

# 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



# **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)

OMB No 1545-0047 2009

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

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_				dar year,	or tax year beginnin		, 20	Jos, and	enumy .		Employe	r Ident			
В	Chec	k if applic	cable.	Please use	C Name of organization					1				u,,,,,,,,,,	
		Address	change	IRS label or print	BENEVOLENT AND P						54-0				
		Name ch	ange	or type.	Number and street (o	PO box if mail is no	t delivered to stre	et addr)	Room/suite		Telephor				
		Initial ret	urn	See specific	8421 ARLINGT	ON BOULEVA	RD		<u> </u>		(703	) 5	60-22	:13	
	П	Terminat	เดก	Instruc- tions.	City, town or country		St	tate ZIP	code + 4						
	П	Amended	l return		FAIRFAX		V	A 22	031-460	01 <b>  G</b>	Gross re	ceipts :	\$ 1,85	0,526	
	П		on pending	F Name a	and address of principal offi	cer				Is this a gi	oup return	for affi	ılıates?	Yes	X No
	ш	Дрисан	on penama		HEBAUT SAME AS		RFAX	VA 22		Are all affi				Yes	No
_	<del></del>		ant state	us X 501			4947(a)(1) or	-	27	If 'No,' atta	ach a list (	(see ins	structions)		_
÷						sertio) [_	4347 (a)(1) <u>01</u>			0			•		
7	_				2188.com	H		I		Group exe				. 577	
K			anization	X Corpor	ation Trust A	ssociation Other		L Year o	f Formation	1964	IVI St	ate of I	egal domi	cile VA	
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Š	2	2 Chec	k this b	ox ► 📗	if the organization d	iscontinued its of	perations or o	lisposed	d of more th	han 25%	of its a	ssets	S		
<u>ن</u>	3	Num	ber of vo	oting men	bers of the governing	g body (Part VI,	line 1a)				-		5		
8	4				nt voting members of		ody (Part VI,	line 1b)			-		5		
ŧ	5				yees (Part V, line 2						-		29		
Activities & Governance	6				eers (estimate if ned		(0)				ŀ	$\overline{}$	150		
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_	lacksquare	<b>b</b> Net	unrelated	d busines:	s taxable income froi	n Form 990; i., /iii	<u>1</u> er34				l	_7b			
	1				1						r Year		Cu	rrent Ye	
ø.	8	3 Cont	ributions	and gran	nts (Part VIII, Inမြို့h	055 04 00	200			<u></u>	L15,0	65.		<u>114,</u>	<u>757.</u>
Revenue	9	Prog	ram ser	vice rever	iue (Part VIII, [iˈne]2g	) 3tr <b>% v</b> <u>%</u> (	1.5								
9.6	10	) Inve	stment II	ncome (Pa	art VIII, column (A),	iines 3, 4, and 70	1) ln÷i		_		1,2				015.
ď	11	Othe	r revenu	ie (Part V	III, column (A), lines	576d=8g=9c, 10	c, and 11e)				504,5				055.
	12	2 Tota	l revenu	e – add li	nes 8 through 111_(m	si equal Part VI	i ∮column (A)	), line 12	2)		520 <u>,8</u>	29.		557 <u>,</u>	827.
S	13				ounts paid (Part IX,						43,4	84.		45,	406.
Q.	14				members (Part IX, o										
F	19				nsation, employee b			nes 5-10	0)		129,7	96.		130,	559.
三章	'.				ng fees (Part IX, colu				· –						
SCANNEDS SCANNEDS	"						,		7	` ,	-,				
Oğ		<b>b</b> Tota	I fundrai	sing expe	nses (Part IX, colum	n (D), line 25)►			<u> </u> -						
E E	17	7 Othe	er expen	ses (Part	IX, column (A), lines	11a-11d, 11f-24	f)				478,4				710.
Ü	18	3 Tota	l expens	es Add I	nes 13-17 (must equ	ial Part IX, colum	nn (A), line 29	5).			651,6	95.		501,	<u>675.</u>
ယ	19	Reve	enue les	s expense	s Subtract line 18 fr	om line 12					-30,8	66.		56,	152.
0 18	+-			·						Beginn	ing of Y	ear	Er	nd of Yea	ar
ي پانون	20	) Tota	Laccato	(Part X, I	uno 16\				<u> </u>		556,7				548.
	21			es (Part X					-		128,5				179.
<u>ئ</u> ةِ ح									-						
	2				ances Subtract line	21 from line 20					128,2	<u> </u>		484,	369.
,P,	art:			ure Blo											
		Ųn	der penalti	es of perjury	I declare that I have exame Declaration of preparer (o	ned this return, include	ng accompanying	schedules	and statemen	nts, and to	the best of	my kn	owledge ar	nd belief, it	is
		"	Vineci,	and Complete	Deciaration of preparer (	7 //			nor property in		31		1	. ~	
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H	ere	!	Signature	of officer	DADENTHOO	were!	1			Date	•				
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					with the preparer sh									es	No
B/	A I	or Priv	acv Act	and Pape	rwork Reduction Ac	t Notice, see the	separate ins	truction	s.	Т	EEA0101	07/20	709 F	orm <b>990</b>	(2009)

