

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Sign

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2016 Open to Public

Department of the Treasury Internal Revenue Service_

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.

_		A STATE OF THE STA		~.		· ·						
		e 2016 calendar year, or tax year beginning APRIL 1, 2016, and end	ing MAR	CH 31,	, 20 17							
В	Check i	f applicable C Name of organization BENEVOLENT & PROTECTIVE ORDER BPOE 1020		D Employ	D Employer identification number							
	Address	s change Doing business as		<u> </u>	57-0122793							
	Name c	hange Number and street (or P O box if mail is not delivered to street address) Room/s	surte	E Telephor	ne number							
	Initial re	· · · · · · · · · · · · · · · · · · ·		L	843-665-8810							
Final return/terminated City or town, state or province, country, and ZIP or foreign postal code												
	Amende	ed return FLORENCE, S C 29502		G Gross re		63449.03						
	Applicat	tion pending F Name and address of principal officer ERIC EASLER, EXALTED Put	レビドH(a) Is this a	group return for	subordinates? Yes	No						
		2817 BOXWOOD AVE, FLORENCE SC 29501	H(b) Are al	subordinate:	s included? 🔲 Yes	☐ No						
	Tax-exe	mpt status	If "!	Vo," attach a	a list (see instructio	2 2						
J	Website	e: >	H(c) Group	exemption	number ► //	56						
		organization ☐ Corporation ☐ Trust ☐ Association ☐ Other ►	ation 1949	M State	of legal domicile	SC						
P	art I	Summary										
	1	Briefly describe the organization's mission or most significant activities: FRAT	ERNAL MEM	BERS CO	NTRIBUTE TO T	HE						
Ce		COMMUNITY, DRUG AWARENESS AND OTHER CHARITABLE WORKS										
пaг	2 Check this box ▶ ☐ if the organization discontinued its operations ordisposed of more than 25% of its net assets.											
/eri												
3 Number of voting members of the governing body (Part VI, line 1a)												
											ties	5
Activities &	6	Total number of volunteers (estimate if necessary)	<u> </u>	6		30						
Ä	7a	Total unrelated business revenue from Part VIII, column (C), line 12 G		. 7a		0						
	b	Net unrelated business taxable income from Form 990-T, line 34	<u> </u>	7b		0						
			Prior Y	'ear	Current Ye	ear						
a	8	Contributions and grants (Part VIII, line 1h)		17554		84786.28						
Š	9	Program service revenue (Part VIII, line 2g)										
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		9		1776.02						
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		54938		46521.17						
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		72501	1	33083.47						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)		6318		5675 60						
	14	Benefits paid to or for members (Part IX, column (A), line 4)										
ģ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			 							
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		5006		4134.63						
pe	ь	Total fundraising expenses (Part IX, column (D), line 25) ▶		\$ \		1.4 14.						
ũ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		62478.48								
	18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	60662 71986			72288.72						
	19	Revenue less expenses. Subtract line 18 from line 12		515		60794.95						
- S	 	<u></u>	Beginning of C		End of Ye							

Part II Signature Block

Net assets or fund balances Subtract line 21 from line 20

Total assets (Part X, line 16)

Signature of officer

Total liabilities (Part X, line 26)

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

Here	EDWARD L. BENNETT Type or print name and title	, CHAIRMAN, AUDITIN	IL AND	A	CCOUNTIN	C COMMIT
Paid Preparer	Print/Type preparer's name KAREN SMITH	Preparer's signature	Date 5 30	19	Check 🗸 if self-employed	PTIN P01438150
Use Only	Firm's name ► KAREN SMITH	Firm's EIN ▶				
	Firm's address ► P O BOX 1368, DARL		Phon	e no 8 4	13-393-5062	
May the IBS	discuse this return with the preparer	shown above? (see instructions)				Voc No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form **990** (2016)

