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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)

2008

OMB No. 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other org- anizations 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

6/01 2009 For the 2008 calendar year, or tax year beginning 5/31 , 2008, and ending D Employer identification number Check if applicable: Please Address change MOUNT OREAD AERIE NO 309 FRATERNAL 48-0514053 use IRS label or ORDER OF EAGLES OF LAWRENCE, KS, INC. Name change E Telephone number onnt or 1803 WEST 6TH STREET Initial return (785) 843-9690 Termination LAWRENCE, KS 66044 Specific Amended return Group Exemption Number. **►** 0102 Application pending Accounting method: Cash X Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Accrual Other (specify) > Check ► X If the organization is not required to attach Schedule B (Form 990, Website: ► N/A 990-EZ, or 990-PF). Organization type (check only one) $- |X| 501(c) (7) \blacktriangleleft (insert no.) |4947(a)(1) or |$ 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. 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 155,826. Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) Part I *2,2*79. Contributions, gifts, grants, and similar amounts received 1 34,809. 2 Program service revenue including government fees and contracts..... 3,416. 3 Membership dues and assessments..... 3 4 Investment income 4 5a Gross amount from sale of assets other than inventory.... **b** Less; cost or other basis and sales expenses 5b c Gain or (loss) from sale of assets other than inventory (Subtract in 5b from in 5a) (att sch).... 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)..... 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 115,322. **b** Less: cost of goods sold ... 7Ь 7с 22,180. -8. Other revenue (describe ► 8 Total revenue (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8) 9 62,684. 10 3,265. Benefits/paid to or for members 11 2,931. Salaries, other compensation, and employee benefits..... 58<u>5.</u> 13 Professional fees and other payments to independent contractors 13 Occupancy. rent, utilities, and maintenance...... .14 18,691. 15 Other expenses (describe ► See Statement 2 84,112. 16 Total expenses (add lines 10 through 16) 109,584. Excess or (deficit) for the year (Subtract line 17 from line 9)..... -46,900. Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year 19 66,628. Other changes in net assets or fund balances (attach explanation)..... 20 20 *19,728.* 21 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 5,241. Cash, savings, and investments. 8,480. 22 198,815. **23** Land and buildings 162,262. 24 Other assets (describe ► <u>See Statement 3</u>).....).... 20, 795. 24 23,424. *228,090*. **25** 190,927. Total liabilities (describe ► <u>See Statement 4</u>)........ 161,462. 26 171, 199.66,628. 27 19,728. Net assets or fund balances (line 27 of column (B) must agree with line 21)...... BAA For Privacy Act and Paperwork Reduction Act Notice, see the instructions for Form 990.

TEEA0803L 09/18/08

Form 990-EZ (2008)

					<u>-05</u> 1	L4053 Pa	age 2
Par	t III Statement of Program Se	rvice Accomplishments	S (See the instructi	ons.)		Expenses	
What is the organization's primary exempt purpose? See Statement 5 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				and 4947	uired for 501(c)(3) (4) organizations ai (a)(1) trusts; optior	nd nal	
	ram title.	TO LITTLE TO SMEDDING	ODC: WIES MICH		tor o	thers.)	
28	SOCIAL ACTIVITIES CONNECT				00 a	101 24	C 2
	(Grants \$) If th				28 a	101,36	02.
29					ĺ		
	(Grants \$) If th		ronte check bere		29 a		
30					23 a		
30					22		
24		is amount includes foreign gi		······	30 a		
31	Other program services (attach schedule	•		··· ·····	31 -		
22	(Grants \$) If th	is amount includes foreign gi	rants, check here	📕	31 a	101,36	52
Par					_		
гаг	t.IV List of Officers, Directors						
	(a) Name and address	(b) Title and average hours per week devoted to position	not paid, enter -0)	employee benefit plan deferred compensat	ion	(e) Expense acco and other allowan	
	N BROWN	Trustee	0.		0.		0.
	3 IOWA STREET	0					
_	RENCE, KS 66046					·	
	OY_BATESON	Treasurer	0.	1	0.		0.
	37 SARATOGA	0					
	E DABINAWA, KS 66054		- · · · · · · · · · · · · · · · · · · ·				
RIC	CHARD COOK	President	0.	1	0.		0.
101	8 JANA DR	0	•				
LAW	RENCE, KS 66049						
	N J LAUDICK 4 KIMOS CIRCLE	Trustee 0	0.		0.		0.
LAW	RENCE, KS 66049						
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			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of		l	l
24	each activity	33		X
34		34	 	^
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 6033(e) notice, reporting, and			
	proxy tax requirements?	35 a		<u>X</u>
	b If 'Yes,' has it filed a tax return on Form 990-T for this year?	35 b		 -
	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If 'Yes,' complete applicable parts of Schedule N	36		Х
37	a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0.	-		
I	b Did the organization file Form 1120-POL for this year?	37 b		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?	38 a		X
I	b if 'Yes,' complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	501(c)(7) organizations. Enter:			
	a Initiation fees and capital contributions included on line 9	ŧ		
	b Gross receipts, included on line 9, for public use of club facilities	1	2.5 2.5	-
40	a 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:			
	section 4911 ► N/A; section 4912 ► N/A; section 4955 ► N/A	<u> </u>		
	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,' complete Schedule L, Part I	40 ь		
		400	ψ,	- × v
(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	1		
(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		Х
41	A CONTRACTOR OF THE CONTRACTOR	400	L	
42	a The books are in care of ► FINANCE COMMITTEE Telephone no. ► (785)	012_	aean	
42	a The books are in care of ► FINANCE COMMITTEE Telephone no. ► (785) Located at ► 1803 WEST 6TH LAWRENCE KS ZIP + 4 ► 66044	047_	2020	
1	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a	42h	Yes	No X
	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:	420		
				ĺ
		,	î	,
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts. C At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42-		X
•	If 'Yes,' enter the name of the foreign country: . ►	42c	l	
	0 1 4047(14)			17 /T
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here	'		N/A N/A
	and enter the amount of tax-exempt interest received or accided during the tax year			M/ A
			Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44		х
45		- •		<u> </u>
	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_
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Form 990	EZ (2008) MOUNT OREAD AERIE N			48-051		Page	e 4
Part VI	Section 501(c)(3) organizations and complete the tables for line	s only. All section 5 ss 50 and 51.	501(c)(3) organiz	ations must answer	questions	46-49	
46 Did	the organization engage in direct or indirect obblic office? If 'Yes,' complete Schedule C	t political campaign ac	tivities on behalf of	or in opposition to candida	ates 46	Yes N	0
	the organization engage in lobbying activiti						_
	ne organization operating a school as descr	•	·				
49 a Did	the organization make any transfers to an	exempt non-charitable	related organization	? ,	49a		
b If 'Y	es,' was the related organization(s) a secti-	on 527 organization?			49b		
50 Com	nplete this table for the five highest compereived more than \$100,000 of compensation	nsated employees (other from the organization.	er than officers, directly there is none, ent	ctors, trustees and key en	iployees) w	ho each	_
	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 and deferred compensation	accou	pense nt and owances	
-							
			·				
							
