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# Earm 990 Department of the Treasury Internal Revenue Service

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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)

► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047 2011

Open to Public Inspection

2012 For the 2011 calendar year, or tax year beginning 6/01 2011, and ending 5/31 D Employer Identification Number Check if applicable MOUNT OREAD AERIE NO 309 FRATERNAL 48-0514053 Address change ORDER OF EAGLES OF LAWRENCE, KS, INC. E Telephone number Name change 1803 WEST 6TH STREET (785) 843-9690 Initial return LAWRENCE, KS 66044 Terminated 207.980. G Gross receipts \$ Amended return H(a) Is this a group return for affiliates? F Name and address of principal officer Yes Application pending H(b) Are all affiliates included? Same As C Above If 'No,' attach a list (see instructions) 4947(a)(1) or Tax-exempt status 501(c)(3) X 501(c) (7 ) ◀ (insert no.) Website: ► N/A H(c) Group exemption number Form of organization | X | Corporation M State of legal domicile Other > Year of Formation Association Part I Summarv Briefly describe the organization's mission or most significant activities SOCIAL FRATERNAL ORGANIZATION Governance If the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Activities & 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 8 Total number of individuals employed in calendar year 2011 (Part V, line 2a) 5 6 Ō 6 Total number of volunteers (estimate if necessary) 7 a 7a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, line 34 7h **Prior Year Current Year** 14,178. 8,788. Contributions and grants (Part VIII, line 1h) 37,105. 46,862. Program service revenue (Part VIII, line 2g) 10. <u> 10.</u> Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 11,110. -40,323. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 62,403. 15,337. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,460. 13 Grants and similar amounts paid (Part-IX, column (A), lines 1-3) 6,696. Benefits paid to or for members (Path M-column (A), line 4)
Salaries, other compensation, employee-benefits (Part IX, column (A), lines 5-10) 14 2,869 544. 15 16a Professional fundraising fees (Part IX, column (A) line 11e)

b Total fundraising expenses (Part IX, column (D) tipe 25) 돨다. 난, Other expenses (Part IX; column (A); lines 11a 11d, 11f-24e) 80,155 59,939. 18 Total expenses. Add lines 18 7 must equal Part IX, column (A), line 25) 85,484. 67,179. Revenue less expenses Subtract line 18 from line 12 -23,081 -51,842. Beginning of Current Year End of Year 148,226.94,457. 20 Total assets (Part X, line 16) 110,731 108,804.21 Total liabilities (Part X, line 26) 37,495 Net assets or fund balances Subtract line 21 from line 20 -14,347. Part II Signature Block 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 Signature of officer Date Sign Here LEROY BATESON Secretary Type or print name and title PTIN Print/Type preparer's name self-employed P00130755 John B. Bateson Paid ► Bateson & Wiederholt, Preparer Firm's name **Use Only** 1828 Swift, Suite 310 Firm's EIN > 74-2863462 Firm's address (816) 842-1177 N Kansas City, MO 64116 Phone no May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2011)

TEEA0113L 08/18/11

Forn	n 990 (2011) MOUNT OREAD AERIE NO 309 FRATERNAL	48-0514053	Page 2
Pai			
	Check if Schedule O contains a response to any question in this Part III		
1	Briefly describe the organization's mission		
	SOCIAL ACTIVITIES CONNECTED WITH FRATERNAL ORGANIZATION		
	Did the organization undertake any significant program services during the year which were not listed or	n the prior	-
_	Form 990 or 990-EZ?		res X No
	If 'Yes,' describe these new services on Schedule O.		_
3	Did the organization cease conducting, or make significant changes in how it conducts, any program sei	rvices?	Yes X No
	If 'Yes,' describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service	ices, as measured	by expenses.
•	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the ar	mount of grants ar	id allocations to
	others, the total expenses, and revenue, if any, for each program service reported		
4 8		Revenue \$	47,862.)
	SOCIAL ACTIVITIES CONNECTED WITH FRATERNAL ORGANIZATION		
		<del>_</del>	
		<del>_</del>	
	~~		
41	(Code:) (Expenses \$ including grants of \$) (F	Revenue \$	)
	~		
40	(Code (Code (Expenses \$) (Expenses \$) (Figure 1)	Revenue \$	)
40	Other program services (Describe in Schedule O )		
	(Expenses \$ including grants of \$ ) (Revenue \$		)
40	Total program service expenses ► 15,808.		

