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CHANGE OF ACCOUNTING PERIOD 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)

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	2012 calendar year, or tax year beginning AUG 1, 2012 and ending	JUN 30, 2013					
	Check If	C Name of organization	D Employer identific	cation number				
5	pplicable		D Employer Identilit	sagan number				
	Addres	IND ORDER OF ODD FELLOWS, GRAND LODGE						
F	lchange Name	David Barrier Ar	12-0	327920				
누	lchange linitial							
F	return Termin	Number and street (or P.O. box if mail is not delivered to street address) Room/su	'					
Ļ_	ated Amend	3630 CARWOOD DR, NW)276-4936				
<u> </u>	return	City, town, or post office, state, and ZIP code	G Gross receipts \$	2,378,508.				
L	tion pendin	DES MOINES, IA 50522	H(a) Is this a group return for affiliates? Yes X No					
F Name and address of principal officer: LAWRENCE SHILLING for affiliates?								
SAME AS C ABOVE H(b) Are all affiliates included? Yes								
I Tax-exempt status 501(c)(3) X 501(c) (8) ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list (see instructions)								
		e:▶N/A		n number ▶ 0028				
			ear of formation: 1846 N	A State of legal domicile: IA				
P		Summary						
ě		Briefly describe the organization's mission or most significant activities. PROMOTING	G THE GENERAL	WELFARE OF				
Governance	1 .	THE ORDER OF THE ODDFELLOWS						
ern	2 4	Check this box 🕨 🔛 if the organization discontinued its operations or disposed of m	ore than 25% of its net as	ssets				
Š	3	Number of voting members of the governing body (Part VI, line 1a)	3	6				
න	4	Number of independent voting members of the governing body (Part Vil line Refect E	IVED. 4	6				
es	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	0				
Activities &	6	Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1a) Total number of individuals employed in calendar year 2012 (Part V, line 2a) Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12	7 2013	0				
(cti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	<u> </u>	0.				
_	b	Net unrelated business taxable income from Form 990-T line 34	7b	0.				
		OGDIC	11101 1001	Current Year				
Ð	8	Contributions and grants (Part VIII, line 1h)	24,618.	19,518.				
Revenue	9	Program service revenue (Part VIII, line 2g)	0.	0.				
eve	10	investment income (Part VIII, column (A), lines 3, 4, and 7d)	308,930.	411,876.				
α	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	523,337.	474,569.				
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	856,885.	905,963.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.				
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.				
s	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	55,511.	49,500.				
Jse	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.				
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)						
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	436,835.	508,088.				
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	492,346.	557,588.				
		Revenue less expenses Subtract line 18 from line 12	364,539.	348,375.				
<u> </u>	.,		Beginning of Current Year	End of Year				
Net Assets or	20	Total assets (Part X, line 16)	10,608,646.	11,183,120.				
ASS	21	Total liabilities (Part X, line 16)	146,396.	372,495.				
Set	22	Net assets or fund balances Subtract line 21 from line 20	10,462,250.	10,810,625.				
	art II	Signature Block	10/102/2001	20/020/020/				
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of m	v knowledge and belief, it is				
	-	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep		/				
	, 0000	Lun Cun Grand Master	9-1	4-17				
Sig	ın	Signature of officer	Date	, ,				
He		DUANE VINE, GRAND MASTER						
•••	. •	Type or print name and title						
_		Print/Type preparer's name Reparer's signature	Date Check	PTIN				
Pai	d	JOHN E. LAMALE	9-1-1-13 self employ	P00077390				
	parer	Firm's name BROOKS LODDEN, P.C.	Firm's EIN	42-1229486				
	Only	Firm's address 1441 29TH STREET, STE. 305	· · · · · · · · · · · · · · · · · · ·					
WEST DES MOINES, IA 50266-1357 Phone no 515/223-7300								
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)	11 113110 110 3	X Yes No				
		0-12 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2012)				

