



May 14, 2008

Diane Stoddard
City of Lawrence, City Manager's Office
P.O. Box 708
Lawrence, KS 66044-0708

Ms. Stoddard:

In response to your letter dated May 1, 2008, please find the enclosed requested documentation.
If you need any additional information, please let me know.

Sincerely,

A handwritten signature in black ink, appearing to read "T. Staskal", is written over a horizontal line.

Teresa Staskal

Lawrence Freenet Inc
Balance Sheet
As of December 31, 2007

Cash Basis

	<u>Dec 31, 07</u>
ASSETS	
Current Assets	
Checking/Savings	
Capital City	1,763.71
Central National Bank Checking	705.33
Total Checking/Savings	2,469.04
Accounts Receivable	
1200 - Accounts Receivable	-1,434.39
Total Accounts Receivable	-1,434.39
Other Current Assets	
1499 - Undeposited Funds	332.50
Total Other Current Assets	332.50
Total Current Assets	1,367.15
Fixed Assets	
Office Equipment	1,197.21
Total Fixed Assets	1,197.21
TOTAL ASSETS	<u>2,564.36</u>
LIABILITIES & EQUITY	
Liabilities	
Current Liabilities	
Accounts Payable	
2000 - Accounts Payable	-16,758.66
Total Accounts Payable	-16,758.66
Other Current Liabilities	
Refundable Advances (Loans Payable)	-386.89
2100 - Payroll Liabilities	5,504.18
2200 - Sales Tax Payable	1,837.53
Total Other Current Liabilities	6,954.82
Total Current Liabilities	-9,803.84
Total Liabilities	-9,803.84
Equity	
1110 - Net Assets (Retained Earnings)	4,429.11
Net Income	7,939.09
Total Equity	12,368.20
TOTAL LIABILITIES & EQUITY	<u>2,564.36</u>

Cash Basis

Lawrence Freenet Inc
Profit & Loss
January through December 2007

	<u>Jan - Dec 07</u>
Ordinary Income/Expense	
Income	
Finance Charges	476.67
Interest	7.73
4030 · Contributions Income (Contribution Income)	2,263.77
4150 · Miscellaneous Income (Miscellaneous Income)	754.69
4170 · Program Income (Program Fees)	161,179.67
Total Income	164,682.53
Cost of Goods Sold	
5000 · Cost of Goods Sold	2,337.00
6670 · Program Expense (Program Expense)	81,186.11
Total COGS	83,523.11
Gross Profit	81,159.42
Expense	
Fundraising Expense	849.59
Reimbursable Costs (Reimbursable Costs)	-33.49
Seminars	238.73
6120 · Bank Service Charges (Bank Service Charges)	4,870.96
6160 · Dues and Subscriptions (Dues and Subscriptions)	1,305.80
6180 · Insurance (Insurance)	3,517.51
6200 · Interest Expense (Interest Expense)	776.94
6230 · Licenses and Permits (Licenses)	719.36
6240 · Miscellaneous (Miscellaneous)	153.42
6250 · Postage and Delivery (Postage and Delivery)	182.70
6260 · Printing and Reproduction (Printing and Reproduction)	37.67
6270 · Professional Fees (Professional Fees)	2,018.75
6290 · Rent (Rent)	1,200.00
6340 · Telephone (Telephone)	294.75
6350 · Travel & Ent (Travel and Entertainment)	1,112.48
6550 · Office Supplies (Office Supplies)	2,069.97
6560 · Payroll Expenses	53,659.83
6780 · Marketing (Marketing Supplies)	245.36
Total Expense	73,220.33
Net Ordinary Income	7,939.09
Net Income	<u>7,939.09</u>

Not For Profit Corporation Annual Report

Please print this copy for your records. Do not mail a copy to the Secretary of State's office.

