Form 990	
(Rev January 2020)	•
Department of the Treasury Internal Revenue Service	

.2949314920518
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

2019	
Open to Public	
Inspection	

	Depa ntern	rtment of the	ne Treasur e Service	У			Go to wu	vw ir	s.gov/Form	1990 for in	struct	ions a	and the	latest	informa	tion	X	<u> </u>		Inspec	tion
	Α	For the	2019 ca	alendar y	ear, or ta	ax year b	eginning	07	//01/1	.9 , and	d endi	ing	06/3	30/2	20		V				
	B (heck if app	eck if applicable C Name of organization INDEPENDENT ORDER OF ODD FELLOWS									D Employer identification number				er					
	\Box	Address cha	ddress change GRAND LODGE OF MINNESOTA																		
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ſ	=					of principal of									H(a)	ls this a	oroup rei	urn for su	hordinate	s? Yes	X No
Į		Application	pending			KLOC											•			Ξ	
				315	90 1'	70TH	ST								H(b)			ates inclu		Yes	⊢ No
				GRA	NADA				MN	<u>1 560</u>	39			9	4	If "N	lo," attac	chalist (see instr	uctions)	
	<u> </u>	Tax-exemp	ot status	5	i01(c)(3)	X 501(c	(8)	_ ∢ (insert no)	4947	7(a)(1) o	r	527	<u> </u>	╛						
	j_	Website	► W	WW.MN	IODDF	'ELLO	NS ORC	3							H(c)	Group e	xemptio	n numbe	· >		
	K	Form of org	janization	X Corr	poration	Trust	Association	on _	Other >				<u> </u>	<u> \</u>	ear of forn	nation	185	7	M State	of legal domi	cile MN
	P	art I	Su	mmary									<u> </u>								
		1 B	riefly des	scribe the	organiza	ation's mi	ssion or me	ost s	ignificant a	activities											
	به		FRATI	ERNAL	BENEF	CIAR	Y ASSO	CIA	TION C	PERAT	ING	UNI	DER T	HE I	LODGE	3					
	anc		SYST	EM.																	
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	Š	2 C	heck this	s box ▶ 「	if the	organizat	ion discon	tınue	d its opera	ations or o	dispos	ed of	f more th	ban-26	5 % of π	s netta	ssets				
•	8	3 N	umber o	of voting m		-	verning bo					D	ECE	=1\/	FD	- 1		3	10		
	es	4 N	umber o	of indepen	dent vot	ing memt	ers of the	gove	rning body	(Part VI	line 1	lb)	LUL			721		4	10		
	Activities & Governance	5 To	otal num	ber of ind	lividuals	employed	ers of the din calendarif necessa	ar ye	ar 2019 (F	art V, lini	e 2a)				2020	Iől		5	1		
	cti	6 To	otal num	ber of vol	lunteers	(estimate	if necessa	ıry)	·		16	1 8	SEP 1	6	2020	0.00		6	190		
		7a To	otal unre	elated bus	iness re	venue fro	m Part VIII	, col	umn (C), li	ne 12	١٣	}				一层		7a			0
							ne from Fo				- 1		SOD	FN	111	-	\ ,	7b			0
\approx			<u></u>		,						7					Prior	ear			Current Yea	ar .
20	ا به	8 C	ontributi	ons and g	ırants (P	art VIII, lii	ne 1h)							1			15,	322		14	<u>,368</u>
JAN 0 6 2022	ᇎ	9 Pi	rogram s	service re	venue (P	²art VIII, I	ne 2g)							L							0
0	§	10 In	vestmer	nt income	(Part VI	II, columr	(A), lines	3, 4,	and 7d)					Ĺ			95,	960		58	,688
Z		11 0	ther reve	enue (Par	t VIII, co	lumn (A),	lines 5, 6d	I, 8c,	9c, 10c, a	and 11e)				Ĺ				329		4	,605
≰	_	12 To	otal reve	nue – ado	8 senil t	through 1	1 (must ed	ual	Part VIII, c	olumn (A), line	12)				1	12,6	511		<u>77</u>	,661
		13 G	rants an	d sımılar a	amounts	paid (Pa	rt IX, colum	nn (A), lines 1-	3)				L			4,	168		1	,189
ANNED	Ì	14 Be	14 Benefits paid to or for members (Part IX, column (A), line 4)											0							
2	တ္ထ	15 Sa	alaries, d	other com	npensation, employee benefits (Part IX, column (A), lines 5–10) alsing fees (Part IX, column (A), line 11e)					15,781			781		15	,765					
£	nses	16a Pr	ofession	nal fundra												0					
S	Expe	b To	otal fund	Iraising ex	penses ((Part IX, d	column (D)	, line	25) 🕨				0	L							
S	ŵ	17 Ot	ther exp	enses (Pa	art IX, co	lumn (A),	lines 11a-	-11d,	11f-24e)							{	38,2	230		71	,376
		18 To	otal expe	enses Ad	d lines 1	3–17 (mu	st equal Pa	art IX	(, column ((A), line 2	25)					10	08,	179		88	,330
_		19 Re	evenue l	less expe	nses Su	btract line	18 from li	ne 1	2					.]			4,4	132		-10	,669
	Net Assets or Fund Balances													Ţ			urrent \			End of Year	ŗ
	alar alar			ets (Part X										L		1,90	<u>56,8</u>			<u>1,916</u>	
	쭕쀨	21 To	otal liabil	lities (Part	t X, line 2	26)								L				340			<u>,340</u>
-	žĪ					Subtrac	t line 21 fro	om li	ne 20						1	L, 90	<u>55,4</u>	160		1,915	,632
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_			Firm's addr	ress	TUH	CHIN	SON, 1	MN	5535	50							Phone	no	320	-234-	4430
N	/lay	the IRS	discuss	this retur	n with th	e prepare	er shown al	bove	? (see ins	tructions)										Yes	No
		aperwo	rk Reduc	ction Act N	lotice, se	e the sep	arate instru	ctio	15											Form 9	90 (2019)
L	AA																				