	990 (2012) IND ORDER OF ODD FELLOWS, GRAND LODGE 42-0327920 Page 2						
Pal	t III Statement of Program Service Accomplishments						
1	Check if Schedule O contains a response to any question in this Part III Briefly describe the organization's mission:						
•	TO PROMOTE THE GENERAL WELFARE OF THE ORDER OF THE ODDFELLOWS						
2	Did the organization undertake any significant program services during the year which were not listed on						
	the prior Form 990 or 990-EZ?						
	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 X No.						
_	If "Yes," describe these changes on Schedule O.						
Describe the organization's program service accomplishments for each of its three largest program services, as measured by exper							
	Section 501(c)(3) and 501(c)(4) organizations 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 \$140,000 . including grants of \$) (Revenue \$)						
-	RETIREMENT HOME - FACILITY TO PROVIDE SKILLED NURSING CARE AND						
	RESIDENTIAL CARE						
4b	/o						
40	(Code) (Expenses \$						
4c	(Code) (Expenses \$						
4d	Other program services (Describe in Schedule O)						
	(Expenses \$ including grants of \$) (Revenue \$)						
<u>4e</u>	Total program service expenses ► 140,000. Form 990 (201)						
	Form 350 (201)						

Form 990 (2012)

20a

X

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

			Yes	No_
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
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		_X_
23	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? If "Yes," complete			
	Schedule J	23		_X
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 lines 24b through 24d and complete			
	Schedule K If "No", go to line 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
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		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
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)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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 direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	0.4		.
00	If "Yes," complete Schedule N, Part I	31	<u> </u>	<u> X</u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32_		
33	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	_ 33	 -	
34	Part V, line 1	34	х	
352	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	42	X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	334		
J	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	335		
	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			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		\mathbf{x}_{-}
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	
			990	(2012)

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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			X			
Sec	tion A. Governing Body and Management						
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 6						
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.						
b	Enter the number of voting members included in line 1a, above, who are independent 6						
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		_X_			
3	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?	3		<u> </u>			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		<u> </u>			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	х	_X_			
6 Did the organization have members or stockholders?							
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	X				
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or						
	persons other than the governing body?	7b	X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			,			
а	The governing body?	8a	X				
b	Each committee with authority to act on behalf of the governing body?	8b		X			
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		<u> </u>			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)						
			Yes	No			
	Did the organization have local chapters, branches, or affiliates?	10a	_X_				
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			х			
	and branches to ensure their operations are consistent with the organization's exempt purposes?						
	1a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?						
	b Describe in Schedule O the process, if any, used by the organization to review this Form 990						
	2a Did the organization have a written conflict of interest policy? If "No," go to line 13						
	b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			v			
	in Schedule O how this was done	12c		X			
13	Did the organization have a written whistleblower policy?	13		X			
14	Did the organization have a written document retention and destruction policy?	14		X			
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?	16-	- '	X			
	The organization's CEO, Executive Director, or top management official	15a		X			
Ð	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	15b					
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a						
···a	taxable entity during the year?	16a		x			
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation						
U	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					
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	availab	le				
	for public inspection. Indicate how you made these available Check all that apply.						
	Own website Another's website X Upon request Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, an	d finar	icial				
	statements available to the public during the tax year	2-					
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion [.]	• .				
	GRAND LODGE OF IOWA - 515/276-4936						
	5850 NW OAKWOOD DR, DES MOINES, IA 50322						
23200 12-10-		Form	990	(2012)			