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A	1		Х
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	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	3		X
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		<u>X</u>
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI	11a	Х	
	b Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	11b	_	_X_
,	c Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	11 c		<u>X</u> _
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX	11 d		<u> </u>
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e	X	
1	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		<u>X</u>
12:	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, XII, and XIII	12a		<u>X</u>
ı	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		<u>X</u>
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		<u>X</u>
	a Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
i	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV	14b		<u>X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Parts III and IV	16		<u>X</u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		<u>X</u> _
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		<u>X</u> _
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19		<u>X</u>
	aDid the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		<u>X</u>
t	If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 ь		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	Х	<u></u>
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III	22	_	X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If 'Yes,' complete Schedule J</i>	23		<u>x</u>
24 a	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No,'go to line 25	24a		<u>X</u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I.	25a		
t	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		
	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III	27		X
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
a	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		_X
t	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV	28c		X
	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		X
31	, , ,	31	<u> </u>	Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		<u>x</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If 'Yes,' complete Schedule R, Part I</i>	33		х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and $V$ , line $1$	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R, Part V, line 2	35b		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule $R$ , Part $VI$	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 197 Note. All Form 990 filers are required to complete Schedule O	38		Х
BAA		Forn	n <b>990</b>	(2011)

# Form 990 (2011) MOUNT OREAD AERIE NO 309 FRATERNAL Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response to any question in this Part V			$\perp \perp$
			Yes	No
1:	a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	0	1 m I	
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	0	* -	- - ,
•	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	<u></u>	· 
2	a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	8		
	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
2.	· · · · · · · · · · · · · · · · · · ·	3a	·	X
	a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b		
	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	30		
	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)?	4a		X
ı	b If 'Yes,' enter the name of the foreign country.	<b>-</b> - `		;;; ;;
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts	13.4		
	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		<u>X</u>
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
•	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	5c		
6	a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		Х
j	o If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	3.5°		
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and	ج ا	4	- 1a
•	services provided to the payor?	7a		
ı	of 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
(	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		
•	d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d		ا	600
•	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	<u>L</u>	
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		
Ç	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7 g		
ı	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		- 33
9	Sponsoring organizations maintaining donor advised funds.		Íπ	
ä	a Did the organization make any taxable distributions under section 4966?	9a	L	L
Ł	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter.	₹ 	- , t	; +, -1
	Initiation fees and capital contributions included on Part VIII, line 12	٠. ا		E
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	ī. j		
	Section 501(c)(12) organizations. Enter:	7		, ,
	Gross income from members or shareholders			
Ŀ	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		.3.	ļ. · · ·
12 a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a		
	olf 'Yes,' enter the amount of tax-exempt interest received or accrued during the year		٠.	:
	Section 501(c)(29) qualified nonprofit health insurance issuers.	7 -		
	is the organization licensed to issue qualified health plans in more than one state?	13a		
•	Note. See the instructions for additional information the organization must report on Schedule O.		T	-
L	Enter the amount of reserves the organization is required to maintain by the states in	1 .	2	
	which the organization is licensed to issue qualified health plans  13b		Ž v.	
c	Enter the amount of reserves on hand		1:	" ··· ,
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	of 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule Q	14b		

Form 990 (2011) MOUNT OREAD AERIE NO 309 FRATERNAL 48-0514053 Page 6 Governance, Management and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1 a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? 8ь Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code. Yes No 10a Did the organization have local chapters, branches, or affiliates? 10 a Х b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes 10b 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a Х b Describe in Schedule O the process, if any, used by the organization to review this Form 990. See Schedule O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 12a b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done 12 c 13 Did the organization have a written whistleblower policy? 13 14 Did the organization have a written document retention and destruction policy? 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15 a **b** Other officers of key employees of the organization 15 b If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 16a taxable entity during the year? b If 'Yes,' did the organization follow a written policy or procedure requiring the organization to evaluate its

# participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure

List the states with which a copy of this Form 990 is required to be filed ► <u>None</u>

Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

Own website

Another's website

X Upon request

Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization.

FINANCE COMMITTEE 1803 WEST 6TH LAWRENCE KS 66044 (785)843-9690

16b

## Part VII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

#### Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of 'key employee.'
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees; and former such persons.

