ment of the Treasury

RETROACTIVE REINSTATEMENT 2949306105404
Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

2015 Open to Public

|  | - Contract C | information about Form 990 and its instructions is   |                 |                                       | // nispection                         |
|--|--|--|-----------------|---------------------------------------|---------------------------------------|
| B  |  | calendar year, or tax year beginning 03/01/15, and ending 0  | 2/29/1          |                                       | avar Idaah Saataa assa ta             |
| B  | Check if applicable  | C Name of organization   |                 | D Empl                                | oyer identification number            |
|  | Address change   | The <u>Gran</u> d Lodge of Virginia,   | IOOF            |                                       |                                       |
| 5  | Name change  | Doing business as  |                 |                                       | 0227798                               |
| -  | •  | Number and street (or P O box if mail is not delivered to street address)  PO Box 22458  |                 |                                       | -866-2078                             |
| _  | Initial return<br>Final return/  | City or town, state or province, country, and ZIP or foreign postal code   |                 | 131                                   | -866-2078                             |
|  | terminated   |  |                 |                                       | 45.004                                |
| D  | Amended return   | Newport News VA 23609  | <del></del>     | G Gross                               | receipts\$ 47,894                     |
|  |  | F Name and address of pnncipal officer   |                 | H(a) Is this a group return           | for subordinates Yes X No             |
|  | Application pendin   | Walaami Wasii  |                 |                                       | F., F.,                               |
| 7  |  | 315 Lone Oak Ave   |                 | H(b) Are all subordinates             |                                       |
|  |  | Roanoke VA 24450   |                 | If "No," attach a                     | list (see instructions)               |
| <u> </u>   | Tax-exempt statu   | s 501(c)(3) X 501(c) ( 8 ) ◀ (insert no ) 4947(a)(1) or  | 527()()         |                                       |                                       |
| <u>L</u> _   | Website.   | N/A  |                 | H(c) Group exemption nu               | ımber                                 |
| ĸ  | Form of organizati   | on X Corporation Trust Association Other   | L Ye            | ear of formation 2007                 | M State of legal domicile VA          |
| F  |  | ummary   |                 |                                       |                                       |
|  |  | describe the organization's mission or most significant activities   |                 |                                       |                                       |
| ė  |  | ternal organization dedicated to providing   | communi         | tv relations                          | and                                   |
| ä  | 1  | vices to its members and Virginia.   |                 |                                       |                                       |
| Governance   |  |  |                 |                                       |                                       |
| Š  | 2 Chook  | this box if the organization discontinued its operations or disposed of  | f more than     | 25% of its not assots                 | -                                     |
|  | 1  |  | i illore tilali | I .                                   | -                                     |
| S.   | 1  | r of voting members of the governing body (Part VI, line 1a)   |                 | 3                                     | <u> </u>                              |
| ij   | 1  | r of independent voting members of the governing body (Part VI, line 1b)   |                 | 4                                     |                                       |
| Activities &   | 1  | umber of individuals employed in calendar year 2015 (Part V, line 2a)  |                 | _ 5                                   | <del></del>                           |
| Ac   | 1  | umber of volunteers (estimate if necessary)  |                 | 6                                     | <del></del> -                         |
|  | 1  | nrelated business revenue from Part VIII, column (C), line 12  |                 | 7:                                    | <del></del>                           |
|  | b Net un   | elated business taxable income from Form 990-T, line 34  | <b>¬</b>        | 71                                    | · · · · · · · · · · · · · · · · · · · |
|  | ļ  | RECEIVED   |                 | Pnor Year                             | Current Year                          |
| SUMMED   | 8 Contrib  | utions and grants (Part VIII, line 1n)   | ပ္ကု            | 822,11                                | <del></del>                           |
| \alpha \a | 9 Progra   | m service revenue (Part VIII, line 2g)   | Ϋl L            | 15,22                                 |                                       |
| 急  | 10 Investr   | nent income (Part VIII, column (A), lines 3, 4 (Amp /a)  | <u> </u>        | 23,73                                 |                                       |
| 2  | 11 Other   | evenue (Part VIII, column (A), lines 5, 6d, 6c, 90 <del>, 190, and 119)</del>  | <del>╚</del> ┃  | <u> 1,33</u>                          |                                       |
| 끧  | 12 Total re  | evenue – add lines 8 through 11 (must equal Part W), Goldon (A), ude 12)   |                 | 862,40                                | 8 47,894                              |
| =  | 13 Grants  | and similar amounts paid (Part IX, column (A), lines 1-3)  |                 | 9,33                                  | 6 134,246                             |
| MARsasuad  | 14 Benefit   | s paid to or for members (Part IX, column (A), line 4)   | L               |                                       | 0                                     |
| ᅏ  | 15 Salarie   | s, other compensation, employee benefits (Part IX, column (A), lines 5–10  | )               | 13,13                                 | 8 11,450                              |
| 7  | 16aProfes  | sional fundraising fees (Part IX, column (A), line 11e)  |                 |                                       | 0                                     |
| <b>-</b> e   | b Total fo   |  | 0               |                                       |                                       |
| 滔19  | i .  | expenses (Part IX, column (A), lines 11a-11d, 11f-24e)   |                 | 73,52                                 | 4 45,205                              |
| 5  |  | expenses Add lines 13–17 (must equal Part IX, column (A), line 25)   |                 | 95,99                                 |                                       |
|  | I  | ue less expenses Subtract line 18 from line 12   |                 | 766,41                                |                                       |
| 75   | g roven  | to loop expenses required time to from time (2   |                 | Beginning of Current Yea              |                                       |
| Net Assets or  | 20 Total a   | ssets (Part X, line 16)  |                 | 2,366,15                              |                                       |
| Ass  | 21 Total li  | abilities (Part X, line 26)  | ľ               | <del></del>                           | 0 0                                   |
| Net<br>Set   | 22 Net as  | sets or fund balances Subtract line 21 from line 20  | <u> </u>        | 2,366,15                              |                                       |
|  | Part II  | ignature Block   | <u>-</u>        | 2,300,13                              | I L/LLU/LUL                           |
|  |  |  | dulas and sta   |                                       | t of my limburation and halve it      |
|  |  | of perjury, I declare that I have examined this return, including accompanying scheol<br>complete Declaration of preparer (other than officer) is based on all information of  |                 |                                       | t of my knowledge and belief, it      |
|  |  |  |                 | I I I I I I I I I I I I I I I I I I I | 1-8 10                                |
| ٠.   |  | Sunday to the telestation of telesta |                 |                                       | 7 8 - 101                             |
| Si   |  | Signafure for affilies //////  |                 |                                       | ate                                   |
| He   | ere  | William Wash   | Presi           | dent                                  |                                       |
|  | <b>/</b>   | Type or pnnt name and title  |                 |                                       |                                       |
|  |  | ype preparer's name Preparer's signature   |                 | Date Ch                               | eck f PTIN                            |
| Pa   | Derr   | rey W. Mathews, CPA Jeffrey W. Mathews, CPA  |                 | 01/07/19 set                          | f-employed P00003545                  |
| Pre  | eparer Firm's  | name > Jeffrey W. Mathews CPA, PC  |                 | Firm's EIN                            |                                       |
| Us   | e Only   | 1056 Vista Park Dr Ste A   |                 |                                       |                                       |
|  | Firm's   | address Forest, VA 24551-2779  |                 | Рһоле по                              | 434-528-1246                          |
| Ma   |  | cuss this return with the preparer shown above? (see instructions)   |                 | T none no                             | X Yes No                              |
| _  | <del></del>  | eduction Act Notice, see the separate instructions.  |                 | ·                                     | Ec. 000 (0040)                        |
| DA   |  | auvitori not motioe, see tile separate ilistructionis.   |                 |                                       | Form <b>990</b> (2015)                |