239810.19

7494.79

23231540

173372

171521

1851

	30 (20 1		Page 2
Part	Ш	Statement of Program Service Accomplishments	
	Brief	Check if Schedule O contains a response or note to any line in this Part III	Ц
•		TEDRIAL MEMBERS WITH COMMANANTINTERECT	
	LKA	A EKIAYT MEMIDEK2 MILLI COMMON IN EKE21	
2	Did	the organization undertake any significant program services during the year which were not listed on the	
	prio	r Form 990 or 990-EZ?	✓ No
		es," describe these new services on Schedule O	
3	Dıd	the organization cease conducting, or make significant changes in how it conducts, any program	
		/ices?	✓ No
		es," describe these changes on Schedule O.	
4		cribe the organization's program service accomplishments for each of its three largest program services, as mea	
-		enses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	o others,
	the t	total expenses, and revenue, if any, for each program service reported.	
4a		de:) (Expenses \$ including grants of \$) (Revenue \$)
	VAR	RIOUS 501 (C) (3) ORGANIZATIONS	
		·	
4b	(Coo	de:) (Expenses \$ including grants of \$) (Revenue \$	
40	COC	Je	<i>)</i>
			•
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
4c	(Coc	de:) (Expenses \$ including grants of \$) (Revenue \$)
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Oth	or program convece (Decembe in Cahadula O.)	
4d		er program services (Describe in Schedule O.) penses \$ including grants of \$) (Revenue \$)	
4e		penses \$ including grants of \$) (Revenue \$) all program service expenses ▶	

12

Part	IV Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	[
	complete Schedule A	11		1
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	├ -		<u> </u>
	candidates for public office? If "Yes," complete Schedule C, Part I	3		1
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? If "Yes," complete Schedule C, Part II	4		1
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		·
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		1
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		, 'à	
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		✓
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		1
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		1
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
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		√
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	11f		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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		7
14 a	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

Part	Checklist of Required Schedules (continued)			
			Yes	No
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		✓
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	· · ·	✓_
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		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		<u> </u>	<u> </u>
	\$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		1
	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		/
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,			l
	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		1
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):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓
Ь	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		-
	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	00	}	,
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N</i> ,	30	 -	✓
	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? If "Yes," complete Schedule R, Part 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		1
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		1
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		1
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			Ė
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, 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	

∤ Form 99	0 (2016)		ı	Page 5					
Part				- ugo o					
	Check if Schedule O contains a response or note to any line in this Part V								
			Yes	No					
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 3	`, ,							
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	4.	,	,					
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	S. 12	ا غذ ـ د						
	reportable gaming (gambling) winnings to prize winners?	1c	✓						
2a									
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	✓_	<u> </u>					
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	. 2. 3	(Luc)						
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓					
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		<u> </u>					
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	1		-					
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	.		,					
	account)?	4a	<i>M</i> ***	× -					
b	If "Yes," enter the name of the foreign country: ▶			13. 3					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	2 24	% ×	2					
_	(FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		\ <u>\</u>					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		 					
C	,								
6a									
b	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		/					
U		6b		1					
7	gifts were not tax deductible?								
a	and the second of the second o								
_	and services provided to the payor?	7a	, <u>å</u> .	£, .					
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		 _					
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			Ť					
	required to file Form 8282?	7c		1					
d	If "Yes," indicate the number of Forms 8282 filed during the year	×	, ","	1					
е	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		_					
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		✓					
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	1	Kari Ta						
	sponsoring organization have excess business holdings at any time during the year?	8		1					
9	Sponsoring organizations maintaining donor advised funds.	12.32	3	4.					
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	3.7	1					
10	Section 501(c)(7) organizations. Enter.	*	* * * *	1					
a	Initiation fees and capital contributions included on Part VIII, line 12	See See See	14.20° 2.0	'L'					
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		Jel V						
11	Section 501(c)(12) organizations. Enter:	- 4, 4	報(1000m) (4) (4)	1 ·					
a	Gross income from members or shareholders	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	****** • • • • • • • • • • • • • • • • •] .					
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)								
40-		100		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	12a		-					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	- ` . `							
13	Is the organization licensed to issue qualified health plans in more than one state?	13a	3* 3	1					
а	Note. See the instructions for additional information the organization must report on Schedule O.	100	٠,٠ .	+					
b	Enter the amount of reserves the organization is required to maintain by the states in which	15	ž.	1					

the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

Did the organization receive any payments for indoor tanning services during the tax year? . . .