Electronically Filed
09/11/2007

1. Corporation Name: LAWRENCE FREENET INC
2. Business Entity ID No.: 6039648
3. Tax Closing Date: December 2006
4. State of Incorporation: KS
5. Official Mailing Address:
Kris Adair, 4105 W. 6th , LAWRENCE KS 66049
6. Location of Principal Office:
4105 W. 6th , Lawrence KS 66049

7. Officers

Adam Mansfield - President or equivalent
PO Box 3532 Lawrence, KS 66046

Kris Adair - Treasurer or equivalent (This officer is also a member of the governing body)
4922 Stoneback Pl Lawrence, KS 66047

Andrew Brown - Secretary or equivalent
PO Box 3532 Lawrence, KS 66047

8. Governing Body

9. Does this corporation/organization have the authority to issue stock? No

10. Total number of members: 3

11. Does this corporation hold more than 50% equity ownership in any other business entity that is on file with the Kansas Secretary of State? No

12. Does this corporation own or lease land in Kansas suitable for use in agriculture? No

Federal Employer Identification Number (FEIN): 20656113

I declare under penalty of perjury pursuant to the laws of the state of Kansas that the foregoing is true and correct.

Executed on the 11 of September, 2007

Signature of authorized Officer: Kris Adair

Title/Position of the signer: Treasurer
Contact phone number: 785-840-7989
E-mail: kris.adair@lawrencefreenet.org

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)

OMB No. 1545-0047

2007

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2007 calendar year, or tax year beginning , 2007, and ending , 20		
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization Lawrence Freenet Inc. Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO Box 3532 City or town, state or country, and ZIP + 4 Lawrence, KS 66046	D Employer identification number 20 2656113 E Telephone number (785) 371-4214 F Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) ▶
	Please use IRS label or print or type. See Specific Instructions.	
	• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).	
	G Website: ▶ www.lawrencefreenet.org	
J Organization type (check only one) ▶ <input checked="" type="checkbox"/> 501(c) (4) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
K Check here ▶ <input type="checkbox"/> if the organization is not a 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 Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 164,682.53		
H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) If "Yes," enter number of affiliates ▶ H(c) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list. See instructions.) H(d) Is this a separate return filed by an organization covered by a group ruling? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No I Group Exemption Number ▶		
M Check ▶ <input checked="" type="checkbox"/> if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).		

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

Revenue	1	Contributions, gifts, grants, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	2,263.77	
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d		
	e	Total (add lines 1a through 1d) (cash \$ 2,263.77 noncash \$)	1e	2,263.77	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	141,685.17	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	7.73	
	5	Dividends and interest from securities	5		
	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
c	Net rental income or (loss). Subtract line 6b from line 6a	6c			
7	Other investment income (describe ▶)	7			
Revenue	8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
	b	Less: cost or other basis and sales expenses	8a		
	c	Gain or (loss) (attach schedule)	8b		
	d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8c		
	9	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ <input type="checkbox"/>	8d		
	a	Gross revenue (not including \$ of contributions reported on line 1b)	9a		
	b	Less: direct expenses other than fundraising expenses	9b		
	c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c		
	10a	Gross sales of inventory, less returns and allowances	10a	19,494.50	
	b	Less: cost of goods sold	10b	17,451.08	
	c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c	2,043.42	
	11	Other revenue (from Part VII, line 103)	11	1,231.36	
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	147,231.45		
Expenses	13	Program services (from line 44, column (B))	13	94,437.03	
	14	Management and general (from line 44, column (C))	14	43,862.74	
	15	Fundraising (from line 44, column (D))	15	849.59	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses. Add lines 13 and 14, column (A)	17	139,292.36	
Net Assets	18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	7,939.09	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	4,429.11	
	20	Other changes in net assets or fund balances (attach explanation)	20		
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	12,368.20	

Part II Statement of Functional Expenses All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a	Grants paid from donor advised funds (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23	Specific assistance to individuals (attach schedule)	23			
24	Benefits paid to or for members (attach schedule)	24			
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a 42,810.00	26,000.00	16,810.00	
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b			
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26	Salaries and wages of employees not included on lines 25a, b, and c	26 6,090.80		6,090.80	
27	Pension plan contributions not included on lines 25a, b, and c	27			
28	Employee benefits not included on lines 25a - 27	28			
29	Payroll taxes	29 4,759.03	2,365.00	2,394.03	
30	Professional fundraising fees	30			
31	Accounting fees	31 150.00		150.00	
32	Legal fees	32 2,588.11		2,588.11	
33	Supplies	33 2,518.55		1,668.96	849.59
34	Telephone	34 294.75		294.75	
35	Postage and shipping	35 182.70		182.70	
36	Occupancy	36 1,200.00		1,200.00	
37	Equipment rental and maintenance	37 401.01		401.01	
38	Printing and publications	38 37.67		37.67	
39	Travel	39 1,112.48		1,112.48	
40	Conferences, conventions, and meetings	40 238.73		238.73	
41	Interest	41 776.94		776.94	
42	Depreciation, depletion, etc. (attach schedule)	42			
43	Other expenses not covered above (itemize):				
a	Bank/Credit Card Fees	43a 4,870.96	4,582.52	288.44	
b	Insurance	43b 3,517.51		3,517.51	
c	Membership Fees	43c 1,305.80		1,305.80	
d	Installation/Monthly Internet Service	43d 66,072.03	66,072.03		
e	Marketing	43e 245.36		245.36	
f	Miscellaneous	43f 119.93		119.93	
g		43g			
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 139,292.36	99,019.55	39,423.22	849.59