							_
	er of other employees paid over \$100,000			<u> </u>			
51 Com	nplete this table for the five highest comper the organization. If there is none, enter 'N	lone.'	ntractors who each re				
	(a) Name and address of each independent contra	ctor paid more than \$100,000		(b) Type of service	(c) Comp	ensation	—
							
Total num	ber of other independent contractors received	/ing over \$100,000					_
	Under penalties of perjury, I declare that I have examing true, correct, and complete, Declaration of preparer (of	ned this return, including accord	npanying schedules and sta	tements, and to the best of my knowledge	wledge and be	lief, it is	_
	V P O		ii iiiomiddon or wilion propi	arer ries any renomicage.			
Sign	1 Telloy D	aleson		1/20/	10		
Here	Signature of officer Date			Date /			
	LEROY BATESON			Treasurer			_
	Type or print name and title		Ta		enarer's Identif	ana Number	
Paid Pre-	Preparer's signature John B. Bateson,	CPA	Date 11/16/00		eparer's Identifi ee instructions) 0013075		
parer's	Firm's name (or Bateson & Wieder						
Use	yours if self- employed), address, and				74-2863		
Only	address, and N Kansas City, M	0 64116		Phone no ► (81	<u>6) 842-:</u>	L <u>17</u> 7	

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

BAA

►X Yes No

Form 990-EZ (2008)

2008	Federal Statements	Page 1
Client F010	MOUNT OREAD AERIE NO 309 FRATERNAL ORDER OF EAGLES OF LAWRENCE, KS, INC.	48-0514053
11/09/09		03:47PM
Statement 1 Form 990-EZ, Part I, Line 10 Grants and Similar Amounts	Paid	
Payments to Affiliates		
Name: Address:	GRAND AERIE FEES 1623 GATEWAY CIRCLE SOUTH GROVE CITY, OH 43213	1
Purpose of payment: Amount:	PER CAPITA TAX	\$ 2,640.
Name: Address:	STATE AERIE FEES 1201 OLIVE	
Purpose of payment: Amount:	LEAVENWORTH, KS 66048 PER CAPITA TAX	\$ 625.
Statement 2		
CABLE TV CLEANING & OPERATING SU Conferences, Convention CONTRACT LABOR CREDIT CARD FEES Depreciation Insurance Interest KANSAS ANNUAL REPORT LICENSES MISCELLANEOUS Office Expenses OTHER EXPENSES REAL & PERSONAL PROP TA REPAIRS & MAINTENANCE RETURNED CHECKS	JPPLIES as, and Meetings X Total §	621. 1,366. 2,377. 170. 2,869. 524. 36,554. 8,691. 11,198. 40. 287. -54. 845. 916. 13,887. 2,602. 855. 364.
TAX ESCROW	Beginning \$ 4,966. 2,038. 13,791. Total \$ 20,795.	4,436. 13,791.

2008

Federal Statements

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Client F010

MOUNT OREAD AERIE NO 309 FRATERNAL ORDER OF EAGLES OF LAWRENCE, KS, INC.

48-0514053

11/09/09

03:47PM

Statement 4 Form 990-EZ, Part II, Line 26 Total Liabilities

	Beginning	Ending
ACCOUNTS PAYABLE		
LOAN TERM DEBT ACCRUED REAL ESTATE TAX	153,621.	164,355. 5,218.
ACCRUED INTEREST		
PAYROLL TAXES PAYABLE	736.	
SALES & LIQUOR TAX PÄYABLE		<u>688.</u>
Total	<u>\$ 161,462.</u>	<u>\$ 171,199.</u>

Statement 5 Form 990-EZ, Part III Organization's Primary Exempt Purpose

SOCIAL ACTIVITIES CONNECTED WITH FRATERNAL ORGANIZATION