Form	<b>990</b> (2009)	BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE USA LODGE 2188	54-0	75508	39		Page 2
Par		tatement of Program Service Accomplishments					
		cribe the organization's mission		•			
•		lington-Fairfax Lodge is a Chapte of the Benevolent and	Protecti	ve			
		of Elks, whose mission is: to inculcate the principles					
		<del></del>					
	See Form	990, Page 2, Part III, Line 1 (continued)				- <b>-</b> -	
2	Did the orga	anization undertake any significant program services during the year which were not listed	on the prior	_		_	
	Form 990 c	or 990-EZ?			Yes	X	No
	If 'Yes,' des	scribe these new services on Schedule O		_			
3	Did the org	panization cease conducting, or make significant changes in how it conducts, any program s	ervices?		Yes	X	No
	If 'Yes.' des	scribe these changes on Schedule O		_			
4	Describe th	ne exempt purpose achievements for each of the organization's three largest program services.	es by expense	es Secti	on 50	l(c)(3)	
•	and 501(c)	(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants a	and állocations	to othe	rs, the	total	
	expenses,	and revenue, if any, for each program service reported					
_							
4-	(Code	) (Expenses \$ including grants of \$	) (Revenue	\$			,
48				-			
		CHOLARSHIP PROGRAM: THE LODGE ANNUALLY INVITES HIGH SCH				<del>-</del>	
		INGTON AND FAIRFAX COUNTIES IN VIRGINIA TO APPLY FOR SC					
		DGE REVIEWS THE APPLICATIONS, PROVIDES \$7,200 PER YEAR		F.OND?	5_ <u>TO</u>		
		TS TO ASSIST WITH COLLEGE EXPENSES, AND FORWARDS THE WI					
	APPLICA	ATIONS TO STATE AND NATIONAL BPOE ENTITIES FOR CONSIDER	ATION FOR				
	ADDITIO	ONAL SCHOLARSHIP SUPPORT FOR THESE INDIVIDUALS.					
		<b></b>					
41	(Code:	) (Expenses \$ including grants of \$	) (Revenue	\$			)
7.		OUTH CAMP PROGRAM: THE LODGE ANNUALLY PROVIDES FINANCIA					
		000 IN LAST LODGE YEAR) TO SEND APPROXIMATELY 40 CHILDR					
		CAMP OPERATED BY THE VIRGINIA ELKS ASSOCIATION. THE LOD		car			
		E PROVISION OF PHYSICALS FOR THE CHILDREN AND SUPPORTS					
	ASPECTS	S OF ARRANGEMENTS TO GET THE CHILDREN TO AND FROM THE C	<u>AMP</u>				
40		) (Expenses \$ including grants of \$					
		ETERAN SUPPORT PROGRAM: THE LODGE VISITS WITH DISABLED					
		MARTINSBURG, WV VETERANS ADMINISTRATION CENTER FOUR TI					
		O PROVIDE ENTERTAINMENT AND PERSONAL SUPPLIES TO THE RE					
		NDUCTS TWO MAJOR EVENTS AT THE LODGE, BRINGING IN DISAB					
		NS TO PROVIDE THEM DINNER AND ENTERTAINMENT.					
	APIEKWI	NO TO TROUTED THEM STREET WAS DRIDGED TO THE SERVICE OF STREET				- <b>-</b> -	
						. <b></b> .	
				<del>-</del>		<del>-</del>	
	Other progr	gram services. (Describe in Schedule O )					
		; \$ including grants of \$ ) (Revenue	∍ \$			)	
			· ·		-	,	
46	: rotal progi	ram service expenses ►					

Partive Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete 1 Χ Schedule A Is the organization required to complete Schedule B, Schedule of Contributors? 2 Х 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I 3 3 Х Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III 5 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? Yes,' complete Schedule D, 6 6 Х 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 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets If 'Yes,' complete Schedule D. Part III 8 Х 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,' complete 9 Х Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments f' 'Yes,' complete Schedule D, Part V10 Х Is the organization's answer to any of the following questions 'Yes' 7f so, complete Schedule D, Parts VI, VIII, IX, or 11 11 Х X as applicable • Did the organization report an amount for land, buildings and equipment in Part X, line 10% '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 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 257f '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? IVes, 'complete Schedule D, Part X Did the organization obtain separate, independent audited financial statement for the tax year? 'Yes,' complete Schedule D, Parts XI, XII, and XIII 12 Х 12AWas the organization included in consolidated, independent audited financial statement for the tax Yes No year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional 12 A Х Х 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Х **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I 14b Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II 15 X Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III 16 Х 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 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, 18 lines 1c and 8a? If 'Yes,' complete Schedule G, Part II 18 Х

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a% 'Yes,' complete Schedule G, Part III

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

Х

Х

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Form 990 (2009) BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE USA LODGE 2188

Part V 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 in the United States on Part IX, column (A), line 17/1 'Yes,' complete Schedule I, Parts I and II	21	х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If 'Yes,' complete Schedule I, Parts I and III	22	Х	
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? 'Yes,' complete Schedule J	23		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, and 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		Х
	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 to defease any tax-exempt bonds?	<b>24</b> c		
	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	-	
25	a Section 501(c)(3) and 501(c)(4) 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		
	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# '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 disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual # 'Yes,' complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transation with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)	_ i*		* 4. A.
	a A current or former officer, director, trustee, or key employee?If 'Yes,' complete Schedule L, Part IV	28a		<u>X</u>
	<b>b</b> A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
	c 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_		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes.' complete Schedule M	30		Х
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 # '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		_ <u>X</u> _
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		<u>x</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If 'Yes,' complete Schedule R, Part VI	37		<u>x</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	Х	
3A/	A.	Form	990 (	2009)

Part 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 U S Information Returns Enter -0- if not applicable . 7	!		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	1c	. <u>.</u> .	-
(gambling) winnings to prize winners?	''		-
2 a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return  2 a 29			
2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required toe-file this return. (see instructions)			
3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		х
<b>b</b> If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3ь		
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
<b>b</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 Bank and Financial Accounts		_	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5 a		Х
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		Х
c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5 c		
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a		х
<b>b</b> If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were no deductible?	6ь		
7 Organizations that may receive deductible contributions under section 170(c).			
•			ł
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7 a	-	х
<b>b</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 required to file Form 8282?	7с		Х
d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d	]	-	
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7 g		X
h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		_X_
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization. Or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9 Sponsoring organizations maintaining donor advised funds.			
a Did the organization make any taxable distributions under section 4966?	9a		İ
<b>b</b> Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
10 Section 501(c)(7) organizations. Enter			
a Initiation fees and capital contributions included on Part VIII, line 12			İ
<b>b</b> Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.			
11 Section 501(c)(12) organizations. Enter			
a Gross income from other members or shareholders			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12 a	L	
b If 'Voc ' enter the amount of tax-exempt interest received or accrued during the year			

Form **990** (2009)