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

(A)	(B)	organization compensat						(D)	(E)	(F)
Name and Title	Average	(do no		Position (do not check more than one			one	Reportable	Reportable	Estimated
	hours per	box, unless person is both an			ıs bot	h an	compensation	compensation	amount of	
	week	officer and a direc			rector/trustee)		tee)	from	from related	other
	(list any	l eg						the	organizations	compensation
	hours for	5 5	يو ا			텵		organization	(W-2/1099-MISC)	from the
	related	stee	truste		92	Bells		(W-2/1099-MISC)		organization
	organizations	la E	onal		ploye	E 5				and related
	below line)	Individual trustee or director	Institutional trustee	Officer	Key em	Highest compensated employee	Former			organizations
(1) MIKE PALMER	1.00								_	
JR, PAST GRAND MASTER		X						0.	0.	0.
(2) DUANE VINE	1.00				ŀ					
GRAND MASTER		X	L	X				0.	0.	0.
(3) KEITH BRITTAIN	1.00									
DEPUTY GRAND MASTER		X				L		0.	0.	0 .
(4) LAWRENCE SHILLING	30.00					ĺ			,	
GRAND SECRETARY		X		X				30,000.	0.	0.
(5) MARTY ZYLSTRA	20.00								_	
GRAND TREASURER		X		X		ļ.,		24,000.	0.	0.
(6) JOHN BYRD JR	1.00									
GRAND WARDEN		X				ļ		0.	0.	0.
	-		├	_						
			ŀ							
									··································	-
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222007 12 10 12	. 1			1				-		Form 990 (2012

232007 12-10-12

232008 12-10-12

Program Service Contributions, Gifts, Grar Revenue and Other Similar Amount 3 4 5 4 5 4 5 4 5 6 4 5 6 5 4	b c d d All other program service rever	1a 1b 1c 1d ons) 1e ss, and /e 1a-1f \$	19,518.	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
Program Service Revenue 3 4 5 6	b Membership dues c Fundraising events d Related organizations e Government grants (contributi f All other contributions, gifts, grant similar amounts not included abov g Noncash contributions included in lines h Total. Add lines 1a-1f	1b 1c 1d ons) 1e s, and /e 1f 1	<u> </u>	19,518,			
Program Service Revenue 3 4 5 6	c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grant similar amounts not included above g Noncash contributions included in lines h Total. Add lines 1a-1f a b c d e f All other program service revel	ons) 1e s, and //e 1f 1a-1f \$	<u> </u>	19,518,			
Program Service Revenue 3 4 2 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	d Related organizations e Government grants (contributions) f All other contributions, gifts, grant similar amounts not included above g Noncash contributions included in lines h Total. Add lines 1a-1f a b c d f All other program service rever	ons) 1d s, and le	<u> </u>	19,518,			
Program Service Revenue 3 4 2 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	e Government grants (contributions) f All other contributions, gifts, grant similar amounts not included above g Noncash contributions included in lines h Total. Add lines 1a-1f a b c d e f All other program service rever	ons) 1e ss, and /e 1f	<u> </u>	19,518,			
Program Service Revenue 3 4 2 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	f All other contributions, gifts, grant similar amounts not included above. g Noncash contributions included in lines. h Total. Add lines 1a-1f.	s, and //e 1f	<u> </u>	19,518,			
Program Service Revenue 3 4 2 7 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	similar amounts not included abov g Noncash contributions included in lines h Total. Add lines 1a-1f a	/e 1f	<u> </u>	19,518,			
Program Service Revenue	g Noncash contributions included in lines h Total. Add lines 1a-1f a	1a-1f \$	<u> </u>	19,518.			
Program Service Revenue	h Total. Add lines 1a-1f a		<u> </u>	19,518.			1
Program Service Revenue	h Total. Add lines 1a-1f a		Business Code	19 518.	1		
Program Service Revenue	b c d e f All other program service rever	[Business Code				
3 4 5	b c d d All other program service rever	I					
3 4 5	b c d de All other program service rever	I					1
3 4 5	c d e All other program service rever						
3 4 5	d e f All other program service rever						
3 4 5	e f All other program service rever						
3 4 5	, -			•			
3 4 5	, -	nue					
3 4 5	g Total. Add lines 2a-2f		•			******	1
4 5		dividends, interes	P				
5 6 a	other similar amounts)		, uu	357,823.			357,823.
5 6 a	·	exempt bond pr	oceeds	337.023.			337,023,
6 a	_	coxompt bond pr					
	. Toyanioo	(i) Real	(II) Personal				
	a Gross rents	490,689.	(ii) i croonar				
	b Less rental expenses	178,539.					
	c Rental income or (loss)	312,150.					
	d Net rental income or (loss)			312,150.		- w	310 150
1	a Gross amount from sales of	(ı) Securities	(II) Other	312,130.			312,150,
, ,	assets other than inventory		(ii) Other				
	b Less: cost or other basis	1,348,059.					
	and sales expenses	1 204 206	j	İ			
	c Gain or (loss)	1,294,006.					
	d Net gain or (loss)	54,053.	•	 E4 0E2	-	•	54.050
ľ	• , ,	- avanta (nat [54.053.			54,053,
9 8	 a Gross income from fundraising including \$ 			1			
Other Revenue	contributions reported on line	of					
8	Part IV, line 18	<i>'</i>					
호 년	b Less direct expenses	a L					}
\$ 5	c Net income or (loss) from fund	b L		-			
	a Gross income from gaming ac	· ·					
9 8	Part IV, line 19	1					
١.	b Less direct expenses	a					
	•	b L				-	1
	 Net income or (loss) from game a Gross sales of inventory, less in 	· .					
10 8	and allowances			:			
_		a					
- 1	b Less cost of goods sold	b_		•	-		
<u>c</u>	c Net income or (loss) from sales					- 1	ļ
	Miscellaneous Revenue	9	Business Code				
	a ASSET SALES-SURRENDERS		900099	156,258.	156,258.		
	b MISCELLANEOUS RECEIPTS		900099	6,161.	6,161.		
	C						
1 -		Ĺ		 -			
'	d All other revenue			· ·			·
232009 12-10-12	e Total. Add lines 11a-11d		?	162,419. 905,963.	162,419,	0.	724 026.