Joint Costs. Check ☐ if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☐ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;

(iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

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

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► To provide internet service to families below 140% poverty

Program Service Expenses
(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Provide free and low cost internet service to residents of Lawrence, KS

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

99.019.55

b

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

C

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

d

.....

.....

.....

.....

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

e Other program services (attach schedule)

(Grants and allocations \$) If this amount includes foreign grants, check here ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services).		99,019.55
--	--	------------------

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year
Assets	45 Cash—non-interest-bearing	6,095.31	45	2,081.54
	46 Savings and temporary cash investments		46	
	47a Accounts receivable 47a			
	b Less: allowance for doubtful accounts 47b	(19.98)	47c	(1,434.39)
	48a Pledges receivable 48a			
	b Less: allowance for doubtful accounts 48b		48c	
	49 Grants receivable		49	
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a	
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51a Other notes and loans receivable (attach schedule) 51a			
	b Less: allowance for doubtful accounts 51b		51c	
	52 Inventories for sale or use		52	
	53 Prepaid expenses and deferred charges		53	
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a	
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b	
55a Investments—land, buildings, and equipment: basis 55a				
b Less: accumulated depreciation (attach schedule) 55b		55c		
56 Investments—other (attach schedule)		56		
57a Land, buildings, and equipment: basis 57a				
b Less: accumulated depreciation (attach schedule) 57b	0	57c	1,197.21	
58 Other assets, including program-related investments (describe ►)		58		
59 Total assets (must equal line 74). Add lines 45 through 58	6,075.33	59	2,564.36	
Liabilities	60 Accounts payable and accrued expenses	1,893.17	60	(9,416.95)
	61 Grants payable		61	
	62 Deferred revenue		62	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)	(246.95)	63	(386.89)
	64a Tax-exempt bond liabilities (attach schedule)		64a	
	b Mortgages and other notes payable (attach schedule)		64b	
	65 Other liabilities (describe ►)		65	
66 Total liabilities. Add lines 60 through 65	1,646.22	66	(9,803.84)	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67 Unrestricted		67	
	68 Temporarily restricted		68	
	69 Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 70 through 74.			
	70 Capital stock, trust principal, or current funds		70	
	71 Paid-in or capital surplus, or land, building, and equipment fund		71	
	72 Retained earnings, endowment, accumulated income, or other funds	4,429.11	72	12,368.20
	73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	4,429.11	73	12,368.20
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	6,075.33	74	2,564.36	

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	n/a
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 12, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12). Add lines c and d		e	

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	n/a
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	
d	Amounts included on Part I, line 17, but not on line a :			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17). Add lines c and d		e	

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Adam Mansfield PO Box 3532 Lawrence, KS 66046	Board President 1	-0-		
Andy Brown PO Box 3532 Lawrence, KS 66046	Board Vice President 1	-0-		
Kris Adair PO Box 3532 Lawrence, KS 66046	Board Treasurer 25	16,810.00		
Kevin Kennedy PO Box 3532 Lawrence, KS 66046	Board Member 1	-0-		
Todd Hiatt PO Box 3532 Lawrence, KS 66046	Board Member 1	-0-		
Matt Kuzinski PO Box 3532 Lawrence, KS 66046	Board Member 1	-0-		
Davina Gans PO Box 3532 Lawrence, KS 66046	Director (Employee) 40	26,000.00		

Part VI Other Information (continued)