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		
1 a	Enter the	e number of voting members of the governing body	1a 5					
b	Enter the	number of voting members that are independent	<b>1b</b> 5					
2	Did any officer, d	officer, director, trustee, or key employee have a family relationship or a business re irector, trustee or key employee?	elationship with any other	2		х		
3	Did the o	organization delegate control over management duties customarily performed by or use, directors or trustees, or key employees to a management company or other personal trustees.	under the direct supervision	3		х		
4 Did the organization make any significant changes to its organizational documents								
•		e prior Form 990 was filed?		4	-	<u>X</u>		
5		organization become aware during the year of a material diversion of the organization	n's assets?	5		х		
		organization have members or stockholders?		6	Х			
		organization have members, stockholders, or other persons who may elect one or	more members of the	7a	Х			
b	_	decisions of the governing body subject to approval by members, stockholders, or o	ther persons?	7b		Х		
8	Did the c	irganization contemporaneously document the meetings held or written actions unde ving:	ertaken during the year by			,		
а	The gove	erning body? .		8a	Х	_		
	•	nmittee with authority to act on behalf of the governing body?		8b	Х			
		any officer, director or trustee, or key employee listed in Part VII, Section A, who ca tion's mailing address? If 'Yes,' provide the names and addresses in Schedule O	nnot be reached at the	9		х		
		Policies (This Section B requests information about policies not i			!			
	nue Code	•						
					Yes	No		
10 a	Does the	organization have local chapters, branches, or affiliates?		10a		_X_		
b	If 'Yes,' o and bran	does the organization have written policies and procedures governing the activities on ches to ensure their operations are consistent with those of the organization?	of such chapters, affiliates,	10Ь				
11	Has the	organization provided a copy of this Form 990 to all members of its governing body	before filing the form?	11	Х			
11 A	Describe	in Schedule O the process, if any, used by the organization to review this Form 990	)			i		
12 a	Does the	organization have a written conflict of interest policy? If 'No,' go to line 13		12 a		X		
b	Are office to conflic	ers, directors or trustees, and key employees required to disclose annually interests $^{\rm 7}$	that could give rise	12b				
С	Does the	organization regularly and consistently monitor and enforce compliance with the po	licy1f 'Yes,' describe in	12c				
13	Does the	organization have a written whistleblower policy?		13	Х			
14	Does the	organization have a written document retention and destruction policy?		14	Х			
15	Did the persons.	process for determining compensation of the following persons include a review and comparability data, and contemporaneous substantiation of the deliberation and de-	approval by independent cision?					
		nization's CEO, Executive Director, or top management official		15a	-	Х		
	_	icers of key employees of the organization		15b		X		
	If 'Yes' to	line 15a or 15b, describe the process in Schedule O. (See instructions.)						
16 a	Did the o	organization invest in, contribute assets to, or participate in a joint venture or similar ring the year?	arrangement with a taxable	16a		х		
b	•	nas the organization adopted a written policy or procedure requiring the organization enture arrangements under applicable federal tax law, and taken steps to safeguard	to evaluate its participation					
	status wi	th respect to such arrangements?	the organization's exempt	16 b	[			
		Disclosures						
		states with which a copy of this Form 990 is required to be filed						
18	Section 6	5104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, ain Indicate how you make these available. Check all that apply	nd 990-T (501(c)(3)s only) av	ailabl	e for p	oublic		
	∐ Own	website Another's website X Upon request						
19	Describe statemer	ın Schedule O whether (and ıf so, how) the organization makes its governing docunits available to the public	nents, conflict of interest poli	cy, an	d fina	ncial		
		name, physical address, and telephone number of the person who possesses the b TT PARRIS 8421 ARLINGTON BOULEVARD FAIRFAX V	<u> </u>	ınızatı 03) 5		212		
-	77.500	TI TIMETO		. = /!				

### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

### 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 organizations'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 employees'
- 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 the organization did not compensate any current officer, director, or trustee											
(A)	(B)			•	c)			(D)	(E)	(F)	
Name and Title	Average hours	Position (check all that apply)						Reportable compensation from	Reportable compensation from	Estimated amount of other	
	per week	adivich al truscee or director	institutional foistee	Officer	kej employee	High est companisated employee	Fornei	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
EVERETT PARRIS											
SECRETARY	20.00			X				10,000.	0.	0.	
GERRY GAVIN											
TREASURER	20.00			x				1,154.	0.	<u> </u>	
GAIL STANSBERRY TREASURER	20.00			х				6,971.	0.	0.	
KAREN THIEBAUT PRESIDENT	10.00			х				0.	0.	0.	
KEN HENSLEY											
VP	4.00			Х				0.	0.	<u> </u>	
LINDA BUSKIRK VP	4.00			Х				0.	0.	0.	
JIM WEED	4.00			x				0.	0.	0.	
PETER MARSHALL CHAIRMAN-TRUSTEE	4.00	х						0.	0.	0.	
RAY HELMS TRUSTEE	4.00							0.	0.	0.	
SANDY MUELLER TRUSTEE	4.00							0.	0.	0.	
JERRY SAUL TRUSTEE	4.00							0.	0.	0.	
JERRY BOYER TRUSTEE	4.00	х						0.	0.	0.	
				!							
	ì	-									
				_							

Rantivill Section A. Officers, Directors, Trus	ſ	\ey	En			es,	an	l .		ployees		<u>π.)</u>
(A) Name and Title	(B) Average	Posi	tion (		<b>c)</b> k all f	hat a	(vlga	(D) Reportable	<b>(E)</b> Reportable	[	(F)	
Name and Title	hours per week			Officer	<del>,</del>	Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amou com fi org	stimated unt of oth opensation the janization of related anization	ner on n d
	-											
	-											
	-											
	-											
	-											
	-											
	-											
	-											
	-											
	-											
	-											
1 b Total							<b>•</b>	18,125.	0	-		0.
2 Total number of individuals (including but not limite from the organization ►	d to tho	se li	stec	d abo	ove)	wh	o re	ceived more than	\$100,000 in repor	table con	npensa	ation
<ul> <li>3 Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in For any individual listed on line 1a, is the sum of rethe organization and related organizations greater transition.</li> <li>5 Did any person listed on line 1a receive or accrue or accrue.</li> </ul>	ndividua portable han \$15	e cor 50,00 satio	npe )0 <i>?lf</i> n fro	nsat f 'Ye	tion s' c	and omp	l oth	er compensation Schedule J for su	from uch	3 4	Yes	No X X
rendered to the organization? If 'Yes,' complete Sch Section B. Independent Contractors										5		Х
Complete this table for your five highest compensation from the organization	ed inde	pend	dent	cor	ntrac	tors	tha	t received more the	nan \$100,000 of			
(A) Name and business address	is		-					Description (	of Services	Compe	<b>&gt;)</b> nsatioi	<u>n</u>
							-					
	· ·											
2 Total number of independent contractors (including \$100,000 in compensation from the organization►	but not 0	lımı	ted '	to th	ose	list	ed a	above) who receiv	ed more than			

