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1 1984 05/31/2010 2 46 PM

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047 2009

Open to Public Inspection

Form **990** (2009)

Α	For the 2009 cal	endar year, or tax year beginning $04/01/09$, and ending $03/31/10$			
B _ (Check if applicable	Please C Name of organization Benevolent And Protective Order of		D Employe	er identification number
<u></u> ,	Address change	use IRS Elks of USA Virginia State		E4 0	716014
ı	Name change	print or Doing Business As			716914
\bigcap	Initial return	type. Number and street (or P O box if mail is not delivered to street address) See 9939 South Congress Street	Room/suite	E Telephon	740-3443
一.	Termination	Specific Characters state as equal and 7/B + 4		G Gross receipts	
	Amended return	Instructions City or town, state or country, and ZIP + 4 tions New Market VA 22844		G Gloss receipt	, , , , , , , , , , , , , , , , , , , ,
=	ľ	F Name and address of principal officer		H(a) Isthisag	roup return for
	Application pending	1 Name and address of principal officer		affiliates?	·
	ļ			H(b) Are all aff included?	iliates Yes No
				If "No," at	tach a list (see instructions)
	Tax-exempt status				
		ww.virginiaelks.org		H(c) Group ex	emption number
	Type of organization		ear of formation	М	State of legal domicile
<u> </u>	 	ımmary			
		scribe the organization's mission or most significant activities.			
9	1	oration of charity, justice, brotherly love and			
nan	lide	lity between member lodges.			
Ver	2 Check thi	s box ▶ ☐ if the organization discontinued its operations or disposed of more than 25%	of its not assets	2	
တိ	1	of voting members of the governing body (Part VI, line 1a)	or its fiet asset		
Š	1	of independent voting members of the governing body (Part VI, line 1b)		4	·
Activities & Governance	1	ober of employees (Part V, line 2a)		5	-
Ç	6 Total num	nber of volunteers (estimate if necessary)		6	
•	7a Total gros	ss unrelated business revenue from Part VIII, column (C), line 12		7a	
	b Net unrela	ated business taxable income from Form 990-T, line 34		7b	0
	9 Contributi	RECEIVED pns and grants (Part-VIII, line 1h)	Prior Yea	6,641	Current Year 36, 259
ne	1	pns and grants (⊭art VIII, line trit) setvice revenue (Part VIII, line 29K		2,871	31,851
Revenue		Service revenue (Fait VIII, line 495)		4,011	4,437
8		enue (Part VIII, column.(A), lines £6d, 8c, 9c, 10c, and 11e)		220	1,758
		enue – add naes A-though IT (must equal Part VIII, column (A), line 12)	7	3,743	74,305
	40 0	nd-sımılar amounts paid (Part IX, column (A), lines 1–3)			
pegses 2010	14 Benefits p	paid to or for members (Part IX, column (A), line 4)			
S	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)			
Sec	16a Professio	nal fundraising fees (Part IX, column (A), line 11e)			······································
ě.	b Total fund	draising expenses (Part IX, column (D), line 25) ▶		0 01 6	60 435
AIFR	17 Other exp	penses (Part IX, column (A), lines 11a–11d, 11f–24f)		2,816	69,437 69,437
	16 Total exp	enses Add lines 13–17 (must equal Part IX, column (A), line 25)		2,816 9,073	4,868
#	19 Revenue	less expenses Subtract line 18 from line 12	Beginning of Cu		End of Year
	20 Total ass	ets (Part X, line 16)	19	9,408	204,276
\$60 400	21 Total liabi	ilities (Part X, line 26)			
		is or fund balances Subtract line 21 from line 20	19	9,408	204,276
_ <u>P</u>		gnature Block			
		der penalties of perury, I deflare that I have examined this return, including accompanying schedules an I belief, it is true, correct ald complete Declaration of preparer (other than officer) is based on all inform	d statements, and lation of which pre	to the best of neparer has any k	ny knowledge .nowledge
ei.		1 1006111	·		-1-10
Siç He		Signature of offices		Date	00
		Horace E Jones Secre	tary	Date	
		Type or prnt name and title			
_	Dro	parer's Date Date	Check	ıf	Preparer's identifying number
Pa	Id sigr	nature P Richard Johns CPA 05/3:	1/10 self- employ	/ed ▶ 🔲	(see instructions) P00317495
	eparer's	EIN ▶	54-1910577		
US		n's name (of cours elf-employed), 1910 ERICKSON AVENUE, SUITE 14		Phone	
	add	Iress, and ZIP+4 HARRISONBURG, VA 22801		no 🕨	<u>540-801-0809</u>
Max	the IRS discuss	e this return with the preparer shown above? (see instructions)			Vos No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions. DAA

