Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

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

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Go to www irs gov/Form990EZ for instructions and the latest information

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

For the 2018 calendar year, or tax year beginning 05/01/18, and ending D Employer identification number Check if applicable C Name of organization INDEPENDENT ORDER OF ODD FELLOWS 8 Address change 83-6003077 Name change JACKSON LODGE Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number Initial return 307-734-0199 Final return/terminated POST OFFICE BOX 586 City or town, state or province country and ZIP or foreign postal code F Group Exemption Amended return OR Number ▶ 0028 Application pending **JACKSON** Check ▶ X if the organization is not Accounting Method X Cash Accrual Other (specify) ▶ required to attach Schedule B Website N/A 501(c)(3) X 501(c)(8) (insert no) (Form 990, 990-EZ, or 990-PF) Tax-exempt status (check only one) -4947(a)(1) or Form of organization X Corporation Trust Association Other Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more or if total assets 83,157 (Part II, column (B)) are \$500 000 or more, file Form 990 instead of Form 990 E/ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I X. Check if the organization used Schedule O to respond to any question in this Part I 580 Contributions, gifts grants, and similar amounts received 1 2 2 Program service revenue including government fees and contracts 3 3 Membership dues and assessments 353 4 Investment income 4 5a Gross amount from sale of assets other than inventory 5b Less cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than \$15,000) of contributions Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the 6b sum of such gross income and contributions exceeds \$15,000) Less direct expenses from gaming and fundraising events Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d Gross sales of inventory, less returns and allowances 7 a 7a 7b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 8 8 Other revenue (describe in Schedule O) 83,157 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 31,266 10 Grants and similar amounts paid (list in Schedule O) 10 11 11 Benefits paid to or for members Salaries, other compensation, and employee benefits 12 12,643 13 13 Professional fees and other payments to independent contractors 14 Occupancy, rent, utilities and maintenance 14 15 Printing, publications, postage, and shipping 15 17,238 16 16 Other expenses (describe in Schedule O) 66,251 Total expenses Add lines 10 through 16 17 17 16,906 18 Excess or (dericit) for the year (Subtract line 17 from line 9) 18 Assets 19 Net assets or fund balances at beginning of year (from line 27 column (A)) (must agree with 195,823 19 end-of-year figure reported on prior year's return) Net 20 Other changes in net assets or fund balances (explain in Schedule O) 20 212,729 21 Net assets or fund balances at end of year. Combine lines 18 through 20 Form 990-EZ (2018) For Paperwork Reduction Act Notice, see the separate instructions APR 1 7 2020

