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Form **990-EZ**

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) 0804

► 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.

A For the 2007 calendar year, or tax year beginning May 1, 2007, and ending April 30, 2008

**B** Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Termination  
☐ Amended return  
☐ Application pending

**Please  
use IRS  
label or  
print or  
type.  
See  
Specific  
Instruc-  
tions.**

**C Name of organization**

**Independent Order of Odd Fellows 8 Jackson Lodge**

Number and street (or P O box, if mail is not delivered to street address)

**PO Box 586**

City or town, state or country, and ZIP + 4

**Jackson, WY 83001**

D Employer identification number

83 : 6003077

E Telephone number

( )

### F Group Exemption

Number 0028

• **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**G** Accounting method ☒ Cash ☐ Accrual  
Other (specify) ▶

**Website: ► [jacksonoddfellows.org](http://jacksonoddfellows.org)**

**J Organization type** (check only one)—☒ 501(c) 08 ) ◀ (insert no ) ☐ 4947(a)(1) or ☐ 527

**H** Check ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$100,000 or more, file Form 990 instead of Form 990-EZ. **▶ \$**

**Part I** Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 55 of the instructions.)[illegible]

**Part II Balance Sheets**—If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ.

(See page 60 of the instructions)

(See page 60 of the instructions )		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments . . . . .	76,592	80,512
23	Land and buildings . . . . .		8,345
24	Other assets (describe ► _____ )		
25	<b>Total assets</b> . . . . .	76,592	88,857
26	<b>Total liabilities</b> (describe ► _____ )		
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	76,592	88,857

**For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.**

Cat No 106421

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**Part III Statement of Program Service Accomplishments** (See page 60 of the instructions.)What is the organization's primary exempt purpose? **See Attachment 2**

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.

**Expenses**

(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts; optional for others)

**28 See Attachment 3**(Grants \$ ) If this amount includes foreign grants, check here ☐ **28a****29**(Grants \$ ) If this amount includes foreign grants, check here ☐ **29a****30**(Grants \$ ) If this amount includes foreign grants, check here ☐ **30a****31 Other program services** (attach schedule)(Grants \$ ) If this amount includes foreign grants, check here ☐ **31a****32 Total program service expenses.** Add lines 28a through 31a **32****Part IV List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated. See page 61 of the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
See Attachment 4				

**Part V Other Information** (Note the statement requirement in General Instruction V.)

	Yes	No
<b>33</b> Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	<b>33</b>	✓
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	<b>34</b>	✓
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	<b>35a</b>	✓
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?	<b>35b</b>	✓
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.	<b>36</b>	✓
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. <b>37a</b>	<b>37b</b>	✓
<b>b</b> Did the organization file Form 1120-POL for this year?		
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still unpaid at the start of the period covered by this return?	<b>38a</b>	✓
<b>b</b> If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	<b>38b</b>	
<b>39</b> 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9	<b>39a</b>	
<b>b</b> Gross receipts, included on line 9, for public use of club facilities	<b>39b</b>	

**Part V Other Information** (Note the statement requirement in General Instruction V.) (Continued)

**40a** 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:  
 section 4911 ▶ \_\_\_\_\_ ; section 4912 ▶ \_\_\_\_\_ ; section 4955 ▶ \_\_\_\_\_

**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 . . .

	Yes	No
<b>40b</b>		
<b>c</b>		
<b>d</b>		
<b>e</b>		
<b>40e</b>		

**c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ \_\_\_\_\_

**d** Enter amount of tax on line 40c reimbursed by the organization . . . ▶ \_\_\_\_\_

**e** All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . .

**41** List the states with which a copy of this return is filed. ▶ **Wyoming**

**42a** The books are in care of ▶ **Wayne Johnson**

Telephone no. ▶ ( **208** ) **787-4401**

Located at ▶ **1026 W 4000 S Victor ID**

ZIP + 4 ▶ **83455**

**b** At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . .

	Yes	No
<b>42b</b>		✓
<b>42c</b>		✓

If "Yes," enter the name of the foreign country: ▶ \_\_\_\_\_

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1**.

**c** At any time during the calendar year, did the organization maintain an office outside of the U.S.? . . .

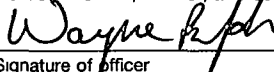
If "Yes," enter the name of the foreign country: ▶ \_\_\_\_\_

**43** Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here . . . ▶ ☐

and enter the amount of tax-exempt interest received or accrued during the tax year . . . ▶ **43**

**Please Sign Here**

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

Signature of officer  


Date  
**5/13/10**

**Wayne Johnson - Treasurer**  
 Type or print name and title.

**Paid Preparer's Use Only**

Preparer's signature ▶

Date

Check if self-employed ▶ ☐

Preparer's SSN or PTIN (See Gen. Inst. X)

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶

EIN ▶

Phone no ▶ ( )

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	Amount
Dues & Subscriptions	\$ 884
Meals and Entertainment	\$ 221
Depreciation	\$ 478
Supplies	\$ 517
Taxes - Property	\$ 2,682
Taxes and Licenses	\$ 25
Travel	\$ 127
Total	<u>\$ 4,934</u>

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.

Attachment 4 : 990-EZ Page 2, Part IV  
 Independent Order of Oddfellows 8 Jackson Lodge  
 83 - 6003077  
 Tax year - 2007

List of Officers & Directors

Name	Address	Title	Avg Hours per Week	Annual Compensation	Contributions to Benefit Plans	Expense Account & Other Allowances
Mark Antrobus	PO Box 784 Jackson, WY 83001	President	1.5	\$1,200.00	0	0
Dale Petersen	PO Box 1074 Jackson, WY 83001	Vice President	1.125	\$900.00	0	0
Donald Brewer	PO Box 155 Jackson, WY 83001	Secretary	1.5	\$1,200.00	0	0
Wayne Johnson	1026 W 4000 S Victor, ID 83455	Treasurer	1.5	\$1,200.00	0	0
Alva Richins	PO Box 1081 Jackson, WY 83001	Director	1.5	\$1,200.00	0	0
Hal Johnson	PO Box 1750 Jackson, WY 83001	Director	1.5	\$1,200.00	0	0