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

13b

13c

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 S Check if Schedule O contains a response or note to any line in this Part VI	See instru	ctions.						
Secti	on A. Governing Body and Management		<u> </u>						
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.	Ye	es No						
b 2	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?								
3	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? .								
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 one or more members of the governing body?	4 5 6 ✓ 7a ✓	<i>y y y y y y y y y y</i>						
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b 🗸	,						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а b 9	The governing body?	8a 🗸 8b 🗸							
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven		e.i						
000	on by the decise of requests information about pointing for the first internal form		es No						
10a b	Did the organization have local chapters, branches, or affiliates?	10a	/						
44	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	,——						
11a b	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? Describe in Schedule O the process, if any, used by the organization to review this Form 990.	11a ✓	1 1 A						
12a b	Did the organization have a written conflict of interest policy? If "No," go to line 13 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	* \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \						
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?	13	✓ ✓						
a b	The organization's CEO, Executive Director, or top management official	15a 15b	1						
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	7nc -						
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							
	ion 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 (Sectio 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 pc	olicy, and						
20	State the name, address, and telephone number of the person who possesses the organization's books and re 2220 JODY RD., FLORENCE, S C 29501 843-665-8810	ecords: >	•						

Form	990	(2016)	

Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated 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 no	or any relate	d orga	aniz	atio	n c	ompe	nsa	ted any currer	nt officer, director	, or trustee.
					C)	-				
(A)	(B)	(do n	not ch		ition	e than c	nne	(D)	(E)	(F)
Name and Title	Average	box,	unles	s pe	rson	ıs both	an	Reportable	Reportable	Estimated
	hours per week (list any		_	_		or/trust		compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	apt	Former	the	organizations	compensation
	related organizations	rect	Ē	Ĕ	emp	loye	ner	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	or ta	nal		Joy	e com		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		and related
	line)	ıste	trus		8	Pen	Ì	i		organizations
		Ü	tee	İ	ļ	Highest compensated employee				
(1) R. ERIC EASLER	16			١.						
EXALTED RULER	 		_	✓	⊢		ļ	-0-	-0-	-0-
(2) STEVE SCHULMAN				,						
LEADING KNIGHT	8		<u> </u>	✓	↓		 	-0-	-0-	-0-
(3) MIKE HARRELSON	44		l	,				_		_
LOYAL KNIGHT	 -	<u> </u>	┝	✓	-		 	-0-	-0-	-0-
(4) DENNIS JEFFORDS	4			,						
LECTURING KNIGHT	 		\vdash	✓	-			-0-	-0-	-0-
(5) JAMES WINDHAM	44	1								
TRUSTEE (6) POW COOK	4	┡┻	╁	-	 	 	├	-0-	-0-	-0-
(6) ROY COOK TRUSTEE		1						-0-	-0-	0
(7) SCOT CARRED	4	١	\vdash		-	 - -		-0-	-0-	-0-
TRUSTEE		1			1		l	-0-	-0-	-0-
(8) DAY CDEEMAN	4	├ <u></u>	 		-	 -	 	1		
TRUSTEE		1	Į				ļ	-0-	-0-	-0-
(9) JIMMY HARKER	4				t^-		_	 	<u>-</u>	
TRUSTEE	-	1				ļ	ļ	-0-	-0-	-0-
(10)				Т	1					
·		1					ţ			
(11)					1					
(12)		 	-		-	_				
		<u> </u>		<u> </u>	1_					
(13)										
(14)		 	\vdash		\vdash		-			
	ı	1	1	1	1	1	1	1	1	