Form 990 (2019)	INDEPENDENT C	RDER OF ODD FELLOWS	41-0327863	Page 2
		Service Accomplishments ontains a response or note to any line	in this Part III	П
1 Briefly describ	be the organization's miss			
prior Form 99		nificant program services during the year which	were not listed on the	Yes X No
services?	ization cease conducting, cribe these changes on Sc	or make significant changes in how it conduct the change in how it can be changed in high changed in how it can be ch	s, any program	Yes X No
expenses Se	ection 501(c)(3) and 501(c	ervice accomplishments for each of its three laid (4) organizations are required to report the arrow, for each program service reported		
	DGES IN MINN	including grants of \$ ESTABLISHED TO PROVIDE ESOTA IF THEY ARE IN FI)
4b (Code N/A) (Expenses \$	including grants of \$) (Revenue \$)
4c (Code N/A) (Expenses \$	including grants of \$) (Revenue \$)
Ad Other program	a conjuges (Describe es S	chedule ()		
(Expenses \$	n services (Describe on S	including grants of \$) (Revenue \$)
4e Total program	service expenses ▶			Form 990 (2010)
				- 000



Pi	art IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	١.		1,5
	complete Schedule A	1		X
2	is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	 	X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		l	x
	candidates for public office? If "Yes," complete Schedule C, Part I	3	<u> </u>	1-
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	1	 	-
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	 		
Ü	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	\	х
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	Ì	x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	ļ	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		Į	
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more	1		
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	ļ	X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	İ		
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	ļ
f	• ,			l
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			١.,
	Schedule D, Parts XI and XII	12a		X
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
4a	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking.	14a		X
b	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	145		-1
•	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
6	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
•	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		Х
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?		$\neg \neg$	
	If "Yes," complete Schedule G, Part III	19		Х
0a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IV, column (A), line 12 if "Vas." complete Schoolule I, Parts I and II	24		Y

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_ <u>P</u> ;	art IV Checklist of Required Schedules (continued)			_
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			٠,
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	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			v
	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			l
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			X
L	through 24d and complete Schedule K. If "No," go to line 25a	24a 24b		┝ᢚ
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	240	 	<u> </u>
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		ĺ
А	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	ļ <u>.</u>	┢
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240	 	-
£ Ja	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior	250		\vdash
	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		ĺ
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	1 - 2 - 2		$\overline{}$
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%		1	ĺ
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part II	26		l x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) 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)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			ĺ
	"Yes," complete Schedule L, Part IV	28a		Х
þ	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			1
	"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 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		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			3,5
	complete Schedule N, Part II	32		_X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	22		v
34	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III.	33		X
34	or IV, and Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	334		
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		ı
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	1 000		
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		ı
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		Х
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	X_	
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 1			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and]	

reportable gaming (gambling) winnings to prize winners?

