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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2014

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)

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

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

For the 2014 calendar year, or tax year beginning 2014, and ending 20 D Employer identification number C Name of organization BENEVOLENT & PROTECTIVE ORDER BPOE 1020 Check if applicable ⇗ Address change Doing business as 57-0122793 Number and street (or P O box if mail is not delivered to street address) E Telephone number Name change Initial return 843-665-8810 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated Amended return FLORENCE, S C 29502 G Gross receipts \$ F Name and address of principal officer Application pending H(a) Is this a group return for subordinates? Yes No H(b) Are all subordinates included? Tes No 501(c)(3) If "No," attach a list (see instructions) 501(c) () ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 Tax-exempt status H(c) Group exemption number ▶ Website. ▶ 1156 Form of organization 🗸 Corporation 🗌 Trust Association ☐ Other ▶ L Year of formation 1949 M State of legal domicile SC Part I Summary Briefly describe the organization's mission or most significant activities Fraternal Members Contribute To The Community By Activities & Governance Providing Ramps For The Handicapped, Assistance To Veterans, Volunteer Hours And Monetary Support For Homeless Drug Awareness And Other Charitable Works Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 2 Number of voting members of the governing body (Part VI, line 1a) 3 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 9 5 Total number of individuals employed in calendar year 2014 (Part V, line 2a) 5 1 6 Total number of volunteers (estimate if necessary) . 6 30 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 **Prior Year Current Year** R Contributions and grants (Part VIII, line 1h) . 19682 14044 Revenue Program service revenue (Part VIII, line 20) Investment income (Part VIII, column (A) Ilines 3 4 and 7d) 10 19 18 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and (11e) 11 64764 59625 Total revenue – add lines 8 through 11 (musti equal Rart / Ill gcolumn (A), line 12) 12 84465 73687 Grants and similar amounts paid (Parl IX, column (A), lines 1-3) 13 1768 Benefits paid to or for members (Part IX, column (A), line 4) 14 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 15 26937 27823 Professional fundraising fees (Part IX, column (A), line 11e) 16a b Total fundraising expenses (Part IX, column (D), line 25) ▶ 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 65438 54470 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 92375 84061 Revenue less expenses Subtract line 18 from line 12 19 (7910)(10374)Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 189702 178044 21 Total liabilities (Part X, line 26) 8322 7038 22 Net assets or fund balances Subtract line 21 from line 20 181380 171006 Part II Signature Block 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 praparer (other than officer) is based on all information of which preparer has any knowledge true, correct, and complete Sign EDWARD L. BENNETT, DOGER, CHAIRMAN, Anditive + Accounting Countitée Here Print/Type preparer's name Preparer's signature Check / if Paid KAREN SMITH self-employed P01438150 Preparer Firm's EIN ▶ ► KAREN SMITH Firm's name **Use Only** Firm's address ► P O BOX 1368, DARLINGTON, S C 29540 843-393-5062 Phone no ✓ Yes
☐ No May the IRS discuss this return with the preparer shown above? (see instructions)

Form 99	0 (2014)	Page 2
Part	Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III	🗀
1	Briefly describe the organization's mission	
	FRATERNAL MEMBERS WITH COMMON INTEREST	
2	Did the organization undertake any significant program services during the year which were not listed on the	
		Yes 🗹 No
_	If "Yes," describe these new services on Schedule O	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes ☑ No
	If "Yes," describe these changes on Schedule O	
4	Describe the organization's program service accomplishments for each of its three largest program services, as expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocation the total expenses, and revenue, if any, for each program service reported.	
4a	(Code.) (Expenses \$ including grants of \$) (Revenue \$	<u> </u>
44	VARIOUS 501 (C) (3) ORGANIZATIONS	
	VARIOUS 301 (C) (3) ORGANIZATIONS	

	(O-d) \(\sigma \)	
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
	(Outline and the second of the	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	
		••
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)	
	Total program service expenses ▶	

Form 99			ı	Page 3
Part	V Checklist of Required Schedules		V	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	Yes	No _/
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	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	3		▼
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		√
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		√
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.	10		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		√
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		√
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		1
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E .	13		✓
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	·	1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) .	17	_	1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		1

Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II .	21		✓
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		√
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No," go to line 25a	24a		1
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .	24d		1
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		1
b	Is the organization 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	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		1
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV .	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
b	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2.	35b		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R</i> ,			
	Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	38	1	
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Form **990** (2014)