Part	VI Section A. Officers, Directors, Trust	tees, Key E	mplo	yee:	_	<u>nd F</u> C)	lighe	st C	ompensated E	mployees (c	ontinue 	d)		
	(A)	(B)	ļ		•	ition			(D)	/E\			(F-)	
	Name and title								(D) Reportable	(E) Reportable	able Est		(F) nated	
		hours per					or/trust		compensation	compensation		amo	unt of	
		week (list any hours for	악교	Ins	윷	Σe	en H	Ε̈́	from the	related organization	ns	compe	iher ensatic	on
		related organizations) rec	ğ	Officer	en	hest	Former	organization	(W-2/1099-MI			n the	_
		below dotted	or ia	ona	ŀ	Key employee	e con		(W-2/1099-MISC)		1		nzatior related	
		line)	Individual trustee or director	Institutional trust		66	npen	ļ	ļ		ļ	organ	ızatıon	s
			0	tee			Highest compensated employee		(
(15)		 	 		 	\vdash		\vdash	 					
3		<u> </u>	i											
(16)							,		_					-
			<u> </u>	_				_						
(17)			}		1	}	<u> </u> 		}					
(4.5)		ļ	ļ		<u> </u>	<u> </u>	ļ	<u> </u>	_	<u> </u>				
(18)		 	Į.				1	ļ	į.		İ			
(19)		 	├			├		 	 					
(19)			Ì						}		Ĩ			
(20)		 				 		<u> </u>						
33		†	1			ľ	1	1						
(21)						Г								
				<u>L</u> _		<u> </u>								
(22)				l										
<u></u>		 		_		<u> </u>	<u> </u>	ļ	ļ	<u> </u>				
(23)			Ì				1	Ì						
(24)		 	 			├			 	 				
12-7)		 				1					İ			
(25)				\vdash		<u>├</u>		t —				<u> </u>		
			<u> </u>											
1b	Sub-total			-	-			•						
C	Total from continuation sheets to Part	-			-			>						
d								<u> </u>	<u>-0-</u>		-0-			
2	Total number of individuals (including but reportable compensation from the organic		to tr	ose	lis	ted	above	e) w	tho received m	ore than \$10	0,000	01		
	reportable compensation nom the organi	ization		_									Yes	No
3	Did the organization list any former of	ficer, direc	tor, o	or tr	ust	ee,	key e	emp	oloyee, or high	nest comper	sated	7 .9/5 3485	7 8	1.10
	employee on line 1a? If "Yes," complete											3		1
4	For any individual listed on line 1a, is the											- /*	۳.	-
	organization and related organizations	greater th	an \$	150,	000)? /	f "Ye	s, "	complete Sch	nedule J for	such		<u>l</u>	
_	individual			•	•		•	•				4		1
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or ind	ividual			
Soction	on B. Independent Contractors	: 11 163, 0	- CITIP	CIC	30,	100		-	Buch person	· · ·	· ·	5	<u> </u>	
1	Complete this table for your five highest	compensat	ed in	den	end	ent	contr	act	ors that receive	ed more that	\$100	000 of		
•	compensation from the organization. Repyear.													ax
	(A)							Г	(B)			(C)		
	Name and business add	dress							Description of s	services		compens	sation	
								<u> </u>						
								↓_						
2	Total number of independent contract	are (upolicali	na h	ıt r	<u></u>	lum	tod +	1 +1	ance listed ab	Ovel who				
~	Total number of independent contractor	•	_					JU	iose nsteu au	OVE) WITO				

Form **990** (2016)