						<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
S	1 a	Federated campaigns		1 a	11 1 1		-		
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS		Membership dues		1 b	77,923.				
R. B.		: Fundraising events		1c			,	İ	
FA		Related organizations	Ī	1 d			, ,		
£ 6		Government grants (contribution	ons)	1 e					
S S		•	[	1					
돌빌	Ţ	All other contributions, gifts, g similar amounts not included	above	1f	36,834.	in march			
<b>₹</b> 0		Noncash contribns included in	_	\$					
SE	•	Total. Add lines 1a-1f		'-	<b>•</b>	114,757.	•		
		Total / los inios is i		T	Business Code	Translation 5	e:		
Ē	2 a	1		ľ					
Ē	Ŀ	·	<b>-</b>						
띯		'			<del> </del>				
_ €		'		<b>-</b> -					
S		' <del>-</del>			···				
PROGRAM SERVICE REVENUE	f	All other program service	 re revenue	<u></u>	· · · · · · · · · · · · · · · · · · ·	-			
Š		Total. Add lines 2a-2f	30 10101140		<b>&gt;</b>	-			
		Investment income (inc	ludina diva	donds	interest and				
	3	other similar amounts)	luuling uivi	uenus	, interest and	1,015.	0.	0.	1,015.
	4	Income from investmen	t of tax-ex	empt	bond proceeds				
	5	Royalties		·	•				
			(i) Re	al	(ii) Personal	THE STATE OF THE S	*		
	6	Gross Rents	173,	951.	. 0.				
	ŀ	Less rental expenses					,		
		: Rental income or (loss)	173,	951	. 0.		]		
		Net rental income or (lo			,	173,951.	0.	0.	173,951.
		` 1	(ı) Secui	rities	(ii) Other	am Marting of the			
	/ 6	Gross amount from sales of assets other than inventory							
		•				Andrews Street S	•		
		Less, cost or other basis and sales expenses					֥		
		Gain or (loss)					ĺ*		
		Net gain or (loss)	<u> </u>		<b>&gt;</b>				
IUE		Gross income from fund (not including \$	draising ev	ents/		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	-,		
		of contributions reporte	d on line 1			Carle and State of the State of			
OTHER REVE		See Part IV, line 18	u on mie				1.		
ER				í		A STATE OF THE STA			
Ė		<ul> <li>Less direct expenses</li> <li>Net income or (loss) fro</li> </ul>	m fundra	-	<u> </u>	to all the state of the state o		-	
		, ,		-	vents				
	98	a Gross income from gan See Part IV, line 19	ning activit	ties.	873,372.				
					787,143.		L	<u>'</u>	
		Less: direct expenses		-		86,229.	0.	0.	86,229.
		Net income or (loss) from	-		ities	00,229.	47	0.	00,229.
	10	<ul> <li>Gross sales of inventor and allowances</li> </ul>	y, less reti	urns	607 421				
		Less cost of goods sol			505,556.	101 075	0.	0.	101 075
		Net income or (loss) fro		if inve	Business Code	181,875.	<u> </u>	0.	181,875.
	-	Miscellaneous Reven			DUSINESS CODE	J	·	•	
	11 a					-			-
		<b>-</b>	<del>_</del>						<del> </del>
	١ ١	°			<u></u>		<del> </del>		-
		d All other revenue		Ĺ			<del>-</del>	ļ	<del></del>
	i	e Total. Add lines 11a-11			•				442.070
	12	Total revenue. See inst	ructions		•	557,827.	0.	0.	443,070.

Rart 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 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	22,601.			· · · · · · · · · · · · · · · · · · ·
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22	22,805.			
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	109,257.			
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	103/2371			
9	Other employee benefits	8,989.			
10	Payroll taxes	12,313.			
11	Fees for services (non-employees)				
	Management				· · · · · · · · · · · · · · · · · · ·
	b Legal				
	Accounting	4,719.	-		
	Lobbying				
	Prof fundraising svcs See Part IV, In 17				
	Investment management fees				
	Other .				
	Advertising and promotion				
13	Office expenses	11,256.			
14	Information technology	640.	<u>-</u>		
15	Royalties				
16	Occupancy	124,277.	<u> </u>		
17	Travel				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	18,694.			
20	Interest				
21	Payments to affiliates	16,214.			
22	Depreciation, depletion, and amortization	45,398.			
23	Insurance	16,946.			
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
ā	NEWSLETTER	11,433.			
	LAUNDRY	14,938.			
	SUPPLIES	27,167.			
	LICENSES	2,610.			
	CREDIT CARD/BANK FEES	8,136.			
	All other expenses .	23,282.			
	Total functional expenses. Add lines 1 through 24f	501,675.			
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				
BAA					Form <b>990</b> (2009)

				(A) Beginning of year		<b>(B)</b> End of year
1	Cash - non-interest-bearing		<del></del>	142,877.	1	157,359
1	Savings and temporary cash investments			11,540.	2	51,000
2	- · · · · · · · · · · · · · · · · · · ·			11,540.	3	31,000
3	Pledges and grants receivable, net Accounts receivable, net				4	
4		e truci	oos kov amplovees			
5	Receivables from current and former officers, director and highest compensated employees Complete Part	II of So	chedule L		5_	
6	· · · · · · · · · · · · · · · · · · ·					
	and persons described in section 4958(c)(3)(B) Comp	plete P	art II of Schedule L	·	6	
7	Notes and loans receivable, net			<del></del>	7	···
8	Inventories for sale or use			20,000.	8	16,000
9	Prepaid expenses and deferred charges				9	2,935
10 a	Land, buildings, and equipment: cost or other basis	10 a	1,440,575.			
	Complete Part VI of Schedule D					
b	Less: accumulated depreciation	10 b	1,128,982.	351,432.	10 c	311,593
11	Investments – publicly-traded securities				11	
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	•			30,897.	15	48,661
16		34)		556,746.	16	587,548
17	<u> </u>			65,269.	17	42,483
18					18	
19	Deferred revenue		57,814.	19	55,759	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete Part I	IV of S	chedule D		21	
22				· .		
			·		22	
23		nird pai	ties		23	
					24	
				5,446.	25	4,937
	•				26	103,179
		X an	d complete lines			
	<del>-</del>		·			
27	5			319,997.	27	306,496
					28	177,873.
				,	29	
	•	ere►	and complete	126-16		
	•		,	The Alberta		
30				Leader Maria dance de	30	<u>.</u>
		oment t	und			
	·	, 0. 0.	-:	428.217		484,369
			•			587,548.
	7 8 9 10 a b 11 12 13 14 15 16 17 18 19 20 21 22	and highest compensated employees Complete Part Receivables from other disqualified persons (as defining and persons described in section 4958(c)(3)(B) Com Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D b Less: accumulated depreciation Investments − publicly-traded securities Investments − other securities. See Part IV, line 11 Investments − program-related See Part IV, line 11 Intangible assets Other assets. See Part IV, line 11 Total assets Add lines 1 through 15 (must equal line) Raccounts payable and accrued expenses Grants payable Deferred revenue Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part Payables to current and former officers, directors, truinghest compensated employees, and disqualified perof Schedule L Secured mortgages and notes payable to unrelated third Unsecured notes and loans payable to unrelated third Unsecured notes and loans payable to unrelated third Other liabilities. Add lines 17 through 25 Organizations that follow SFAS 117, check here Total liabilities. Add lines 33 and 34. Unrestricted net assets Temporarily restricted net assets Permanently restricted net assets Organizations that do not follow SFAS 117, check here Total liabilities and not follow SFAS 117, check here Retained earnings, endowment, accumulated income Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, and equification or capital surplus, or land, building, and equification or capital surplus, or land, building, and equification or capital surplus, or land, building, and equification or capital surplus, or land, building, and equification or capital surplus, or land, building, and equification or capital surplus, or land, building, and equification or capital surplus, or land, building, and equification or capital surplus, or land, building, and equification or capital surplus, or land, building, and e	and highest compensated employees. Complete Part II of Sc. Receivables from other disqualified persons (as defined und and persons described in section 4958(c)(3)(B). Complete P. Notes and loans receivable, net. Inventories for sale or use. Prepaid expenses and deferred charges. Prepaid expenses and deferred charges. Complete Part VI of Schedule D. b. Less: accumulated depreciation. Loss: accumulated depreciation. Loss: investments — publicly-traded securities. Investments — publicly-traded securities. Investments — program-related. See Part IV, line 11. Investments — program-related. See Part IV, line 11. Intangible assets. Other assets. See Part IV, line 11. Intangible assets. Grants payable and accrued expenses. Grants payable. Deferred revenue. Loss: Escrow or custodial account liability. Complete Part IV of Sc. Payables to current and former officers, directors, trustees, highest compensated employees, and disqualified persons. In Schedule L. Secured mortgages and notes payable to unrelated third partice. Other liabilities. Add lines 17 through 25. Organizations that follow SFAS 117, check here → Total liabilities. Add lines 17 through 25. Organizations that follow SFAS 117, check here → lines 30 through 34.  10. Capital stock or trust principal, or current funds. Paid-in or capital surplus, or land, building, and equipment of the liabilities and net assets. Total liabilities and net assets/fund balances.  10. Total liabilities and net assets/fund balances.	and highest compensated employees Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D Less: accumulated depreciation Linvestments – publicly-traded securities Investments – publicly-traded securities Investments – program-related See Part IV, line 11 Intrangible assets Charles assets C	and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(n)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L Notes and loans receivable, net Inventories for sale or use Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D Less: accumulated depreciation Investments – publicly-traded securities Investments – other securities. See Part IV, line 11 Investments – other securities. See Part IV, line 11 Investments – program-related See Part IV, line 11 Intengible assets Other assets. See Part IV, line 11 Accounts payable and accrued expenses Formation of Schedule D Deferred revenue Formation of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule D Payables to current and former officers, directors, trustees, key employees, highest compensated empl	and highest compensated employees. Complete Part II of Schedule L Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L Notes and loans receivable, net Riventories for sale or use Prepaid expenses and deferred charges Prepaid expenses and deferred charges De Less: accumulated depreciation Linvestments – publicly-traded securities Investments – publicly-traded securities Investments – other securities. See Part IV, line 11 Investments – other securities. See Part IV, line 11 Investments – program-related See Part IV, line 11 Intragible assets Intra