| orm 990 (2015) Th            | <u>ne Grand Lodge</u>         | of Virginia, IOOF                         | <u>54-0227798</u>                          | Page 2       |
|------------------------------|-------------------------------|---|--|--------------|
| THE CAMPAGE.                 |                               | rvice Accomplishments                     |  |              |
|                              |                               | ins a response or note to any line        | in this Part III                           |              |
|                              | the organization's mission.   | dedicated to provide                      | ing community relation                     | ng and       |
|                              |                               | and Virginia.                             | ing community relation                     | is and       |
| D01 1100D                    | oo rob monacri                | · · · · · · · · · · · · · · · · · · ·     |  |              |
|                              | _                             |   |  |              |
| 2 Did the organiza           | ition undertake any significa | nt program services during the year which | h were not listed on the                   |              |
| pnor Form 990 o              |                               |   |  | Yes X No     |
|                              | e these new services on Sci   |   |  |              |
| 3 Did the organiza services? | ition cease conducting, or m  | ake significant changes in how it conduc  | ts, any program                            | Yes X No     |
|                              | e these changes on Schedu     | le O                                      |  | Tes ZI NO    |
|                              |                               |   | rgest program services, as measured by     |              |
| _                            | _                             |   | nount of grants and allocations to others, |              |
|                              |                               | each program service reported             | •  |              |
| <del></del>                  | ·                             |   |  | ·            |
| 4a (Code                     |                               | 183,878 including grants of \$            | 134,246 ) (Revenue \$                      | 12,630)      |
|                              | and fostering                 | community relations                       | and services to its                        | members and  |
| Virginia.                    |                               |   |  |              |
|                              |                               |   |  |              |
|                              |                               |   |  |              |
|                              |                               |   |  |              |
|                              |                               |   |  | •            |
|                              |                               |   |  |              |
|                              |                               |   |  |              |
|                              |                               |   |  |              |
|                              |                               |   |  |              |
| 4h (Codo                     | ) (European &                 | well-alone promise of C                   | ) (Boyen, 6                                |              |
| lb (Code                     | ) (Expenses \$                | including grants of \$                    | ) (Revenue \$                              | ,            |
|                              |                               |   |  |              |
|                              |                               |   |  |              |
|                              |                               |   |  |              |
|                              |                               |   |  |              |
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|                              |                               |   |  |              |
|                              |                               |   |  |              |
|                              |                               |   |  |              |
| lc (Code                     | ) (Expenses \$                | including grants of \$                    | ) (Revenue \$                              |              |
| ·                            |                               |   | •    | ,            |
|                              |                               |   |  |              |
|                              |                               |   |  |              |
|                              |                               |   |  |              |
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|                              |                               |   |  |              |
|                              |                               |   |  |              |
|                              |                               |   |  |              |
|                              |                               |   |  |              |
| d Other program se           | ervices (Describe in Schedul  | e O )                                     |  | <del>-</del> |
| (Expenses \$                 | •                             | luding grants of \$                       | ) (Revenue \$                              | )            |
| te Total program se          |                               | 183,878                                   |  |              |