_ <u>P</u>	art V Statements Regarding Other IRS Filings and Tax Compliance (contin	<u>ued)</u>				
				F	Yes	No
2a			_			
	Statements, filed for the calendar year ending with or within the year covered by this return	_2a	1			1
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined in the control of the control			2b	X	ļ
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)				
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	_		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b	-	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other					ت ا
	a financial account in a foreign country (such as a bank account, securities account, or other financial	lacco	unt)?	4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	4ccour	nts (FBAR)		ĺ	v
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	ļ	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction of the line of the state of the same party to a prohibited tax shelter transaction of the same party to the same party to a prohibited tax shelter transaction of the same party to the same party to a prohibited tax shelter transaction of the same party to a prohibited tax shelter transaction of the same party to a prohibited tax shelter transaction of the same party to a prohibited tax shelter transaction of the same party to a prohibited tax shelter transaction of the same party to a prohibited tax shelter transaction of the same party to a prohibited tax shelter transaction of the same party to a prohibited tax shelter transaction of the same party to a prohibited tax shelter transaction of the same party to a prohibited tax shelter transaction of the same party to be same party to a prohibited tax shelter transaction of the same party to be same party to be same party to a prohibited tax shelter transaction of the same party to be	ction		5b	-	
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c	-	<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ie		6-		v
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a	 	X
b		ons or		66		
_	gifts were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods		7-	İ	ĺ
h	and services provided to the payor?			7a		
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	-	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	as .		7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		1/6		-
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		L	7e	ļ	İ
f	Did the organization, during the year, pay premiums, directly or indirectly, no a personal benefit contribution of the organization of the organiz		('	7f	_	
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		00 as required?		_	
9 h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7 <u>g</u> 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained			<u> </u>		-
Ü	sponsoring organization have excess business holdings at any time during the year?	d by ti	ie	8	1	ŀ
9	Sponsoring organizations maintaining donor advised funds.			-		
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a	1	Ì
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter			30		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
h	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		\dashv		
11	Section 501(c)(12) organizations. Enter	100		_		
a	Gross income from members or shareholders	11a	•			
ь	Gross income from other sources (Do not net amounts due or paid to other sources					
-	against amounts due or received from them)	11b				
12a	· ·		?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
	is the organization licensed to issue qualified health plans in more than one state?			13a		
_	Note: See the instructions for additional information the organization must report on Schedule O			1,50		
b	Enter the amount of reserves the organization is required to maintain by the states in which					
_	the organization is licensed to issue qualified health plans	13b				
С		13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?	لشتن		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	le O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune		or		··	
-	excess parachute payment(s) during the year?	, ·		15		X
	If "Yes," see instructions and file Form 4720, Schedule N					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	Incom	e?	16		X
. •	If "Yes," complete Form 4720, Schedule O		-	'		
					000	

Form 9	90 (2019) INDEPENDENT ORDER OF ODD FELLOWS 41-03278	63		Pa	age (
Part					
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or c	hanges on Schedule O	See ınstr	uctioi	
	Check if Schedule O contains a response or note to any line in this Part VI				X
Section	on A. Governing Body and Management				
				Yes	No
1a E	nter the number of voting members of the governing body at the end of the tax year	1a 10	_		:

					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10			
	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 on Schedule O					
þ	Enter the number of voting members included on line 1a, above, who are independent	1b	10			
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, trustees, or key employees to a management company or other person?			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			5		X
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					ĺ
	one or more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,]
	stockholders, or persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	by th	e 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					Į.
	the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		·	9		X
<u>Sec</u>	tion B. Policies (This Section B requests information about policies not required by the Interna-	al Re	evenue Co	de)		
					Yes	No

10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
þ	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	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		Х
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by			
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply
	Own website Another's website X Upon request Other (explain on Schedule O)
10	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and

financial statements available to the public during the tax year

20 State the name, address, and telephone number of the person who possesses the organization's books and records >

LEWIS MCFERRAN

HUTCHINSON

PO BOX 7415

320-587-2605 Form **990** (2019)

MN_55350

Form 990 (2019)	INDEPENDENT	ORDER	OF	ממס	FELLOWS

41-0327863

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line 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. See instructions for the order in which to list the persons above