X Check this box if neither the organization	n nor any	relate	d or	gan	ızat	on co	mpe	nsated any current o	fficer, director, or trus	tee
				(C	-					
(A) Name and title	( <b>B</b> ) Average hours	unles	Position (do not check more than one box, unless person is both an officer and a director/trustee)		( <b>D</b> )  Reportable compensation from	(E) Reportable compensation from	(F) Estimated amount of other			
	per week (describe hours for related organiza- tions in Schedule O)	Individual trustee or director	Institutional trustee		_	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
_(1)_DEAN_BROWNTrustee	0							0.	0.	0.
(2) LEROY BATESON Secretary								0.	0.	0.
(3) JOHN J LAUDICK								0.	0.	0.
	<b></b>								0.	
<u>(6)</u>										
										· · · · · · · · · · · · · · · · · · ·
	-									
<u>(9)</u>	-	-								<u>,</u>
(10)										
<u>(11)</u>										
(12)										
(13)										
(14)										
<del></del>					Ь.			<u> </u>	<u> </u>	

Part VII Section A. Officers, Directors, Trust	ees, k	⟨ey	Em	plo	ye	es,	and	Highest Com	pensated Empl	oyees (cont)
(A) Name and title		(do box offic	not c , unle cer an	Posi heck i ss per id a d	tion more rson irecto	than is both or/trus	one h an tee)	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation
	week (describ e hours for related organi- zations in Sch O)	1 1	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(15)										
(16)										
(17)										
(18)										
<u></u>										
(20)										
(21)										
(22)					<u> </u>					
(23)										
(24)										
(25)										
1 b Sub-total     c Total from continuation sheets to Part VII, Section     d Total (add lines 1b and 1c)      Total number of individuals (including but not limite)		ose	 liste	d ab	oove	) wh	► ► no re	0. 0. 0.	0. 0. 0. \$100,000 of report	0. 0. 0.
from the organization • 0										Yes No
3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in	or trus	stee, <i>ial</i>	key	em	ploy	/ee,	or h	ighest compensat	ed employee	3 X
4 For any individual listed on line 1a, is the sum of re the organization and related organizations greater t such individual	portab han \$1	le co 50,0	ompe 000?	ensa If "	atior Yes'	on con	d oth nplet	ner compensation te Schedule J for	from	4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If 'Yes,'	omper comple	satı ete S	on fi che	rom <u>dule</u>	any J fo	unr or su	elate	ed organization or person	individual	5 X
1 Complete this table for your five highest compensation from the organization. Report compe	ed ind	eper	nden	it co	ntra	ctor	s tha	at received more to	than \$100,000 of	's tax vear.
(A) Name and business addres		1.0.	10	00.0				(B Description	<b>)</b>	(C) Compensation
2 Total number of independent contractors (including \$100,000 in compensation from the organization ►	_	t lim	nited	to t	hos	e lıs	ted a	above) who receive	ed more than	

Page 9

rai			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S, GRANTS AMOUNTS	1 a Federated campaigns1 ab Membership dues1 bc Fundraising events1 c					
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	d Related organizations e Government grants (contributions)  f All other contributions, gifts, grants, and					-
ONTRIBL AND OTH	g Noncash contributions included in lns 1a-1f: \$_	8,788.	8,788.			
	h Total. Add lines 1a-1f	Busana Cada	0,100.			The state of the s
N.	<u> </u>	Business Code				20 002
YE .	2a SALES TO MEMBERS		38,003.			38,003.
교	b Membership Dues & Assessments		8,859.			8,859.
읽	c					
SER	d					
PROGRAM SERVICE REVENUE	e					
SR.	f All other program service revenue					
õ	g Total. Add lines 2a-2f	<b>&gt;</b>	46,862.	7	***	3 % 1 1 1 1 1 1
	Investment income (including dividends other similar amounts)	, interest and	10.	1		10.
	4 Income from investment of tax-exempt	bond proceeds				
Ì	5 Royalties .	<b>▶</b>				
	(i) Real	(ii) Personal	California (California et al.		To Take Garage	15-1-7-6-7-2-7375
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	<b>6a</b> Gross rents 16, 300.					
	<b>b</b> Less. rental expenses 60,571.		1 1 4 9 3 3 3 4 5 4 5 4 5 4 5 4 5 4 5 4 5 4 5 5 5 5			
	c Rental income or (loss) -44,271.		100			
	d Net rental income or (loss)	<b>•</b>	-44,271.		-44,271.	
	7a Gross amount from sales of (i) Securities	(ii) Other		[[數學學]] 新田		
	assets other than inventory			내를 가는 하는 내가 밝다.		
		1				- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
	<b>b</b> Less: cost or other basis		별소를하다		하는 연호 지원 등	[항조 (윤김) 원주(년
	and sales expenses	<del></del>				
	c Gain or (loss)	<u> </u>		السأست القسائطانا		
	d Net gain or (loss)					
NUE	8a Gross income from fundraising events (not including \$					
OTHER REVEN	of contributions reported on line 1c).			[- 두 개월등이다]	新尼克·福達  克	
~	See Part IV, line 18	ı	[조연 교육 항기			
皇	b Less: direct expenses	,	THAN 충율장이			
6	c Net income or (loss) from fundraising e	vents ►		1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	9a Gross income from gaming activities See Part IV, line 19	Verits				
	b Less direct expenses		15.5		', ''	
	•	·				
	c Net income or (loss) from gaming activ	mes	<del> </del>			<del> </del>
	10a Gross sales of inventory, less returns and allowances					
	<b>b</b> Less cost of goods sold	132,072.	1: <u>5-2-2-</u>			
J	c Net income or (loss) from sales of inve	ntory	3,948.	L.,		3,948.
	Miscellaneous Revenue	Business Code				
İ	11a		]			1
			<del></del>		<u> </u>	
	b		<del> </del>			<del>                                     </del>
	°		<del>                                     </del>		-	<del> </del>
	<b>d</b> All other revenue				<del></del>	ļ
	e Total. Add lines 11a-11d	•	•		, · · · · ·	<u> </u>
ł	12 Total revenue. See instructions	•	15,337.	0.	-44,271.	50,820.

#### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)

	Check if Schedule O contains a re	esponse to any question	in this Part IX		
Do 1 6b, .	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV. line 21	6,696.	6,696.		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members			-	* 3
5	Compensation of current officers, directors, trustees, and key employees	0.	0.	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0.
7	Other salaries and wages	544.		544.	
8	Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits.				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal				
C	Accounting	400.	400.		
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17		r jang jang melang	(PassPin, 1111) 및 -	
	Investment management fees				
_	Other				
12	Advertising and promotion		0.00	- n-n	
13	Office expenses	862.	862.		
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	6,485.		6,485.	
21	Payments to affiliates	4,111.		27 200	
22	Depreciation, depletion, and amortization	37,399.		37,399.	
23	Other expenses Itemize expenses not	2-2		<u> </u>	,
24	covered above (List miscellaneous expenses		ر = ي		
	of line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e		t		
	expenses on Schedule O ) .	and the second second	, <u>, , , , , , , , , , , , , , , , , , </u>		- , ' , ' , . ,
а	TELEPHONE & CABLE	2,832.		2,832.	
	BANK FEES	2,361.	2,361.		ļ <u> </u>
	MISCELLANEOUS	1,787.	1,787.		_
	EQUIPMENT RENTAL	1,218.	1,218.		
	All other expenses	2,484.	2,484.	45.000	
	Total functional expenses. Add lines 1 through 24e	67,179.	15,808.	47,260.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
	Check here ► if following SOP 98-2 (ASC 958-720)				

Page 11

Balance Sheet (**B)** End of year (A) Beginning of year 26,485 1 9,204. 1 Cash - non-interest-bearing 6,290 2 5,908 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 organizations (see instructions) 7 Notes and loans receivable, net 13,7918 13,791 Inventories for sale or use 719. 9 012 Prepaid expenses and deferred charges 10 a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 779,119 10 a 722,577 93,941 10 c 56,542 10b **b** Less accumulated depreciation 11 11 Investments – publicly traded securities. 12 12 Investments - other securities See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 15 15 Other assets See Part IV, line 11 148,226 94,457 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II 22 of Schedule L 102,057 23 100,416. 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, 8,674 8,388. and other liabilities not included on lines 17-24). Complete Part X of Schedule D 25 110,731 26 108,804. 26 Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117, check here X and complete lines 27 through 29 and lines 33 and 34. 37,495. 27 -14,347. 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets O R Organizations that do not follow SFAS 117, check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund. 32 Retained earnings, endowment, accumulated income, or other funds 32 37,495 -14,347. 33 33 Total net assets or fund balances 148,226. 94,457. 34 Total liabilities and net assets/fund balances

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Form 990 (2011)

For	m 990 (2011) MOUNT OREAD AERIE NO 309 FRATERNAL 48-05	514053	Pa	age 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response to any question in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	15,	337.
2	Total expenses (must equal Part IX, column (A), line 25)	2	67,	<u> 179.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		<u>842.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	37,	<u> 495.</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5		<u>0.</u>
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,			
_	column (B))	6	-14,	<u>347.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response to any question in this Part XII			$\perp$
		г	Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other		3	4-2
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O	ļ.		
2	a Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	X
	b Were the organization's financial statements audited by an independent accountant?	L	2b	X
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the review, or compilation of its financial statements and selection of an independent accountant?	audit,	2c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	,		
•	d If 'Yes' to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued separate basis, consolidated basis, or both	d on a		
	Separate basis Consolidated basis Both consolidated and separate basis	-	<u>.</u>	
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si Audit Act and OMB Circular A-133?	ıngle	3a	X
1	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	red audit	3 h	