| <u>~15</u> | art N/ Checklist of Required Schedules  | <del>.</del> | Yes      | No       |
|------------|---|--------------|----------|----------|
| 1          | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"   | Γ            | ies      | HO       |
| •          | complete Schedule A   | 1            |          | x        |
| 2          | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | 2            | Х        |          |
| 3          | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to                                      |              | İ        | t        |
|            | candidates for public office? If "Yes," complete Schedule C, Part I   | 3            |          | X        |
| 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            |          |          |
| 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,   |              | 1        |          |
|            | Part III  | 5_           |          | X        |
| 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_           | <u> </u> | X        |
| 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            |          | X        |
| 8          | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"                                   |              |          | l        |
|            | complete Schedule D, Part III   | 8            |          | X        |
| 9          | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, 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_          |          | X        |
| 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           | 27%      | X        |
| 11         | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,  |              | 12       | 6.       |
|            | VII, VIII, IX, or X as applicable   | 17 21        |          | 10.00    |
| а          |   | 11a          |          | x        |
| <b>L</b>   | complete Schedule D, Part VI  Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more            | 114          |          |          |
| ь          | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII  | 116          |          | х        |
| С          | - 10 - 10 - 10 - 10 - 10 - 10 - 10 - 10   | 1            |          |          |
| ·          | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII   | 11c          |          | х        |
| d          | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets                                      | 1            |          |          |
| Ū          | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX   | 11d          |          | X        |
| e          | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X                                 | 11e          |          | х        |
| 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          | İ        | X        |
| 12a        | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete                                   |              |          |          |
|            | Schedule D, Parts XI and XII  | 12a          |          | X        |
| b          | Was the organization included in consolidated, independent audited financial statements for the tax year? If  |              | İ        |          |
|            | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional                                    | 12b          |          | X        |
| 13         | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E   | 13           |          | X        |
| 14a        | Did the organization maintain an office, employees, or agents outside of the United States?   | 14a          |          | <u> </u> |
| 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   | 1 1          |          |          |
|            | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV  | 14b          |          | <u> </u> |
| 15         | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or                                     |              |          |          |
|            | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV  | 15           |          | X        |
| 16         | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other  |              | ļ        | v        |
|            | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16           |          | X        |
| 17         | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on  |              |          | v        |
| 4-         | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  | 17           |          | X        |
| 18         | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on   | 46           | 1        | v        |
| 40         | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II  | 18           |          | <u> </u> |
| 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           |          | х        |
|            | n ros, complete conedule C, rait in   |              |          |          |

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|            |   |        | Yes              | No                              |
|------------|---|--------|------------------|---------------------------------|
| 20a        | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a    |                  | X                               |
| b          | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b    |                  |                                 |
| 21         | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or   |        |                  |                                 |
|            | domestic government on Part IX, column (A), line 17 If "Yes," complete Schedule I, Parts I and II   | 21     | X                |                                 |
| 22         | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on   |        |                  |                                 |
|            | Part IX, column (A), line 2º 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 25a   | 24a    |                  | X                               |
| ь          | 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), 501(c)(4), and 501(c)(29) 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         | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any  |        | }                |                                 |
|            | current or former officers, directors, trustees, key employees, highest compensated employees, or   | į į    |                  |                                 |
|            | disqualified persons? 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   | i l    | İ                |                                 |
|            | 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,   |        | i light<br>Inchi | 9H.                             |
|            | Part IV instructions for applicable filing thresholds, conditions, and exceptions)  | Thesis | 60 (6)           | 63 9                            |
| а          | A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV   | 28a    |                  | <u> </u>                        |
| b          | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete  |        |                  |                                 |
|            | Schedule L, Part IV   | 28b    |                  | <u> </u>                        |
| 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    | $\rightarrow$    | 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  |        | Ì                |                                 |
|            | conservation contributions? If "Yes," complete Schedule M   | 30     |                  | X                               |
| 31         | Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,   |        |                  |                                 |
|            | Part I  | 31     |                  | X                               |
| 32         | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"   |        |                  | v                               |
|            | complete Schedule N, Part II  | 32     |                  | <u> </u>                        |
| 33         | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations  |        |                  | v                               |
|            | sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I   | 33     | -+               | X                               |
| 34         | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,   |        |                  | v                               |
|            | or IV, and Part V, line 1   | 34     | +                | $\frac{\mathbf{x}}{\mathbf{x}}$ |
| 35a        | Did the organization have a controlled entity within the meaning of section 512(b)(13)?   | 35a    | $\dashv$         |                                 |
| b          | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a   | 354    |                  |                                 |
| 26         | controlled entity 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  | 26     |                  |                                 |
| 27         | related organization? If "Yes," complete Schedule R, Part V, line 2   | 36     | $\dashv$         |                                 |
| 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     |                  | x                               |
| 38         | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and  | "      |                  |                                 |
| <b>,</b> , | 19? Note: All Form 990 filers are required to complete Schedule O   | 38     | $\mathbf{x}$     |                                 |

Did the organization receive any payments for indoor tanning services during the tax year?