TEEA0111 01/30/10

Form <b>990</b> (2009) BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE USA LODGE 2188 54-0755089		_ Pa	age <b>12</b>
PartiXI Financial Statements and Reporting			
		Yes	No
1 Accounting method used to prepare the Form 990.   Cash X 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	Х	
b Were the organization's financial statements audited by an independent accountant?	2b		Х
c 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	Х	
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			
X 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		х
<b>b</b> If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3 b		

BAA

Form **990** (2009)

# **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 11, or 12.

Attach to Form 990. ► See separate instructions

OMB No 1545-0047 2009

Open to Public Inspection

Employer Identification number

	EVOLENT AND PROTECTIVE ORDER		
Par	Organizations Maintaining Donor the organization answered 'Yes' to		nds or Accounts Complete if
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dor funds are the organization's property, subject	nor advisors in writing that the assets held in to the organization's exclusive legal control?	donor advised Yes No
	Did the organization inform all grantees, dono used only for charitable purposes and not for purpose conferring impermissible private benefits	the benefit of the donor or donor advisor or to fift??	Yes No
	Conservation Easements Comple		to Form 990, Part IV, line 7.
1	Purpose(s) of conservation easements held by		
	Preservation of land for public use (e g , r	· · · · ·   =	of an historically important land area
	Protection of natural habitat	Preservation	of certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization last day of the tax year.	on held a qualified conservation contribution i	
			Held at the End of the Year
_	Total number of conservation easements		2a
	Total acreage restricted by conservation easei		2 b
	: Number of conservation easements on a certif		2c
	Number of conservation easements included in		2d
3	Number of conservation easements modified,	transferred, released, extinguished, or terminate	ated by the organization during the tax
	year ►		
4	Number of states where property subject to co	onservation easement is located	<u> </u>
5	Does the organization have a written policy re and enforcement of the conservation easemen	nt it holds?	∐ Yes ∐ No
6	Staff and volunteer hours devoted to monitoring the year ►	ng, inspecting, and enforcing conservation eas	sements
7	Amount of expenses incurred in monitoring, in during the year ►	nspecting, and enforcing conservation easeme	ents \$
8	Does each conservation easement reported or 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the requirements of s	ection Yes No
9	In Part XIV, describe how the organization repinclude, if applicable, the text of the footnote conservation easements.	oorts conservation easements in its revenue a to the organization's financial statements that	nd expense statement, and balance sheet, and describes the organization's accounting for
Par	Organizations Maintaining Colle Complete if the organization ans	ctions of Art, Historical Treasures, o wered 'Yes' to Form 990, Part IV, line	or Other Similar Assets
1 a	If the organization elected, as permitted under treasures, or other similar assets held for pub the text of the footnote to its financial statement	lic exhibition, education, or research in further	ment and balance sheet works of art, historical rance of public service, provide, in Part XIV,
t	If the organization elected, as permitted under treasures, or other similar assets held for pub amounts relating to these items:	lic exhibition, education, or research in further	rance of public service, provide the following
	(i) Revenues included in Form 990, Part VIII,	line 1	<b>▶</b> \$
	(ii) Assets included in Form 990, Part X		·
	If the organization received or held works of a amounts required to be reported under SFAS	116 relating to these items:	for financial gain, provide the following
a	Revenues included in Form 990, Part VIII, line	e 1	<b>&gt;</b> \$
ŧ	Assets included in Form 990, Part X		<b>▶</b> \$

