4343 Withim Hill Drive, Corvallis, OR through daughter corporation, the Odd Fellows Cemetery Association of Corvallis (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30	Provide direct relief by donations of labor and funds to relieve distress among membership and community and indirect relief by donations to organizations (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O) . . . . . (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) . . . . .	32	

Part IV

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

Check if the organization used Schedule O to respond to any question in this Part IV

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(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

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

Check if the organization used Schedule O to respond to any question in this Part V

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		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .	33	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .	34	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T . . . . .		
a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
b	If "Yes" to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If "No," provide an explanation in Schedule O . . . . .	35b	No
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .	35c	No
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .	36	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 	37a	
b	Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	37b	No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9 . . . . .	39a	0
b	Gross receipts, included on line 9, for public use of club facilities . . . . .	39b	0
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911  , section 4912  , section 4955 		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .	40b	
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . 		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . . 		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .	40e	No
41	List the states with which a copy of this return is filed 		
42a	The organization's books are in care of  Rachell Carlisle Telephone no  (541) 752-3023 223 SW 2nd Street Located at  Corvallis, OR ZIP + 4  973334633		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country  See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country 	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here . . . . .  and enter the amount of tax-exempt interest received or accrued during the tax year . . . . . 	43	
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	No
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	No

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

		Yes	No
47	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		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? **NOTE:** All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

Yes No

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	2012-08-15 Date			
	Brad Probst Trustee Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	Teresa L McGuire	Date	Check if self-employed	Preparer's taxpayer identification number (See instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4	Lauka Associates PC 3511 SE Milwaukie Ave Portland, OR 97202			EIN
					Phone no (503) 233-2177

May the IRS discuss this return with the preparer shown above? See instructions

Yes No

Additional Data

Software ID: 11000144  
Software Version: 2011v1.2  
EIN: 93-0515458  
Name: Independent Order of Odd Fellows  
Barnum Lodge 7

Form 990-EZ, Special Condition Description:

Special Condition Description
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Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
Joe Magner 223 SW 2nd Corvallis, OR 973334633	Trustee 2 00	0		
Bill Koch 223 SW 2nd Corvallis, OR 973334633	Trustee 2 00	0		
Dale Combes 223 SW 2nd Corvallis, OR 973334633	Fin Secretary 1 00	0		
Lee Welch 223 SW 2nd Corvallis, OR 973334633	Fin Secretary 1 00	0		
Phoenix Starchild 223 SW 2nd Corvallis, OR 973334633	Vice Grand 1 00	0		
William Uzgalis 233 SW 2nd Corvallis, OR 973334633	Vice&Noble Grnd 1 00	0		
Gene Russell 223 SW 2nd Corvallis, OR 973334633	Trustee 2 00	0		
Bonnie Tomski 223 SW 2nd Corvallis, OR 973334633	Trustee 2 00	0		
Brad Probst 223 SW 2nd Corvallis, OR 973334633	Senior Trustee 2 00	0		
Michael Smith 223 SW 2nd Corvallis, OR 973334633	Noble Grand 1 00	0		
Michael Thompson 233 SW 2nd Corvallis, OR 973334633	Secretary 2 00	575		

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.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization  
Independent Order of Odd Fellows  
Barnum Lodge 7

Employer identification number  
93-0515458

Identifier	Return Reference	Explanation
Form 990-EZ, Part II, Line 26 4	Total Liabilities 4	Payroll Liabilities - Beginning \$2328 Payroll Liabilities - Ending \$2269
Form 990-EZ, Part II, Line 26 3	Total Liabilities 3	Rental Deposits - Beginning \$3685 Rental Deposits - Ending \$0
Form 990-EZ, Part II, Line 26 2	Total Liabilities 2	Escrow deposits - Beginning \$2200 Escrow deposits - Ending \$1904
Form 990-EZ, Part II, Line 26 1	Total Liabilities 1	Grand lodge loan - Beginning \$21718 Grand lodge loan - Ending \$18684
Form 990-EZ, Part II, Line 24 1003	Other Assets 1003	Machinery and Equipment - Beginning \$4799 Machinery and Equipment - Ending \$3724
Form 990-EZ, Part II, Line 24 1002	Other Assets 1002	Furniture and Fixtures - Beginning \$1661 Furniture and Fixtures - Ending \$884
Form 990-EZ, Part I, Line 16 5	Other Expenses 5	Bank Charges \$183
Form 990-EZ, Part I, Line 16 3	Other Expenses 3	Licenses & Permits \$935
Form 990-EZ, Part I, Line 16 2	Other Expenses 2	Dues \$1491
Form 990-EZ, Part I, Line 16 1	Other Expenses 1	Meetings & fraternal expenses \$3456
Form 990-EZ, Part I, Line 16 1009	Other Expenses 1009	Depreciation \$8512
Form 990-EZ, Part I, Line 16 1008	Other Expenses 1008	Interest \$1424
Form 990-EZ, Part I, Line 16 1002	Other Expenses 1002	Office Expenses \$2417
Form 990-EZ, Part I, Line 10 2	Grants and Similar Amounts Paid In Excess of \$5,000 2	Class of Activity Contribution   Donee's Name Needy Individual Asst thru other organiz   Donee's Address Various Various, OR 97333   Cash Amount Given \$26458