Form 990 (2012) IND ORDER OF Part IX Statement of Functional Expenses

Oo not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	esponse to any question in thi (A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and			3	
organizations in the United States. See Part IV, lin	e 21			
2 Grants and other assistance to individuals in	n			
the United States. See Part IV, line 22				
3 Grants and other assistance to government	s,			
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 key employees	49,500.		49,500.	
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	d			
7 Other salaries and wages				
8 Pension plan accruals and contributions (include				-
section 401(k) and 403(b) employer contributions	s)			
9 Other employee benefits				
Payroll taxes				
1 Fees for services (non-employees).				
a Management				
b Legal	68,869.		68,869.	
c Accounting	17,800.		17,800.	
d Lobbying				
e Professional fundraising services. See Part IV, line				
f Investment management fees	16,490.		16,490.	· · · · · · · · · · · · · · · · · · ·
g Other (If line 11g amount exceeds 10% of line 2				
column (A) amount, list line 11g expenses on Sch	9,325.		9,325.	
2 Advertising and promotion	6,660		6.660	
3 Office expenses	6,660.		6,660.	
4 Information technology				
5 Royalties	91 260		01 260	
6 Occupancy	81,260. 28,267.		81,260. 28,267.	
7 Travel			20,20/	
8 Payments of travel or entertainment expens	1			
for any federal, state, or local public officials				
9 Conferences, conventions, and meetings 10 Interest				
0 Interest 1 Payments to affiliates	9,305.		9,305.	
2 Depreciation, depletion, and amortization	10,558.		10,558.	
2 Depreciation, depletion, and amortization	10,550.		10,330.	
4 Other expenses. Itemize expenses not covered				
above. (List miscellaneous expenses in line 24e. I 24e amount exceeds 10% of line 25, column (A)	f line			
amount, list line 24e expenses on Schedule O.) a CONTRIBUTION	191,975.	140,000.	51,975.	
b MISCELLANEOUS	51,205.	140,000	51,205.	
c PRINTING EXPENSES	16,374.		16,374.	
d			10,0/11	
e All other expenses				
5 Total functional expenses. Add lines 1 through 2	557,588.	140,000.	417,588.	(
6 Joint costs. Complete this line only if the organization			,	
reported in column (B) joint costs from a combine	I			
educational campaign and fundraising solicitation	1			
Check here following SOP 98-2 (ASC 958-72	1		1	