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Form 990 (2011)

#### SCHEDULE D (Form 990)

#### Supplemental Financial Statements

► Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Employer identification number Name of the organization MOUNT OREAD AERIE NO 309 FRATERNAL 48-0514053 ORDER OF EAGLES OF LAWRENCE, KS, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete If the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate contributions to (during year). Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? No Part II | Conservation Easements. Complete if the organization answered 'Yes' to Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of an historically important land area Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a a Total number of conservation easements 2b b Total acreage restricted by conservation easements 2c c Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year > Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 ▶\$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section No 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Part III | Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items
- (i) Revenues included in Form 990, Part VIII, line 1
- (ii) Assets included in Form 990, Part X
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.
- a Revenues included in Form 990, Part VIII, line 1
- b Assets included in Form 990, Part X

►Ś

►\$ ►\$

4 Describe in Part XIV the intended uses	of the organization's endowme	nt funds		
Part VI Land, Buildings, and Equip	oment. See Form 990, Pa	rt X, line 10.		
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land .				
<b>b</b> Buildings	719,750.		667,015.	52,735
c Leasehold improvements	-			
<b>d</b> Equipment				
e Other	59.369.		55.562.	3,807

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

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Schedule **D** (Form 990) 2011

56,542

rait Vill	Investments - Other Securities. See	Form 990, Part X,	line 12. N/A	
,	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value	
(1) Financi	al derivatives			_
(2) Closely	-held equity interests			_
(3) Other				_
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				_
(H)				
(l)				
	mn (b) must equal Form 990 Part X, column (B) line 12.)		文文 · 新国 · 安皇 · 中心主题 · 2 · 2 · 4 · 5 · 5	Ħ
Part VIII	Investments - Program Related. See	Form 990, Part X,	line 13. N/A	_
	(a) Description of investment type	(b) Book value	(c) Method of valuation	
		<del> </del>	Cost or end-of-year market value	—
(1)		<del> </del>		—
(2)		<del> </del>		—
(3)		<del> </del>	<del></del>	_
(4)	<del></del>			_
(5)	· · · · · · · · · · · · · · · · · · ·			_
(6)	<del></del>			—
(7)		<del> </del>		—
(8)				—
(9) (10)		<del></del>		_
	nn (b) must equal Form 990, Part X, column (B) line 13.)		· 14、7.7 18、12、12、12、12、14、14、14、14、14、14、14、14、14、14、14、14、14、	_ <u>.</u>
			<u> </u>	_
I PATILIA	10ther Assets, See Form 990, Part X.	line 15. $N/A$	$\mathbf{A}$	
Partix	Other Assets. See Form 990, Part X,			_
		line 15. N/A	(b) Book value	<u> </u>
(1)				_ _ _
(1)				_ _ _
(1) (2) (3)				_ _ _ _
(1) (2) (3) (4)				
(1) (2) (3) (4) (5)				_ _ _ _ _
(1) (2) (3) (4) (5) (6)				
(1) (2) (3) (4) (5)				
(1) (2) (3) (4) (5) (6) (7)				
(1) (2) (3) (4) (5) (6) (7) (8)				
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Coh	(a) D	escription (B), line 15)		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	(a) D	escription (B), line 15)	(b) Book value	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Coh	(a) D	escription (B), line 15)	(b) Book value	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Col	(a) D  lumn (b) must equal Form 990, Part X, column  Other Liabilities. See Form 990, Part  (a) Description of liability ral income taxes	(B), line 15) X, line 25. (b) Book value	(b) Book value	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Col  Part X  (1) Feder (2) ACC	(a) D  Jumn (b) must equal Form 990, Part X, column  Other Liabilities. See Form 990, Part  (a) Description of liability  ral income taxes  RUED INTEREST	(B), line 15) X, line 25. (b) Book value	(b) Book value	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Col Part X: (1) Feder (2) ACC (3) ACC	(a) D  fumn (b) must equal Form 990, Part X, column  Other Liabilities. See Form 990, Part  (a) Description of liability ral income taxes  RUED INTEREST  RUED REAL ESTATE TAX	(B), line 15 ) X, line 25.  (b) Book value	(b) Book value  87. 50.	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Col Part X  (1) Feder (2) ACC (3) ACC (4) PAY	(a) D  Jumn (b) must equal Form 990, Part X, column  Other Liabilities. See Form 990, Part  (a) Description of liability ral income taxes  RUED INTEREST  RUED REAL ESTATE TAX  ROLL TAXES PAYABLE	(B), line 15) X, line 25. (b) Book value	(b) Book value  87. 50.	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Col.  Part X  (1) Feder (2) ACC (3) ACC (4) PAY (5) Rou:	(a) D  Jumn (b) must equal Form 990, Part X, column  Other Liabilities. See Form 990, Part  (a) Description of liability ral income taxes  RUED INTEREST  RUED REAL ESTATE TAX  ROLL TAXES PAYABLE  Inding	(B), line 15) X, line 25. (b) Book value  1 6, 1 1, 2	(b) Book value  87. 50. 45.	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Col Part X  (1) Feder (2) ACC (3) ACC (4) PAY (5) Rou (6) SAL	(a) D  Jumn (b) must equal Form 990, Part X, column  Other Liabilities. See Form 990, Part  (a) Description of liability ral income taxes  RUED INTEREST  RUED REAL ESTATE TAX  ROLL TAXES PAYABLE	(B), line 15) X, line 25. (b) Book value  1 6, 1 1, 2	(b) Book value  87. 50.	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Col Part X  (1) Feder (2) ACC (3) ACC (4) PAY (5) Rou (6) SAL	(a) D  Jumn (b) must equal Form 990, Part X, column  Other Liabilities. See Form 990, Part  (a) Description of liability ral income taxes  RUED INTEREST  RUED REAL ESTATE TAX  ROLL TAXES PAYABLE  Inding	(B), line 15) X, line 25. (b) Book value  1 6, 1 1, 2	(b) Book value  87. 50. 45.	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Col Part X  (1) Feder (2) ACC (3) ACC (4) PAY (5) Rou (6) SAL (7) (8)	(a) D  Jumn (b) must equal Form 990, Part X, column  Other Liabilities. See Form 990, Part  (a) Description of liability ral income taxes  RUED INTEREST  RUED REAL ESTATE TAX  ROLL TAXES PAYABLE  Inding	(B), line 15) X, line 25. (b) Book value  1 6, 1 1, 2	(b) Book value  87. 50. 45.	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10) Total. (Col Part X  (1) Feder (2) ACC (3) ACC (4) PAY (5) Rou (6) SAL (7) (8) (9)	(a) D  Jumn (b) must equal Form 990, Part X, column  Other Liabilities. See Form 990, Part  (a) Description of liability ral income taxes  RUED INTEREST  RUED REAL ESTATE TAX  ROLL TAXES PAYABLE  Inding	(B), line 15) X, line 25. (b) Book value  1 6, 1 1, 2	(b) Book value  87. 50. 45.	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Col.  Part X  (1) Feder (2) ACC (3) ACC (4) PAY (5) Rou (6) SAL (7) (8) (9) (10)	(a) D  Jumn (b) must equal Form 990, Part X, column  Other Liabilities. See Form 990, Part  (a) Description of liability ral income taxes  RUED INTEREST  RUED REAL ESTATE TAX  ROLL TAXES PAYABLE  Inding	(B), line 15) X, line 25. (b) Book value  1 6, 1 1, 2	(b) Book value  87. 50. 45.	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Col Part X  (1) Feder (2) ACC (3) ACC (4) PAY (5) Rour (6) SAL (7) (8) (9) (10) (11)	(a) D  Jumn (b) must equal Form 990, Part X, column  Other Liabilities. See Form 990, Part  (a) Description of liability  ral income taxes  RUED INTEREST  RUED REAL ESTATE TAX  ROLL TAXES PAYABLE  Inding  ES & LIQUOR TAX PAYABLE	(B), line 15 ) X, line 25.  (b) Book value  1 6,1 1,2	(b) Book value  87. 50. 45. 1. 05.	
(1) (2) (3) (4) (5) (6) (7) (8) (9) (10)  Total. (Col Part X  (1) Feder (2) ACC (3) ACC (4) PAY (5) Rour (6) SAL (7) (8) (9) (10) (11)	(a) D  Jumn (b) must equal Form 990, Part X, column  Other Liabilities. See Form 990, Part  (a) Description of liability ral income taxes  RUED INTEREST  RUED REAL ESTATE TAX  ROLL TAXES PAYABLE  Inding	(B), line 15) X, line 25. (b) Book value  1 6, 1 1, 2	(b) Book value  87. 50. 45. 1. 05.	