Part	VIII	Statement of Reve					· · · · · · · · · · · · · · · · · · ·	
		Check if Schedule O	contains a re	esponse or note t		<u>,</u>		
,	*			\$" "\" " " " " " " " " " " " " " " " " "	(A) Total revenue	(B) Related or exempt	(C) Unrelated	Revenue
,				· · · · · · · · · · · · · · · · · · ·		function revenue	business revenue	excluded from tax under sections 512-514
S S	1a	Federated campaigns	1	<u>.</u>	,,,,,,	*/ 'a " "		3, 3, 3, 3, 3
s, Grants Amounts	b	Membership dues .	11				, , , , , , , , , , , , , , , , , , , ,	1
عَ ق	c	Fundraising events .	<u> </u>					
	d	Related organizations			1 * ` `,			
S, E	е	Government grants (con		9				* , , , , , , , , , , , , , , , , , , ,
ion	f	All other contributions, gi			11.42 14.52 5 5 5			Mark Control
the librat		and similar amounts not incl	luded above 📗 🚹	f 74517.03		To the same of the		
Contributions, Giff and Other Similar	g	Noncash contributions includ	led in lines 1a-1f	\$	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
	h	Total. Add lines 1a-1	<u>f</u>		84786.28	* * * * * * * * * * * * * * * * * * *		This and the
Program Service Revenue				Business Code				4. 10.5
e Ke	2 a				 			<u> </u>
ě	b						<u> </u>	
ξi	C				 	 		
Se	d			·- 	 	ļ	 	
Ta l	e	All other program con	vice revenue	- }	 	 		
rog	, I , 9	All other program sen Total. Add lines 2a-2			 			\$ 14 1 A.
	3	Investment income			 	** * \$*		
į		and other similar amo			1776.02	1776.02		
	4	Income from investmen	•	bond proceeds▶	1770.02	1		
	5	Royalties						
			(ı) Real	(II) Personal	1 1 1		1 1 1 1 1 1	
	6a	Gross rents	1412	6.0			N. N. N. W.	
	b	Less rental expenses						
	С	Rental income or (loss)	14125.	00				
	d	Net rental income or		▶	14125.00	14125,00	\	
	7a	Gross amount from sales of	(i) Securities	(II) Other				
	_	assets other than inventory	<u> </u>				LE MAN PART	
	b	Less: cost or other basis						
	_	and sales expenses .	ļ			\$ 750 B		
	C	Gain or (loss)	L		- · · · · · · · · · · · · · · · · · · ·	" of "		
	a	Net gain or (loss) .		·		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1
e	8a	Gross income from fu	undraising			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
en		events (not including \$	12577.00			1		
ě	<u> </u>	of contributions report						
<u>-</u>	}			a 12577.00		** , ,	The state of the s	
Other Revenue	b	Less: direct expenses	s	b 7256.3	7	, "` * "		
0	С	Net income or (loss) f			5320.63	3		
	9a	Gross income from ga	amıng actıvıtie:	S.				,
				a 460.0	<u>B</u>		, , ,	Ì
	b	Less direct expense		b				
	C	Net income or (loss) to	• -		460.08	<u> </u>	 	
	10a	Gross sales of in returns and allowance		[_		-	
				a 49237.6 b 24880.0	¬			
	b	Less. cost of goods s Net income or (loss)			-	1 24357.61		
	<u>c</u>	Miscellaneous F		Business Code	24357.6	24357.0	'	
	11a			1000.00	┥			
	b	LICENSE ADVERTISING		1000.00	 	 	†	
	C	MISCELLANEOUS		257 85		 	 	1
	d	All other revenue						
	e	Total. Add lines 11a-	-11d	▶	2257.8	5		
	12	Total revenue See		•	122002.4		2	1