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

X

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14a

X

Form 990 (2015) The Grand Lodge of Virginia, IOOF <u>54-0227798</u> 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 or note to any line in this Part VI

| 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           | 7             |         |                   | (H)           |
|          | If there are material differences in voting rights among members of the governing body, or  |              |               |         |                   | ad H          |
|          | if the governing body delegated broad authority to an executive committee or similar  |              |               | 199     |                   | <i>634</i>    |
|          | committee, explain in Schedule O  |              |               |         |                   |               |
| b        | Enter the number of voting members included in line 1a, above, who are independent  | 1b           | 7             |         | K ()              | 99            |
| 2        | Did any officer, director, trustee, or key employee have a family relationship or a business relationship with  |              |               | Mill hi |                   | 144           |
|          | 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   |              |               | 1       |                   |               |
|          | 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       |                   | <u> </u>      |
| 6        | Did the organization have members or stockholders?  |              |               | 6       | X                 |               |
| 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      | Х                 |               |
| 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   | ar by th     | ne following. |         |                   |               |
| а        | The governing body?   |              |               | 8a      | Х                 |               |
| 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       | i                 | <u> </u>      |
| Sec      | tion B. Policies (This Section B requests information about policies not required by the Inter  | <u>nal R</u> | evenue Co     | de.)    |                   |               |
|          |   |              |               |         | Yes               | No            |
| 10a      | 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, and branches to ensure their operations are consistent with the organization's exempt purposes?   |              |               | 10b     | X                 |               |
| 11a      | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing   | the fo       | rm?           | 11a     | X                 | <del></del>   |
| b        | Describe in Schedule O the process, if any, used by the organization to review this Form 990.   |              |               |         |                   | i di          |
| 12a      | Did the organization have a written conflict of interest policy? If "No," go to line 13   |              |               | 12a     | X                 |               |
| b        | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise   | to co        | nflicts?      | 12b     | х                 |               |
| С        | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"   |              |               |         | . l               |               |
|          | describe 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                 | <del></del>   |
| 15       | Did the process for determining compensation of the following persons include a review and approval by  |              |               |         | W X               | All Contracts |
|          | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?   |              |               |         |                   | 4 46          |
| <b>a</b> | The organization's CEO, Executive Director, or top management official  |              |               | 15a     | X                 |               |
| b        | Other officers or key employees of the organization   |              |               | 15b     | <del></del>       | 747           |
| 4.0      | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  |              |               | K 4     |                   | 77            |
| 16a      | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement  |              |               | 46-     | 1111              | X             |
|          | with a taxable entity during the year?  |              |               | 16a     | <del>,,,,,,</del> | <del></del>   |
| b        | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its  |              |               |         | - 4               | 49            |
|          | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the   |              |               | 16b     |                   |               |
| 500      | organization's exempt status with respect to such arrangements?   |              |               | ן וטט   |                   | —             |
|          |   |              |               |         |                   | _             |
| 17<br>18 | List the states with which a copy of this Form 990 is required to be filed None  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 50 | 1(0)(3)      | s only)       |         |                   |               |
|          | available for public inspection. Indicate how you made these available Check all that apply.  | . ( )( )     | o omy/        |         |                   |               |
|          | Own website Another's website    Other (explain in Schedule O)  |              |               |         |                   |               |
| 19       | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest   | st noli      | cv and        |         |                   |               |
|          | financial statements available to the public during the tax year.   | ot poin      | ,, and        |         |                   |               |
| 20       | State the name, address, and telephone number of the person who possesses the organization's books and recor  | ds Þ         |               |         |                   |               |
|          | ck R Gibson Jr 417 Maureen Drive  |              |               |         |                   |               |
|          | wport News VA 2360  | 2            |               |         |                   |               |

|          | 5) The Grand    | Lodge       | of Vi      | rginia, IOC       | F 54-            | 0227798       | Page '                   |
|----------|-----------------|-------------|------------|-------------------|------------------|---------------|--------------------------|
| Part VII | Compensation    | of Officers | , Director | s, Trustees, Key  | <b>Employees</b> | , Highest Cor | mpensated Employees, and |
|          | Independent Co  | ntractors   |            |                   |                  |               |                          |
|          | Check if Schedu | le O contai | ns a respo | nse or note to an | y line in this I | Part VII      |                          |

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
  - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations \\
  List persons in the following order individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees, and former such persons.