Part				
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . 1a 9			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 9			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
Ť	reportable gaming (gambling) winnings to prize winners?	1c	1	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		•	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 1			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	
-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	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)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			[
	(FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		/
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		✓
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ٔ ا		,
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	G.		
_	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
а	and services provided to the payor?	7a		1
L	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u>/</u>
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			-
C	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>		<u> </u>
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		1
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		1
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		✓
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? .	9b		✓
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	-		
11	Section 501(c)(12) organizations. Enter.			
a	Gross income from members or shareholders	-		ļ
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			İ
40-	· · · · · · · · · · · · · · · · · · ·	12a		1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	120	-	 •
b 12	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
13	Is the organization licensed to issue qualified health plans in more than one state?	13a		1
а	Note. See the instructions for additional information the organization must report on Schedule O	.58		
b	Enter the amount of reserves the organization is required to maintain by the states in which			
-	the organization is licensed to issue qualified health plans		1	
С	Enter the amount of reserves on hand	1		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
	If "Yes." has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b	†	†

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O Schedule O contains a response or note to any line in this Part VI	Gee ins		
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь 2	Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	,	√
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		✓
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint	5 6	√	√ √
b	one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a	1	
8	stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during	7b	✓	
a b	the year by the following: The governing body? Each committee with authority to act on behalf of the governing body?	8a 8b	√	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		
40-	Del the supervisor have level shorters bronches as affiliates?	10a	Yes	No ✓
10a b	Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10a		_
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1	
b 12a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a 12b		√
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13 14 15	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	13		1
a b	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	15a 15b		✓
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		1
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply	n 501	(c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year	terest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	•	
	2220 JODY RD. FLORENCE. S C 29501 843-665-8810			

Part VII	Compensation of Officers, Direct	tors, Trustees, Key Employees	s, Highest Compensated I	Employees, and
	Independent Contractors			

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees, officers; key employees, highest compensated employees; and former such persons

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

Check this box if heither the organization hol	ally relate	u org	diliza	alic	יט ווי	unipe	1150	ited any curren	t onicer, director	, or trustee
				(6	C)					
(A)	(B)				ition			(D)	(E)	(F)
Name and Title	Average					e than o		Reportable	Reportable	Estimated
	hours per week (list any			lad		or/trus	tee)	compensation from	compensation from related	amount of other
	hours for	or o	ng	Officer	Ğ.	먪	Former	the	organizations	compensation
	related	lividi	랿	Cer	en	bloy	mer	organization	(W-2/1099-MISC)	from the
	organizations below dotted		Institutional trustee		Key employee	e c		(W-2/1099-MISC)		organization and related
	line)	rust	ŧ		/ee	npe				organizations
		eе	stee			Highest compensated employee		ļ		
					_	<u>&</u> _	-			
(1) LUTHER SCOTT ENZOR										
EXALTED RULER				✓				0	0	0
(2) JIM WINDHAM										
LEADING KNIGHT				✓	<u> </u>	ļ <u>.</u>	L	0	0	0
(3) ERIC EASLER							Ì			
LOYAL KNIGHT			<u> </u>	<u>✓</u>		<u> </u>	ļ	0	0	0
(4) STEVE SHULMAN				_						
LECTURING KNIGHT				✓_	ļ	ļ	ļ	0	0	0
(5) SCOT GARBER		,								
5 YEAR TRUSTEE		✓	\sqcup		<u> </u>	<u> </u>	_	0	0	0
(6) RAY FREEMAN	ļ	,					ĺ			
4 YEAR TRUSTEE			<u> </u>				<u> </u>	0	0	0
(7) JIMMY HARKOR								}		
3 YEAR TRUSTEE		✓	\vdash		_		ļ	0	0	0
(8) BILL WILLIAMS	ļ							1		
2 YEAR TRUSTEE		/			_		.	0	0	0
(9) EDDIE HARDING		,								
1 YEAR TRUSTEE	 	✓			<u> </u>		├	0	0	0
(10)										
(11)										
(12)										
(13)										
(14)										