			d Protective Order	OI 54-071691	.4		Page 2
1 P	Briefly describe the Promoration	ne organization's missi on of chari	n Service Accomplishments on: ty, justice, brothe ber lodges.	erly love and		· ·	•
3	the prior Form 99 If "Yes," describe Did the organizati services? If "Yes," describe Describe the exer Section 501(c)(3)	0 or 990-EZ? these new services or on cease conducting, these changes on Sct mpt purpose achievem and 501(c)(4) organiz	or make significant changes in how it c	conducts, any program se largest program services by e required to report the amoun			X No
4a	(Code.) (Expenses \$	including grants	s of \$) (Revenue \$		
4b	(Code) (Expenses \$	including grants	s of \$) (Revenue \$		
4c	(Code:) (Expenses \$	including grants	s of \$) (Revenue \$)
4d	Other program se	ervices. (Describe in S	chedule O)				
	(Expenses \$	69,43	7 including grants of \$) (Revenue	\$		
4e	Total program s	ervice expenses >	69,437				200 (2000

Form 990 (2009) Benevolent And Protective Order of 54-0716914 Page 3 Part IV . Checklist of Required Schedules No Yes Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," X complete Schedule A X 2 Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to X 3 candidates for public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete 4 4 Schedule C, Part II Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) 5 5 notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," X 6 complete Schedule D, Part I 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, X 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II R Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," X 8 complete Schedule D, Part III Did the organization report an amount in Part X, line 21; 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," Х 9 complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or X 10 quasi-endowments? If "Yes," complete Schedule D, Part V Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI. X 11 VII. VIII. IX. or X as applicable • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI • 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. 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. Did the organization report an amount for other assets related 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 • 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? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12 X 12 Schedule D. Parts XI, XII, and XIII No Yes 12A Was the organization included in consolidated, independent audited financial statements for the tax year? X If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional. 12**A** Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 13 X 14a 14a Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, X business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I 14b 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any Х organization or entity located outside the United States? If "Yes," complete Schedule F, Part II 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance X 16 to individuals located outside the United States? If "Yes," complete Schedule F, Part III Did the organization report a total of more than \$15,000 of expenses for professional fundraising services X on Part IX, column (A), lines 6 and 11e? if "Yes," complete Schedule G, Part I 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 X Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 If "Yes," complete Schedule G, Part III

Did the organization operate one or more hospitals? If "Yes," complete Schedule H

Form 990 (2009) Benevolent And Protective Order of 54-0716914

Part IV Checklist of Required Schedules (continued)

	activ Checklist of Required Schedules (Continued)			
•			Yes ;	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations	24		х
22	in the United States 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 and other assistance to individuals in the	22		х
22	United States 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	23		х
24a	employees? If "Yes," complete Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		
24 a	\$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 25	24a		x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		
·	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a				
LJa	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	120		
b	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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or			l
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor, or a grant selection committee member, or to a person related to such an individual?			
	If "Yes," complete Schedule L, Part III	27		x
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	Ì	х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
-	Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a			
	family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L,			
	Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		_ X
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		х
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		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II,			
	III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete			
	Schedule R, Part V, line 2	35	İ	X
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		ļ. <u>.</u>
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? If "Yes," complete Schedule R,			
	Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and			
_	19? Note. All Form 990 filers are required to complete Schedule O.	38		X
		5	000	(2000)

