



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form**
Return of Organization Exempt From Income TaxUnder 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, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2010**Open to Public Inspection**

A For the 2010 calendar year, or tax year beginning **APRIL 1**, 2010, and ending **MARCH 31**, 20 **11**

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization
BENEVOLENT & PROCTIVE ORDER OF #579
 Number and street (or P O box, if mail is not delivered to street address) Room/suite
P O BOX 705
 City or town, state or country, and ZIP + 4
FORT SCOTT, KS 66701-705

D Employer identification number
48-0137296

E Telephone number
620-223-6621

F Group Exemption Number ► **1156**

G Accounting Method ☐ Cash ☒ Accrual Other (specify) ► _____

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

I Website: ► _____

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (8) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

K Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$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.)Check if the organization used Schedule O to respond to any question in this Part I. ☐

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	13,098
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	7,604
	4	Investment income	4	14
	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	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b		
c	Less: direct expenses from gaming and fundraising events	6c		
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a	140,786	
b	Less: cost of goods sold	7b	55,376	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	85,390	
8	Other revenue (describe in Schedule O)	8	45,652	
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	151,758	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	54,142
	13	Professional fees and other payments to independent contractors	13	1,800
	14	Occupancy, rent, utilities, and maintenance	14	33,774
	15	Printing, publications, postage, and shipping	15	447
	16	Other expenses (describe in Schedule O)	16	80,685
17	Total expenses. Add lines 10 through 16	17	170,848	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(19,090)
	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	46,945
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	27,885

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2010)

4

SCANNED JUL 10 2011

Part II **Balance Sheets.** (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II ☐

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	20,531	22,808
23	Land and buildings	37,031	36,183
24	Other assets (describe in Schedule O)	300	300
25	Total assets	58,462	59,291
26	Total liabilities (describe in Schedule O)	11,517	31,436
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	46,945	27,885

Part III	Statement of Program Service Accomplishments (see the instructions for Part III.)
-----------------	--

Check if the organization used Schedule O to respond to any question in this Part III . . . ☐

What is the organization's primary exempt purpose? **YOUTH & VETERANS**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section
501(c)(3) and 501(c)(4)
organizations and section
4947(a)(1) trusts, optional
for others)

28	YOUTH AND VETERANS		
	(Grants \$) If this amount includes foreign grants, check here ▶ ☐	28a	9,144
29			
	(Grants \$) If this amount includes foreign grants, check here ▶ ☐	29a	
30			
	(Grants \$) If this amount includes foreign grants, check here ▶ ☐	30a	
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here ▶ ☐	31a	
32	Total program service expenses (add lines 28a through 31a) ▶	32	9,144

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV ☐

[illegible]

Part V Other Information (Note the statement requirements in the instructions for Part V.)Check if the organization used Schedule O to respond to any question in this Part V. ☐

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		☒
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		☒
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, explain in Schedule O 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 a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		☒
b If "Yes," has it filed a tax return on Form 990-T for this year (see instructions)?		☒
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		☒
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?		☒
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 tax year covered by this return?		☒
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 40a ; section 4912 40a ; section 4955 40a		
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 did it engage in an excess benefit transaction in a prior year that has not been reported on any of its 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. 40c		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. 40d		
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. NOT REQUIRED		
42a The organization's books are in care of SANDY ASHCRAFT Telephone no. 66701-0705 Located at P.O. BOX 705, FORT SCOTT, KS ZIP + 4 66701-0705		
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: 42b		
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c		☒
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 ☐ and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a		☒
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b		☒
c Did the organization receive any payments for indoor tanning services during the year? 44c		☒
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d		☒

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	☒
a 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45a	☒
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	☒

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 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

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."

(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

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

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

52 Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☐ Yes ☐ No

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.

Sign Here	<i>Janis Lynne Oberst</i>		6-23-2011	
	Signature of officer		Date	
	JANIS LYNN OBERST		TREASURER	
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check ☒ if self-employed
	R ATKINSON	<i>Ronald R. Atkins</i>	6/21/11	
	Firm's name	Firm's EIN		
	Firm's address	Phone no		
P.O. BOX 156, GALENA, KS 66739		513369319		417-439-0626
May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No				

BENEVOLENT & PROCTIVE ORDER OF #597

PAGE 1, LINE 8

RENT	2,415
ENF & FIREWORKS	2,845
FUND RAISING	3,389
VENDING MACHINES	790
LODGE ACTIVITIES	3,101
OTHER INCOME	4,284
LOTTERY INCOME	28,828
TOTAL	45,652

PAGE 1, LINE 16

MEETINGS	368
OFFICE EXPENSE	1,491
MISC	4,951
PER CAPITA DUES	2,590
CREDIT CARD EXPENSE	1,236
FUND RAISING	2,743
ACTIVITES	9,609
CASH SHORT	206
LICENSE	1,192
CABLE TV	620
EQUIPMENT RENTAL	245
CONVENTIONS	280
SALES TAX	1,783
LIQUOR TAX	10,604
LAUNDRY	1,625
LOTTERY EXPENSE	27,845
INTEREST	1,910
SUPPLIES	2,243
DONATIONS	9,144
TOTALS	80,685

BENEVOLENT & PROCTIVE ORDER OF #579

PAGE 2

(A)	(B)	(C)	(D)	(E)
JAMES WOOD 411 CIRCLE DR FORT SCOTT, KS 66701	EXALTED RULER VARIOUS	0	0	0
CHARLES RUSSELL 730 195TH ST FORT SCOTT, KS 66701	LEADING KNIGHT VARIOUS	0	0	0
MILLE LIPSCOMB 1590 235TH ST FORT SCOTT, KS 66701	LOYAL KNIGHT VARIOUS	0	0	0
NANCY MAZE 784 195TH ST FORT SCOTT, KS 66701	LECTURING KNIGHT VARIOUS	0	0	0
SANDY ASHCRAFT 111 W 19TH FORT SCOTT, KS 66701	SECRETARY VARIOUS	0	0	0
VICKIE WALKER 1811 S MARGRAVE FORT SCOTT, KS 66701	TRUSTEE VARIOUS	0	0	0
CATHY BISHOP 2047 JAYHAWK ROAD FORT SCOTT, KS 66701	TRUSTEE VARIOUS	0	0	0
PATRICK BISHOP 2047 JAYHAWK ROAD FORT SCOTT, KS 66701	TRUSTEE VARIOUS	0	0	0
CAROL GILBRETHE 1545 215TH ST LOT 17 FORT SCOTT, KS 66701	TRUSTEE VARIOUS	0	0	0
LYNN OBERST 707 HEYLMAN ST FORT SCOTT, KS 66701	TREASURER VARIOUS	0	0	0
JAMES WALKER 1811 S MARGRAVE FORT SCOTT, KS 66701	INTER GUARD VARIOUS	0	0	0
TODD WULLSCHLEGER 125 CRESCENT DRIVE FORT SCOTT, KS 66701	CHAPLAIN VARIOUS	0	0	0
JOHN HAYES 1116 SCOTT AVE FORT SCOTT, KS 66701	TILER CHAPLAIN VARIOUS	0	0	0