Form 990 (2016)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (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									
2	Grants and other assistance to domestic individuals. See Part IV, line 22									
_	-	5675.60	5675.60	* * * * * * * * * * * * * * * * * * * *	***					
3	Grants and other assistance to foreign organizations, foreign governments, and foreign									
	individuals. See Part IV, lines 15 and 16									
4	Benefits paid to or for members				**************************************					
5	Compensation of current officers, directors,			2	3-% <u></u>					
•	trustees, and key employees	-		-						
6	Compensation not included above, to disqualified									
•	persons (as defined under section 4958(f)(1)) and	Ì								
	persons described in section 4958(c)(3)(B)	1	ı							
7	Other salaries and wages	4134.63		4134.63						
8	Pension plan accruals and contributions (include									
	section 401(k) and 403(b) employer contributions)									
9	Other employee benefits									
10	Payroll taxes	536.19		536.19						
11	Fees for services (non-employees)	}								
a	Management			·						
b	Legal	2555.00		2555.00						
q C	Accounting	2555.00		2555.00						
d e	Professional fundraising services. See Part IV, line 17									
f	Investment management fees	 	# 1 % ·	<u> </u>						
g	Other. (If line 11g amount exceeds 10% of line 25, column									
-	(A) amount, list line 11g expenses on Schedule O.)	11048.90		11048 90						
12	Advertising and promotion									
13	Office expenses	1429.01		1429.01						
14	Information technology		<u> </u>		!					
15	Royalties									
16	Occupancy	25594 52		25594.52						
17	Travel									
18	for any federal, state, or local public officials	116 82		116.82	1					
19	Conferences, conventions, and meetings .	1900.00	·	1900.00						
20	Interest	1300.00		1000.00	 					
21	Payments to affiliates	3041.00		3041.00						
22	Depreciation, depletion, and amortization .	5721.00		5721.00						
23	Insurance	4530.44		4530.44						
24	Other expenses. Itemize expenses not covered									
	above (List miscellaneous expenses in line 24e. If				•					
	line 24e amount exceeds 10% of line 25, column			٠,						
	(A) amount, list line 24e expenses on Schedule O.)	4000	<u> </u>	4000.05	<u> </u>					
a	TAXES & LICENSE	1828.25	 	1828.25	 					
ď	BANK CHARGES SUPPLIES	1044.35 614.45		1044.35 614.45						
d	MICC	2518.56		2518.56						
e	All other expenses	2310.30		2010.00						
25	Total functional expenses. Add lines 1 through 24e	72288.72	5675.60	66613.12						
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 ▶ 🗍 if				1					
	following SOP 98-2 (ASC 958-720)	1	1		1					

Part 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	15718	1	21834.74
	2	Savings and temporary cash investments	14131	2	2585.80
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,		,	F 1 4.
		trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	San Land William College College
ts	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	
Assets	7	Notes and loans receivable, net		7_	
₹	8	Inventories for sale or use	4611	8_	3269.71
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 302500.03		žŽ	
	b	Less: accumulated depreciation 10b 157883.00	138784		144617.03
	11	Investments—publicly traded securities		11	
l	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	128	15	67502.91
	16	Total assets. Add lines 1 through 15 (must equal line 34)	173372	16	239810.19
	17	Accounts payable and accrued expenses		17	
	18	Grants payable	-	18	
	19	Deferred revenue	1598	19	7106.50
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.		21	****
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	and a development of the second
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	253		388.29
	26	Total liabilities. Add lines 17 through 25	1851	26	7494.79
Ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.			
an	27	Unrestricted net assets		27	
Bal	28	Temporarily restricted net assets		28	3804.28
ᅙ	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.			
ts (30	Capital stock or trust principal, or current funds		30	
Se	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
As	32	Retained earnings, endowment, accumulated income, or other funds .	171521	32	228511.12
Net	33	Total net assets or fund balances	171521		232315.40
_	34	Total liabilities and net assets/fund balances	173372	34	239810.19
					Form 990 (2016)

