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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

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 Inspection

A For the 2011 calendar year, or tax year beginning 4/1/2011 , and ending 3/31/2012

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
BENEVOLENT & PROTECTIVE ORDER OF #390 VIRGINIA CITY

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
PO BOX 147

City or town | state or country | ZIP + 4
VIRGINIA CITY | MT | 59755-0147

D Employer identification number
81-0237595

E Telephone number
(406) 843-5464

F Group Exemption Number ▶ 1156

G Accounting Method ☐ Cash ☒ Accrual Other (specify) ▶

I **Website:** ▶

J **Tax-exempt status** (check only one) — ☐ 501(c)(3) ☒ 501(c) (8) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☐ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ▶ ☐ 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 ▶ $ 63,329

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 1,281
	2	Program service revenue including government fees and contracts			2
	3	Membership dues and assessments			3 10,191
	4	Investment income			4 1,735
	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 0
	6	Gaming and fundraising events			
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a	2,509	
	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	4,729	
	c	Less direct expenses from gaming and fundraising events	6c	1,804	
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d 5,434
	7a	Gross sales of inventory, less returns and allowances	7a	39,397	
	b	Less cost of goods sold	7b	27,376	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c 12,021
	8	Other revenue (describe in Schedule O)			8 3,487
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			▶ 9 34,149
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10 2,500
	11	Benefits paid to or for members			11 2,215
	12	Salaries, other compensation, and employee benefits			12
	13	Professional fees and other payments to independent contractors			13 1,035
	14	Occupancy, rent, utilities, and maintenance			14 11,873
	15	Printing, publications, postage, and shipping			15 471
	16	Other expenses (describe in Schedule O)			16 15,359
	17	**Total expenses.** Add lines 10 through 16			▶ 17 33,453
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18 696
	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)			19 164,308
	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			▶ 21 165,004

8 10

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 X

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	50,948	22	56,627
23	Land and buildings	109,555	23	105,044
24	Other assets (describe in Schedule O)	6,778	24	6,382
25	**Total assets**	167,281	25	168,053
26	**Total liabilities** (describe in Schedule O)	2,973	26	3,049
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	164,308	27	165,004

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? DEFINDED BY NATIONAL CHARTER

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	STATE AND NATIONAL DUES CONTRIBUTED TO HOSPITALS & OTHER CHARITABLE ORGAINIZAITONS (Grants $ 2,180) If this amount includes foreign grants, check here . . . ▶ ☐	28a	2,180
29	YOUTH SCHOLARSHIPS AND HOOP SHOOT EXPENSES (Grants $ 797) If this amount includes foreign grants, check here . . . ▶ ☐	29a	797
30	(Grants $) If this amount includes foreign grants, check here . . . ▶ ☐	30a	
31	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	2,977

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 address	(b) Title and 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
jOHN MCCALL PO BOX 621 ENNIS MT 59729	Title Exalted Ruler Hr/WK 4 00	0		
ROBB CLAYPOOL PO BOX 1055 ENNIS MT 59729	Title Secretary Hr/WK 3.00	0		
JOHN CLAYPOOL PO BOX 988 ENNIS MT 59729	Title Treasurer Hr/WK 4 00	0		
DON WELBORN 93 TUKE LANE SHERIDAN MT 59749	Title Leading Knight Hr/WK 2.00	0		
JOHN BENEDICT PO BOX 294 VIRGINIA CITY MT 59755	Title Lecturing Knight Hr/WK 2.00	0		
	Title Hr/WK 00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK .00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	0		
	Title Hr/WK 00	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 engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O.	33		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)	34		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)?	35a	X	
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	X	
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		X
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		X
37 a	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?	37b		
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
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 ▶ NONE REQUIRED			
42 a	The organization's books are in care of ▶ JOHN M CLAYPOOL, TREASURER Telephone no. ▶ (406) 843-5464 Located at ▶ PO BOX 147 City VIRGINIA CITY ST MT ZIP + 4 ▶ 59755			
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.**	42b		X
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. ▶ _____	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			
			Yes	**No**
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		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45 b	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		X