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

(A) Name and title	(B) Average hours per week (list any hours for	(de bo. off	o not (Pos check ess pe	C) ition more rson i	than or s both a	ne an e)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key emptoyee	Highest compensated employee	Former	(44-271033-141130)	(1033-11136)	related organizations
(1) ALEX SALOUM										
	25.00									
GRAND SECRETARY	0.00	<u> </u>	<u> </u>	X		\sqcup		14,420	0	0
(2) DAVID ADAMS										
	0.00				ļ					
GRAND REPRESENTATIVE	0.00		<u> </u>	X		\sqcup		0	0	0
(3) RUSSELL BARNES										
	0.00									
DEPUTY GRAND MASTER	0.00			Х				0.	Ò	0
(4) RICK BENESH										
	0.00								_	_
FINANCE COMMITTEE	0.00	<u> </u>		X				0	0	0
(5) ROBERT ARTHUR JE										•
DAGE CRAND MAGEE	0.00	li		١,,						
PAST GRAND MASTER (6) DOUGLAS KLOCEK	0.00	-		X				0	0	0
(6) DOUGLAS KLOCEK	0 00									
GRAND MASTER	0.00			v						
(7) LEWIS MCFERRAN	0.00	Н		Х		-		0	0	0
() DEWIS MCFERRAIN	2.50									
GRAND TREASURER	0.00			$ _{\mathbf{x}} $					0	
(8) BRETT RASMUSSEN	0.00			^		\dashv	\dashv	0		0
(O) ERETT TOSSEN	0.00									
FINANCE COMMITTEE	0.00			x				o	0	0
(9) DAVE SEBESTA	0.00	\vdash		<u> </u>			\dashv	<u></u>		0
(5)DAVE DEBESTA	0.00					ŀ				
FINANCE COMMITTEE	0.00			x				o	0	0
(10) JOHN SONNEK	0,00	$\vdash \vdash$	-	1			\dashv		<u> </u>	<u> </u>
(.u,oom bonnen	0.00		ł			ŀ	ŀ			
GRAND WARDEN	0.00			$ \mathbf{x} $			ļ	oi	o	0
(11)	<u> </u>					\dashv	\dashv	<u> </u>		<u> </u>
,										
			_				i			

Pa	rt VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	Employees (continued)				
	(A) Name and title	(B) Average hours per week (list any hours for	off	x, unle	Pos check ess pe nd a d	rson i	than o	an ee)	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	CC	of oth ompens from t	amount er sation	
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(11 27 1000 111100)	()			nization	s
													·	
													.,	
1b c	Subtotal Total from continuation she	ets to Part VII,	Sect	ion A	4			>	14,400					
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from				thos	e lis	ted a	bov	ve) who received more than	\$100,000 of				
3	Did the organization list any for employee on line 1a? If "Yes,"	complete Sched	dule	J for	suci	h inc	lividi	ıal				3	Yes	No X
4 5	For any individual listed on line organization and related organization and related organization and person listed on line 1	nizations greater	thar	\$15	00,00	1 201	f "Ye	S, "	complete Schedule J for su	ch		4_		X
	for services rendered to the or ion B. Independent Contracto	ganization? If "Y								·····		5]	X
1	Complete this table for your fix compensation from the organi	e highest comp									ear			
	Name and	(A) business address							Descrip	(B) tion of services		Co	(C) mpensat	ion
								-						
								_				_		
								_				<u> ·</u>		<u> </u>
2	Total number of independent of received more than \$100,000 of								se listed above) who	0			-,,,,	

Form 990 (2019) INDEPENDENT ORDER OF ODD FELLOWS 41-0327863 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue excluded (A) (B) Related or exempt (C) Total revenue Unrelated function revenue from tax under sections 512-514 business revenue Contributions, Gifts, Grants and Other Similar Amounts 1a Federated campaigns 1a b Membership dues 1b 12,237 c Fundraising events 1c d Related organizations 1d e - Government grants (contributions) 1e⁻ f All other contributions, gifts, grants, and similar amounts not included above 1f 2,131 g Noncash contributions included in lines 1a-1f 1g h Total. Add lines 1a-1f ▶ 14,368 Business Code 2a Program Service Revenue b C f All other program service revenue g Total. Add lines 2a-2f ▶ Investment income (including dividends, interest, and other similar amounts) 85,164 85,164 Income from investment of tax-exempt bond proceeds Royalties (r) Real (II) Personal 6a Gross rents 6a b Less rental expenses 6b c Rental inc or (loss) 6c d Net rental income or (loss) ▶ Gross amount from (i) Securities (II) Other sales of assets 1,524,847 other than inventory 7a Other Revenue **b** Less cost or other basis and sales exps 7b 1,551,323 c Gain or (loss) 7c -26,476 d Net gain or (loss) ▶ -26,476 -26,476 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 8a b Less direct expenses 8ь c Net income or (loss) from fundraising events ▶ 9a Gross income from gaming activities See Part IV, line 19 9a b Less direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances 10a b Less cost of goods sold 10b c Net income or (loss) from sales of inventory **Business Code** 11a MISCELLANEOUS INCOME 4,605 4,605 b d All other revenue

