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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

**Short Form
Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form
► The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2009

**Open to Public
Inspection**

A For the 2009 calendar year, or tax year beginning		APRIL 1, , 2009, and ending	MARCH 31 , 20 10
B Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending		C Name of organization BENEVOLENT & PROTECTIVE ORDER OF #921 Number and street (or P O box, if mail is not delivered to street address) P.O. BOX 32 Room/suite City or town, state or country, and ZIP + 4 OSAWATOMIE, KS 66064	
		D Employer identification number 48-0492386 E Telephone number	
		F Group Exemption Number ► 1156	

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting Method Cash Accrual
Other (specify) ►

I Website: ►

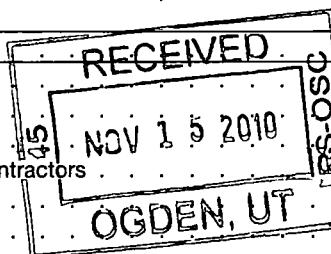
H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$

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

Revenue	1 Contributions, gifts, grants, and similar amounts received	1
	2 Program service revenue including government fees and contracts	2
	3 Membership dues and assessments	3 11,920
	4 Investment income	4
	5a Gross amount from sale of assets other than inventory	5a
	b Less, cost or other basis and sales expenses	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>	
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a
	b Less: direct expenses other than fundraising expenses	6b
	c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c
	7a Gross sales of inventory, less returns and allowances	7a 117,660
	b Less: cost of goods sold	7b 69,431
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c 48,559
	8 Other revenue (describe ► SEE ATTACHED)	8 21,916
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)	9 82,395
Expenses	10 Grants and similar amounts paid (attach schedule)	10
	11 Benefits paid to or for members	11
	12 Salaries, other compensation, and employee benefits	12 37,374
	13 Professional fees and other payments to independent contractors	13 1,950
	14 Occupancy, rent, utilities, and maintenance	14 23,265
	15 Printing, publications, postage, and shipping	15
	16 Other expenses (describe ► SEE ATTACHED)	16 31,646
	17 Total expenses. Add lines 10 through 16 ►	17 94,235
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 (11,840)
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19 379,273
	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 through 20 ►	21 367,433



Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	25,763	22 13,355
23 Land and buildings	357,847	23 357,847
24 Other assets (describe ►)		24
25 Total assets	383,610	25 371,302
26 Total liabilities (describe ► PAYROLL TAXES & ACCRUED EXPENSES)	4,337	26 3,769
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	379,273	27 371,202

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33	✓
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34	✓
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a	✓
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b	✓
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► 37a		
b Did the organization file Form 1120-POL for this year?	37b	✓
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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	40b	
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ► _____		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ► _____		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e	✓
41 List the states with which a copy of this return is filed. ► BRIAN MASSONER		
42a The organization's books are in care of ► P.O. BOX 32 Telephone no. ►		
Located at ► OSAWATOMIE, KS ZIP + 4 ►		66064-0032
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	✓
If "Yes," enter the name of the foreign country: ► _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ► _____	42c	✓
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ► <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► 43		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	✓
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	✓

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

46	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
47	Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input type="checkbox"/> 46	<input checked="" type="checkbox"/> ✓
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/> 47	<input checked="" type="checkbox"/> ✓
49a	Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/> 48	<input checked="" type="checkbox"/> ✓
b	If "Yes," was the related organization a section 527 organization?	<input type="checkbox"/> 49a	<input checked="" type="checkbox"/> ✓
50	Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"	<input type="checkbox"/> 49b	<input checked="" type="checkbox"/> ✓

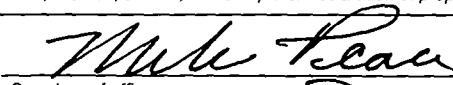
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

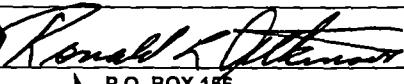
f Total number of other employees paid over \$100,000 ►

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000 ►

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	
	►  Signature of officer	► 6-2-10 Date

Paid Preparer's Use Only	Preparer's signature 	Date 6/19/10	Check if self-employed <input checked="" type="checkbox"/>	Preparer's identifying number (See instructions) 513-36-9319
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► P.O. BOX 156 GALENA, KS 66739-0156	EIN ►	Phone no ►	417-439-0626

May the IRS discuss this return with the preparer shown above? See instructions ► Yes No

BENEVOLENT & PROCTIVE ORDER OF #579

PAGE 2

(A)	(B)	(C)	(D)	(E)
MIKE PEACE P.O. BOX 455 OSAWATOMIE, KS 66064	EXALTED RULER VARIOUS	0	0	0
TIM JONES 156 PARKER AVE OSAWATOMIE, KS 66064	LEADING KNIGHT VARIOUS	0	0	0
MARC COCHRANE 430 WALNUT AVE OSAWATOMIE, KS 66064	LOYAL KNIGHT VARIOUS	0	0	0
BILL COFFELT 114 ROHRER HEIGHT DR OSAWATOMIE, KS 66064	LECTURING KNIGHT VARIOUS	0	0	0
BRIAN MASONER 910 MAIN ST OSAWATOMIE, KS 66064	SECRETARY VARIOUS	0	0	0
ROLLA MCKINNEY 09573 HOHN BROWN HWY OSAWATOMIE, KS 66064	TRUSTEE VARIOUS	0	0	0
RICHARD BONHAM 304 5TH ST OSAWATOMIE, KS 66064	TRUSTEE VARIOUS	0	0	0
KENNY DIEHM 148 PARKER AVE OSAWATOMIE, KS 66064	TRUSTEE VARIOUS	0	0	0
PHIL SHANNON 13101 W 125TH PL OVERLAND PARK, KS 66213	TRUSTEE VARIOUS	0	0	0
TOM TROUTMAN 21620 JOHNSON ST SPRING HILL, KS 66083	TREASURER VARIOUS	0	0	0
KEITH DAVIS 36305 W 363RD ST OSAWATOMIE, KS 66064	INTER GUARD VARIOUS	0	0	0
SCOTT QUERRY 22276 SHOWALTER RD LACYGNE, KS 66040	CHAPLAIN VARIOUS	0	0	0
CHUCK ULANSKI 305 N AGATE ST PAOLA, KS 66071	TILER VARIOUS	0	0	0

STEVE SCHERZER
38513 W 379TH ST
LANE, KS 66042

TRUSTEE
VARIOUS

0 0 0

BENEVOLENT & PROCTIVE ORDER OF #921

PAGE 1, LINE 8

RENT	3,455
CONTRIBUTIONS	17,865
FUND RAISING	4,421
VENDING MACHINES	1,313
LODGE ACTIVITIES	9,594
OTHER INCOME	3,173
LOTTERY INCOME	24,458
TOTAL	64,279

PAGE 1, LINE 16

MEETINGS	152
OFFICE EXPENSE	1,492
MISC	2,572
PER CAPITA DUES	2,503
CREDIT CARD EXPENSE	681
FUND RAISING	3,657
ACTIVITES	5,242
CASH SHORT	227
LICENSE	962
CABLE TV	765
EQUIPMENT RENTAL	241
CONVENTIONS	405
SALES TAX	1,574
LIQUOR TAX	9,802
LAUNDRY	1,512
LOTTERY EXPENSE	22,905
INTEREST	420
SUPPLIES	2,450
DONATIONS	11,781
TOTALS	69,343