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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

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning **APRIL 1**, 2012, and ending **MARCH 31**, 20 **13**

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending	C Name of organization BENEVOLENT & PROCTIVE ORDER OF #579 Number and street (or P O box, if mail is not delivered to street address) Room/suite P.O. BOX 705 City or town, state or country, and ZIP + 4 FORT SCOTT, KS 66701-0705		D Employer identification number 48-0137296
			E Telephone number 620-223-5821
			F Group Exemption Number 1156

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

H Check ☒ 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) — ☐ 501(c)(3) ☒ 501(c) (8) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

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.

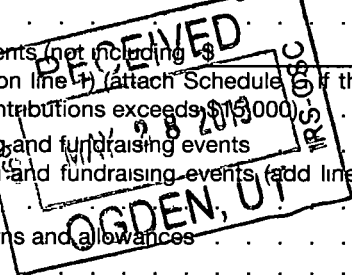
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 169,918**

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	9,565
	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	9,456
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	6a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	6b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 4) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	
Expenses	6c	Less: direct expenses from gaming and fundraising events	6c	
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances	7a	99,699
	7b	Less: cost of goods sold	7b	36,609
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	63,090
	8	Other revenue (describe in Schedule O)	8	50,895
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	133,006
	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	44,677
Net Assets	13	Professional fees and other payments to independent contractors	13	1,800
	14	Occupancy, rent, utilities, and maintenance	14	31,010
	15	Printing, publications, postage, and shipping	15	185
	16	Other expenses (describe in Schedule O)	16	68,648
	17	Total expenses. Add lines 10 through 16	17	146,320
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	(13,314)
	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	48,943
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	1,608
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	34,021

SCANNED JUN 20 2013



Part II²

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22	Cash, savings, and investments	17,357	22	7,332
23	Land and buildings	31,286	23	26,389
24	Other assets (describe in Schedule O)	300	24	300
25	Total assets	48,943	25	34,021
26	Total liabilities (describe in Schedule O)	26,882	26	25,274
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	22,061	27	8,747

Part III

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

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

28 YOUTH, VETERANS AND OTHER DONATIONS		
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28a	14.558
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28a	14.558
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29a

29a

30a

30a

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31a

Part IV

7

[illegible]

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	37a	
b Did the organization file Form 1120-POL for this year?	37b	
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?	38a	✓
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 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	
41 List the states with which a copy of this return is filed ▶ NOT REQUIRED		
42a The organization's books are in care of ▶ VICKIE WALKER Telephone no. ▶ 620-223-6621 Located at ▶ P.O. BOX 705 FORT SCOTT, KS ZIP + 4 ▶ 66701-705		
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	✓
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	
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 ▶ ☒		
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

	Yes	No
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 ☐

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

48		
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- 49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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- b If "Yes," was the related organization a section 527 organization?

49b		
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- 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 paid more than \$100,000	(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 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	Signature of officer <i>Vicki S Walker</i>	Date <i>Secretary</i>
	Type or print name and title <i>Vicki Walker</i>	<i>S-21-13</i>

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

BENEVOLENT & PROCTIVE ORDER OF #579

PAGE 2

(A)	(B)	(C)	(D)	(E)
MILLE LIPSCOMB 1590 235TH ST FORT SCOTT, KS 66701	EXALTED RULER VARIOUS	3	0	0
MARY MARSH 730 S LOWMAN FORT SCOTT, KS 66701	LEADING KNIGHT VARIOUS	0	0	0
NANCY MAZE 784 195TH ST FORT SCOTT, KS 66701	LOYAL KNIGHT VARIOUS	0	0	0
JEFF MCCOY 510 S EDDY ST FORT SCOTT, KS 66701	LECTURING KNIGHT VARIOUS	0	0	0
VICKIE WALKER 1811 S MARGRAVE FORT SCOTT, KS 66701	SECRETARY VARIOUS	5	1800	0
LYNNE OBERST 707 HEYIMAN ST FORT SCOTT, KS 66701	TREASURER VARIOUS	0	0	0
CATHY BISHOP 2047 JAYHAWK ROAD FORT SCOTT, KS 66701	TRUSTEE VARIOUS	0	0	0
BRENDA COLINGS 1545 215TG LOT C FORT SCOTT, KS 66701	TRUSTEE VARIOUS	0	0	0
TOM RILEY 1815 S NATIONAL FORT SCOTT, KS 66701	TRUSTEE VARIOUS	0	0	0
REX COLEGROVE 1590 235TH ST FORT SCOTT, KS 66701	TRUSTEE VARIOUS	0	0	0
JAMES WOOD 411 CIRCLE DR FORT SCOTT, KS 66701	TRUSTEE VARIOUS	0	0	0
TODD WULLSCHLEGER 125 CRESENT DR FORT SCOTT, KS 66701	INTER GUARD VARIOUS	0	0	0
CHARLES RUSSELL 730 195TH ST FORT SCOTT, KS 66701	CHAPLAIN VARIOUS	0	0	0

JOHN HAYES
1116 SCOTT AVE
FORT SCOTT, KS 66701

TILER
VARIOUS

0 0 0

PATRICK BISHOP
2047 JAYHAWK ROAD
FORT SCOTT, KS 66701

ESQUIRE
VARIOUS

0 0 0

BENEVOLENT & PROCTIVE ORDER OF #597

PAGE 1, LINE 8

RENT	2,900
ENF & FIREWORKS	9,324
FUND RAISING	7,350
VENDING MACHINES	873
LODGE ACTIVITIES	1,225
OTHER INCOME	5,477
LOTTERY INCOME	23,746
TOTAL	50,895

PAGE 1, LINE 16

MEETINGS	23
OFFICE EXPENSE	2,979
MISC	3,078
PER CAPITA DUES	2,765
CREDIT CARD EXPENSE	1,199
FUND RAISING	4,635
ACTIVITES	1,355
CASH SHORT	140
LICENSE	1,185
CABLE TV	260
ADVERTISING	76
CONVENTIONS	120
SALES TAX	1,864
LIQUOR TAX	6,838
LAUNDRY	1,748
LOTTERY EXPENSE	22,909
INTEREST	1,972
SUPPLIES	944
DONATIONS	14,558
TOTALS	68,648