▶

▶

4,605

63,293

77,661

Total. Add lines 11a-11d

Total revenue. See instructions

Statement of Functional Expenses

	Check if Schedule O contains a resp	, <u></u> -			
	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising expenses
_	Rb, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	1,189			
2	and domestic governments See Part IV, line 21 Grants and other assistance to domestic	1,109			
_	individuals See Part IV, line 22				
-3-	Grants and other assistance to foreign				·····
·	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		·		
	trustees, and key employees	14,420]	
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 salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits			ļ	
10	Payroll taxes	1,345			
11	Fees for services (nonemployees)	4 004			
a	Management	4,834			
b	5	5 004			
C	Accounting	6,094			
d	Lobbying Professional fundraising services See Part IV, line 17		· · · · · · · · · · · · · · · · · · ·		
e f	Investment management fees			 	
g	Other (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion		· · · · · · · · · · · · · · · · · · ·		
13	Office expenses	16,217			
14	Information technology				
15	Royalties				·
16	Occupancy	19,044			
17	Travel	4,307			
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,882 ·			
20	Interest	3			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,737			· · · · · · · · · · · · · · · · · · ·
23	Insurance	2,596			
24	Other expenses Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e If				
	line 24e amount exceeds 10% of line 25, column				
_	(A) amount, list line 24e expenses on Schedule O) S.G.L. DUES	6,356	· · · · · · · · · · · · · · · · · · ·		····
a b	MEMBERSHIP	3,026			
C	UNITED PILGRIMAGE GL SPON	2,075			
d	SPECIAL DESIGNATED FUNDS	1,496			
	All other expenses	1,709	· · · · · · · · · · · · · · · · · · ·		
	Total functional expenses. Add lines 1 through 24e	88,330	0	0	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 COD 09 2 (ACC 059 720)			1	

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 2,263 1,053 Cash-non-interest-bearing 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 143,899 16,001 7 Notes and loans receivable, net 8 Inventories for sale or use 135 135 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 86,474 10a 192,992 10c 73,142 b Less accumulated depreciation 10b 1,697,533 1,756,619 11 11 Investments—publicly traded securities 12 Investments—other securities See Part IV, line 11 12 13 13 Investments—program-related See Part IV, line 11 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 1,966,800 1,916,972 Total assets. Add lines 1 through 15 (must equal line 33) 16 16 17 17 Accounts payable and accrued expenses Grants payable 18 18 19 Deferred revenue 19 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 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 340 340 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow FASB ASC 958, check here ▶ Net Assets or Fund Balances and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 27 28 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 1,915,632 31 Retained earnings, endowment, accumulated income, or other funds 1,965,460 32 1,965,460 1,915,632 Total net assets or fund balances 32 1,916,972 Total liabilities and net assets/fund balances 966,800

For	m 990 (2019) INDEPENDENT ORDER OF ODD FELLOWS 41-0327863			Pa	ge 12
P	art XI 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		77,	661
2	Total expenses (must equal Part IX, column (A), line 25)	2		88,	330
3	Revenue less expenses Subtract line 2 from line 1	3	-	10,	669
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1,9	65,	460
5		5			159
6		6			
7	Investment expenses	7			
8	Prior peñod adjustments	8			
9		9			
10					
	32, column (B))	10	1,9	15.	632
P	art XII Financial Statements and Reporting	1			
·	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other				-
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				1
	reviewed on a separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				1
ļ	b Were the organization's financial statements audited by an independent accountant?		2b		х
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
	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 on				
	Schedule O				
3	a 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		
ŀ	of f"Yes," did the organization undergo the required audit or audits? If the organization did not undergo the		Ja		
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3ь		

