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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	, 2011
B Check if applicable		C Name of organization		D Employer identification number	
<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		BENEOLENT & PROTECTIVE ORDER OF #921		48-0492386	
		Number and street (or P O box, if mail is not delivered to street address)		E Telephone number	
		P O BOX 32			
		City or town, state or country, and ZIP + 4		F Group Exemption Number ► 1156	
		OSAWATOMIE, KS 66064-0032			
G Accounting Method		<input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual    Other (specify) ►		H Check ► <input checked="" type="checkbox"/> 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) —		<input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( 8 )    (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
K Check ► <input type="checkbox"/> 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				► \$	
<b>Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances</b> (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	5,602	
	2	Program service revenue including government fees and contracts . . . . .	2		
	3	Membership dues and assessments . . . . .	3	8,546	
	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	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	122,913		
b	Less: cost of goods sold . . . . .	7b	74,35		
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c	48,608		
8	Other revenue (describe in Schedule O) . . . . .	8	21,618		
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . ►	9	84,374		
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	24,462	
	13	Professional fees and other payments to independent contractors . . . . .	13	2,100	
	14	Occupancy, rent, utilities, and maintenance . . . . .	14	25,325	
	15	Printing, publications, postage, and shipping . . . . .	15		
	16	Other expenses (describe in Schedule O) . . . . .	16	41,655	
17	<b>Total expenses.</b> Add lines 10 through 16 . . . . . ►	17	93,542		
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18	(9,168)	
	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	367,433	
	20	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20	-221	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . . ►	21	358,044	

3P

**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
<b>22</b>	Cash, savings, and investments . . . . .	<b>13,355</b>	<b>22</b> <b>1,862</b>
<b>23</b>	Land and buildings . . . . .	<b>357,847</b>	<b>23</b> <b>359,019</b>
<b>24</b>	Other assets (describe in Schedule O) . . . . .	<b>24</b>	
<b>25</b>	<b>Total assets</b> . . . . .	<b>371,302</b>	<b>25</b> <b>360,881</b>
<b>26</b>	<b>Total liabilities</b> (describe in Schedule O) . . . . .	<b>3,789</b>	<b>26</b> <b>2,837</b>
<b>27</b>	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must agree with line 21</b> ) . . . . .	<b>367,433</b>	<b>27</b> <b>358,044</b>

**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   (Required for section

What is the organization's primary exempt purpose? **YOUTH AND 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  
01(c)(3) and 501(c)(4)  
organizations and section  
947(a)(1) trusts, optional  
or others )

28	YOUTH AND VETERANS		
29			
30			
31	Other program services (describe in Schedule O)		
32	Total program service expenses (add lines 28a through 31a)		

**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 Q to respond to any question in this Part IV

(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	(e) Expense account and other allowances
SEE ATTACHED				

**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	33	✓
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)	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, 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 <b>Form 990-T</b> 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	36	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions. ► <b>37a</b>		
b Did the organization file <b>Form 1120-POL</b> 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?	38a	✓
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39 Section 501(c)(7) organizations Enter	39a	
a Initiation fees and capital contributions included on line 9	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 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		
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.		
41 List the states with which a copy of this return is filed. ► <b>NOT REQUIRED</b>		
42a The organization's books are in care of ► <b>MIKE PEACE</b> Telephone no. ► _____ Located at ► <b>P O BOX 32, OSAWATOMIE, KS</b> ZIP + 4 ► <b>66064-0032</b>		
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 <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
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 <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► <b>43</b>		
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."		

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.

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	 Signature of officer <b>BRIAN MASTERS</b>	Date	<b>10-14-11</b>
	Type or print name and title		

<b>Paid Preparer Use Only</b>	Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	RONALD L ATKINSON	Ronald L Atkinson	7/10/11		513-36-9619
	Firm's name ►	Firm's EIN ►			
Firm's address ► P.O. BOC 156, GALENA, KS 66739				Phone no.	

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

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Form 990-EZ (2010)

BENEVOLENT & PROCTIVE ORDER OF #921

PAGE 1, LINE 8

RENT	
ENF	580
FUND RAISING	11,999
VENDING MACHINES	8,247
OTHER INCOME	792
 TOTAL	 21,618

PAGE 1, LINE 16

OFFICE EXPENSE	791
MISC	2,471
PER CAPITA DUES	3,780
CREDIT CARD EXPENSE	1,264
BANK SERVICE CHARGE	339
PEST CONTROL	518
SECRETARY	1,200
LICENSE	400
CABLE TV	1,516
ENTERTAINMENT	1,000
CONVENTIONS	305
SALES TAX	343
LIQUOR TAX	6,997
FUND RAISING EXPENSE	3,451
ADVERTISING	2,154
SUPPLIES	13,669
DONATIONS	1,457
TOTALS	41,655

## BENEVOLENT &amp; PROCTIVE ORDER OF #921

PAGE 2

	(B) EXALTED RULER VARIOUS	(C) 0	(D) 0	(E) 0
BRIAN MASONER 910 MAIN ST OSAWATOMIE, KS 66064	LEADING KNIGHT VARIOUS	0	0	0
TIM JONES 156 PARKER AVE OSAWATOMIE, KS 66064	LOYAL KNIGHT VARIOUS	0	0	0
MARC COCHRANE 430 WALNUT AVE OSAWATOMIE, KS 66064	LECTURING KNIGHT VARIOUS	0	0	0
WES MASONER 910 MAIN ST OSAWATOMIE, KS 66064	SECRETARY VARIOUS	0	0	0
TOM TROUTMAN 21620 JOHNSON ST SPRING HILL, KS 66083	TRUSTEE VARIOUS	0	0	0
ROLLA MCKINNEY 09573 HOHN BROWN HWY OSAWATOMIE, KS 66064	TRUSTEE VARIOUS	0	0	0
KEITH DAVIS 36305 W 363RD OSAWATOMIE, KS 66064	TRUSTEE VARIOUS	0	0	0
RANDY MINDEN 30760 W 327TH PAILA, KS 66071	TRUSTEE VARIOUS	0	0	0
PHIL SHANNON 13101 W 125TH PL OVERLAND PARK, KS 66213	TRUSTEE VARIOUS	0	0	0
MIKE PEACE P.O. BOX 455 OSAWATOMIE, KS 66064	TREASURER VARIOUS	0	0	0
DON JORDON 34505 WOODLAD PAOLA, KS 66071	INTER GUARD VARIOUS	0	0	0
NICHOLE MASONER 910 MAIN ST OSAWATOMIE, KS 66064	ESQUIRE VARIOUS	0	0	0
CONNIE VAIL 801 WALNUT OSAWATOMIE , KS 66064	TILER VARIOUS	0	0	0

STEVE SCHERZER  
38513 W 379TH ST  
LANE, KS 66042

TRUSTEE  
VARIOUS

0 0 0