Par	t X	Balance Sheet			
		Check if Schedule O contains a response to any question in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	692,900.	1	377,934.
	2	Savings and temporary cash investments	891,395.	2	1,266,016.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L	= 11 11 11 11 11 11 11 11 11 11 11 11 11	5	
ŀ	6	Loans and other 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 instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	1,122,171.	7	1,106,262
155	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 634, 137.			
	b	Less accumulated depreciation 10b 224,897.	413,047.	10c	409.240
	11	Investments - publicly traded securities	4,324,897.	11	409,240 4,603,924
	12	Investments - other securities. See Part IV, line 11	3,164,236.	12	3,419,744
	13	Investments - program-related. See Part IV, line 11		13	5,225,.22
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	10,608,646.	16	11,183,120
	17	Accounts payable and accrued expenses		17	
- 1	18	Grants payable		18	
	19	Deferred revenue		19	
Ì	20	Tax-exempt bond liabilities		20	
ıρ	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons			
ا دُ		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 (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X of			
		Schedule D	146,396.	25	372,495
	26	Total liabilities. Add lines 17 through 25	146,396.	26	372,495
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
တ္က		complete lines 27 through 29, and lines 33 and 34.			
2	27	Unrestricted net assets	7,150,365.	27	7,507,575
99	28	Temporarily restricted net assets	150,012.	28	130,202
0	29	Permanently restricted net assets	3,161,873.	29	3,172,848
5		Organizations that do not follow SFAS 117 (ASC 958), check here ▶	•		
5		and complete lines 30 through 34.			
Net Assets or Fund balances	30	Capital stock or trust principal, or current funds		30	
155(31	Paid in or capital surplus, or land, building, or equipment fund		31	·
<u> </u>	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	10,462,250.	33	10,810,625.
	34	Total liabilities and net assets/fund balances	10,608,646.	34	11,183,120.

3b

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

OMB No 1545-0047 **Open to Public**

Name of the organization

IND ORDER OF ODD FELLOWS, GRAND LODGE

Employer identification number

42-0327920 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. (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 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 5 are the organization's property, subject to the organization's exclusive legal control? 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? 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 education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 2b Total acreage restricted by conservation easements 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax 3 year > Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? In Part XIII, 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 XIII, 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 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 Revenues included in Form 990, Part VIII, line 1 Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2012