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open to Public Inspection

	of the organization		Employer identification	on number
	NDEPENDENT ORDER OF ODD FELLOWS			
	RAND LODGE OF MINNESOTA		41-03278	63
Pa	Organizations Maintaining Donor Advised Function Complete if the organization answered "Yes" on F		Accounts.	
		(a) Donor advised funds	(b) Funds an	d other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing tha	t the assets held in donor advised		
	funds are the organization's property, subject to the organization's excl	lusive legal control?		Yes No
6	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	or advisor, or for any other purpose		
	conferring impermissible private benefit?			Yes No
P	art II Conservation Easements.			
	Complete if the organization answered "Yes" on F	Form 990, Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization (check	all that apply)		
	Preservation of land for public use (for example, recreation or educ	cation) Preservation of a historically	important land are	а
	Protection of natural habitat	Preservation of a certified his	storic structure	
	Preservation of open space	_		
2	Complete lines 2a through 2d if the organization held a qualified conse	rvation contribution in the form of a conse	ervation	
	easement on the last day of the tax year		Held at t	ne End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
C	Number of conservation easements on a certified historic structure incl	luded in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/	06, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organizat	tion during the	
	tax year ▶			
4	Number of states where property subject to conservation easement is I	located >		
5	Does the organization have a written policy regarding the periodic moni	itoring, inspection, handling of		
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling o	if violations, and enforcing conservation ea	asements during th	ne year
	>			
7	Amount of expenses incurred in monitoring, inspecting, handling of viol	lations, and enforcing conservation easem	nents during the ye	ear
	> \$			
8	Does each conservation easement reported on line 2(d) above satisfy t	the requirements of section 170(h)(4)(B)(i))	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation easeme			
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that di	escribes the	
Da	organization's accounting for conservation easements	Historical Transporter or Other 6	Circilar Assets	
ra	Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on F		Similar Assets	•
12	If the organization elected, as permitted under FASB ASC 958, not to re		e sheet works	
ıa	of art, historical treasures, or other similar assets held for public exhibit			
	service, provide in Part XIII the text of the footnote to its financial stater		or pablic	
b	If the organization elected, as permitted under FASB ASC 958, to repoi		neet works of	
	art, historical treasures, or other similar assets held for public exhibition			
	provide the following amounts relating to these items	, and the second		
	(i) Revenue included on Form 990, Part VIII, line 1		> \$	_
	(ii) Assets included in Form 990, Part X		> \$	
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial dain, pro-	• •	•
-	following amounts required to be reported under FASB ASC 958 relatin		· · · · · · · · · · · · · · · · · · ·	
а	Revenue included on Form 990, Part VIII, line 1	3 11 11 12 13 13 14 15 15 15 15 15 15 15 15 15 15 15 15 15	▶ \$	
	Assets included in Form 990, Part X		> \$	