Pa	rt V ` Statements Regarding Other IRS Filings and Tax Compliance				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of	40			ĺ
_	U.S. Information Returns Enter -0- if not applicable	1a	-		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	able	-		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and report	able	1c		х
22	gaming (gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	l I			<u> </u>
24	Statements, filed for the calendar year ending with or within the year covered by this return	2a			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		ĺ
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see		20		ļ
	Instructions)				ĺ
3a		v.			İ
-	this return?	•	3a	1	x
b	If "Yes," has it filed a Form 990-T for this year? If "No," 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 auth	ority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	•			ĺ
	account)?		4a		x
b	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bar	ık			Ė
	and Financial Accounts.				ĺ
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding	ng			ĺ
	Prohibited Tax Shelter Transaction?		5c		<u> </u>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				1
	organization solicit any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions of	or			1
	gifts were not tax deductible?		6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).				ĺ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	is			Í
	and services provided to the payor?		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		7.		
d	required to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year	7d	7c		
u e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a person		1 1		Ė
C	benefit contract?	mai	7e		Í
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as				
	required?		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting				
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring				É
	organization, have excess business holdings at any time during the year?		8		L
9	Sponsoring organizations maintaining donor advised funds.				Ė
а	Did the organization make any taxable distributions under section 4966?		9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter	L. I			Ė
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		1	Ė
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-{		Ė
11	Section 501(c)(12) organizations. Enter:	445		1	Ė
a h	Gross income from other sources (Do not not amounts due or paid to other sources against				Ė
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			É
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10		12a		İ
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	124		
			·····		·

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
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?	2		X
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		<u> </u>
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	_	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal			
	venue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
	form?	11		X
11a	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X_
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	<u> </u>	<u> </u>
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a		X
ь	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions)			
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	X
ь	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate			
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b	1	
Sec	tion C. Disclosure			-
17	List the states with which a copy of this Form 990 is required to be filed ▶ None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only)			
	available for public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest			
	policy, and financial statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
	organization: Beverly A Hamby 904 Sugar Tree Court			
CI		7 - 54	7 - 8	594

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. Use Schedule J-2 if additional space is needed
- 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 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.

X Check this box if the organization		sate	any (curre	nt o	fficer,	dıre	ctor, or trustee		
(A) Name and Title	(B) Average	(C) Position (check all that apply)					oply)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
Ronald L Hicks								0	0	0
James M Powell		\vdash				H	\vdash		0	
Vice Preside								o	0	0
Timothy E Knotts		 				\vdash	H			•
Vice Predide								o	0	0
Darryl Myers						H				
Vice Preside								o	0	0
Richard F Stroop										
Vice Preside								0	0	0
Horace E Jones Jr										
Secretary								0	0	0
Beverly A Hamby										
Treasurer		<u> </u>						0	0	0
William C Tennis										
Trustee		<u> </u>		ļ				0	0	0
John H Rosenberge	r II									_
Trustee		L		ļ.,				0	0	0
David W Biggs										_
Trustee						_		0	0	0
Dr Robert R Hinkl	е									
Trustee		-	_	<u> </u>	-	-	\vdash	0	0	0
Henry A Deese						1 ,			0	•
Trustee				\vdash			\vdash	0	U	0
Albert R Hayes								o	0	0
Trustee					-	 				0
										-
							\vdash			-

<u> Pai</u>	t VII Section A. Officers	Directors, Trus	tees	, Ke	y Em	ploy	yees	, an	d Highest Compensated E	mployees (continued)				
	(A) Name and Title	(B) Average	Pos	ition (C) kallt	hat a _l	ankı)	(D) (E) ly) Reportable Reportable			(F) Estima		
	Name and Title	hours per week	Individual trustee or director	_	Officer	Key employee	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	coi or a	amount of; other compensation from the organization and related organizations		
_											:			-
														_
														<u> </u>
					_									
1b	Total													
2	Total number of individuals (increportable compensation from the			to th	ose I	isted	abo	ve)	who received more than \$1	00,000 in				
	reportable compensation from t	ine organization j		<u> </u>						······································			Yes	No
	Did the organization list any for employee on line 1a? If "Yes," of	complete Schedu	le J	for sı	uch i	ndıvı	dual	-				3		x
4	For any individual listed on line the organization and related org individual											4		х
	Did any person listed on line 1a services rendered to the organi	zation? If "Yes," o										5		х
	tion B. Independent Contractor Complete this table for your five compensation from the organiz	e highest compen	sate	d inc	lepe	nden	nt cor	ntrac	ctors that received more tha	n \$100,000 of				
		(A) business address							Descrip	(B) stion of services		Co	(C) mpensat	JON
		 												
