



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Open to Public Inspection

Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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 2008 calendar year, or tax year beginning **May 1**, 2008, and ending **April 30**, 20 **09**

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

1 (

E. Group Exemption

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

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

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

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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ. **▶ \$**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

	Revenue	Expenses	Net Assets
1	Contributions, gifts, grants, and similar amounts received		
2	Program service revenue including government fees and contracts		
3	Membership dues and assessments		
4	Investment income		
5a	Gross amount from sale of assets other than inventory		
b	Less: cost or other basis and sales expenses		
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)		
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/>		
a	Gross revenue (not including \$ _____ of contributions reported on line 1)		
b	Less: direct expenses other than fundraising expenses		
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		
7a	Gross sales of inventory, less returns and allowances		
b	Less: cost of goods sold		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		
8	Other revenue (describe ► _____)		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8.		
10	Grants and similar amounts paid (attach schedule)		
11	Benefits paid to or for members		
12	Salaries, other compensation, and employee benefits		
13	Professional fees and other payments to independent contractors		
14	Occupancy, rent, utilities, and maintenance		
15	Printing, publications, postage, and shipping		
16	Other expenses (describe ► See Attachment 1)		
17	Total expenses. Add lines 10 through 16		
18	Excess or (deficit) for the year (Subtract line 17 from line 9)		
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		
20	Other changes in net assets or fund balances (attach explanation)		
21	Net assets or fund balances at end of year. Combine lines 18 through 20		

Part II Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

(See the instructions for Part II.)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	80,512	81,828
23	Land and buildings	8,345	8,088
24	Other assets (describe _____)		
25	Total assets	88,857	89,916
26	Total liabilities (describe _____)		
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	88,857	89,916

Process as Original

JUN 29 2010

Part V Other Information (Note the statement requirements in the instructions for Part VI)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
34 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		✓
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?		✓
b If "Yes," has it filed a tax return on Form 990-T for this year?		✓
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N		✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a		
b Did the organization file Form 1120-POL for this year?		✓
38a 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 If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 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," complete Schedule L, Part I		
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? If "Yes," complete Form 8886-T		
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)?		✓
If "Yes," enter the name of the foreign country: ▶		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
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 ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		

Part VI **Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46–49 and complete the tables for lines 50 and 51.

- | | | | | |
|------------|--|------------|-----|----|
| 46 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | Yes | No |
| 47 | Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | | |
| 48 | Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | | |
| 49a | Did the organization make any transfers to an exempt non-charitable related organization? | 49a | | |
| b | If "Yes," was the related organization(s) a section 527 organization? | 49b | | |
| 50 | Complete this table for the five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." | | | |

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

Total number of other employees paid over \$100,000 ►				

- 51** Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors each receiving over \$100,000 . . . ▶		

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.

**Sign
Here**

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

Date _____

**Paid
Preparer's
Use Only**

Preparer's
signature 

Date

Check if self-employed ☐

Preparer's Identifying Number (See instructions)

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

FIN

Phone no ▶ {

May the IRS discuss this return with the preparer shown above? See instructions

☐ Yes ☐ No

Attachment 1 : 990-EZ Page 1, Part I, Line 16
Independent Order of Oddfellows 8 Jackson Lodge
83 - 6003077
Tax year - 2008

Description of Other Expenses	Amount
Dues & Subscriptions	\$ 998
Meals and Entertainment	\$ 815
Depreciation	\$ 901
Supplies	\$ 571
Taxes - Property	\$ 4,005
Taxes and Licenses	\$ 25
Host Expenses	\$ 2,500
Total	<u>\$ 9,815</u>

Attachment 2 : 990-EZ Page 2, Part III
Independent Order of Oddfellows 8 Jackson Lodge
83 - 6003077
Tax year – 2008

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 - 2008

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 - 2008

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	1.125	\$900.00	0	0
Dale Petersen	PO Box 1074 Jackson, WY 83001	Vice President	1.5	\$1,200.00	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