Schedule D	(Form 990) 2019	INDEPENDE	NT ORDER	OF ODD	FELL	OWS	41-0	3278	53	· <u>- · · · · · · · · · · · · · · · · · ·</u>	F	Page 2
Part III	Organization	ons Maintaining	Collections o	f Art, Hist	torical T	reasures,	or Othe	r Simil	ar Asse	ets (contii	าued))
	the organization's tion items (check a	acquisition, accession in that apply)	on, and other record	ds, check an	y of the fol	llowing that n	nake signif	icant use	of its			
а∏Р	ublic exhibition		d \square	Loan or exc	change pro	gram						
ь∏s	cholarly research		е 🗍	Other		•						
c 🗍 P	reservation for futur	re generations	_									
4 Provi	de a description of t	he organization's co	llections and explai	n how they	further the	organization'	's exempt ¡	purpose i	n Part			
XIII												
5 Durin	g the year, did the c	organization solicit o	r receive donations	of art, histo	rical treasu	res, or other	sımılar			_		_
asset	s to be sold to raise	funds rather than to	be maintained as	part of the o	rganization	n's collection	?			Y	′es _	No
Part IV		d Custodial Arr										
	Complete if	the organization	answered "Yes	" on Form	n 990, Pa	art IV, line	9, or rep	orted a	n amou	nt on For	m	
	990, Part X,	line 21										
1a is the	organization an ag	ent, trustee, custodi	an or other interme	diary for cor	tributions (or other asse	ts not				_	_
ınclud	led on Form 990, P	art X?								Y	′es L	_ No
b If "Ye	s," explain the arrar	igement in Part XIII	and complete the fo	ollowing tabl	e			_				
										Amou	nt	
c Begin	ining balance								1c			
d Addıt	ons during the year	•						1	1d			
e Distri	butions during the y	ear						Ĺ	1e			
	g balance							L	1f			
		ide an amount on F								\ <u>\</u> \	′es 💄	_ No
		ngement in Part XIII	Check here if the	explanation I	has been p	rovided on P	art XIII					
Part V	Endowmen											
	Complete if	the organization		on Forn	n 990, Pa	art IV, line	10					
			(a) Current year	(b) Pri	or year	(c) Two ye	ars back	(d) Thre	e years bac	k (0) Fo	our years	back
	ning of year balanc	e _		 		 				<u> </u>		
b Contr		_		<u> </u>		ļ						
c Net in	ivestment earnings,	gains, and										
losse		<u> </u>		 		<u> </u>						
	s or scholarships	<u> </u>		 		<u> </u>						
	expenditures for fa	cilities and		Ì								
progra		<u> </u>		 								
	nistrative expenses	<u> </u>	-	ļ		 				<u> </u>		
-	f year balance	L		<u> </u>		L	,					
		rcentage of the curr	•	ce (line 1g, c	column (a))	held as						
	designated or quas		%									
	anent endowment											
	endowment ▶	%										
	-	2a, 2b, and 2c sho	·									
		ids not in the posses	ssion of the organiz	ation that ar	e held and	administered	d for the					Τ
-	ization by									[<u>a //)</u>	Yes	No
٠,	nrelated organizatio									3a(i)	1	+
	elated organizations				50					3a(ii)	4	╀
		the related organiza								_ <u>3b</u> _	Щ.	ــــــــــــــــــــــــــــــــــــــ
Part VI		ntended uses of the		owment tund	ds					·		
Läif Äi		lings, and Equip		" on Form	000 Ba	rt IV Jung 1	110 800	Form)00 Ba	rt V Juno	10	
·	Description of pro	the organization	(a) Cost or other						990, Pa			
	Description of proj	perty	(a) Cost or other	ļ	(b) Cost or o			ccumulated preciation	į	(d) Bool	value	
40 10-4	······································		(ue	p. colation			1.0	000
1a Land	200					10,000			174			000
b Buildii	•					45,707			174		42,	233
	hold improvements					20 767		10	150		20	600
d Equip	ment					30,767		Τ0,	158		<u> </u>	609
e Other	ings 1a through 1a	(Column (d) must e	qual Form 900, Pos	t Y column	(P) Inc. 41						73	1/2
Osai. Add I	nes ra unough re	Column (u) must e	quai i Uiiii 330, Par	c A, GOIUMIN	(D), IIIIE TO	<i>(</i>)			<u> </u>			142
									Sci	hedule D (Fo	rm 990	J) 2019

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Schedule D (Form 990) 2019 INDEPENDENT ORDER Of Part VII Investments - Other Securities. Complete If the organization answered "Yes"		41-0327863 te 11b See Form 990 P	Page :
(a) Description of security or category	(b) Book value	(c) Method of	valuation
(including name of security)		Cost or end-of-year	market value
(1) Financial derivatives		 	
(2) Closely held equity interests (3) Other			
(A)		-	
(B)			
(C)			
(D)			
(E)			
(F)			
(G)		<u> </u>	
(H)		_	
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	<u> </u>		
Part VIII Investments – Program Related.	" on Form 000 Boot IV Ju	20 110 Soo Form 900 P	art Y line 13
Complete If the organization answered "Yes (a) Description of investment	(b) Book value	(c) Method of	
(a) Description of investment	(b) book value	Cost or end-of-yea	
(1)			
(2)		<u> </u>	
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Part IX Other Assets.			
Complete if the organization answered "Yes		ne 11d See Form 990, P	
(a) Description	n		(b) Book value
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)		<u> </u>	
Part X Other Liabilities.	Form 000 Doct / Jun	- 44 446 O Fa	000 D-4 V
Complete if the organization answered "Yes line 25	on Form 990, Part IV, III	e Tie or Tit See Form	990, Part X,
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) FEDERAL WITHHOLDING	· · · · · · · · · · · · · · · · · · ·		<u>570</u>
(3) SOCIAL SECURITY			539
(4) MEDICARE PAYABLE			126
(5) MINNESOTA WITHHOLDING			97
(6) UNEMPLOYMENT TAXES PAYABLE			8
(7)	· · · · · · · · · · · · · · · · · · ·		
(8)			