Part	VII Section A. Officers, Directors, Trust	tees, Key E	mploy	/ees			lighes	st C	ompensated E	mployees (d	continue	d)		
	(A) (B) Name and title Average hours per week (list any week (list any list) and list and list are listed to be a list and lis													
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizatio (W-2/1099-M		compe from organ and r		
(15)													•••	
(16)														
(17)														-
(18)							. = -							
(19)														
(20)													•	
(21)														
(22)														
(23)														
(24)		-										-		
(25)												-		
1b c d	Sub-total Total from continuation sheets to Part Total (add lines 1b and 1c)		n A	<u> </u>	l	l	•	> > >						
2	Total number of individuals (including bur reportable compensation from the organ	t not limited	to th	iose	e list	ted	above	e) w	ho received m	ore than \$10	00,000	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete							emp	bloyee, or high	est compe	nsated	3	Yes	No
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of regreater the	portai an \$1	ble 150,	con ,000	npei	nsatio f "Ye	on a s,"	ind other comp complete Sch	pensation from the design of t	om the	4		✓
5	Did any person listed on line 1a receive of for services rendered to the organization	or accrue co	ompe	nsa lete	tion <i>Scl</i>	fro hedi	m any	un un	related organización	zation or inc	dıvıdual	5		√
Section	on B. Independent Contractors	. ,							·			1 -		•
1	Complete this table for your five highest compensation from the organization. Repyear												on's ta	ax
	(A) Name and business add	dress							(B) Description of s	services	С	(C) ompens	ation	
								-						
								-						
							ا امما		and hated of					
2	Total number of independent contractor received more than \$100,000 of compen							o tr	iose listed ab	ove) who				

Pair	VIII	Statement of Revenue		D		
		Check if Schedule O contains a response or not	e to any line in this (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts	1a	Federated campaigns 1a				
Contributions, Gifts, Grants and Other Similar Amounts	ь	Membership dues 1b 11	192			
عَ ج	C	Fundraising events 1c	132			
fts r A	d	Related organizations 1d				
ج <u>۾</u>	e	Government grants (contributions) 1e				
Sign	f	All other contributions, gifts, grants,				
후	•	and according according to the standard of the control of the cont	352			
혈		Noncash contributions included in lines 1a-1f \$	552			
2 E	9 h		14044			
		Business Coc	17077			
ne E	2a		1			•
ě	b				· ·	
9	C					
Š	d					
Š						ł
Jran	e f	All other program service revenue .				
Program Service Revenue	g		>			
	3	Investment income (including dividends, interes			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		and other similar amounts) .	18	18		
	4	Income from investment of tax-exempt bond proceeds		10		-
	5	Royalties				
		(i) Real (ii) Personal				
	6a	Gross rents 20230	_			
	b	Less rental expenses				
	C	Rental income or (loss) 20230				
	d		20230	20230		
	7a	Gross amount from sales of (i) Securities (ii) Other	20230	20230		
	'"	assets other than inventory				
	ь	Less cost or other basis	-			
	~	and sales expenses				
	С	Gain or (loss)	-			
	ď					
	"	rvet gant or (1033)				
venue	8a	Gross income from fundraising events (not including \$				
Other Re		of contributions reported on line 1c). See Part IV, line 18 a 19	179			
돌	b	Less direct expenses b 100	616			
•	С	Net income or (loss) from fundraising events .	8563			
	9a	Gross income from gaming activities			·	
		See Part IV, line 19 a				1
	b	Less direct expenses b				
	С	Net income or (loss) from gaming activities	>			
	10a	Gross sales of inventory, less				
		returns and allowances . a 528	B13			
	b	Less cost of goods sold . b 236	617			
	С		29196	29196		
		Miscellaneous Revenue Business Cod		-		
	11a	LICENSE	1200			<u> </u>
	b	REFUNDS	86			
	С	MISC	350			
	d	All other revenue				
	е	Total. Add lines 11a–11d	1636			
	12	Total revenue. See instructions	73687	49444		

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	nplete all columns A	II other organization	s must complete co	olumn (A).				
	Check if Schedule O contains a response or note to any line in this Part IX								
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	1768	1768						
2	Grants and other assistance to domestic individuals. See Part IV, line 22 .								
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16								
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees								
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)								
7 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	25440		25440					
9	Other employee benefits	100		100					
10	Payroll taxes	2283		2283					
11	Fees for services (non-employees)								
а	Management	438		438					
b	Legal								
С	Accounting	2355		2355					
d	Lobbying								
е	Professional fundraising services. See Part IV, line 17								
f	Investment management fees								
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)								
12	Advertising and promotion			.,					
13	Office expenses	788		788					
14	Information technology								
15	Royalties								
16	Occupancy .	20151		20151					
17	Travel								
18	Payments of travel or entertainment expenses								
	for any federal, state, or local public officials	142		142					
19	Conferences, conventions, and meetings .	2261		2261					
20	Interest								
21	Payments to affiliates	2700		2700					
22	Depreciation, depletion, and amortization	5611		5611					
23	Insurance	4547		4547					
24	Other expenses. Itemize expenses not covered								
	above (List miscellaneous expenses in line 24e. If								
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)								
а	TAXES AND LICENSE	2263		2263					
b	BANK CHARGES	1093		1093					
С	CONTRIBUTIONS	195	195						
d	SUPPLIES	1710		1710					
е	All other expenses SCHEDULE	10216	50	10166					
25_	Total functional expenses. Add lines 1 through 24e	84061	2013	82048					
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)								