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

| (A)<br>Name and Title | (B) Average hours per week (list any hours for    | bo<br>of                          | x, un!<br>ficer a     | Pos<br>check<br>ess pa<br>ind a c | rson<br>Irecto | than one<br>is both an<br>or/trustee) | (D)  Reportable compensation from the organization | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the |
|-----------------------|---|-----------------------------------|-----------------------|-----------------------------------|----------------|---------------------------------------|--|--|---|
|                       | related<br>organizations<br>below dotted<br>line) | Individual trustee<br>or director | Institutional trustee | Officer                           | Key employee   | Former Highest compensated employee   | (W-2/1099-MISC)                                    | (W-2 1033-WI3C)  | organization<br>and related<br>organizations        |
| (1)William Wash       |   |                                   |                       |                                   |                |                                       |  |  | <u> </u>  |
|                       | 1.00  |                                   |                       |                                   |                |                                       |  |  | _   |
| Officer/Director      | 0.00  | X                                 |                       | X                                 |                |                                       | 0  | 0  | 0   |
| (2) Jack R Gibson Ji  |   |                                   |                       |                                   |                |                                       |  |  |   |
|                       | 1.00  |                                   |                       |                                   |                |                                       |  |  |   |
| Officer/Director      | 0.00  | X                                 |                       | X                                 |                | $oxed{oxed}$                          | 0  | 0  | 6,000   |
| (3) David Carter      |   |                                   | ĺ                     |                                   |                | lí                                    |  |  |   |
|                       | 1.00  |                                   |                       | l <u></u>                         |                |                                       |  |  | 0 250   |
| Officer/Director      | 0.00  | X                                 | _                     | X                                 |                |                                       | 0  | 0  | 2,350   |
| (4) Glen Adcock       | 1 00  |                                   |                       | ĺ                                 |                |                                       |  |  |   |
| 0551 /21              | 1.00  |                                   |                       | , .                               |                |                                       |  |  | 2 100   |
| Officer/Director      | 0.00  | X                                 |                       | X                                 |                |                                       | 0  | 0  | 2,100   |
| (5) Scott Dulaney     | 1 00  |                                   |                       |                                   | i              |                                       |  |  |   |
| Director              | 1.00<br>0.00                                      | $ \mathbf{x} $                    |                       |                                   |                |                                       | o  | o  | 0   |
| (6) Roger S. West     | 0.00  | ^                                 |                       |                                   |                | <del>-   -</del>                      | <u> </u>   | U  | U   |
| (6) ROGEL S. WEST     | 1.00  | i                                 |                       |                                   |                |                                       |  |  |   |
| Director              | 0.00  | $\mathbf{x}$                      |                       |                                   |                |                                       | o  | o  | 1,000   |
| (7) Matt Baumgardner  |   | 1                                 |                       |                                   |                |                                       | 0  | <u> </u>   | 1,000   |
| (/)Macc baumgarunes   | 1.00  |                                   |                       |                                   |                |                                       |  | ļ  |   |
| Officer/Director      | 0.00  | $ \mathbf{x} $                    |                       | x                                 |                |                                       | o  | o  | 0   |
| (8)                   | 0.00  |                                   |                       |                                   |                |                                       |  |  |   |
| (9)                   |   |                                   |                       |                                   |                |                                       |  |  |   |
| (10)                  | <del></del>                                       |                                   |                       |                                   |                |                                       |  |  |   |
| (11)                  |   |                                   |                       |                                   |                |                                       |  |  |   |
| DAA                   |   |                                   |                       |                                   | [              |                                       |  |  | Form <b>990</b> (2015)                              |

Form **990** (2015)

| P             | Section A. Officers   | s, Directors, Tru                                 | ıste            | es, K                 | ey E                              | mpl              | oyee                         | es, a         | and Highest Compensated                           | d Employees (continued)  |   |
|---------------|---|---|-----------------|-----------------------|-----------------------------------|------------------|------------------------------|---------------|---|--|---|
|               | (A) Name and title  | (B) Average hours per week (list any hours for    | of              | ox, uni<br>ficer a    | Pos<br>check<br>ess pe<br>ind a c | erson<br>directo | than one both or/trust       | an<br>ee)     | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the |
|               |   | related<br>organizations<br>below dotted<br>line) | or director     | Institutional trustee | Officer                           | Key employee     | Highest compensated employee | Former        | (W-2/1099-MISC)                                   |  | organization<br>and related<br>organizations        |
|               |   |   | ļ               |                       |                                   |                  |                              |               |   |  | ,   |
|               |   |   |                 |                       |                                   |                  |                              |               |   |  |   |
|               | ·   |   |                 |                       |                                   |                  |                              |               |   |  |   |
|               |   |   |                 |                       |                                   |                  |                              | _             |   |  |   |
|               |   |   |                 | ,                     |                                   |                  |                              |               |   |  |   |
|               |   |   |                 |                       |                                   |                  |                              |               |   |  |   |
|               | <u> </u>  |   |                 |                       |                                   |                  |                              |               | -   |  | -   |
|               |   |   |                 |                       |                                   |                  |                              |               |   |  |   |
| 1b            | Sub-total   | l   |                 |                       |                                   |                  |                              | <b>&gt;</b>   |   |  | 11,450  |
| C             | Total from continuation shee  | ets to Part VII, S                                | ecti            | on A                  |                                   |                  | [                            |               |   |  | 11,450  |
| <u>d</u><br>2 | Total (add lines 1b and 1c)  Total number of individuals (indi  |   |                 |                       | hose                              | e list           | ed al                        | pove          | e) who received more than                         | \$100,000 of   |   |
|               | reportable compensation from  | the organization                                  | <u> </u>        | <u> </u>              |                                   |                  |                              |               |   |  | Yes No  |
| 3             | Did the organization list any for<br>employee on line 1a? If "Yes,"<br>For any individual listed on line<br>organization and related organization | complete Sched<br>1a, is the sum of               | ule .<br>of rep | J for<br>porta        | such<br>ble o                     | indi<br>comp     | vidua<br>ensa                | al<br>atıor   | n and other compensation f                        | from the   | 3 X   |
| 5             | Individual Did any person listed on line 1a   |   |                 |                       |                                   |                  |                              |               |   | ındıvıdual   | 79 344 57   |
| Sect          | for services rendered to the orgion B. Independent Contractor   |   | es," (          | comp                  | olete                             | Sch              | eduk                         | e J f         | or such person                                    |  | 5 X   |
| 1             | Complete this table for your five compensation from the organization  | e highest compe<br>ation. Report co               | nsat<br>mpe     | ed ir                 | ndep<br>ion f                     | ende<br>or th    | ent co                       | ontra<br>enda | ar year ending with or within                     | <u>n the organization's tax yea</u>                                    |   |
|               | Name and b  | (A)<br>pusiness address                           |                 |                       |                                   |                  |                              |               | Description                                       | (B)<br>on of services  | (C)<br>Compensation                                 |
|               |   |   |                 |                       |                                   |                  |                              |               |   |  |   |
|               |   |   |                 |                       |                                   |                  |                              |               |   |  |   |
|               | · · · · · · · · · · · · · · · · · · ·   |   |                 |                       |                                   |                  | _                            |               |   |  |   |
| 2             | Total number of independent or  |   |                 |                       |                                   |                  |                              | hose          | e listed above) who                               |  |   |

Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (D) Revenue Total revenue Unrelated exempt excluded from tax function 512-514 1a Federated campaigns 1a b Membership dues 1b c Fundraising events 1c 1d 6,190 d Related organizations 1e e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above 13,517 1f g Noncash contributions included in lines 1a-1f 19,707 h Total. Add lines 1a-11 Program Service Revenue Busn Code 2a 12,630 12,630 Member Dues b d f All other program service revenue CONTRACTOR OF CONTRACTOR g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 13,169 13,169 Income from investment of tax-exempt bond proceeds ▶ Royalties (II) Personal (ı) Real 6a Gross rents **b** Less rental exps c Rental Inc or (loss) Net rental income or (loss) Gross amount from (i) Securities (II) Other sales of assets 1,393 other than inventor **b** Less cost or other basis & sales exps 1,393 c Gain or (loss) d Net gain or (loss) ,393 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c) See Part IV. line 18 b Less. direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities See Part IV, line 19 b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b Less cost of goods sold b c Net income or (loss) from sales of inventory ▶ Miscellaneous Revenue Busn Code 995 995 11a Other Revenue b c All other revenue 995 Total. Add lines 11a-11d Total revenue. See instructions 47,894 28,187

Part IX Statement of Functional Expenses

| <u>5e0</u> | tion 501(c)(3) and 501(c)(4) organizations must<br>Check if Schedule O contains a res |                    |  | ompiete column (A).                    |  |
|------------|---|--------------------|--|--|--|
|            | not include amounts reported on lines 6b,<br>8b, 9b, and 10b of Part VIII.            | (A) Total expenses | (B) Program service expenses             | (C) Management and general expenses    | (D)<br>Fundraising<br>expenses   |
| 1,         | Grants and other assistance to domestic organizations                                 |                    |  |  |  |
|            | and domestic governments See Part IV, line 21   | 134,246            | 134,246                                  |  |  |
| 2          | Grants and other assistance to domestic   |                    |  |  |  |
|            | individuals See Part IV, line 22  |                    |  | 3000 Section 1995                      | Contract Contract of the Contr |
| 3,         | Grants and other assistance to foreign  |                    |  |  |  |
|            | organizations, foreign governments, and foreign                                       |                    |  |  |  |
|            | individuals See Part IV, lines 15 and 16  |                    | <u> </u>                                 | 29                                     | 1969 (Krist) (Miller 1887)   |
| 4          | Benefits paid to or for members   |                    |  | 25935388664. K                         | 17,900 Malle 1900  |
| 5          | Compensation of current officers, directors,  |                    |  |  |  |
|            | trustees, and key employees   | 11,450             | 11,450                                   |  |  |
| 6          | Compensation not included above, to disqualified                                      |                    |  |  |  |
|            | persons (as defined under section 4958(f)(1)) and                                     |                    |  |  |  |
|            | persons described in section 4958(c)(3)(B)  |                    |  |  |  |
| 7          | Other salanes and wages   |                    |  |  |  |
| 8          | Pension plan accruals and contributions (include                                      |                    |  |  |  |
|            | section 401(k) and 403(b) employer contributions)                                     |                    |  |  |  |
| 9          | Other employee benefits   |                    |  |  | , <u>,</u>   |
| 10         | Payroll taxes   |                    |  |  |  |
| 11         | Fees for services (non-employees).  |                    |  |  |  |
| а          | Management  | 2,150              | 2,150                                    |  |  |
| b          | Legal   | 1,436              |  | 1,436                                  | •  |
| С          | Accounting  |                    |  | <u> </u>                               |  |
| d          | Lobbying  |                    |  | ······                                 |  |
| е          | Professional fundraising services See Part IV, line 17                                |                    |  | 2005 - 1. 32 M 1964                    | · · · · · · · · · · · · · · · · · · ·  |
| f          | Investment management fees  |                    |  |  |  |
| g          | Other (If line 11g amount exceeds 10% of line 25, column                              |                    |  |  |  |
|            | (A) amount, list line 11g expenses on Schedule O)                                     | •                  |  |  |  |
| 12         | Advertising and promotion   | 5 222              |  |  |  |
| 13         | Office expenses   | 5,332              | 5,332                                    |  |  |
| 14         | Information technology  |                    |  |  | •  |
| 15         | Royalties   | 10 576             | 10 576                                   |  |  |
| 16         | Occupancy   | 10,576             | 10,576                                   | ·                                      |  |
| 17         | Travel  |                    |  |  | <del></del>  |
| 18         | Payments of travel or entertainment expenses  |                    |  |  |  |
| 40         | for any federal, state, or local public officials                                     | 5,944              | 5,944                                    | J                                      |  |
| 19         | Conferences, conventions, and meetings  | 5,344              | 5,344                                    |  |  |
| 20<br>21   | Interest Payments to affiliates   | 11,340             | 11,340                                   |  |  |
| 22         |   | 11,340             | 11,340                                   |  |  |
| 23         | Depreciation, depletion, and amortization<br>Insurance                                | 4,878              |  | 4,878                                  |  |
| 24         | Other expenses Itemize expenses not covered   | 4,070              | 5 4/4/1 231 8 10                         | 1,070                                  | 1779 and 5 . 200   |
| 24         | above (List miscellaneous expenses in line 24e If                                     |                    | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 |  |  |
|            | line 24e amount exceeds 10% of line 25, column  | 0.00               |  |  | Page But By Br   |
|            | (A) amount, list line 24e expenses on Schedule O)                                     |                    |  |  | The booking to the   |
| а          | Supplies  | 2,840              | 2,840                                    | ************************************** | 1 14 14 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1   |
| h          | Taxes & licences  | 702                | 2,010                                    | 702                                    |  |
| c          | Bank charges  | 7                  |  | 7                                      | · · · · · · · · · · · · · · · · · · ·  |
| ď          |   |                    |  | 1                                      |  |
| e          | All other expenses  |                    | -  |  |  |
| 25         | Total functional expenses. Add lines 1 through 24e                                    | 190,901            | 183,878                                  | 7,023                                  | 0  |
| 26         | Joint costs. Complete this line only if the   |                    |  | .,                                     |  |
|            | organization reported in column (B) joint costs                                       |                    |  | ]                                      |  |
|            | from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if  |                    |  |  |  |
|            | following SOP 98-2 (ASC 958-720)  |                    |  |  |  |
| DAA        |   |                    | <u>-</u>                                 | <del></del>                            | Form <b>990</b> (2015)   |