2	Total number of independent comore than \$100,000 in compen						to th	ose	listed above) who received					

Pa	rt V	III ` Statement of Reve	nue					
	٠				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
gσ	12	Federated campaigns	1a			TEVENGE		012, 010, 01 014
ant		Membership dues	1b		1			
ρğ		Fundraising events	1c		1			
ifts ır a		Related organizations	1d		1		;	
nig		Government grants (contributions)	1e		1			
ons			16		1	1		
her	τ	All other contributions, gifts, grants, and similar amounts not included above	1 _f	36,259		1		
di	_			30,239	-		:	
Sor	_	Noncash contributions included in lines 1a- Total. Add lines 1a-1f	11 3		36,259			
Program Service Revenue Contributions, gifts, grants and other similar amounts		Total. Add lines 1a-11		Busn. Code	30,233			
nua	2a	Assessments - State	Lodges	Busii. Code	31,851	İ		31,851
Rev	b	ASSESSMENTS - State	nouges		32,032			02,002
9	c				-			
eΖi	d							
S E	e							
gra	-	All other program service reven	NIA					
Pr		Total. Add lines 2a-2f	iuc	•	31,851			
	3	Investment income (including d	lividends, inte					
		other similar amounts)		▶	4,437	4,437		
	4	Income from investment of tax-	exempt bond	·	-,	-,		
	5	Royalties		•				
	_	(ı) Real	(ıı) Personal				
	6a	Gross Rents						
	b	Less rental exps						
	С	Rental inc or (loss)						
	d	Net rental income or (loss)		>	ĺ	İ		
	7a Gross amount from (i) Securities (ii)			(II) Other				
		sales of assets other than inventory						
	b	Less cost or other						
		basis & sales exps						
	С	Gain or (loss)						
		Net gain or (loss)	•	•	[
0	8a	Gross income from fundraising even	nts					
ž		(not including \$						
eve		of contributions reported on line 1c)			•			
Other Revenu		See Part IV, line 18	a					
the late	b	Less: direct expenses	b					
0	С	Net income or (loss) from fundr	raising events	>				7
	9a	Gross income from gaming activities	s.					
		See Part IV, line 19	a					
	b	Less direct expenses	b					
	С	Net income or (loss) from gami	ng activities	>				
	10a	Gross sales of inventory, less	1		•			
		returns and allowances	a					
	b	Less: cost of goods sold	b					
	С	Net income or (loss) from sales		<u> </u>				
		Miscellaneous Revenue)	Busn. Code				
	11a	Miscellaneous			1,758			1,758
	b							
	С			<u> </u>				
	d	· · · · · · · · · · · · · · · · · · ·						
	e	Total. Add lines 11a-11d		<u> </u>	1,758			
	12	Total Revenue. See instruction	ns _	<u> </u>	74,305	4,437	0	33,609

;

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) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	, 8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	3				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	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	Other salaries and wages				
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
	Accounting	1,100	1,100		
d	Lobbying	_,	-, - 3 -		
e	Professional fundraising services See Part IV, line 17			······································	<u> </u>
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	954	954		
14	Information technology	751			
15	Royalties				
16	Occupancy				
17	Travel				
	i				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19		21,708	21,708		
20	Conferences, conventions, and meetings Interest	21,700	22,700		+
20	Payments to affiliates				
22	Depreciation, depletion, and amortization				†
22 23	· ' ' '	936	936		
23	Insurance	, ,			
24	Other expenses Itemize expenses not		,	,	Y
4 4	· · · · · · · · · · · · · · · · · · ·				,
	covered above (Expenses grouped together				
	and labeled miscellaneous may not exceed				
_	5% of total expenses shown on line 25 below.)	22,280	22,280		
a	Committees Expenses Officer's Expenses	9,349	9,349		
b	- ,	5,645	5,645		
C	Repairs To Youth Camp	3,363	3,363	-	
d	Miscellaneous				+
e	Food Guests	1,275	1,275		+
	All other expenses	2,827	2,827		
25	Total functional expenses. Add lines 1 through 24f	69,437	69,437		
26	Joint costs. Check here ▶ if following SOP 98-2 Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and				
	fundraising solicitation				I

