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Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2015**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning APRIL 1 , 2015, and ending MARCH 31 , 20 16	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/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) Room/suite P.O. BOX 32 City or town, state or province, country, and ZIP or foreign postal code OSAWATOMIE, KS 66064-0032
D Employer identification number 48-0492386	E Telephone number
F Group Exemption Number ▶ 1156	
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 Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 127,803	

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	7,217
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	10,237
	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	0
b Gross income from fundraising events (not including \$ 8,249 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	8,249	
c Less: direct expenses from gaming and fundraising events	6c	2,004	
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	6,245	
7a Gross sales of inventory, less returns and allowances	7a	93,259	
b Less: cost of goods sold	7b	41,970	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	51,289	
8 Other revenue (describe in Schedule O)	8	8,841	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	83,829	
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	20,412
	13 Professional fees and other payments to independent contractors	13	2,625
	14 Occupancy, rent, utilities, and maintenance	14	24,136
	15 Printing, publications, postage, and shipping	15	343
	16 Other expenses (describe in Schedule O)	16	41,226
	17 Total expenses. Add lines 10 through 16	17	88,742
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(4,913)
	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	368,218
	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	363,305

For Paperwork Reduction Act Notice, see the separate instructions.

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

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

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

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others.)

(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	8.577
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29

(Grants \$) If this amount includes foreign grants, check here ☐ 29a

[illegible]

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(Grants \$) If this amount includes foreign grants, check here ☐ 30a

31	Other program services (describe in Schedule O)		
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31a 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	8,577
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Check if the organization used Schedule O to respond to any question in this Part IV ☐

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- 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

	Yes	No
46		<input checked="" type="checkbox"/>

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 ☐

- 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

	Yes	No
47		
48		
49a		
49b		

- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

- 49a** Did the organization make any transfers to an exempt non-charitable related organization?

- b** If "Yes," was the related organization a section 527 organization?

- 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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

- 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 business address of each independent contractor	(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 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

Thomas D. Troutman - Secretary

Signature of officer

Date

4-28-16

THOMAS D. TROUTMAN - SECRETARY

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ 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

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

► Attach to Form 990 or 990-EZ.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2015

**Open to Public
Inspection**

Name of the organization

OSAWATOMIE #921

Employer identification number

73-0616211

FORM 990EZ, PAGE 1, LINE 16

FORM 990EZ, PAGE 1, LINE 8

OFFICE EXPENSE	\$ 765	ENF	\$ 4,148
LIQUOR TAX	6,144	BENEVOLENT TICKETS	\$1,582
PER CAPITA DUES	4,960	RENT	\$ 582
CONVENTION	310		
DONATIONS	8,201	MISCELLANEOUS	\$2,529
MISCELLANEOUS	2,878	TOTAL	\$8,841
YOUTH DONATION	373		
LICENSES	225		
BENEVOLENT TICKETS	260		
CREDIT CARD FEE	2,622		
SALES TAX,	975		
CASH SHORT	395		
BAR & KITCHEN SUPPLIES	9,373		
TELEPHONE	3,645		
TOTAL EXPENSES	\$41,226		