

2007

Open to Public Inspection

Form 990-EZ

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.

Department of the Treasury Internal Revenue Service

A For the 2007 calendar year, or tax year beginning JAN 1 2007, and ending DEC 31 2007

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

C Name of organization: 20th Century Elks Lodge # 938
Number and street (or P.O. box, if mail is not delivered to street address): P.O. Box 9005
City or town, state or country, and ZIP + 4: FRESNO, CA 93790

D Employer identification number: 77-0270431
E Telephone number: (559) 903-4890
F Group Exemption Number: [blank]

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: [X] Cash [] Accrual Other (specify) []

I Website: [blank]
J Organization type (check only one): [X] 501(c)(3) (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. \$ 3,272.00

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

Table with 21 rows for Revenue, Expenses, and Net Assets. Includes handwritten entries for revenue (1,336), expenses (2,269), and net assets (2,109).

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.)

Table with 7 rows for Balance Sheets. Columns: (A) Beginning of year, (B) End of year. Includes handwritten entries for total assets (1,359.72) and net assets (1,189.72).

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

Cat No 106421

Form 990-EZ (2007)

SCANNED JUN 23 2008

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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? TO PROMOTE CHARITABLE WORK
 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 _____
 (Grants \$ _____) If this amount includes foreign grants, check here **28a** 0

29 _____
 (Grants \$ _____) If this amount includes foreign grants, check here **29a** 0

30 _____
 (Grants \$ _____) If this amount includes foreign grants, check here **30a** 0

31 Other program services (attach schedule) _____
 (Grants \$ _____) If this amount includes foreign grants, check here **31a** 0

32 Total program service expenses. Add lines 28a through 31a **32** 0

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
WILLIE GRAY 4547 N. Sequoia Ave. Reno, NV 93705	Executive Director	0	0	0
VERNON LITTLER 3443 Olive St. Reno, NV 93702	FINANCIAL SEC.	0	0	0
JOHN LOCKETT 6628 N. Sierra Vista 93710	Treasurer	0	0	0
Raymond Franklin 7221 N. Ginkgo Ave 93772	Trustee	0	0	0

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

	Yes	No
33 Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
35 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		
a Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?	35a	<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	<input checked="" type="checkbox"/>
36 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.	36	<input checked="" type="checkbox"/>
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?	37b	<input checked="" type="checkbox"/>
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?	38a	<input checked="" type="checkbox"/>
b If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved	38b	
39 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	<u>0</u>
b Gross receipts, included on line 9, for public use of club facilities	39b	<u>0</u>

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 . . .
- c Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . ▶ 0
- d Enter amount of tax on line 40c reimbursed by the organization . . . ▶ 0
- e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . .

	Yes	No
40b		<input checked="" type="checkbox"/>
40c		
40d		
40e		<input checked="" type="checkbox"/>

- 41 List the states with which a copy of this return is filed. ▶ California
- 42a The books are in care of ▶ VERNON L. TYLER Telephone no. ▶ (559) 903-4890
 Located at ▶ 3443 OLIVE ZIP + 4 ▶ _____
- b At any time during the calendar year, did the organization have over a financial account in a foreign country (such as a bank account)? . . .
 If "Yes," enter the name of the foreign country: ▶ _____
 See the instructions for exceptions and filing requirements for
- c At any time during the calendar year, did the organization maintain a financial account in a foreign country? . . .
 If "Yes," enter the name of the foreign country: ▶ _____
- 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 and enter the amount of tax-exempt interest received or accrued during the year: ▶ _____

Under penalties of perjury, I declare that I have examined this return and belief, it is true, correct, and complete. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has knowledge.

Please Sign Here

▶ Vernon L. Tyler
 Signature of officer

▶ VERNON L. TYLER
 Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ _____

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

EIN ▶ _____

Phone no ▶ () _____