Sche Pa i		ER OF ODD						Page 2		
3										
3	(check all that apply)	on, and other record	s, check any or the	TO TO WITH THE A TO A	sigrimoani i	030 OI 113	Collection	items		
а	Public exhibition	d	Loan or exc	hange programs						
b	Scholarly research	e	Other	nangs programs						
c	Preservation for future generations	•								
4										
5										
Ū	to be sold to raise funds rather than to be maintained as part of the organization's collection?									
Par	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									
	Is the organization an agent, trustee, custodi		lary for contribution	s or other assets no	t included					
	on Form 990, Part X?	ar or outor mornio	idly for continuation	io or other according	t moladada		Yes	□ No		
h	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table				1 163			
	ii ros, explair de arrangement irr art xiii	and complete the to	liowing table				Amount			
С	Beginning balance				1c		7 WHOUTH			
d	Additions during the year				1d					
e	Distributions during the year				1e					
f	Ending balance				1f					
2a	Did the organization include an amount on Fe	orm 990 Part Y line	212		<u> </u>		Yes	□ No		
	If "Yes," explain the arrangement in Part XIII	· ·		provided in Part XIII			J 162	= "		
Pai	' '									
	, and a second s	(a) Current year	(b) Prior year	(c) Two years back	(d) Three y	ears hack	(a) Four	years back		
1a	Beginning of year balance	3,311,885.	3,361,578,	3,340,052.		55,656.		459 961.		
b	Contributions	3,311,003,	3,301,370,	563.	3,3	33,030.	٠,	209		
c	Net investment earnings, gains, and losses	150,905.	142,918,	54,836.	1	61,201.		. –		
d	Grants or scholarships	130,903,	142,910,	34,030.	1	01,201.		103,517.		
e	Other expenditures for facilities									
E	and programs	150 012	167 102	0 005		E2 070		105 605		
f	Administrative expenses	150,012.	167,183.	9,885.		. <u>53,878.</u>		185,625.		
-	End of year balance	9,728. 3,303,050.	25,428, 3,311,885,	23,988.		22,927.	,	22,406.		
g	Provide the estimated percentage of the curi			3,361,578.	1 3,3	40,052.	J.,	355,656,		
2	Board designated or quasi-endowment	rent year end balanc	e (ine 19, column (a %	i)) rield as						
a	Permanent endowment	%	_70							
b	· ———	⁷⁰								
С	Temporarily restricted endowment									
2-	The percentages in lines 2a, 2b, and 2c should have there endowment funds not in the posses	•	stion that are hold o	nd administered for	the eraeni-	ention.				
Sa		ssion of the organiza	ation that are new a	no administered for	ine organiz	cation	Г	Vaa Na		
	by (i) unrelated organizations						7	Yes No		
	(ii) unrelated organizations (ii) related organizations						3a(i)	X		
b	If "Yes" to 3a(ii), are the related organizations	s lieted as required a	n Schodula P2				3a(ii) 3b			
	Describe in Part XIII the intended uses of the	•					30			
Pai	t VI Land, Buildings, and Equipm									
. u	Description of property	(a) Cost or o		or other (c)	Accumulate	od	(d) Book	value		
	Description of property	basis (investr		1 1 1.	epreciation	I	(a) Book	value		
	Land	223.5 (2,305.			262	305.		
	Buildings			1,832.	224,8	97		,935.		
b	Leasehold improvements			1,002.	<u> </u>	- • -	T#0	• • • • •		
C	Equipment					-				
	Other			+						
<u>e</u> Tota	I. Add lines 1a through 1e (Column (d) must e	gual Form 000 Port	Y column (P) line 1	10(c)			400	,240.		
JULA	is rade intes to uniough te (Column (a) must e	quai i umi 330, Part	z, column (b), line i	V(V) /		Schedula		990) 2012		
							- u viiii	2201 ZU IZ		

Schedule D (Form 990) 2012 IND ORDER O	F ODD FELLOW	S, GRAND LODGE	42-032/920 Page
Part VII Investments - Other Securities. Sec			- Cook ar and of year mortist value
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	on. Cost or end-of-year market value
Financial derivatives	12 500	COCT	
2) Closely-held equity interests	13,500	COST	
3) Other	1 000 107	COCT	
(A) CORPORATE BONDS - VARIOUS	1,820,187		
(B) REITS - VARIOUS	1,523,659	COST	
(C) OTHER US GOVERNMENT (D) SECURITIES - VARIOUS	62 300	COCID	<u> </u>
· · · · · · · · · · · · · · · · · · ·	62,398	COST	
(E)			
(F)			
(G)		<u> </u>	
(H) (I)			
otal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	3,419,744		
Part VIII Investments - Program Related. Se			
(a) Description of investment type	(b) Book value		on: Cost or end-of-year market value
(1)	(5) 25011 14145	(o) montou or raidant	on occionation your manner rando
(2)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. See Form 990, Part X, line	 15		
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Total. (Column (b) must equal Form 990, Part X, col (B) line			>
Part X Other Liabilities. See Form 990, Part X, I	ine 25		
(a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) FUNDS HELD IN TRUST		372,495.	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
(10)	25)	372,495.	
(10) (11)	•		ements that reports the organization's

