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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, 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

2011

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

A For the 2011 calendar year, or tax year beginning

04-01, 2011, and ending

03-31, 2012

B Check if applicable:

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization

Benevolent and Protective Order 1193

Number and street (or P.O. box, if mail is not delivered to street address)

Room/suite

P.O. Box 348

City or town, state or country, and ZIP + 4

Houma, LA 70360

D Employer identification number
72-0423018

E Telephone number

(985) 873-8361

F Group Exemption
Number ▶ 1156G 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)(3) ☒ 501(c)(8) (insert no.) ☐ 4947(a)(1) or ☐ 527K Check ☐ if the organization is not a section 509(a)(3) supporting organization or 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. ▶ \$ 64,935

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 ☒

1	Contributions, gifts, grants, and similar amounts received	1	39,493
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	9,669
4	Investment income	4	1,498
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	655
c	Less direct expenses from gaming and fundraising events	6c	1,715
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	(1,060)
7a	Gross sales of inventory, less returns and allowances	7a	9,452
b	Less cost of goods sold	7b	5,650
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	3,802
8	Other revenue (describe in Schedule O)	8	4,168
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	57,570
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	
13	Professional fees and other payments to independent contractors	13	
14	Occupancy, rent, utilities, and maintenance	14	15,155
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe in Schedule O)	16	33,808
17	Total expenses. Add lines 10 through 16	17	48,963
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	8,607
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	225,235
20	Other changes in net assets or fund balances (explain in Schedule O)	20	1
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	233,843

For Paperwork Reduction Act Notice, see the separate instructions.

EEA

Form 990-EZ (2011)

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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	160,796	22 154,379
23 Land and buildings	72,339	23 79,202
24 Other assets (describe in Schedule O)	1,443	24 262
25 Total assets	234,578	25 233,843
26 Total liabilities (describe in Schedule O)	9,343	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	225,235	27 233,843

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

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

What is the organization's primary exempt purpose? Charity and Youth Activities

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

28 Sponsor Drug Awareness Programs, Hoop Shoot, Scholarships, Youth Scouting and Youth Banquets, and TARC and Misc Donations		
(Grants \$ 9,600) If this amount includes foreign grants, check here	<input type="checkbox"/>	28a 10,171
29		
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	29a
30		
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	30a
31 Other program services (describe in Schedule O)		
(Grants \$) If this amount includes foreign grants, check here	<input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a)		32 10,171

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

☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(d) Contributions to empl benefit plans & deferred compensation	(e) Estimated amount of other compensation
Richard J Trahan 343 Hwy 55, Bourg LA 70343	Two Year Trustee 12	0	0	0
Beulah G Rodrigue 216 Westfield Ave, Gray LA 70359	Three Year Trustee 12	0	0	0
Eugene P LeBoeuf 310 Sugar Highalnd Blvd, Houma LA 70360	Exalted Ruler 12	0	0	0
Clifford J Blanchard 4500 Bayouside Dr, Chauvin LA 70344	Loyal Knight 4	0	0	0
Sandra Bourg 9470 E Main St, Houma LA 70363	Treasurer 6	0	0	0
Allen J Bourg 9470 E Main St, Houma LA 70363	Lecturing Knight 8	0	0	0
Lucy P Mahan 132 Jean Ellen Ave, Houma LA 70363	Inner Guard 8	0	0	0
Warren J Michel 9657 E Main St, Houma LA 70363	Esquire 8	0	0	0
Earl G LeBlanc 417 Prevost Dr, Houma LA 70364	Leading Knight 4	0	0	0
Hazel S Ledet PO Box 323, Claremont NC 28610	One Year Trustee 12	0	0	0
Kenneth J Ledet 502 Highland Dr, Houma LA 70364	Secretary 16	0	0	0
Alvin J LeBouef Jr 1455 Bayou Blue Rd, Houma LA 70364	Tiler 4	0	0	0
Anthony J Rodrigue 216 Westfield Ave, Gray LA 70359	Chaplain 4	0	0	0

