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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)

▶ 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

OMB No 1545-1150

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 05-01 , 2008, and ending 04-30 , 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 Instructions.

C Name of organization
INDEPENDENCE LODGE 2414 LOYAL ORDER

Number and street (or P O box, if mail is not delivered to street address) Room/suite
PO BOX 139

City or town, state or country, and ZIP + 4
INDEPENDENCE, MO 64051-0139

D Employer identification number
43-1651252

E Telephone number
(816) 254-3829

F Group Exemption Number ▶

- 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) ▶

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

I **Website:** ▶

J **Organization type** (check only one) - ☒ 501(c) (8) ◀ (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 $1,000,000 or more, file Form 990 instead of Form 990-EZ ▶$ 321,830

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

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	435
	2	Program service revenue including government fees and contracts	2	317,901
	3	Membership dues and assessments	3	3,466
	4	Investment income	4	28
	5a	Gross amount from sale of assets other than inventory 5a		
	b	Less cost or other basis and sales expenses 5b		
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ▶ ☐		
	a	Gross revenue (not including $ of contributions reported on line 1) 6a		
	b	Less direct expenses other than fundraising expenses 6b		
	c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	
	7a	Gross sales of inventory, less returns and allowances 7a		
	b	Less cost of goods sold 7b		
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe ▶)	8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 ▶	9	321,830
Expenses	10	Grants and similar amounts paid (attach schedule) STM122	10	2,616
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	68,640
	13	Professional fees and other payments to independent contractors	13	
	14	Occupancy, rent, utilities, and maintenance	14	34,430
	15	Printing, publications, postage, and shipping	15	1,983
	16	Other expenses (describe ▶ STM130)	16	203,524
	17	**Total expenses.** Add lines 10 through 16 ▶	17	311,193
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	10,637
	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)	19	168,432
	20	Other changes in net assets or fund balances (attach explanation) STM104	20	155,207
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶	21	334,276

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)

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	63,086	22	72,556
23	Land and buildings	228,404	23	369,182
24	Other assets (describe ▶)		24	
25	**Total assets**	291,490	25	441,738
26	**Total liabilities** (describe ▶ STM132)	123,058	26	107,462
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	168,432	27	334,276

8 89

Part III Statement of Program Service Accomplishments (See the instructions for Part III)

What is the organization's primary exempt purpose? FRATERNALISM

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 THE ORGZTN UNITES MEMBERS IN THE BONDS OF FRATERNITY BENEVOLENCE AND CHARITY, ACCOMPLISHED BY YEAR-ROUND SCHDLE OF SOCIAL & RECREATIONAL ACT FOR 386 MEMBERS & 682 FAMILY

(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 the instructions for Part IV)

(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
BILL POWELL 1103 OAKLEY KANSAS CITY MO, 64127	PAST GOVERNOR 2	0	0	0
ROBERT F DANNER JR 2621 S EVANSTON DRIVE INDEPENDENCE, 64052	SECRETARY 30	STMA02 2,166	0	0
DAVE PERRY 2514 CRESCENT AVENUE INDEPENDENCE, 64052	PRESIDENT 3	0	0	0
DAVE GILLIS 3817 DRUMM AVENUE INDEPENDENCE MO, 64055	TRUSTEE 2	0	0	0
ROBERT F DANNER JR 2621 S EVANSTON AVENUE INDEPENDENCE, 64052	LICENSE HOLDE 30	0	0	0
JAMES PARSONS 2635 S WESTPORT RD INDEPENDENCE, 64052	TREASURER 3	0	0	0
ALAN ROGERS 910 NORTH PARK INDEPENDENCE MO, 64050	TRUSTEE 2	0	0	0
JOSEPH FERRO 838 MONTGAL AVENUE KANSAS CITY MO, 64120	JUNIOR GOVERNOR 2	0	0	0
PAT MILLER 8626 THOMPSON AVENUE KANSAS CITY, 64125	PRELATE 2	0	0	0
BOB SANDERS PO BOX 139 INDEPENDENCE MO, 64051-0139	TRUSTEE 2	0	0	0

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	33		X
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	34		X
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?	35a		X
b	If "Yes," has it filed a tax return on **Form 990-T** for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	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		X
38 a	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		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	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			
40 a	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	40b		
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	40e		X
41	List the states with which a copy of this return is filed ▶ _____			
42 a	The books are in care of ▶ ROBERT F DANNER Telephone no. ▶ 816-254-3829			
	Located at ▶ 2537 BLUE RIDGE BLVD KANSAS CITY, MO ZIP + 4 ▶ 64129-1418			
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)?	42b		X
	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 ?	42c		X
	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			