Schedule D (Form 990) 2011 MOUNT OREAD AERIE NO 309 FRATERNAL	48-0514053	Page <b>4</b>
Part-XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements	N/A_	
1 Total revenue (Form 990, Part VIII, column (A), line 12)		
2 Total expenses (Form 990, Part IX, column (A), line 25)		
3 Excess or (deficit) for the year Subtract line 2 from line 1		
4 Net unrealized gains (losses) on investments		
5 Donated services and use of facilities		
6 Investment expenses		<u></u>
7 Prior period adjustments		
8 Other (Describe in Part XIV )		
9 Total adjustments (net) Add lines 4 through 8		
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9		<del></del>
Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return N/A	
1 Total revenue, gains, and other support per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1.	3	<del></del>
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:	2 12 12 12 12 12 12 12 12 12 12 12 12 12	
a Investment expenses not included on Form 990, Part VIII, line 7b.		
b Other (Describe in Part XIV )		
c Add lines 4a and 4b .	4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part XIII Reconciliation of Expenses per Audited Financial Statements With Expense		
1 Total expenses and losses per audited financial statements	1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:	4	
a Donated services and use of facilities .		
b Prior year adjustments		
c Other losses . 2c		
d Other (Describe in Part XIV)		
e Add lines 2a through 2d	2 e	
3 Subtract line 2e from line 1	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	(P.7.)	
a Investment expenses not included on Form 990, Part VIII, line 7b.		
b Other (Describe in Part XIV)	المتعدد	
c Add lines 4a and 4b	4c	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	
Part XIV Supplemental Information		
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part V, line 4, Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b Also cany additional information.	Part IV, lines Ib and 2f complete this part to pro	ı, vıde 

TEEA3304L 05/25/11

Schedule **D** (Form 990) 2011

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Schedule Q (Form 990) 2011 MOUNT OREAD AERIE NO 309 FRATERNAL  Part XIV   Supplemental Information (continued)	48-0514053	Page 5
Part XIV   Supplemental Information (continued)		
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TEEA3305L 05/25/11

Schedule **D** (Form 990) 2011

BAA

# SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Part I General Information on Grants and Assistance

MOUNT OREAD AERIE NO 309 FRATERNAL

Department of the Treasury Internal Revenue Service Name of the organization

201

OMB No 1545 0047

Open to Public Inspection Employer identification number Complete if the organization answered 'Yes' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

48-0514053

<ul> <li>Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees the selection criteria used to award the grants or assistance?</li> <li>Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.</li> </ul>	ds to substantiate the he grants or assistand procedures for moni	e amount of the graice? se? toring the use of gra	the grants or assistance, the grantees' eligibility for the grants or assistance, and se of grant funds in the United States.	rantees' eligibility for tl States.	ne grants or assistanc		☐ Yes X No
Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000.	nce to Governme for any recipient	ints and Organi that received m	Organizations in the United States. Complete if the organization answered 'Yes' to lived more than \$5,000. Check this box if no one recipient received more than \$5,00.	ed States. Comple heck this box if no	te if the organizat one recipient rec	ion answered 'Ye eived more than	
1 (a) Name and address of organization (b) EIN (c) IRC section (c) IRC section (d) (e) IRC section (e) IRC sec	(b) EIN	(c) IRC section	(d) Amount of cash grant	(e) Amount of non cash	(f) Method of valuation (book, EMV, appraisal.	(g) Description of	(h) Purpose of grant
		ir applicatie		assistance	other)	non cash assistance	or assistance
(1)							
777							
(3)							
(4)							
1 ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! ! !							
(5)							
(6)							
<u></u>							
(8)							
	•						
2 Finer total number of section 501(c)(3) and government organizations listed in the line 1 table	(3) and government o	rganizations listed	n the line 1 table			•	0
	tions listed in the line	1 table				<b>A</b>	0
BAA For Paperwork Reduction Act Notice, see the Instructions for Form	e, see the Instruction	s for Form 990.		TEEA3901L 06/01/11	06/01/11	Schedule	Schedule I (Form 990) (2011)

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Page 2 Schedule I (Form 990) (2011) MOUNT OREAD AERIE NO 309 FRATERNAL

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

(f) Description of non cash assistance							ner additional information.											
(e) Method of valuation (book, FMV, appraisal, other)							rt I, line 2, and any oth		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 						1 1 1 1 1 1 1 1 1		
(d) Amount of non cash assistance							ation required in Par	 	1 1 1 1 1 1 1			 	 			 		1 
(c) Amount of cash grant							provide the informa	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					 	! ! ! ! ! !		 	 	! ! ! ! ! ! !
(b) Number of recipients							olete this part to		 		i I I	 	1 	•	 	i   	!                 	 
(a) Type of grant or assistance	2	က	4	ក	9	7	Part IV.   Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.				 	; 						!