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 significantly engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
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)		X
35 a 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?)		X
35 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		
35 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		
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		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions	37a	
37 b Did the organization file Form 1120-POL for this year?	37b	X
38 a 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	X
38 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	
40 a 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	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	X
41 List the states with which a copy of this return is filed		
42 a The organization's books are in care of <u>Eugene P LeBoeuf</u> Telephone no <u>985-873-8361</u> Located at <u>310 Sugar Highalnd Blvd Houma, LA</u> ZIP + 4 <u>70360</u>		
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 <u>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</u>	42b	X
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	X
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	
44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	X
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	X
c Did the organization receive any payments for indoor tanning services during the year?	44c	X
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	

Benevolent and Protective Order 1193

72-0423018

Yes No

- 45a** Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? 45a ☐ Yes ☒ No
- 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 ☐ Yes ☒ No
- 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 ☐ Yes ☒ No

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 ☐

- 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 ☐ Yes ☐ No
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 ☐ Yes ☐ No
- 49a** Did the organization make any transfers to an exempt non-charitable related organization? 49a ☐ Yes ☐ No
- b** If "Yes," was the related organization a section 527 organization? 49b ☐ Yes ☐ No
- 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) Average hours per week devoted to position	(c) Compensation	(d) Estimated amount of other compensation from the organization

e 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) Estimated amount of other 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

Signature of officer

Date

Eugene P LeBoeuf, Exalted Ruler

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

Douglas Boudreaux EA

Douglas Boudreaux EA

05-29-2012

P00060373

Firm's name ▶ Douglas P Boudreaux EA Inc

Firm's EIN ▶ 72-1147521

Firm's address ▶ 8557 Main St

Houma LA 70363

Phone no 985-868-5924

May the IRS discuss this return with the preparer shown above? See Instructions ▶ ☒ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service
Name of the organization

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.

OMB No 1545-0047

2011

**Open to Public
Inspection**

Employer identification number

Benevolent and Protective Order 1193

72-0423018

01. Description of other revenue (Part I, line 8)

Description	Amount
Mineral Royalties	1
Miscellaneous Income	2,467
Rental Income	1,700

02. Description of other expenses (Part I, line 16)

Description	Amount
Licenses	366
Office Supplies	568
Tax Prep	785
Conventions	3,591
Postage	746
Officer's Expenses	2,000
Per Capita - MCL	410
Badges & Pins	245
Bank Charges	26
See Second Schedule	25,071

03. Other changes in net assets or fund balances (Part I, line 20)

Description	Amount
Rounding	1

04. Description of other assets (Part II, line 24)

Beginning

Name of the organization

Employer identification number

Benevolent and Protective Order 1193

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Category	of Year	End of Year
Inventory	523	262
Prepaid Expenses	920	0

05. Description of total liabilities (Part II, line 26)

Beginning		
Category	of Year	End of Year
Deferred Revenue	6,010	0
Restricted Funds	3,333	0

990

Overflow Statement

2011
Page 1

Name(s) as shown on return

FEIN

Benevolent and Protective Order 1193

72-0423018

990 EZ Part 1 Line 16 Other Deductions

Description	Amount
Contract Labor	\$ 7,296
Depreciation	2,629
Dues	1,274
Equipment Repairs	1,287
Flowers & Memorials	580
Grant Money Spent	8,174
Lodge Activities Programs	1,448
Lodge Supplies	383
Miscellaneous Donations	375
Rounding	2
Youth Activities Programs	1,623
Total:	\$ 25,071

Part 1 Line 14 - Occupancy, Rent, Utilities, and Maintenance

Description	Amount
Coteau Property	\$ 6,540
Lodge-Repair	42
Lodge-Utilities	3,290
Pest Control	215
Property Insurance	4,249
Telephone & Internet	819
Total:	\$ 15,155