	Yes	No
82a Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	✓	
b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)		
82b 3,600.00		
83a Did the organization comply with the public inspection requirements for returns and exemption applications?	✓	
b Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?	✓	
84a Did the organization solicit any contributions or gifts that were not tax deductible?		✓
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84b		
85a 501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	✓	
b Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	✓	
c Dues, assessments, and similar amounts from members		
85c		
d Section 162(e) lobbying and political expenditures		
85d		
e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85e		
f Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85f		
g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85g		
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		
85h		
86 501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
86a		
b Gross receipts, included on line 12, for public use of club facilities		
86b		
87 501(c)(12) orgs. Enter: a Gross income from members or shareholders		
87a		
b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
87b		
88a At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		✓
b At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		✓
88b		
89a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ; section 4912 ; section 4955		
b 501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		✓
89b		
c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d Enter: Amount of tax on line 89c, above, 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?		✓
89e		
f All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		✓
89f		
g For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
89g		
90a List the states with which a copy of this return is filed		
b Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)		
90b		
91a The books are in care of Lawrence Freenet Inc. Telephone no. (785) 371-4214 Located at 4105 W. 6th Street, Lawrence, KS ZIP + 4 66049		
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)?		✓
91b		
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.		

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? **91c** ☐ ☒If "Yes," enter the name of the foreign country **▶****92** Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here ☐ and enter the amount of tax-exempt interest received or accrued during the tax year **▶** | **92** |**Part VII Analysis of Income-Producing Activities** (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a Internet Service and Installation Fees					141,685.17
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					7.73
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					2,043.42
103 Other revenue: a Finance Charges					476.67
b Late Fees					754.69
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					144,967.68
105 Total (add line 104, columns (B), (D), and (E))					144,967.68

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93	Would not be able to provide internet service without charging for providing internet service
95	Interest accrued through banking
102	Equipment required for providing internet service
103	Customers that did not pay in a timely manner were charged finance charges and late fees.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
n/a	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? ☐ Yes ☒ No(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? ☐ Yes ☒ No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	✓

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

107 Did the reporting organization **receive** any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	✓

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	✓

Please 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.

Kris Adair
Signature of officer

5-12-08
Date

Kris Adair, Treasurer
Type or print name and title

Paid Preparer's Use Only	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
	Firm's name (or yours if self-employed), address, and ZIP + 4	EIN	Phone no.	

ACORD CERTIFICATE OF LIABILITY INSURANCEOP ID TM
LAWRE-1DATE (MM/DD/YYYY)
06/05/08

PRODUCER

Conrade Insurance Group Inc
129 E Broadway, Suite 200
Newton KS 67114
Phone: 316-283-0096 Fax: 316-283-2444

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION
ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE
HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

Lawrence Freenet
Dayina Gans
3401 W 28th St
Lawrence KS

INSURERS AFFORDING COVERAGE

NAIC

INSURER A: Alliance of Nonprofits for Ins

INSURER B:

INSURER C:

INSURER D:

INSURER E:

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING
ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR
MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH
POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSTR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
	GENERAL LIABILITY				EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY	200718234	09/23/07	09/23/08	DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR				MEB EXP (Any one person) \$ 10,000
					PERSONAL & ADV INJURY \$ 1,000,000
					GENERAL AGGREGATE \$ 2,000,000
					PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:				
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
	AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO				BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS				BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS				PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> HIRED AUTOS	200718234	09/23/07	09/23/08	
A	<input checked="" type="checkbox"/> NON-OWNED AUTOS	200718234	09/23/07	09/23/08	
	GARAGE LIABILITY				AUTO ONLY - EA ACCIDENT \$
	<input type="checkbox"/> ANY AUTO				OTHER THAN EA ACC \$
					AUTO ONLY: AGG \$
	EXCESS/UMBRELLA LIABILITY				EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE				AGGREGATE \$
					\$
	DEDUCTIBLE				\$
	RETENTION \$				\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATU-TORY LIMITS OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED?				E.L. EACH ACCIDENT \$
	If yes, describe under SPECIAL PROVISIONS below				E.L. DISEASE - EA EMPLOYEE \$
	OTHER				E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

CERTIFICATE HOLDER

CITYLAW

City of Lawrence
6th & Massachusetts
Lawrence KS 66044

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION
DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN
NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL
IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR
REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

Terri J Modelmog

Terri J Modelmog