Schedule I (Form 990) (2011)

#### SCHEDULE O (Form 990 or 990-EZ)

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Department of the Treasury Internal Revenue Service

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

Open to Public Inspection

Name of the organization MOUNT OREAD AERIE NO 309 FRATERNAL ORDER OF EAGLES OF LAWRENCE, KS, INC.	Employer identification number 48-0514053
	120 0021000
Form 990, Part VI, Line 11b - Form 990 Review Process	
No review was or will be conducted.	
Form 990, Part VI, Line 19 - Other Organization Documents Publicly	Available
No documents available to the public.	

## Form 8

(Rev January 2012)

## Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Department of the Treasury Internal Revenue Service

_		The state of the s	N V
•	If you are filing for an i	Automatic 3-Month Extension, complete only Part I and check this box	<b>►</b> X
•	If you are filing for an a	Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).	

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to

Associated	extension of time to file any of the forms listed With Certain Personal Benefit Contracts, which filing of this form, visit www irs gov/efile and click	must be sent	to the IRS in paper format (see instruct	nformation Retui ions) For more	rn for Transfers details on the
Part I	Automatic 3-Month Extension of Time.	Only subm	nit original (no copies needed).		
A corporat	ion required to file Form 990-T and requesting ar	automatic 6	-month extension - check this box and	complete Part I	only -
All other co	orporations (including 1120-C filers), partnerships r returns	s, REMICS, a			
			Enter filer's identi		
<b>T</b>	Name of exempt organization or other filer, see instructions			Employer identifica	ation number (EIN) or
Type or print	MOUNT OREAD AERIE NO 309 FRAYORDER OF EAGLES OF LAWRENCE,		•	X 48-051	
File by the due date for	Number, street, and room or suite number. If a P O box, see	instructions		Social securit	ty number (SSN)
filing your return See	1803 WEST 6TH STREET	<u>-</u>		Ш	
instructions	City, town or post office, state, and ZIP code. For a foreign a	ddress, see instru	uctions		
	LAWRENCE, KS 66044				
	Return code for the return that this application is	<del></del>			01
Application Is For	n	Return Code	Application Is For		Return Code
Form 990		01	Form 990-T (corporation)		07
Form 990-E	3L	02	Form 1041-A		08
Form 990-E	EZ	01	Form 4720		09
Form 990-F	PF	04	Form 5227		10
Form 990-	(section 401(a) or 408(a) trust)	Form 6069		11	
Form 990-	Γ (trust other than above)	06	Form 8870		12
Telepho If the o If this is check to the extendal I required.	one No (785) 843-9690  rganization does not have an office or place of best for a Group Return, enter the organization's for his box  If it is for part of the group ension is for uest an automatic 3-month (6 months for a corporate)  1/15, 2013, to file the exempt of	FAX Nousiness in the ur digit Group, check this boration requir	ne United States, check this box  Exemption Number (GEN)  I and attach a list with the name of the file Form 990-T) extension of time	ames and EINs	
The €	extension is for the organization's return for:  calendar year 20 or  tax year beginning $6/01$ , 20 $11$	_, and endi	ng <u>5/31</u> , 20 <u>12</u> .		
	tax year entered in line 1 is for less than 12 mo hange in accounting period	nths, check i	reason.	nal return	
nonre	application is for Form 990-BL, 990-PF, 990-T, fundable credits. See instructions			3a \$	0.
<b>b</b> If this paym	application is for Form 990-PF, 990-T, 4720, or ents made. Include any prior year overpayment	6069, enter allowed as a	any refundable credits and estimated ta credit	х зь\$	0.
EFTP	ce due. Subtract line 3b from line 3a. Include yo S (Electronic Federal Tax Payment System) Se	e instruction	<u> </u>	3c \$	0.
Caution, If	you are going to make an electronic fund withdr	awal with thi	s Form 8868, see Form 8453-EO and Fo	orm 8879-EO foi	:

payment instructions. BAA For Paperwork Reduction Act Notice, see Instructions.