P	art X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	550	1	20092
	2	Savings and temporary cash investments		2	14126
	3	Pledges and grants receivable, net	43905	3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
ς,	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
set	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	3598	9	3150
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a 287684			3130
	ь	Less accumulated depreciation 10b 147008	141649	100	140676
	11	Investments—publicly traded securities	141045	11	140070
	12	Investments—other securities See Part IV, line 11	· · · · · · · · · · · · · · · · · · ·	12	
	13	Investments—program-related See Part IV, line 11.		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	189702	16	178044
	17	Accounts payable and accrued expenses	103702	17	170044
	18	Grants payable		18	
	19	Deferred revenue	6133	19	4397
	20	Tax-exempt bond liabilities	0133	20	4357
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
s	22	Loans and other payables to current and former officers, directors,			
Liabilities	22	trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties .		23	······································
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D	2189	25	2641
	26	Total liabilities. Add lines 17 through 25	8322	26	7038
		Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and			,,,,,,
es		complete lines 27 through 29, and lines 33 and 34.			
Š.	27	Unrestricted net assets		27	
ale	28	Temporarily restricted net assets		28	
Q E	29	Permanently restricted net assets		29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.	-		
9	30	Capital stock or trust principal, or current funds		30	
šet	31	Paid-in or capital surplus, or land, building, or equipment fund		31	<u> </u>
Ass	32	Retained earnings, endowment, accumulated income, or other funds	181380		171006
e	33	Total net assets or fund balances	181380	····	171000
Z	34	Total liabilities and net assets/fund balances	189702	34	178044
	<u>.</u>		100702		1/004

_	4	\sim
Page	ı	4

01111 33	, o (20.1)				· ag	,
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>	<u>.</u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	1			7	3687
2	Total expenses (must equal Part IX, column (A), line 25)	2			8	<u>4061</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			(10	374)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			18	1380
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line	Ì				
	33, column (B))	10			17	1006
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u> </u>	<u></u>			
				`	es	No
1	Accounting method used to prepare the Form 990. Cash Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın ı	n	1		
	Schedule O		1			
2 a	/ere the organization's financial statements compiled or reviewed by an independent accountant?					✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis		2		- 1	,
b						✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both:		ļ			
	Separate basis Consolidated basis Both consolidated and separate basis		.			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	- 1 1				
	of the audit, review, or compilation of its financial statements and selection of an independent accounts.			С		
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O	piain i	п			
_		famile :	_			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set the Single Audit Act and OMB Circular A-133?	iortn I		_		,
		-aa +h	_	а	_	<u>√</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a					
	required addit or addits, explain why in schedule O and describe any steps taken to undergo such a	uuilS.		b		
			F	orm \$	1 90 ((2014)

SCHEDULE O (Form 990 or 990-EZ)

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.

2014

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

► 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.

Open to Public Inspection

Employer identification number

BENEVOLENT AND PROTECTIVE ORDER BPOE 1020	57-0122793							
PART VI								
6 FRATERNAL MEMBERS INVITE PERSONS WITH COMMON INTEREST TO JOIN THE LODGE								
7A THE MEMBERS HOLD ELECTIONS ONCE A YEAR TO DETERMINE BOARD MEMBERS								
7B MEMBERS DECIDE THE COURSE OF ACTIONS TAKEN BY THE ELECTED OFFICERS								
11A THE 990 IS REVIEWED BY THE GOVERNING BODY AND PRESENTED TO THE LODGE IN OPEN SESSION								
19 GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC IN THE OFFICE OF THE BENEVOLENT								
AND PROTECTIVE ORDER BPOE AT 2220 W. JODY RD., FLORENCE, S C 29501								
•								

Benevolent & Protective Order Of BPOE 1020

Other Expenses	
Cablevision	1917
Trash Service	1012
Pest Control	467
Badges & Pins	465
Printing & copying	<u> 345</u> .
Postage	352
Repairs & Maintenance	3893
Telephone	1295
American Essay	50
Officers Plaque	113
Dues	100
Miscellaneous	208
	10216
	· · · · · · · · · · · · · · · · · · ·

Schedule 1

Benevolent + Protective Order Of BPOE 1020

Gross Receipts	5 2 8 1 3
Cost of Goods Sold	23617
	29196
Enlantory At Beginning	3512
Merchandise Purchased	23169
Inventory At End Of Year	3150
Cost Of Goods Sold	23617
Sahe	edule 2