_(9) Total. (Column (b) must equal Form 990, Part X, col (B) line 25) 1,340 ▶

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII

1200	•		• 1		
Sche	dule D (Form 990) 2019 INDEPENDENT ORDER OF ODD FEL	LOWS	41-032786	53	Page 4
	rt XI Reconciliation of Revenue per Audited Financial Statem		h Revenue per Re	eturn.	
•	Complete if the organization answered "Yes" on Form 990, I		-		
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
а	Net unrealized gains (losses) on investments	2a			
	Donated services and use of facilities	2b		1	
С	Recoveries of prior year grants	2c		7	
d	Other (Describe in Part XIII)	2d	·- <u></u>	7	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a]	
b	Other (Describe in Part XIII)	4b] [
С	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	
Pa	rt XII Reconciliation of Expenses per Audited Financial State	ments Wi	ith Expenses per	Return.	
	Complete if the organization answered "Yes" on Form 990,	Part IV, lin	ne 12a		
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			}	
а	Donated services and use of facilities	2a		<u> </u>	
b	Prior year adjustments	2b			
C	Other losses	2c		1	
d	Other (Describe in Part XIII)	2d		<u> </u>	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a]	
þ	Other (Describe in Part XIII)	4b		_	
С	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			151	

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information

Schedule D (Form 990) 2019 INDEPENDENT ORDER OF ODD FELLOWS

41-0327863

Page 5

Part XIII Supplemental Information (continued)

Schedule D (Form 990) 2019

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.

► Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

INDEPENDENT ORDER OF ODD FELLOWS GRAND LODGE OF MINNESOTA

Employer identification number 41-0327863

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 THE GRAND MASTER AND GRAND TREASURER REVIEW THE FORM PRIOR TO SUBMISSION.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC.

(Form 990)	Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.	ion answered "Yes"	on Form 990, Part	IV, line 33, 34, 35k	s, 36, or 37.		2019
Department of the Treasury Internal Revenue Service	► Go to www.irs	► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.	Form 990. structions and the	atest information.			Open to Public Inspection
Name of the organization	INDEPENDENT ORDER OF ODD FELLOWS GRAND LODGE OF MINNESOTA					Employer identificatio	Employer identification number 4.1 – 03.2.7863
Part I Identifi	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33	organization ansv	vered "Yes" on F	orm 990, Part I	V, line 33		
Nam	(a) Name, address, and EIN (rf applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)		(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)							
(2)							
(3)							
(4)							
(5)							
Part II Identifie	Identification of Related Tax-Exempt Organizations. Complete If the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.	Complete if the or	ganization answ	ered "Yes" on F	orm 990, Part IV	/, line 34, becaus	se it had
	(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domcile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) Controlled entity?
(1) THE GRAND LODGE PO BOX 7415 HUTCHINSON	DDGE OF MINNESOTA IOOF 41-1816479 MN 55350	COMMON OFF	Z	m	G F	-	
(2)					:		:
(3)							
(4)							
(5)							

Schedule R (Form 990) 2019 Page 2 (k) Percentage ownership (I) Section 512(b)(13) controlled entity? Yes No (J) General or managing partner? Yes No Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year. INDEPENDENT ORDER OF ODD FELLOWS 41-0327863

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 930, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. (h) Percentage ownership amount in box 20 of Schedule K-1 Code V—UBI (Form 1065) Share of end-of-year assets (h)
Disproportionate
alloc ? Yes No 6 Share of end-of-year assets (6 Share of total income (f) Share of total income Type of entity (C corp, S corp, or trust) (d)
Direct controlling
entity (e)
Predominant
income (related,
unrelated,
excluded from
tax under
sections 512-514) (d)
Direct controlling
entity (c) Legal domicile foreign country) (state or state or (c) Legal domicite foreign country) Primary activity Primary activity Name, address, and EIN of related organization Name, address, and EIN of related organization Schedule R (Form 990) 2019 Part I Part IV Ą E হ <u>ල</u> 4 E 3 <u>ල</u> 4

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41-0327863 Schedule R (Form 990) 2019 INDEPENDENT ORDER OF ODD FELLOWS

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

Part VI

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(k) Percentage ownership ž (J) General or managing partner? Yes Code V—UBI amount in box 20 of Schedule K-1 (Form 1065) Ξ 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 reverue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships (h)
Disproportionate
allocations? Yes No (g)
Share of
end-of-year
assets (f) Share of total income (e)
Are all partners
section
501(c)(3) organizations? Yes unrelated, excluded sections 512-514) (d) Predominant ıncome (related, from tax under (c) Legal domicile (state or foreign country) (b) Primary activity Name, address, and EIN of entity **E** Ξ 5 8 ල <u>4</u> 9 9 6 8 6

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 INDEPENDENT ORDER OF ODD FELLOWS

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Part VII

'Supplemental Information.

Provide additional information for responses to questions on Schedule R See Instructions