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Amended 150 posted 1203

Form **990**

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

OMB No 1545-0047

2011
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning 4/1/2011 and ending 3/31/2012

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

C Name of organization IOOF Grand Lodge of California
 Doing Business As _____
 Number and street (or P O box if mail is not delivered to street address) Room/suite
14414 Oak Street B
 City or town, state or country, and ZIP + 4
Saratoga CA 95070

D Employer identification number
94-0575426

E Telephone number
(408) 867-0231

F Name and address of principal officer
Ray Link P O Box 2669, Saratoga, CA 95070

G Gross receipts \$ 21,194,611

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

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

J Website: ▶ N/A

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1992 **M** State of legal domicile CA

ENVELOPE POSTMARK DATE MAR 17 2014

Part I Summary			
1	Briefly describe the organization's mission or most significant activities services to lodges and members of the organization	Fraternal Organization providing STATE UNIT RECEIVED	
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	14
4	Number of independent voting members of the governing body (Part VI, line 1b)	TPR BRANCH 14	
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	OGDEN 4	
6	Total number of volunteers (estimate if necessary)	6	15
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0
		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	300	87,105
9	Program service revenue (Part VIII, line 2g)	0	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	278,566	2,829,126
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	592,281	776,005
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	871,147	3,692,236
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	474,258	411,357
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	145,524	167,243
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶	0	
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	523,599	425,506
18	Total expenses Add lines 13–16 (must equal Part IX, column (A), line 25)	1,143,381	1,004,106
19	Revenue less expenses Subtract line 18 from line 12	-272,234	2,688,130
		Beginning of Current Year	End of Year
20	Total assets (Part VII, line 1b)	20,703,813	22,671,813
21	Total liabilities (Part VII, line 2b)	232,396	212,417
22	Net assets or fund balances Subtract line 21 from line 20	20,471,417	22,459,396

Part II Signature Block
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here
 Signature of officer: [Signature] Date: 11/8/2012
 Type of print name and title: RAY LINK, GRAND SECRETARY

Paid Preparer Use Only

Print/Type preparer's name <u>Roberto Izabal</u>	Preparer's signature <u>[Signature]</u>	Date <u>11/6/2012</u>	Check <input type="checkbox"/> if self-employed PTIN <u>P01009486</u>
Firm's name ▶ <u>Izabal, Bernaciak & Company</u>		Firm's EIN ▶ <u>77-0016122</u>	
Firm's address ▶ <u>One Market, Spear 344, San Francisco, CA 94105</u>		Phone no <u>(415) 896-5551</u>	

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

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2011)

SCANNED MAY 16 2014 Activities & Governance

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MAR 20 2014
OGDEN, UT
OSC
IRS

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