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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, 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

2012

Open to Public
Inspection

A For the 2012 calendar year, or tax year beginning		APRIL 1	, 2012, and ending	MARCH 31	, 2013																																																																																																									
B Check if applicable		C Name of organization		D Employer identification number																																																																																																										
<input type="checkbox"/> Address change		BENEVOLENT & PROTECTIVE ORDER OF #921		48-0492386																																																																																																										
<input type="checkbox"/> Name change		Number and street (or P O box, if mail is not delivered to street address)		Room/suite	E Telephone number																																																																																																									
<input type="checkbox"/> Initial return		P.O. BOX 32																																																																																																												
<input type="checkbox"/> Terminated		City or town, state or country, and ZIP + 4																																																																																																												
<input type="checkbox"/> Amended return		OSAWATOMIE, KS 66064-0032		F Group Exemption Number ► 1156																																																																																																										
<input type="checkbox"/> Application pending																																																																																																														
G Accounting Method		<input type="checkbox"/> Cash	<input checked="" type="checkbox"/> Accrual	Other (specify) ►																																																																																																										
I Website: ►																																																																																																														
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) (/) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)																																																																																																										
K Check ► <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or a section 527 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				► \$ 148,430																																																																																																										
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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	8,951	22 11,919
23	Land and buildings	357,577	23 356,135
24	Other assets (describe in Schedule O)		24
25	Total assets	366,528	25 368,135
26	Total liabilities (describe in Schedule O)	2,706	26 3,010
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	363,822	27 365,044

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

What is the organization's primary exempt purpose? **YOUTH, VETERANS AND OTHER DONATIONS**

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 _____

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29 Grants \$) If this amount includes foreign grants, check here . . . ►

(Grants \$) If this amount includes foreign grants, check here . . . ►

.....
.....

(Grants \$) If this amount includes foreign grants, check here . . . ►

31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here ►

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

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.

Check if the organization used Schedule C to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
SEE ATTACHED				

Part V Other Information (Note the Schedule A and personal benefit contract 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 significant 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	✓
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	✓
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b	✓
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c	✓
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 0	37b	✓
b Did the organization file Form 1120-POL for this year?	38a	
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?	38b	
b If "Yes," complete Schedule L, Part II and enter the total amount involved	39a	
39 Section 501(c)(7) organizations. Enter:	39b	
a Initiation fees and capital contributions included on line 9	40a	
b Gross receipts, included on line 9, for public use of club facilities	40b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____	40c	
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	40d	
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	40e	
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 ► NOT REQUIRED		
42a The organization's books are in care of ► TOM TROUTMAN Telephone no. ► 913-344-9699 Located at ► P.O. BOX 32, OSAWATOMIE, KS ZIP + 4 ► 68064-0032	42b	Yes
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)? 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 .	42c	No
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ► _____		
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 <input checked="" type="checkbox"/>		
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	✓
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	✓
45b 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)	45b	✓

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 only

All section 501(c)(3) organizations 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 or have a section 501(h) election in effect during the tax year? 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.

► 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	<input type="text" value="MARC COCHRAN"/> <input type="text" value="MARC COCHRAN EXALTED RULER"/>	<input type="text" value="0-5-13"/> <input type="text" value="Date"/>
	<input type="text" value="Signature of officer"/> <input type="text" value="Type or print name and title"/>	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ►			Firm's EIN ►	
	Firm's address ►			Phone no.	

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

BENEVOLENT & PROCTIVE ORDER OF #921

PAGE 2

	(B) EXALTED RULER VARIOUS	(C) 0	(D) 0	(E) 0
MARC COCHRANE 430 WALNUT AVE OSAWATOMIE, KS 66064	LEADING KNIGHT VARIOUS	0	0	0
RYAN RUSSELL 1620 BROWN AVE. OSAWATOMIE, KS 66064	LOYAL KNIGHT VARIOUS	0	0	0
STEVIE RUSSELL 403 15ST. OSAWATOMIE, KS 66064	LECTURING KNIGHT VARIOUS	0	0	0
HUNTER TAYLOR 40634 W 351ST OSAWATOMIE, KS 66064	SECRETARY VARIOUS	0	0	0
DAWN COCHRANE 430 WALNUT AVE OSAWATOMIE, KS 66064	TRUSTEE VARIOUS	0	0	0
CHARLES ULANSKI 305 N AGATE PAILO, KS 66071	TRUSTEE VARIOUS	0	0	0
KEITH DAVIS 36305 W 363RD OSAWATOMIE, KS 66064	TRUSTEE VARIOUS	0	0	0
RANDY MINDEN 30760 W 327TH PAILO, KS 66071	TRUSTEE VARIOUS	0	0	0
PHIL SHANNON 13101 W 125TH PL OVERLAND PARK, KS 66213	TRUSTEE VARIOUS	0	0	0
DAN WILLIAMS 611 10TH ST OSAWATOMIE, KS 66064	TRUSTEE VARIOUS	0	0	0
CHRISTINE CARVER 32976 W 35TH ST OSAWATOMIE, KS 66064	TREASURER VARIOUS	0	0	0
JEFF PINNEO 1207 PARLER OSAWATOMIE, KS 66064	INTER GUARD VARIOUS	0	0	0
BRIAN MASONER 910 MAIN ST OSAWATOMIE, KS 66064	ESQUIRE VARIOUS	0	0	0

ALEC WALTERS
403 15TH ST
OSAWATOMIE, KS 66064

CHAPLAIN

0 0 0

BENEVOLENT & PROCTIVE ORDER OF #921

PAGE 1, LINE 8

INTEREST INCOME	24
RENTAL INCOME	1,025
FUND RAISING	0
VENDING MACHINES	11,880
OTHER INCOME	2,529
 TOTAL	 15,458

PAGE 1, LINE 16

OFFICE EXPENSE	1,044
MISC	1,098
PER CAPITA DUES	8,955
CREDIT CARD EXPENSE	2,470
BANK SERVICE CHARGE	22
PEST CONTROL	434
LICENSE	750
DONATION	5,667
JANITORIAL EXPENSE	925
CONVENTIONS	320
LIQUOR TAX	6,686
ADVERTISING	345
SUPPLIES	7,405
CASH SHORT	452
 TOTALS	 36,573