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| form 990 EZ (2018) | ODD EELI | OMC 9 93 60 | 02077 | | Page 2 |
|--|-------------------------------|---|--------------------------------------|--------------------|---------------------------------------|
| Part II Balance Sheets (see the instructions for P | | OWS 8 83-60 | 03077 | | , uge - |
| Check if the organization used Schedule () to | respond to any | question in this Part | <u> </u> | · | <u></u> |
| | | (A) Be | ginning of year | ļ | (B) End of year |
| 2 Cash, savings, and investments | | | 143,207 | 22 | 163,920 |
| 3 Land and buildings | | 52,616 | 23 | 48,809 | |
| 4 Other assets (describe in Schedule O) | | · | 0 | 24 | |
| 5 Total assets | | | 195,823 | 25 | 212,729 |
| 6 Total liabilities (describe in Schedule O) | | | 0 | 26 | 0 |
| 7 Net assets or fund balances (line 27 of column (B) must agree | | | 195,823 | 27 | 212,729 |
| Part III Statement of Program Service Accom | | | 37 | | |
| Check if the organization used Schedule O to | respond to any | question in this Part | III X | ļ | Expenses |
| Vhat is the organization's primary exempt purpose? | | | | l ' | quired for section |
| See Schedule O | | | | 1 | (c)(3) and 501(c)(4) |
| Describe the organization's program service accomplishments for e | | | | orga | inizations, optional for |
| s measured by expenses. In a clear and concise manner, describ | • | vided, the number of | | othe | ers) |
| ersons benefited, and other relevant information for each program | title | | | | |
| 8 IOOF PROVIDED 8 SCHOLARSHIPS TO LOCAL HIGH SC | HOOL STUDENTS | | | | |
| | | | | | |
| | | | _ | | |
| (Grants \$) If this amount includes t | | | | 28a | |
| 9 IOOF SUPPORTED THE LOCAL SENIOR CENTER WILLOW | PROVIDES AFFO | RDABLE MEALS TO | | . , | |
| THOSE IN NEED | | | | | |
| (Consta C | aba | alı basa | _ | 200 | |
| (Grants \$) If this amount includes to | | ck nere | | 29a | |
| 0. 100F MADE VARIOUS DONATIONS TO COMMUNITY MEMI | SEKS IN NEED | | | | |
| | | | | | |
| · (G. vata \$ | foreign grants, cho | ck hara | | 30a | |
| (Grants \$) If this amount includes for Other program services (describe in Schedule O) | oreign grants, che | CK Here | | 30a | ······ |
| (Grants S) If this amount includes f | ioreian arante che | ck here | | 31a | |
| 2 Total program service expenses (add lines 28a through 31a) | | CK HEIE | | 32 | · · · · · · · · · · · · · · · · · · · |
| Part IV List of Officers, Directors, Trustees, and Key Er | nployees (list eac | h one even if not compe | nsated — see the | | tions for Part IV) |
| Check if the organization used Schedule O to resp | ond to any questio | n in this Part IV | · | | · · · · · · · · · · · · · · · · · · · |
| (a) Name and title | (b) Average hours per week | (c) Reportable compensation | (d) Health ber contributions to e | nefits, mployee | (e) Estimated amount of |
| tay realite and tibe | devoted to position | (Forms W-2/1099-MISC) (If not paid, enter -0-) | benefit plans, deferred compe | and | other compensation |
| JACK CHARBANEAU | | (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1. | | | |
| PRESIDENT | 1.00 | 1,200 | | 0 | o |
| JEFF ZENDER | | · · · · · · · · · · · · · · · · · · · | | | |
| VICE PRESIDENT | 1.00 | 700 | | 0 | o |
| HAP JOHNSON | | | | | |
| SECRETARY | 1.00 | 2,200 | | 0 | 0 |
| WAYNE JOHNSON | | | · | | |
| TREASURER | 1.00 | 3,200 | | 0 | o |
| DALE PETERSON | | | | | |
| DIRECTOR | 1 00 | 1,200 | | 0 | o |
| GEORGE SCARLETT | | | | | |
| DIRECTOR | 1.00 | 1,200 | | 0 | o |
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|---------------|--|--|---------------|---|-----------------------|
| | rt V Other Information (Note the Schedule A and personal benefit contract statement re instructions for Part V) Check if the organization used Schedule O to respond to any | quirements in the question in this Part V | | <u>, , </u> | |
| * | | | | Yes | No |
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a | | | | |
| | detailed description of each activity in Schedule O | | 33 | | X |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed | | | | 1 |
| | copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the | | l | | ., |
| | change on Schedule O See instructions | | 34 | | X |
| 35a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business | \$ | 1 | | |
| | activities (such as those reported on lines 2, 6a, and 7a, among others)? | | 35a | ļ | X |
| b | If "i'es" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in | Schedule O | 35b | | |
| С | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) no | tice, | | | |
| | reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | | 35c | | X |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets | | | | l |
| | during the year? If "Yes," complete applicable parts of Schedule N | | 36 | | X |
| 37a | Enter amount of political expenditures, direct or indirect, as described in the instructions | <u> </u> | | _ ~ | _ 1. |
| b | Did the organization file Form 1120-POL for this year? | | 37b | | X |
| 38a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or w | ere | | | |
| | any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | | 38a | | X |
| , b | If "Yes," complete Schedule L, Part II and enter the total amount involved | | | • | ł |
| ;39 | Section 501(c)(7) organizations Enter | | | | ł |