**Balance Sheet** 

Part X

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 240,387 86,663 1 Cash-non-interest bearing 698,920 649,787 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 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 instructions) Complete Part II of Schedule L 799,386 811,703 7 Notes and loans receivable, net 8 Inventories for sale or use Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis. Complete Part VI of Schedule D 10a b Less. accumulated depreciation 10b 10c 627,458 672,079 Investments—publicly traded securities 11 11 12 Investments—other securities See Part IV, line 11 12 13 Investments-program-related See Part IV, line 11 13 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 2,366,151 2,220,232 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 17 Accounts payable and accrued expenses 18 Grants payable 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other pavables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 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 25 0 Total liabilities. Add lines 17 through 25 26 X and Organizations that follow SFAS 117 (ASC 958), check here Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 2,366,151 2,220,23 27 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 32 Retained earnings, endowment, accumulated income, or other funds 2,366,151 2,220,232 Total net assets or fund balances 33 2,220,232 2,366,151 Total liabilities and net assets/fund balances

| orn | n 990 (2015) The Grand Lodge of Virginia, IOOF 54-0227798   |    | Pr   | age 12          |
|-----|---|----|--|-----------------|
|     | Reconciliation of Net Assets  |    |  |                 |
|     | Check if Schedule O contains a response or note to any line in this Part XI                                   |    |  |                 |
| 1   | Total revenue (must equal Part VIII, column (A), line 12)   | 1  |  | 894             |
| 2   | Total expenses (must equal Part IX, column (A), line 25)  | 2  | 190,   |                 |
| 3   | Revenue less expenses Subtract line 2 from line 1   | 3  | -143,  |                 |
| 4   | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))                     | 4  | 2,366,   |                 |
| 5   | Net unrealized gains (losses) on investments  | 5  | -2,  | 912             |
| 6   | Donated services and use of facilities  | 6  |  |                 |
| 7   | Investment expenses   | 7  |  |                 |
| 8   | Prior period adjustments  | 8  |  |                 |
| 9   | Other changes in net assets or fund balances (explain in Schedule O)  | 9  |  |                 |
| 10  | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line                 |    |  |                 |
|     | 33, column (B))   | 10 | 2,220,   | <u>232</u>      |
| Pa  | rt XII Financial Statements and Reporting   |    |  |                 |
|     | Check if Schedule O contains a response or note to any line in this Part XII                                  |    |  | _Ш_             |
|     |   |    | Yes  | No              |
| 1   | Accounting method used to prepare the Form 990 X Cash Accrual Other   |    |  | 1. 7            |
|     | If the organization changed its method of accounting from a prior year or checked "Other," explain in         |    |  |                 |
|     | Schedule O  |    |  | 11/11/          |
| 2a  | Were the organization's financial statements compiled or reviewed by an independent accountant?               |    | 2a   | X               |
|     | If "Yes," check a box below to indicate whether the financial statements for the year were compiled or        |    |  | VII.            |
|     | reviewed on a separate basis, consolidated basis, or both.  |    |  | 132 B           |
|     | Separate basis Consolidated basis Both consolidated and separate basis  |    | all the last of th | W.M.            |
| b   | Were the organization's financial statements audited by an independent accountant?                            |    | 2b   | X               |
|     | If "Yes," check a box below to indicate whether the financial statements for the year were audited on a       |    |  | 11              |
|     | separate basis, consolidated basis, or both.  |    |  |                 |
|     | Separate basis Consolidated basis Both consolidated and separate basis  |    |  | This .          |
| C   | If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight   |    |  |                 |
|     | of the audit, review, or compilation of its financial statements and selection of an independent accountant?  |    | 2c   |                 |
|     | If the organization changed either its oversight process or selection process during the tax year, explain in |    |  | Goden           |
|     | Schedule O  |    |  | 7.33            |
| За  | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in   |    |  |                 |
|     | the Single Audit Act and OMB Circular A-133?  |    | 3a   | X               |
| b   | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the  |    |  |                 |
|     | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits       |    | 3b   |                 |
|     |   |    | Form <b>99</b> (   | <b>)</b> (2015) |