Par		(2009) Benevolent And Protects Balance Sheet			54-0716914		Page 11
	•				(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing			100 100	1	004 056
	2	Savings and temporary cash investments			199,408	2	204,276
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net		4			
	5	Receivables from current and former officers, directors, tro					
		employees, and highest compensated employees Comple	ete Part	II of			
		Schedule L				5	······································
	6	Receivables from other disqualified persons (as defined u	inder se	ction			
		4958(f)(1)) and persons described in section 4958(c)(3)(B	3). Comp	lete			
<u>"</u>		Part II of Schedule L		6			
Assets	7	Notes and loans receivable, net				7	
SS	8	Inventories for sale or use				8	
٩	9	Prepaid expenses and deferred charges	, ,			9	······································
1	10a	Land, buildings, and equipment cost or	1 1				
		other basis. Complete Part VI of Schedule D	10a			1	
	b	Less: accumulated depreciation	10b			10c	
1		Investments—publicly traded securities				11	
1	12	Investments—other securities. See Part IV, line 11		12	_		
1	13	Investments—program-related See Part IV, line 11		13			
1	14	Intangible assets		14			
1	15	Other assets See Part IV, line 11			100 100	15_	224 256
1	16	Total assets. Add lines 1 through 15 (must equal line 34)	<u> </u>		199,408		204,276
1	17	Accounts payable and accrued expenses				17	
	18	Grants payable				18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities		_		20	
.≝ ।	21	Escrow or custodial account liability. Complete Part IV of S		e D		21	
.≝ ²	22	Payables to current and former officers, directors, trustees					
ap		employees, highest compensated employees, and disqua	lified				
=		persons Complete Part II of Schedule L				22	
		Secured mortgages and notes payable to unrelated third p				23	
		Unsecured notes and loans payable to unrelated third part	ties			24	
		Other liabilities Complete Part X of Schedule D				25	
$\overline{}$	26	Total liabilities. Add lines 17 through 25	F) .			26	
Balances		Organizations that follow SFAS 117, check here ▶ X	and				
<u>ا</u> ۾		complete lines 27 through 29, and lines 33 and 34.			199,408		204,276
<u>a</u>	27	Unrestricted net assets			199,400		204,276
	28	Temporarily restricted net assets		28			
Ĕ ²	29	•	rmanently restricted net assets				
Ĭ.		Organizations that do not follow SFAS 117, check her	e ► _	J			
ō		and complete lines 30 through 34.			-	20	
ets		Capital stock or trust principal, or current funds	دا			30	
SS	31	Paid-in or capital surplus, or land, building, or equipment f		a da		31	
~	32	Retained earnings, endowment, accumulated income, or o	otner für	ius	199,408	32	204,276
<u>ē</u> [ē	33	Total net assets or fund balances			199,408		204,276
	34	Total liabilities and net assets/fund balances			133,408	34	ZU4, Z/0

Form **990** (2009)

Form	990 (2009) Benevolent And Protective Order of 54-0716914		_ Pa	ge 12
Pa	rt XI Financial Statements and Reporting	1		
			Yeş	No
1	Accounting method used to prepare the Form 990. X Cash Accrual Other		,	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in			
	Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			
	issued on a consolidated basis, separate basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			
	the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			

Form **990** (2009)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

DAA

SCHEDULE O

Supplemental Information to Form 990

OMB No 1545-0047 2009

(Form 990)

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Benevolent And Protective Order of Elks of USA Virginia State

Employer identification number 54 - 0716914

Form 990, Part III, Line 4d - All Other Achievements Promoration of charity, justice, brotherly love and fidelity between member lodges.

Form 990, Part VI, Line 11A - Organization's Process to Review Form 990 No review was or will be conducted.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation No documents available to the public