| а | initiation fees and capital contributions included on line 9 | | , | | |
| , b | Cross receipts, included on line 9, for public use of club facilities 39b | | | `. | l |
| 40a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under | | | | |
| | section 4911 ▶, section 4912 ▶, section 4955 ▶ | | | | 1 |
| y, b | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 495 | | ١,, | ا ا | -4 |
| 1 | cacess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year | | | | i |
| i Pi Igaşa | that has not been reported on any of its prior Forms 990 or 990-EZP If "Yes," complete Schodule E, Part I | | 40b | | |
| , c | .Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed | | | | |
| | you organization managers or disqualified persons during the year under sections 4912, | | | | ١. |
| 1 | 4955, and 4958 | | | | 1 |
| ch d | Section 501(c)(3) 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line | | | | |
| · 1 | 40c reimbursed by the organization | | 1 | | |
| 4°C | All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter | | _ 1 | ایرا | er <u>da jar</u> |
| | transaction? If "Yes," complete Form 8886-T | | 40e | , | X |
| 41 | List the states with which a copy of this return is filed None | | | ' | |
| | | Telephone no ▶ 208 | -78 | 7-4 | 401 |
| , , , , , | 1026 W 4000 S | | | | |
| | Located at VICTOR 1D | ZIP+4▶ 834 | 155 | | |
| h | At any time diffing the calendar year, if if the organization have an interest in or a signature or other author | tv over | | Yes | Nο |
| • | a financial account in a foreign country (such as a bank account securities account, or other financial account | • | 12b | | Х |
| | If "Yes," enter the name of the foreign country | · | | | |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank a | nd | | | |
| | Financial Accounts (FBAR) | | | | ١. |
| c | At any time during the calendar year, did the organization maintain an office outside the United States? | | 12c | | Х |
| | 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 | ······································ | | | \blacktriangleright |
| | and enter the amount of tax exempt interest received or accrued during the tax year | ▶ 13 | | | |
| | , , , , , , , , , , , , , , , , , , , | | | Yes | No |
| 11 a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be | | | | 1 |
| | completed instead of Form 990-EZ | | 44a | | X |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be | | | ., | |
| D | completed instead of Form 990-EZ | | 44b | | x |
| _ | Did the organization receive any payments for indoor tanning services during the year? | | 440 | | X |
| C | If "Yes" to line 44c, has the organization filed a Form 720 to roport these payments? If "No" provide an | | 7-71 | | <u> </u> |
| ď | | | 44d | | 1 |
| 4.5 | explanation in Schedule O | | 45a | | x |
| 15a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 20 | 7.0 | | |
| b | Did the organization receive any payment from or engage in any transaction with a controlled entity within t | סו | ľ | ٠, | ' |
| | meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of | | 45b | , | x |
| | Form 990-EZ See instructions | <u> </u> | 1450 rm 99 | ∩₋E7 | |
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| 46 ~ | | iganization | engage, directly or in blic office? If "Yes" co | directly, in pointed | Campaign activitie | - 3. 3 | - | | Yos No |
| Pbi | (VI | Section All section 50 and 5 | 501(c)(3) Organ on 501(c)(3) organiz | Izations Only ations must ans | wer questions 47 | | | mplete the tables for t | |
| ~-· · · | | ······································ | | | | | | | Yos No |
| 47 | | | i engage in lobbying a blete Schedule C. Pari | | section 501(h) elec | tion in effect | during the t | ax | 47 |
| 48 | • | | | | n(Avor? If "Yes " u | anoleie Scre | ouie F | | 48 |
| 19a | Is the organization a school serdescribed in section 170(b)(1)(A)(a)? If "Yes" complete Schedule to a. Did the organization make any transfers to an exempt non-charicable related organization? | | | | | | 49a | | |
| b | If "Yos," w | viss the reli | ated organization a se | etion 527 organiza | dion? | | | | 491) |
| 50 | | | - | • | | | | actors trustees, and key | 1 |
| | employee: | s) who ea | ch received more than | \$100,000 of com | | | | | |
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| f 51 | Complete | this table | or amployees paid ov- for the organization's reason from the organ | live highest cemp | orated horsendo none, onto Hone | ni contracion | s who each | received more than | |
| | (1 | (a) Numo or | nd this, eas addices of e | actindelwidev, to. | vactor | | (b) Typ | e of service | (c) Compensation |
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| Hore | b |) | YNF JOHNSON | n purpo malanco mario de manda estra de la composición del composición de la composición de la composición del composición de la composición de la composición de la composición de la composición del composición de la composición de la composición de la composición del composici | | TP. | EASURI | ER | manufacture of the second seco |
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| _ | | | | l prepare. | r | | .,, ., <u>., ., ., ., ., ., ., ., ., ., ., ., ., .</u> | Prureno | |
| (a) - | ម្រក ប្រក្រក្នុ | uscuss this | return with the orenur | " shown above? | See instructions | | | شد در خواهدینیهایمید بادیدین دایدود | Yes No |

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