Sche	dule D	(Form 990) 2012 IND ORDER OF ODD FELLOWS, G	RAND LODGE	42-	0327920 Page 4
Par	t XI	Reconciliation of Revenue per Audited Financial Statemer	nts With Revenue per P	letum	1
1	Total	revenue, gains, and other support per audited financial statements		1	905,963.
2	Amou	nts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net u	nrealized gains on investments	2a		
b	Donat	red services and use of facilities	2b		
С	Recov	veries of prior year grants	2c		
d	Other	(Describe in Part XIII.)	2d		
е	Add lı	nes 2a through 2d		2e	0.
3	Subtr	act line 2e from line 1		3	905,963.
4	Amou	nts included on Form 990, Part VIII, line 12, but not on line 1.			
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other	(Describe in Part XIII)	4b] [
		nes 4a and 4b] 4c	0.
5	Total	revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		5	905,963.
		Reconciliation of Expenses per Audited Financial Stateme	nts With Expenses per	Retu	rn
1	Total	expenses and losses per audited financial statements		1	557,588.
2		nts included on line 1 but not on Form 990, Part IX, line 25			
а		ed services and use of facilities	2a		
b	Prior	year adjustments	2b	1	
		losses	2c	1	
d	Other	(Describe in Part XIII)	2d	1	
		nes 2a through 2d		2e	0.
3		act line 2e from line 1		3	557,588.
4		nts included on Form 990, Part IX, line 25, but not on line 1			
а		tment expenses not included on Form 990, Part VIII, line 7b	4a		
		(Describe in Part XIII.)	4b	1	
		nes 4a and 4b		4c	0.
		expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)		5	557,588.
		Supplemental Information		· · · · · · · · ·	
		nis part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III,	lines 1a and 4: Part IV. lines 1	b and 2	2b. Part V. line 4. Part
		rt XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to p			, , , , ,
		, LINE 4: NET INTERST AND DIVIDEND INCO			BUTED
	- ·	,			
го	IOW	A ODD FELLOWS AND ORPHANS HOME CORPORAT	ION FOR THEIR U	JSE :	IN
	-				
OPE	RAT	ING A SKILLED NURSING FACILITY.			
	_				

Schedule D (Form 990) 2012

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 Open to Public Inspection

Name of the organization

Employer identification number

SCHEDULE R

Department of the Treasury Internal Revenue Service (Form 990)

Name of the organization

Part I

Related Organizations and Unrelated Partnerships

▼ See separate instructions.

2012 Open to Public Inspection

OMB No 1545-0047

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37. ▶ Attach to Form 990.

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33)

GRAND LODGE

ODD FELLOWS,

IND ORDER OF

Employer identification number

42-0327920

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets **e** Total income € Legal domicile (state or foreign country) Primary activity Name, address, and EIN (if applicable) of disregarded entity Part

(g) Section 512(b)(13) controlled entity? Š × Yes Direct controlling entity status (if section Public charity 501(c)(3)) Exempt Code section 501(C)(4) Legal domicile (state or foreign country) OWA HOUSING, & LONG TERM CARE ROVIDE LOW RENT HOUSING FOR THE ELDERLY AND/OR ROVIDE NURSING CARE, Primary activity IANDICAPPED. 48-0818810, 1200 VALLEY WEST DR, SUITE 108 CORPORATION - 42-0818810, 1037 19TH STREET IOWA ODD FELLOWS HOUSING CORPORATION IOWA ODD FELLOWS AND ORPHANS HOME Name, address, and EIN of related organization WEST DES MOINES, IA

SEE PART VII FOR CONTINUATIONS For Paperwork Reduction Act Notice, see the Instructions for Form 990.

232161 12-10-12 LHA

Schedule R (Form 990) 2012

×

01(C)(3)

OWA

PROVIDE LOW RENT HOUSING

FOR THE ELDERLY AND/OR

39-1877240, 1033 19TH SREET SW, MASON CITY

50401

IA

IOOF MASON CITY HOUSING CORPORATION

SW, MASON CITY, IA 50401

TANDICAPPED

O MEMBERS & THE GENERAL

501(C)(3)