Schedule D (Form 990) 2009 BENEVO Part III Organizations Mainta			of the usa lodge 2188 prical Treasures, or	54-075 r Other Similar Ass	
3 Using the organization's acquisiti					· ·
items (check all that apply).		<b>-</b> □ 1	er evelence programs		
a Public exhibition		<b>—</b>	or exchange programs		
b Scholarly research	_4	e [_] Other		_	
c Preservation for future gener			that forthar the area	washan'a ayamat nyina	
4 Provide a description of the orga Part XIV.		·	•		ise in
5 During the year, did the organiza assets to be sold to raise funds in					Yes No
Part IV Escrow and Custodia 9, or reported an amo	<b>i Arrangen</b> unt on Fori	າ <b>ents</b> Complete if ດ ກ 990, Part X, line	organization answer 21.	red 'Yes' to Form 9	90, Part IV, line
1 a Is the organization an agent, trus included on Form 990, Part X?	stee, custodia	n, or other intermediary	for contributions or oth	ner assets not	Yes No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIV a	and complete the follow	ıng table		<b></b>
					Amount
<b>c</b> Beginning balance .				1c	
<b>d</b> Additions during the year				1d	
e Distributions during the year				1 e	
f Ending balance			_	1f	
2a Did the organization include an a		rm 990, Part X, line 213	7		∐ Yes ☐ No
<b>b</b> If 'Yes,' explain the arrangement	ın Part XIV		10/ 11 5 00	00 D 1 1 1 10	
Part V Endowment Funds Co			l l		
	(a) Current	year (b) Prior yea	r (c) Two years back	k (d) Three years back	(e) Four years back
1 a Beginning of year balance		<del>-</del>			
<b>b</b> Contributions			Strang		
c Net Investment earnings, gains, and losses			THE PARTY OF THE P		
d Grants or scholarships			The second of the second	1	
<ul> <li>Other expenditures for facilities and programs</li> </ul>			The state of the s		
f Administrative expenses			All a series		
g End of year balance			3 % - 2 %		
2 Provide the estimated percentag	e of the year	end balance held as.			
a Board designated or quasi-endov		*			
<b>b</b> Permanent endowment ►	*	<del></del>			
c Term endowment ►	*				
<b>3a</b> Are there endowment funds not organization by	in the posses	sion of the organization	that are held and admi	inistered for the	Yes No
(i) unrelated organizations					3a(i)
(ii) related organizations					3a(ii)
<b>b</b> If 'Yes' to 3a(II), are the related	organizations	listed as required on S	chedule R?		3b
4 Describe in Part XIV the intende					
Part VI Investments—Land, B	uildings, a	nd Equipment. Se	e Form 990, Part X		
Description of investmen	t	(a) Cost or other basis (investment)	basis (other)	(c) Accumulated Depreciation	(d) Book Value
1 a Land			51,344.		51,344.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment

(a) Cost or other basis (b) Cost or other basis (other)

1 a Land

51,344.

b Buildings

c Leasehold improvements

d Equipment

e Other

1,389,231.

1,128,982.

260,249.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c))

BAA

Schedule **D** (Form 990) 2009

	ORDER OF ELKS OF THE USA LODGE 21	88 54-0755089	Page
Part VII Investments-Other Securities See Fo	orm 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	_
Financial derivatives			
Closely-held equity interests			
Other			
Total. (Column (b) must equal Form 990 Part X, col. (B) line 12.)			
Part VIII Investments-Program Related (See I	Form 990, Part X, line 13)		
(a) Description of investment type	(b) Book value	(c) Method of valuation	
	(-,	Cost or end-of-year market value	
Total. (Column (b) must equal Form 990, Part X, Col. (B) line 13)			
Part IX: Other Assets (See Form 990, Part X,	line 15)		
	scription	(b) Book	value
LONG TERM INVESTMENTS		3	6,797.
STUDENT LOANS			1,864.
			•
Total. (Column (b) must equal Form 990, Part X, col (B), In	ne 15)	<b>&gt;</b> 4	8,661.
Part X Other Liabilities (See Form 990, Part		<u> </u>	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
(a) Description of Liability	(b) Amount		
Federal Income Taxes	(S) / Williams		
PAYROLL TAXES PAYABLE	4,940.		
ROUNDING	-3.		
EQUIPMENT LEASE PAYABLE	0.		
	0.		
MEDICAL INSURANCE PAYABLE ACCRUED EXPENSES	0.		
ACCRUED EXPENSES			
	· .		
	<del>                                     </del>		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25)	4,937.	<del> </del>	
2. FIN 48 Footnote In Part XIV, provide the text of the foot	note to the organization's financial st	tatements that reports the organization	s liability

for uncertain tax positions under FIN 48.

	Calle D (1 thin 1-17)	<u>-075</u>	5089	Page 4
Par	Reconciliation of Change in Net Assets from Form 990 to Financial Statements	<del></del>		
1	Total revenue (Form 990, Part VIII,column (A), line 12)			
2	Total expenses (Form 990, Part IX, column (A), line 25)			
3	Excess or (deficit) for the year Subtract line 2 from line 1			
4	Net unrealized gains (losses) on investments			
5	Donated services and use of facilities			
6	Investment expenses			
7	Prior period adjustments .	ļ		
8	Other (Describe in Part XIV)		_	
9	Total adjustments (net). Add lines 4 through 8			
	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			
Pai	★XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Re	turn		
	Total revenue, gains, and other support per audited financial statements	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
	Net unrealized gains on investments	1 1		
	Donated services and use of facilities 2b			
	Recoveries of prior year grants			
	Other (Describe in Part XIV)	1		
	Add lines 2a through 2d	2e		
	Subtract line 2e from line 1	3		
	Amounts included on Form 990, Part VIII, line 12, but not on line			
	Investments expenses not included on Form 990, Part VIII, line 7b	1		
	Other (Describe in Part XIV)			
	Add lines 4a and 4b	4c		
	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5		
Dai	Reconciliation of Expenses per Audited Financial Statements With Expenses per	Retu	rn	
	Total expenses and losses per audited financial statements	1		
	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
	a Donated services and use of facilities	l l		
		,		
	The year adjustments			
		1		
		20		
	e Add lines 2a through 2d	2e		
3	Subtract line 2e from line 1	3		
4	Amounts included on Form 990, Part IX, line 25, but not on line:			
	a Investments expenses not included on Form 990, Part VIII, line 7b			
	Other (Describe in Part XIV)			
•	Add lines 4a and 4b	4 c		
5	Total expenses. Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5		
Corr	Supplemental Information  uplete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, 4; Part X, line 2, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this parmation.	lines rt to p	1b and 2b, I rovide any a	Part V, additional
		. — — –		
		· <b>-</b>		
		· <b>-</b>		
		. – – –		

Schedule <b>D</b> (Form 990) 2009	BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE USA LODGE 2188	54-0755089	Page 5
Part XIV Supplementa	BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE USA LODGE 2188  I Information (continued)		
	<del>-</del>		
<b>-</b>			
			<b></b> -
	<b></b>		
	·		

# SCHEDULE G (Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2009

Department of the Treasury Internal Revenue Service

Complete if the organization answered'Yes' to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

