

2009

Open to Public Inspection

Form 990-EZ

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

Department of the Treasury Internal Revenue Service

A For the 2009 calendar year, or tax year beginning APRIL 1, 2009, and ending MARCH 31, 2010

B Check if applicable: Address change, Name change, Initial return, Terminated, Amended return, Application pending. C Name of organization: BENEVOLENT & PROCTIVE ORDER OF #527. D Employer identification number: 48-0629815. 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).

J Tax-exempt status (check only one): 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 \$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. \$ 364,699

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

Table with columns for Revenue, Expenses, and Net Assets. Rows include Contributions, program service revenue, membership dues, investment income, gross amount from sale of assets, gross revenue from contributions, gross sales of inventory, other revenue, total revenue, grants and similar amounts paid, benefits paid, salaries, professional fees, occupancy, printing, other expenses, total expenses, excess or deficit, net assets at beginning/end of year, and net assets at end of year.

SCANNED AUG 05 2010

RECEIVED AUG 17 2009

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.)

Table with columns (A) Beginning of year and (B) End of year. Rows include Cash, savings, and investments; Land and buildings; Other assets; Total assets; Total liabilities; Net assets or fund balances.

Handwritten initials or mark.

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		<input checked="" type="checkbox"/>
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
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		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
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. ▶ KANSAS		
42a	The organization's books are in care of ▶ GARY AUSTIN Telephone no. ▶ _____ Located at ▶ P.O. BOX 527, PARSONS, KS ZIP + 4 ▶ 66357-0527		
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)?		<input checked="" type="checkbox"/>
	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 .		
42b			
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		<input checked="" type="checkbox"/>
	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 _____		<input type="checkbox"/>
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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.

	Yes	No
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	46	✓
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
NONE				

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

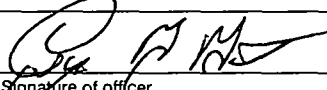
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

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

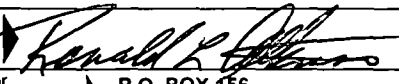
d Total number of other independent contractors each receiving over \$100,000 . . . ▶ _____

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: 
 Date: 6-29-10
 Type or print name and title: Gary A Austin, SECRETARY

Paid Preparer's Use Only

Preparer's signature: 
 Date: 6/4/10
 Check if self-employed:
 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 #527

PAGE 1 LINE 8

DONATIONS	\$968
CLINIC INCOME	\$3,070
ENF	\$2,103
MISC INCOME	\$580
SCHOLARSHIPS	\$1,732
RENT	\$3,550
LOTTERY INCOME	\$158,574
VENDING MACHINES	\$4,580
TOTAL	\$175,157

PAGE 1, LINE16

CONVENTIONS	\$9,460
SUPPLIES	\$1,297
OFFICE EXPENSE	\$2,531
PER CAPITA DUES	\$7,123
FUND RAISING EXPENSE	\$1,696
LOTTERY EXPENSE	\$154,210
MISC EXPENSE	\$5,204
LIQUOR TAX	\$13,364
ADVERTISING	\$1,018
DONATIONS	\$11,099
CASH SHORT	\$295
LAUNDRY	\$1,339
LICENSE	\$607
BAR SUPPLIES	\$14,495
TOTAL	\$223,738

BENEVOLENT & PROCTIVE ORDER OF #527

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(A)	(B)	(C)	(D)	(E)
KREGG MUNINGER 1124 30TH DRIVE PARSONS, KS 66739	EXALTED RULER VARIOUS	0	0	0
SHANNON MARTINEZ 330SOUTHERN AVE PARSONS, KS 66739	LEADING KNIGHT VARIOUS	0	0	0
LISA MAILES 3123 MAIN ST PARSONS, KS 66739	LOYAL KNIGHT VARIOUS	0	0	0
BRUCE BOONE 1551 20000 RD PARSONS, KS 66739	LECTURING KNIGHT VARIOUS	0	0	0
GARY AUSTIN 712 23000 RD DENNIS, KS 67341	SECRETARY VARIOUS	0	0	0
KAREN DUNCAN 14080 180TH RD ERIE, KS 66733	TREASURER VARIOUS	0	0	0
DAVID BANAHASKY 1215 APPLETON AVE PARSONS, KS 66739	INNER GUARD VARIOUS	0	0	0
JOHN MARTINEZ 330 SOUTHERN AVE PARSONS, KS 66739	CHAPLAIN VARIOUS	0	0	0
DAVID HAWKINS 1670 N OLIVE CHERRYVALE, KS 67335	TRUSTEE VARIOUS	0	0	0
KENNETH BOONE P.O. BOX 54 DENNIS, KS 67341	TRUSTEE VARIOUS	0	0	0
JOHN SCHEICKER 701 S 32ND ST PARSONS, KS 66739	TRUSTEE VARIOUS	0	0	0
LARRY CACKLER 1029 S 28TH ST PARSONS, KS 66739	TRUSTEE VARIOUS	0	0	0
CHARLENE ESSIG 2715 DIRR AVE PARSONS, KS 66739	TILER VARIOUS	0	0	0

TONY NASH
16084 QUEEN RD
PARSONS, KS 66739

ESQUIRE
VARIOUS

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