			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44		X
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	45		X

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

			Yes	No
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		
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		
49 a	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 are 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 ▶		

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

Robert F Danner Jr — Signature of officer

3-11-10 — Date

ROBERT F DANNER JR, LICENSE HOLDE

Type or print name and title

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed ▶	Preparer's Identifying No (See inst)
Diana K Roberts, E.A.	03-11-2010	☐	

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

SMART TAX LLC
2601 S HUB DR
Independence, MO 64055

EIN ▶

Phone no ▶

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☒ Yes ☐ No

Name(s) as shown on return: INDEPENDENCE LODGE 2414 LOYAL ORDER

Your Social Security Number: 43-1651252

Form 990EZ, Part I, Line 10
Grants and Similar Amounts Paid Schedule

Statement #122

		Amount	Relationship
Activity	LOOMIS SUPPORT FEES	111	NONE
Grantee			
Address			
Activity	DONATION EXPENSE	1,673	NONE
Grantee			
Address			
Activity	SPECIAL PROJECT AND COMMITTE EXPENS	832	NONE
Grantee			
Address			
	Total	2,616	

Name(s) as shown on return: INDEPENDENCE LODGE 2414 LOYAL ORDER

Your Social Security Number: 43-1651252

Statement #130

Form 990EZ, Part I, Line 16
Other Expenses Schedule 2

Description	Amount
TRAVEL AND REPRESENTATIVE EXPENSES	3,922
INTEREST ON INDEBTEDNESS	4,643
ENTERTAINMENT	9,638
ADVERTISING	200
BANK CHARGES	104
LICENSES	2,585
PAID FOR MERCHANDISE	103,315
GENERAL ADMINISTRATIVE EXPENSE	70
GAMING EXPENSES	79,047
Total	203,524

Name(s) as shown on return: INDEPENDENCE LODGE 2414 LOYAL ORDER

Your Social Security Number: 43-1651252

Form 990EZ, Part II, Line 26 Statement #132
Other Liabilities Schedule 3

Description	Beginning of Year	End of Year
OTHER LIABILITIES	123,058	107,462
Total	123,058	107,462

	Federal Supporting Statements	2008 PG01
Name(s) as shown on return		Your Social Security Number
INDEPENDENCE LODGE 2414 LOYAL ORDER		43-1651252

Form 990EZ, Part IV Statement #A02
Compensation Explanation

Name
ROBERT F DANNER JR

Explanation
SECRETARY IS PAID BY W-2 FOR 40 HOUR WEEK.

Name(s) as shown on return: INDEPENDENCE LODGE 2414 LOYAL ORDER

Your Social Security Number: 43-1651252

Statement #104

Form 990EZ, Part I, Line 20
Other Changes in Net Assets Schedule

Description	Amount
BALANCING	155,207
Total	155,207

- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** and check this box . . . . . ▶ [X]

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** (on page 1)

Part II **Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed)

Type or print	Name of Exempt Organization		Employer identification number
File by the extended due date for filing the return See instructions	INDEPENDENCE LODGE 2414 LOYAL ORDER		43-1651252
	Number, street, and room or suite no If a P O box, see instructions PO BOX 139		For IRS use only
	City, town or post office, state, and ZIP code For a foreign address, see instructions INDEPENDENCE, MO 64051-0139		

Check type of return to be filed (File a separate application for each return)

[ ] Form 990	[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 6069
[ ] Form 990-BL	[ ] Form 990-T (sec 401(a) or 408(a) trust)	[ ] Form 4720	[ ] Form 8870
[X] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 5227	

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ▶ ROBERT F DANNER
  Telephone No ▶ 816-254-3829 FAX No ▶
- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . . ▶ [ ] If it is for part of the group, check this box . . ▶ [ ] and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until 03-15 , 2010

5 For calendar year _____, or other tax year beginning 05-01 , 2008 and ending 04-30 , 2009

6 If this tax year is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

7 State in detail why you need the extension

TAXPAYER IS AWAITING ADDITIONAL INCOME AND EXPENSES DOCUMENT FROM BANK TO FILE A TIMELY AND ACCURATE RETURN

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	8a	$
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	$
c	**Balance Due.** Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	$

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ▶ Title ▶ Date ▶