Name of the organization					Emm	loyer identific	tion number
<u>-</u>		_			ا ا	•	
BENEVOLENT AND PROTECTIV	E ORDER O	F ELKS	OF THE	E USA LODGE 218		-075508	<u> </u>
Fundraising Activities. Comp Partition Form 990EZ filers are not req	lete if the organ	nization an ete this na	iswered 'Y rt	es' to Form 990, Part I	V, line 17		
1 Indicate whether the organization						lv	
Mail solicitations	raiseu lulius ili	rough any	or the lon	Solicitation of non-		-	
<b> =</b> =  1				=	_	•	
Internet and email solicitations	S			Solicitation of gove		its	
Phone solicitations				Special fundraising	j events		
In-person solicitations							
2a Did the organization have written	or oral agreeme	ent with an	ny individu	al (including officers, di	irectors, trus	tees or key	′
employees listed in Form 990, Pai	•		-				Yes No
b If 'Yes,' list the ten highest paid in	idividuals or en	tities (func	fraisers) p	ursuant to agreements	under which	the fundra	iser is to be
compensated at least \$5,000 by the	ne organization						
	J				(v) Amour	nt paid to	634
(i) Name of Individual or entity (fundraiser)	(ii) Activity		fundraiser dy or control	(iv) Gross receipts from activity	(or retai fundraisei	nea by) r listed in	(vi) Amount paid to (or retained by)
or entity (turidialser)		of contr	ibutions?	l Hom activity	col		organization
	<del>                                     </del>	Yes	No				
		163	110				
	ļ	<del> </del>			<del> </del>	<del></del>	
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	<u> </u>	<u> </u>					
Total			<b>&gt;</b>				
3 List all states in which the organiz	ation is register	red or lice	nsed to so	olicit funds or has been	notified it is	exempt fro	m registration
or licensing							
	- <b></b>						
							. <b>_</b>
<b>-</b>	<del></del>						
	<del></del>		<del>-</del>				
	<del></del>		- <del>-</del>				
	- <del>-</del>						
						. – – – –	
						=	
	<b></b>						
		<del>-</del> -					

Rar		Fundraising Events. Complete if reported more than \$15,000 on F	the organization a form 990-EZ, line 6	nswered 'Yes' to Fo 5a. List events with	orm 990, Part IV, II gross receipts grea	ne 18, or ater than	\$5,0	00.
R			(a) Event #1	(b) Event #2	(c) Other Events	(d) Tota (Add col	al Eve	nts
MCZM <m3< th=""><th>_</th><th></th><th>(event ype)</th><th>(cvoiii gpo)</th><th>(cour number)</th><th></th><th></th><th></th></m3<>	_		(event ype)	(cvoiii gpo)	(cour number)			
N U	1	Gross receipts						
_	2	Less: Charitable contributions		·				<del></del> -
	3	Gross income (line 1 minus line 2)						
	4	Cash prizes						
D	5	Noncash prizes						
D-RECT	6	Rent/facility costs						
	7	Food and beverages						
X	8	Entertainment.						
EXPESSES	9	Other direct expenses						
,		Direct expense summary. Add lines 4- to	- · · · · · · · · · · · · · · · · · · ·		•			
Dai		Net income summary Combine lines 3, or Gaming. Complete if the organization		s' to Form 990 Par	rt IV Juno 19 or rer	orted me	oro th	
ji, eq.		\$15,000 on Form 990-EZ, line 6a	·	5 to 1 01111 990, 1 al	TOV, line 19, or rep		ו אוכ	
RE>ENUE			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Tota (Add col col	I gam (a) thr (c))	ing ough
E	_1	Gross revenue	468,974.	369,873.	34,525.	8	73,3	372.
D X	2	Cash prizes	453,743.	220,746.	13,985.	6	88,4	174.
D-RECT BXPHZSHS	3	Non-cash prizes						
S	4	Rent/facility costs						
	5	Other direct expenses	52,966.	41,776.	3,927.		98,6	669.
	6	Volunteer labor	X Yes 100.00 % No	X Yes 100.00 % No	X Yes 100.00%			
	7	Direct expense summary Add lines 2 thr	ough 5 in column (d)		<b>•</b>	7	87 <b>,</b> 3	L43.
	8	Net gaming income summary Combine i	ines 1 column (d) and	line 7	<b>&gt;</b>		86,2	229
!		Thougaining mooning carminally combine					YES	
		er the state(s) in which the organization of e organization licensed to operate gaming					Х	
b	If 'No	o,' explain:						
		e any of the organization's gaming licensees,' explain	es revoked, suspended	or terminated during the	e tax year?	10a		х
-		· · ·						
11	Does	s the organization operate gaming activities	es with nonmembers?			11	Х	
12	Is the	e organization a grantor, beneficiary or tri inister charitable gaming?	ustee of a trust or a me	ember of a partnership o	or other entity formed to	12		х
DAA	uuiii	mister chantable ganing:			Schodulo C /For		00.57	) 3000

Schedule <b>G</b> (Form 990 or 990-EZ) 2009 BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE USA LODGE 2188 54-075508		YES	Page:
13 Indicate the percentage of gaming activity operated in	$\Box$	_ <del></del>	
a The organization's facility			
b An outside facility 13b %	1		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records			
Name ► ROBERT_GOOLRICK			
Address <u>8421 ARLINGTON BOULEVARD FAIRFAX</u> , VA 220314601			
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	15a		х
<b>b</b> If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the amount			
of gaming revenue retained by the third party \$			
c If 'Yes,' enter name and address of the third party		,	
Name. ►			
Address •			
16 Gaming manager information			
Name· •			
Gaming manager compensation ► \$		1	
Description of services provided			
☐ Director/officer ☐ Employee ☐ Independent contractor			:
17 Mandatory distributions			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	_ 17a	Х	
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	1		
organization's own exempt activities during the tax year: ► \$ 87,337.	1 1		1

# SCHEDULE 1 (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

# Governments and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 21 or 22. ► Attatch to Form 990.

2009

OMB No 1545-0047

Open to Public Inspection

**ջ** □ Employer identification number X Yes 54-0755089 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE USA LODGE 2188 Part I | General Information on Grants and Assistance

**A** Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States Part IV and Schedule I-1 (Form 990) if additional space is needed

י מוצים מומים מומים			5050			-	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
VIRGINIA ELKS YOUTH CAMP 126 HEATHERTON DRIVE 1 TUCKERSVILLE VA 2968			11,000.				MAINTENCE/IMPR
CAPITAL HOSPICE 2900_TELESTAR COURT FALLS CHURCH VA 22042			11,601.				PATIENT CARE
2 Enter total number of section 501(c)(3) and government organizations 3 Enter total number of other organizations	3) and government or	rganizations				<b>A A</b>	

3 Enter total number of other organizations

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

TEEA3901 02/10/10

Schedule I (Form 990) 2009

Schedule I (Form 990) 2009 BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE USA LODGE 2188

[Parill Grants and Other Assistance to Individuals in the United States. Complete if the organization answered 'Yes' to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Page 2

