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Department of the Treasury

Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

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

Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form

990 All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 at the end of the year may use this form

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

OMB No 1545-1150 2007

Open to Public Inspection

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Name and the part of the pa	В		•		C Name of organization				Employer	dentifica	tion number
Number and street (or P O box, final is not delivered to street address Room/such E Telephone number			•		Independent Order of	Odd Fellows 8 Ja	ackson Lodge				03077
Termination Seek PC Box 586 Seek PC Box 586 Seek S	\vdash		-	print or	Number and street (or P O	box, if mail is not de	livered to street address) R	oom/suite E	Telephone	number	
Answert ream Ans	H		1.2" DO Dev 506						()		
Section 501(c)(s) organizations and 4947(a)(1) nonexempt charitable trusts must attach of completed Schedule A (Form 990 or 990-EZ). Website: ▶ jacksonoddfellows.org	H		Specific City or town, state or country, and ZIP + 4							emption	
Website: Jacksonoddfellows.org					Jackson, WY 83001				Number	. •	0028
Website: Jacksonoddfellows.org		• Section	on 501(c)(3)	organiz	ations and 4947(a)(1) none	exempt charitable	trusts must attach	G Accour	iting method	 ✓ c	ash
Website: ▶ Jacksonoddfellows.org Interview In				a con	npleted Schedule A (Form	990 or 990-EZ).		Other (s	specify) 🕨		
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Add lines \$1, 6b, and 7b, to line 90 setze to file a return, be sure to file a complete return.	J	Organiz	ation type (check or	nly one)— 🗹 501(c) 🗘 8) <	4 (insert no) □ 4	1947(a)(1) or	Schedu	le B (Form 9	990, 990-	EZ, or 990-PF)
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Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.) Contributions, gifts, grants, and similar amounts received. 1		not requ	ared, but if th	e organi	ization chooses to file a retu	ım, be sure to file a	complete return.				
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Part III Statement of Program Service Accomplishments (See page 60 of the instructions.)								nses	age	
What is the organization's primary exempt purpose? See Attachment 2							(Required for 501(c)(3) and (4) organizations			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.								(1) tr	usts;	
28	See Attachment 3									
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	7				<u></u>					
		•••••								
	Grants \$) If this amount in					30a				
	, -				_	l				
	(Grants \$) If this amount in				<u> </u>	31a				
	Total program service expenses. Add lines 28a rt IV List of Officers, Directors, Trustees, and Ke					32 1 of th	o instru	ctions		
Га	List of Officers, Directors, Trustees, and Re	(B) Title and average	(C) Compensation	(D) Contr	rbutio	ns to		Expens		
	(A) Name and address	hours per week devoted to position	(If not paid, enter -0)	employee be deferred co				account and other allowances		
Se	e Attachment 4					-				
							_			
Рa	rt V Other Information (Note the statem	ent requirement in Genera	I Instruction V)	ł				Yes	No	
	Did the organization make a change in its activi			oo " otto			T		1	
33	•		-	es, ana	CII a		33		1	
34	Were any changes made to the organizing or g			352 If "Y	es."	• •				
•	attach a conformed copy of the changes .						34		✓	
35	If the organization had income from business activities				but	not			1 !	
	reported on Form 990-T, attach a statement explaining								<u> </u> , '	
а	a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and								,	
	proxy tax requirements?				•		35a 35b		-	
	If "Yes," has it filed a tax return on Form 990-T						330			
36	Was there a liquidation, dissolution, termination			"Yes," a	ttac	n a	36		/	
372	statement			al	•	• •	1		<u> </u>	
	Did the organization file Form 1120-POL for thi						37b		1	
	Did the organization borrow from, or make any I				or w	ere				
-54	any such loans made in a prior year and still ur						38a		1	
b	b if "Yes," attach the schedule specified in the line 38 instructions and enter the amount									
	involved									
39	501(c)(7) organizations. Enter:									
	Initiation fees and capital contributions included			_			-		,	
	Gross receipts, included on line 9, for public us	e of club facilities	<u></u> . 39	n				\ F7	L'	