		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	X

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 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		
49 a	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) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Name None Str City ST ZIP	Title Hr/WK .00			
Name Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title Hr/WK 00			
Name Str City ST ZIP	Title Hr/WK .00			
Name Str City ST ZIP	Title Hr/WK .00			

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
Name None Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		
Name Str City ST ZIP		

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

X John Maypole — Signature of officer — Date X 6/26/2012

X John Maypole Trea. — Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Renee M Richards	Renee M Richards	6/14/2012		P00228900
Firm's name ▶ RENEE M SIMMONS, PC			Firm's EIN ▶ 73-1680572	
Firm's address ▶ PO BOX 50061, BILLINGS, MT 59105			Phone no (406) 254-9400	

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

Part I, Line 1 (990-EZ) - Contributions, Gifts, Grants and Similar Amounts Received

1	Contributions	1	1,281
2	Noncash contributions	2	
3	Membership dues and assessments (contributions from the public)	3	
4	Government contributions (grants)	4	
5	Commercial co-venture	5	
6	Special events contributions (Line 6 - Special Events)	6	0
7	Associated organization contributions	7	
8		8	
9		9	
10		10	
11	Total	11	1,281

Part I, Line 4 (990-EZ) - Investment Income

1	Interest on savings and temporary cash investments	1	44
2	Dividends and interest from securities	2	1,691
3	Gross rents	3	
4	Other investment income	4	
5	Total	5	1,735

Part I, Line 8 (990-EZ) - Other Revenue

3,487

	Description		Amount
1	PATRONAGE DIVIDEND	1	7
2	HALL RENTAL	2	3,450
3	SALE OF TABLES	3	30
4		4	
5		5	
6		6	
7		7	
8		8	
9		9	
10		10	

Part I, Line 10 (990-EZ) - Grants and Similar Amounts Paid 2,500

	Class of activity	Grantee's name	Check (X) if grantee is a business	Address	City	State	Zip code	Foreign Country	Amount of cash grant
1	YOUTH SCHOLARSHIP	Robert Welsh				MT			500
2	FUNDRAISING PROFIT	Mt State Elks Veterans Affairs				MT			2,000
3									
4									
5									
6									
7									
8									
9									
10									

Part 2,500 0

	Relationship	Description of the property	Purpose of payment to affiliate	Book value	How book value determined	Fair market value	Method used to determine FMV	Date received
1		CASH	YOUTH SCHOLARSHIP	500	CASH VALUE		CASH VALUE	1/14/2012
2		CASH	DONATION-HIDE SALES	2,000	CASH VALUE		CASH VALUE	1/20/2012
3								
4								
5								
6								
7								
8								
9								
10								

Part I, Line 16 (990-EZ) - Other Expenses

15,359

1	Travel	1	
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	312
6	Depreciation	6	4,511
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	633
11	Telephone	11	438
12	Unrelated business income taxes	12	0
13	INSURANCE	13	3,971
14	LICENSES	14	957
15	ADVERTISING	15	312
16	WORKERS COMP INSURANCE	16	405
17	LAUNDRY	17	469
18	MUSIC	18	900
19	CABLE TV	19	1,852
20	INVESTMENT FEES	20	267
21	EARLY WITHDRAWAL PENALTY ON CD	21	35
22	YOUTH HOOP SHOOT EXPENSES	22	297
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	
29		29	

Part II, Line 24 (990-EZ) - Other Assets

		6,778	6,382
	Description	Beginning	End
1	PREPAID EXPENSES	1,986	1,986
2	INVENTORIES	4,792	4,396
3			
4			
5			
6			
7			
8			
9			
10			

Part II, Line 26 (990-EZ) - Liabilities

		2,973	3,049
	Description	Beginning	End
1	DEFERRED DUES & FEES	2,198	3,049
2	GOOD OF THE ORDER PAYABLE	450	0
3	OTHER PAYABLE	325	0
4			
5			
6			
7			
8			
9			
10			