OWA

×

Page 2 42-0327920 IND ORDER OF ODD FELLOWS, GRAND LODGE

Schedule R (Form 990) 2012

General or Percentage managing ownership Schedule R (Form 990) 2012 Yes No (i) Section 512(b)(13) controlled entity? Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year) 3 Percentage ownership Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year) Yes Ξ Code V-UBI amount in box me 20 of Schedule K-1 (Form 1065) Share of end-of-year assets \equiv ate allocations? Disproportion-Yes No Ξ Share of total income Ξ Share of end-of-year assets <u>6</u> Type of entity (C corp, S corp, or trust) <u>e</u> Share of total income (d)
Direct controlling
entity Predomnant income (related, unrelated, excluded from tax under sections 512-514) e Legal domicile (state or foreign country) 19 ত Direct controlling entity ₤ Primary activity (c)
Legal
domicile
(state or
foreign
country) Primary activity <u>e</u> Name, address, and EIN of related organization Name, address, and EIN of related organization Part III Part IV

232162 12-10-12

Yes No

Part V Transactions With Related Organizations (Complete of the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year did the organization engage in any of the following transactions with one or more related organizations listed in Parts II:IV?	ns with one or more r	elated organizations listed	in Parts II·IV?		
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity				Ta X	ا. ا
b Gift, grant, or capital contribution to related organization(s)				tb X	I
c Gift, grant, or capital contribution from related organization(s)				tc X	ا ۔
d Loans or loan guarantees to or for related organization(s)				X bt	- 1
e Loans or loan guarantees by related organization(s)				1e X	ا.
f Dividends from related organization(s)				1f X	ا،
g Sale of assets to related organization(s)				X Bt	اہ
				th X	اہ
i Exchange of assets with related organization(s)				-F	اہ
j Lease of facilities, equipment, or other assets to related organization(s)				1,	ال
k Lease of facilities, equipment, or other assets from related organization(s)				*	اہ
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			1 X	اہ
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			1m X	اہ
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)			t X	ا،
 Sharing of paid employees with related organization(s) 				10 X	اہ
 P Reimbursement paid to related organization(s) for expenses 				T dt	اہ
q Reimbursement paid by related organization(s) for expenses				1q X	ال
r Other transfer of cash or property to related organization(s)				1t X	راب
s Other transfer of cash or property from related organization(s)				1s X	اہ
2 If the answer to any of the above is "Yes," see the instructions for information on w	who must complete t	his line, including covered	mation on who must complete this line, including covered relationships and transaction thresholds.		ı
(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved	olved	
IOWA ODD FELLOWS AND ORPHANS HOME	α	140,000.CASH	CASH		
IOWA ODD FELLOWS AND ORPHANS HOME	٦	1 062 853	САСН		
	,	2001		:	1
(3) IOOF MASON CITY HOUSEING COPRORATION	Q	11,903.	. CASH		
(4)					1
(5)					1
(9)					
232163 12-10-12	20		Schedule R	Schedule R (Form 990) 2012	42

Page 4

Schedule R (Form 990) 2012 IND ORDER OF ODD FELLOWS, GRAND LODGE

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

ship					
(k) Percent owners					
(j) General or managing partner? Yes No	-				
Code V-UBI General or Percentage amount in box 20 managing of Schedule K-1 partner? (Form 1065) Yes No					
oc Co		 	 		
(h) Disproportionate allocations? Yes No			 		
(g) Share of end-of-year assets					
(f) Share of total					
(e) Are all Are all partners sec 501(c)(3) 01gs ? 4) Yes No					
(a) Predominant income (related, unrelated, excluded from tax under section 512-514)					
(c) Legal domicile (state or foreign country)					
(b) Primary activity					
(a) Name, address, and EIN of entity					

Schedule R (Form 990) 2012

Schedule R (Form 990) 2012 IND ORDER OF ODD FELLOWS, GRAND LODGE 42-0327920 Page 5 Part VII Supplemental Information
Complete this part to provide additional information for responses to questions on Schedule R (see instructions). PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:
THE IT, IDENTIFICATION OF REPRESENTATIONS.
NAME OF RELATED ORGANIZATION:
IOWA ODD FELLOWS AND ORPHANS HOME CORPORATION
PRIMARY ACTIVITY: PROVIDE NURSING CARE, HOUSING, & LONG TERM CARE TO
MEMBERS & THE GENERAL PUB