Page	3

Par	t V	Other Information (Note the statement require	ement in General Instruc	tion V.) <i>(Cont</i>	inued)				
4Qa		c)(3) organizations. Enter amount of tax imposed on the on 4911 ▶; section 4912 ▶					Yes		
b	501(c)(3) and (4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation								
	the ye	r amount of tax imposed on organization managers of rear under sections 4912, 4955, and 4958		ĭ. ▶					
q	Enter amount of tax on line 40c reimbursed by the organization ▶								
	transa	rganizations. At any time during the tax year, was the action?				40e			
41	List th	he states with which a copy of this return is filed. > W	yoming						
42a		books are in care of ► Wayne Johnson ted at ► 1026 W 4000 S Victor ID		·	•) 787-4401 83455			
c 43	over a accou if "Ye See to At an if "Ye Section	es," enter the name of the foreign country: the instructions for exceptions and filing requirements by time during the calendar year, did the organization	for Form TD F 90-22.1. maintain an office outside of 990-EZ in lieu of Form 104	of the U.S.?	r financial	42b 42c	Yes	No ✓	
Plea Sign Here	,	Under penalties of perjury, I declare that I have examined this ret and belief it is true, correct, and complete Declaration of preparation o	urn, including accompanying sche arer (other than officer) is based o	dules and statemen all information of Date	nts, and to the b f whichypreparer 3//O	est of m has an	iy know y know	vledge vledge	
Paid	aror ^j o	Preparer's signature	Date	Check if self- employed ▶ □	Preparer's SSN o	r PTIN (S	ee Gen.	Inst X)	
Use (arer's Only	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN Phone no	<u>▶</u> ()		<u>.</u>		
				· · · · · · · · · · · · · · · · · · ·	Fo	m 99 ()-EZ	(2007)	

Attachment 1: 990-EZ Page 1, Part I, Line 16 Independent Order of Oddfellows 8 Jackson Lodge 83 - 6003077 Tax year - 2007

Description of Other Expenses		A	mount
Dues & Subscriptions		\$	884
Meals and Entertainment		\$	221
Depreciation		\$	478
Supplies		\$	517
Taxes - Property		\$	2,682
Taxes and Licenses		\$	25
Travel		\$	127
	Total	\$	4,934

Attachment 2 : 990-EZ Page 2, Part III Independent Order of Oddfellows 8 Jackson Lodge 83 - 6003077 Tax year – 2007

To improve and elevate the character of mankind by visiting the sick, relieving the distressed, burying the dead, and educating the orphan.

Attachment 3 : 990-EZ Page 2, Part III, Line 28
Independent Order of Oddfellows 8 Jackson Lodge
83 - 6003077
Tax year - 2007

We provide 5 to 6 scholarships per year to local high school students. We specifically support the local senior center in order to provide affordable meals to those in need. We provide a facility for our members to meet and socialize. Additionally we provide financial aid to cover burial costs to families of members who pass away.

Allowances Account & Expense Other 0000 to Benefit Plans Contributions \$1,200.00 \$1,200.00 \$1,200.00 \$1,200.00 \$1,200.00 \$900.00 Compensation Annual Independent Order of Oddfellows 8 Jackson Lodge 1.5 1.5 1.125 **Avg Hours** per Week Attachment 4: 990-EZ Page 2, Part IV Tax year - 2007 83 - 6003077 **Kice President** Title **President** Sechatary Treasure Director Director 1026 W 4000 S Victor, ID 83455 PO Box 1074 Jackson, WY 83001 PO Box 1081 Jackson, WY 83001 PO Box 1750 Jackson, WY 83001 PO Box 784 Jackson, WY 83001 PO Box 155 Jackson, WY 83001 Addres List of Officers & Directors Name Wayne Johnson Mark Antrobus **Donald Brewer** Dale Petersen **Alva Richins** Hal Johnson

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