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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 private foundations)

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

► Information about Form 990-EZ and its instructions is at *www.irs.gov/form990*.

OMB No 1545-1150

2014

Open to Public Inspection

A For the 2014 calendar year, or tax year beginning APRIL 1 , 2014, and ending MARCH 31 , 20 15

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return/terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
BENEVOLENT & PROCTIVE ORDER #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 province, country, and ZIP or foreign postal code
FORT SCOTT, KS 66701- 705

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 Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other

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, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ► $ 163,112

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	17,858
	2	Program service revenue including government fees and contracts		2	
	3	Membership dues and assessments		3	9,314
	4	Investment income		4	
	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		
	c	Less: direct expenses from gaming and fundraising events	6c		
	d	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	85,937	
	b	Less: cost of goods sold	7b	28,671	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	57,266
	8	Other revenue (describe in Schedule O)		8	50,003
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		► 9	134,441
Expenses	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	43,529
	13	Professional fees and other payments to independent contractors		13	1,800
	14	Occupancy, rent, utilities, and maintenance		14	25,780
	15	Printing, publications, postage, and shipping		15	
	16	Other expenses (describe in Schedule O)		16	65,801
	17	**Total expenses.** Add lines 10 through 16		► 17	136,910
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)		18	(2,469)
	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	5,874
	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	3,405

P 18

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	13,470	22	12,275
23	Land and buildings	21,492	23	17,614
24	Other assets (describe in Schedule O)	300	24	300
25	**Total assets**	35,262	25	30,189
26	**Total liabilities** (describe in Schedule O)	29,388	26	26,784
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	5,874	27	3,405

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 . . ☐

What is the organization's primary exempt purpose? **YOUTH, VETERANS AND OTHER DONATIONS**

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.

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)

28	**YOUTH, VETERANS AND OTHER DONATIONS**		
	(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	28a	10,712
29			
	(Grants $) If this amount includes foreign grants, check here . . . . ▶ ☐	29a	
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	10,712

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 (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
SEE ATTACHED				

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			
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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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 ▶ **LYNNE OBERST** Telephone no. ▶ **620-223-5821**			
	Located at ▶ **PO BOX 705, FORT SCOTT, KS** ZIP + 4 ▶ **66701-701**			
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)?	42b		✓
	If "Yes," enter the name of the foreign country: ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
c	At any time during the calendar year, did the organization maintain an office outside the U S.?	42c		✓
	If "Yes," enter the name of the foreign country: ▶			
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
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		✓
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		

			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		✓

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 ☑

			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		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(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
NONE				

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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 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

▶ Millie M Lipscomb — Signature of officer — Date: 5-30-15

▶ Millie M Lipscomb — Type or print name and title

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 #597

PAGE 1, LINE 8

RENT	2,500
ENF & FIREWORKS	0
FUND RAISING	7,434
VENDING MACHINES	763
LODGE ACTIVITIES	404
OTHER INCOME	5,767
LOTTERY INCOME	33,135
TOTAL	50,003

PAGE 1, LINE 16

MEETINGS	35
OFFICE EXPENSE	2,043
MISC	605
PER CAPITA DUES	2,856
CREDIT CARD EXPENSE	1,182
FUND RAISING	1,756
ACTIVITES	744
CASH SHORT	77
LICENSE	1,460
TELEPHONE	1,542
CABLE TV	222
TRASH SERVICE	450
CONVENTIONS	100
SALES TAX	2,142
LIQUOR TAX	6,430
LAUNDRY	229
LOTTERY EXPENSE	31,701
INTEREST	394
SUPPLIES	1,121
DONATIONS	10,712
TOTALS	65,801

(A)	A	(B)
MARY MARSH 730 S LOWMAN FORT SCOTT, KS 66701	EXALTED RULER VARIOUS	3
MILLE LIPSCOMB 1590 235TH ST FORT SCOTT, KS 66701	LEADING KNIGHT VARIOUS	1
ANDREW BOLTON 714 S CATALPA ST PITTSBURG, KS 66762	LOYAL KNIGHT VARIOUS	1
JEFF MCCOY 510 S EDDY ST FORT SCOTT, KS 66701	LECTURING KNIGHT VARIOUS	1
SANDY E WILLIAMS P.O. BOX 705 FORT SCOTT, KS 66701	SECRETARY VARIOUS	5
LYNNE OBERST 707 HEYIMAN ST FORT SCOTT, KS 66701	TREASURER VARIOUS	1
REX COLEGROVE 1590 235TH ST FORT SCOTT, KS 66701	TRUSTEE VARIOUS	1
BRENDA COLINGE 1545 215TG LOT C FORT SCOTT, KS 66701	TRUSTEE VARIOUS	1
JOSH DAVENPORT 123 ARTHUR ST FORT SCOTT, KS 66701	INNER GUARD VARIOUS	1
JERALD MITCHELL 510 FAIRWAY DR FORT SCOTT, KS 66701	TRUSTEE VARIOUS	1
JAMES WALKER 1811 S MARGRAVE FORT SCOTT, KS 66701	TRUSTEE VARIOUS	1
JOLENNE STAINBROOK 510 FAIRWAY DR FORT SCOTT, KS 66701	TRUSTEE VARIOUS	1
CHARLES RUSSELL 730 195TH ST FORT SCOTT, KS 66701	CHAPLAIN VARIOUS	1

(C)	(D)	(E)
0	0	
0	0	0
0	0	0
0	0	0
900	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0
0	0	0

JOHN HAYES 2440 HIGHWAY 7 MAPLETON, KS 66754	TILER VARIOUS	1
PATRICK BISHOP 2047 JAYHAWK ROAD FORT SCOTT, KS 66701	ESQUIRE VARIOUS	1

0 0 0

0 0 0

0