Part	ΧU	Reconciliation of Net Assets				
		Check if Schedule O contains a response or note to any line in this Part XI				
1		ıl revenue (must equal Part VIII, column (A), line 12)	1		13308	33.47
2		ll expenses (must equal Part IX, column (A), line 25)	2		7228	<u> 88.52</u>
3		enue less expenses. Subtract line 2 from line 1	3		6079	94.95
4	Net	assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		17152	20.45
5		unrealized gains (losses) on investments	5			
6	Don	ated services and use of facilities	6			
7	Inve	stment expenses	7			
8		r period adjustments	8			
9		er changes in net assets or fund balances (explain in Schedule O)	9			
10		assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
		column (B))	10		23231	15.40
Part	XII	Financial Statements and Reporting				_
		Check if Schedule O contains a response or note to any line in this Part-XII		· · · ·	• •	_Ц
					Yes	No
1	Acc	ounting method used to prepare the Form 990: 🗌 Cash 🖫 Accrual 🔲 Other		1 %		
		e organization changed its method of accounting from a prior year or checked "Other," ex	plain in	I	~ 144	* *
		edule O.		Ć.	* 868	أدعاً .
2a		e the organization's financial statements compiled or reviewed by an independent accountant?		2a	* ***	√
		es," check a box below to indicate whether the financial statements for the year were comp	oiled or	1 VA.		, v ⁷⁹ 3 '3
	_	ewed on a separate basis, consolidated basis, or both:		1,,,	£ ~ 6	48 Y
		eparate basis		·	· •	:
b		e the organization's financial statements audited by an independent accountant?		2b		<u> </u>
		es," check a box below to indicate whether the financial statements for the year were audited	ed on a			,
	'	arate basis, consolidated basis, or both:			´ • ¾]	*
		eparate basis		10 W.		
С	If "Y	es" to line 2a or 2b, does the organization have a committee that assumes responsibility for or	/ersignt		İ	
		ne audit, review, or compilation of its financial statements and selection of an independent account		2c		
		e organization changed either its oversight process or selection process during the tax year, ex	piain in			À.;
_		edule O.	forth in		2000 P	,
3a		a result of a federal award, was the organization required to undergo an audit or audits as set	iorth in	ا م		,
_		Single Audit Act and OMB Circular A-133?		3a		
b		'es," did the organization undergo the required audit or audits? If the organization did not undergo such a sund or audit or audits, evaluate who is School to Condidensia by stops taken to undergo such a		3b		
	requ	ured audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	duits.		000	
				Forr	n 990	(2016)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► 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

Name of the organization	Employer identification number							
BENEVOLEN & PROTECTIVE ORDER BPOE 1020	57- 01 22793							
DADT W								
PART VI								
6 FRATERNAL MEMBERS INVITE PERSONS WITH COMMON INTEREST TO JOIN THE LODGE								
THE STATE OF THE PROPERTY OF T								
7A THE MEMBERS HOLD ELECTIONS ONCE A YEAR TO DETERMINE BOARD MEMBERS								
TA THE MICHIGERS HOLD ELECTIONS ONCE A TEAM TO DETERMINE BOARD MEMBERS								
	· · · · · · · · · · · · · · · · · · ·							
TO MEMBERS DESIDE THE SOURCE OF A STICKIO TAKEN DIVINE IN FOUR OFFICERS								
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 S	ESSION							
19 GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC IN TH	E OFFICE OF THE BENEVOLENT							
AND DEOTECTIVE PROF AT 2220 JORY PD. ELOPENCE S.C. 20501								
AND PROTECTIVE BPOE AT 2220 JODY RD., FLORENCE, S C 29501								
	-							
DADT IV								
PART IX								
11G OTHER FEES FOR SERVICES 11048 90								
THE LODGE CONTRACTS WITH ICE SERVICE CO LLC TO PROVIDE BARTENDERS, WAITRESSES AN	D KITCHEN HELP 9138.90							
THE LODGE ALSO PAYS A COMMISSION FOR RENTING OUT THE PARTY ROOM 1910.00								