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SCHEDULEI (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

The Grand Lodge of Virginia, IOOF

OMB No 1545-0047 2015

Open to Public Inspection

**Employer Identification number** 54-0227798

|  | ATTATTA                              | 1001                                |   |                                       |  | 0.4                                    | 24-022//98                                |
|--|--------------------------------------|-------------------------------------|---|---------------------------------------|--|--|---|
| Part I General Information on Grants and Assistance  | d Assistance                         |                                     |   |                                       |  |  |   |
| 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the calculation critical to supply the grants or assistance, and  | the amount of the gr                 | rants or ass                        | istance, the grantees'                  | eligibility for the grant             | s or assistance, an  | 0                                      | [<br> <br>                                |
| cribe  | onitoring the use of                 | grant funds                         | in the United States                    |                                       |  |  | X Yes                                     |
| Part if Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. | omestic Organi<br>It that received m | izations a                          | and Domestic Go<br>\$5,000. Part II car | vernments. Com                        | plete if the organd  | anization answers is needed.           | ered "Yes" on Form                        |
| (a) Name and address of organization     or government   | (b) EIN                              | (c) IRC<br>section<br>if applicable | (d) Amount of cash<br>grant             | (e) Amount of non-<br>cash assistance | (f) Method of valuation<br>(book, FMV appraisal,<br>other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance        |
| (1) Potomac Lodge #38, IOOF<br>2917 King St.   |                                      |                                     |   |                                       |  |  | Support                                   |
| Alexandria VA 22302  | 54-0506469                           | 501C8                               | 132,499                                 |                                       |  |  | 2 + 5 A A A A A A A A A A A A A A A A A A |
| (2)  |                                      |                                     |   |                                       |  |  |   |
| (3)  |                                      |                                     |   |                                       |  |  |   |
| (4)  |                                      |                                     |   |                                       |  |  |   |
| (5)  |                                      |                                     |   |                                       |  | į                                      |   |
| (9)  |                                      |                                     |   |                                       |  |  |   |
| (1)  |                                      |                                     |   |                                       |  |  |   |
| (8)  |                                      |                                     |   |                                       |  |  |   |
| (6)  |                                      |                                     |   |                                       |  |  |   |
| 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table  | t organizations listed               | d in the line                       | 1 table                                 |                                       |  |  |   |

Schedule I (Form 990) (2015)

For Paperwork Reduction Act Notice, see the Instructions for Form 990. 3 Enter total number of other organizations listed in the line 1 table

| Schedule I (F | Schedule I (Form 990) (2015) The Grand Lodge of Virginia, IOOF   | dge of Virgin                             |                        | 54-0227798              |                                | C and   |
|---------------|--|---|------------------------|-------------------------|--------------------------------|---|
| Part III      | Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  Part III can be duplicated if additional space is needed. | Domestic Individuational Space is needed. | als. Complete if the   | organization answered   | 1 "Yes" on Form 990, Part      |   |
|               | (a) Type of grant or assistance  | (b) Number of                             | (c) Amount of          | (d) Amount of           | (e) Method of valuation (book, | (e) Method of valuation (book, (f) Description of non-cash assistance |
|               |  | Sillardina                                | casn grant             | non-cash assistance     | FMV, appraisal, other)         |   |
| -             |  |   |                        |                         |                                |   |
| 8             |  |   |                        |                         |                                |   |
| "             |  |   |                        |                         |                                |   |
|               |  |   |                        |                         |                                |   |
| 4             |  |   |                        |                         |                                |   |
| ro.           |  |   |                        |                         |                                |   |
| 9             |  |   |                        |                         |                                |   |
| ۲             |  |   |                        |                         |                                |   |
| Part IV       | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information   | ide the information re                    | quired in Part I, line | 2, Part III, column (b) | , and any other additional     | nformation  |

GRANDL 01/07/2019 1 18 PM

## **SCHEDULE O**

(Form 990 or 990-EZ)

## 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.

2015 Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer identification number

Name of the organization

The Grand Lodge of Virginia, IOOF

54-0227798

Form 990, Part VI, Line 6 - Classes of Members or Stockholders
The Grand Lodge of Virginia has dues paying members.

Form 990, Part VI, Line 7a - Election of Members and Their Rights

Members are duly sworn in and having paid their per capita dues, have the

right to vote at the annual meeting of the Grand Lodge of Virginia.

Form 990, Part VI, Line 7b - Decisions Subject to Approval of Members

Every member in good standing has the right to vote at the annual meeting

of the Grand Lodge of Virginia.

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 The Board of directors reviews Form 990 before filing form.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy
The Board of directors reviews possible conflicts of interest.

Form 990, Part VI, Line 15a - Compensation Process for Top Official Board of directors reviews compensation for top official.

Form 990, Part VI, Line 15b - Compensation Process for Officers

Board of directors reviews compensation for other management officials.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation Governing documents are available to the public upon request.