מינים מונים מומים מינים	סמוכממוכ ז ז ל סווון ככל זו מממונים	Sossol of Sossol in			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIPS	31	7,200.			
HOLIDAY FOOD BASKETS	102		4,867.	COST	HOLIDAY FOOD BASKETS
CPR TRAINING	36	3,420.			
					-
Partival Supplemental Information. Complete this part to p	plete this part to p	provide the information required in Part I, line	tion required in Pai	12	and any other additional information.
Pt I Line 2THE LODGE MAKES GRANT PAYMENTS DIRECTLY TO THE EDUCATIONAL AND TRAINING	ES GRANT PAYME	INTS_DIRECTLY_T	O THE EDUCATIC	NAL AND TRAINING	
Pt_I_Line_2INSTITUTIONS_RATHER_THAN_TO	RATHER THAN TO	YE INDIVIDUA	L STUDENTS. TH	THE INDIVIDUAL STUDENTS. THE LODGE CONTACTS	
Pt_I Line 2THE INSTITUTIONS TO VERIFY		THAT THE STUDE	INTS ENROLLED.	THAT THE STUDENTS ENROLLED, PARTICIPATED AND	
Pt_I_Line_2COMPLETED_THE_TRAINING	_TRAINING	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
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Schedule I (Form 990) 2009

# SCHEDULE O (Form 990)

# **Supplemental Information to Form 990**

OMB No 1545-0047

2009

Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

► Attach to Form 990.

BENEVOLENT AND PR	OTECTIVE ORDER OF ELKS OF THE USA LODGE 2188	54-0755089
	Form 990 - Organization's Mission	
	God; to promote the welfare and enhance the happ	iness of its members; to
	quicken the spirit of American patriotism; to cult	ivate good fellowship; to
	perpetuate itself as a fraternal organization,	and to provide for its
	government, the Benevolent and Protective Order	of Elks of the United
	States of America will serve the people and commun	ities through benevolent
	programs, demonstrating that Elks Care and Elks	Share.
Pt_VI-C, Line 19	SUCH DOCUMENTS ARE MAINTAINED BY THE LODGE SECR	ETARY AND WILL
	BE MADE AVAILABLE TO THE PUBLIC UPON REQUEST	
Pt_VI-B, Line 15	THE COMPENSATION OF TWO LODGE OFFICERS, SECRETA	RY_AND
	TREASURER, WAS NOT SUBJECT TO COMPARABILITY REV	IEW_OR
	COMPARABILITY ANALYSIS BECAUSE THE AMOUNT IS DE	EMED
	A TOKEN EXPENSE PAYMENT RELATIVE TO THE TIME DE	MANDS
	OF THE POSITION. THE LEVEL OF COMPENSATION IS F	ORMALLY
	APPROVED BY THE MEMBERSHIP.	
Pt_VI-B, Line 11A	THE FORM 990 WAS PROVIDED TO THE GOVERNING BODY	PRIOR_TO_FILING
	IT IS REVIEWED FIRST BY THE PRESIDENT, SECRETAR	Y, TREASURER, AUDIT
	COMMITEE AND BOARD OF TRUSTEES PRIOR TO APPROVA	L_FOR_SUBMISSION
PT_VI-B, LINE 12A	THERE IS NO CONFLICT OF INTEREST POLICY BECAUSE	1.THE_OFFICERS
	ARE NOT COMPENSATED FOR THEIR WORK IN A MANNER A	ND AT A LEVEL SO AS TO
~	REQUIRE SUCH A COMMITMENT TO THE LODGE. 2. MEMB	ERSHIP, INCLUDING
	PARTICIPATION AS AN OFFICER, IS VOLUNTARY AND D	ISCRETIONARY AND DOES _
	NOT IN ANY WAY LIMIT A MEMBER'S RIGHT TO JOIN I	N_AND_BE_OFFICERS_IN
	WHAT MIGHT BE CONSIDERED COMPETING ORGANIZATIONS. 3. DISCUSSION	ONS RELATED TO FINANCING WORK,
	PROCUREMENT, ETC. ARE ALL MADE BY THE LODGE MEM	BERSHIP AT ITS
	BI-WEEKLY MEETINGS, PUTTING NO OFFICER IN A POS	ITION TO ARBITRARILY

Schedule O (Form 990)	
Name of the organization  BENEVOLENT AND	PROTECTIVE ORDER OF ELKS OF THE USA LODGE 2188 Employer identification number 54-0755089
	STEER LODGE RESOURCES WITHOUT APPROVAL OF THE MEMBERS. AT EACH
	LODGE MEETING THE SECRETARY READS ALL BILLS AGAINST THE LODGE AND MEMBERS
	ARE INVITED TO DISCUSS ANY AND ALL BILLS AND VOTE ON WHETHER
	THE BILLS SHOULD BE PAID.
SCH I, PT III	ALL OTHER ACHIEVEMENTS:
	THANKSGIVING AND CHRISTMAS BASKET PROGRAM, THROUGH WHICH
	WE PROVIDE APPROXIMATELY 102 COMPLETE TURKEY DINNER
	BASKETS TO NEEDY INDIVIDUALS IDENTIFIED FOR US BY ARLINTON
	AND FAIRFAX COUNTY ORGANIZATIONS THAT ADVOCATE AND
	SUPPORT POOR INDIVIDUALS IN THE AREA.
	THE JOB SEARCH PROGRAM FOR SPOUSES OF DISABLED IRAQI AND
	AFGHANISTAN VETERANS.
	THE ELKS AUXILIARY IS A SISTER ORGANIZATION WITHIN THE
	LODGE THAT DONATES FUNDS IN SMALL AMOUNTS TO MULTIPLE
	COMMUNITY-BASED ORGANIZATIONS.
	DRUG AWARENESS PROGRAM, INCLUDING A STUDENT PAMPHLET
<b></b>	DESIGNED COMPETITION FOR ELEMENTARY AND SECONDARY EDUCATION
	STUDENTS THROUGHOUT ARLINGTON AND FAIRFAX COUNTIES IN
	VIRGINIA
SCH G, PT III, LN	17B THE LODGE REPORTED \$116,470 IN DISBURSEMENTS FROM THE GAMING
<b></b>	ACCOUNT ALLOWABLE BY VIRGINIA LAW. OF THIS AMOUNT, \$17,801 WAS
	FOR DIRECT CHARITABLE PURPOSES AND \$98,669 WAS FOR MAINTENANCE AND UPKEEP OF THE LODGE

Name of the organization	2009	Employer identification number
	PROTECTIVE ORDER OF ELKS OF THE USA LODGE 2188	54-0755089
	FACILITY WHICH IS ALLOWED BY LAW AS A FACILITY	USED FOR
	CHARITABLE AND COMMUNITY PURPOSES.	
<b></b>		
	<del></del>	

# Form **4562**

Department of the Treasury Internal Revenue Service

# **Depreciation and Amortization** (Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return. OMB No 1545 0172

Identifying number

BENEVOLENT AND PROTECTIVE ORDER OF ELKS OF THE USA LODGE 2188 54-0755089 Business or activity to which this form relates Form 990 / Form 990EZ Part | Election To Expense Certain Property Under Section 179
Note: If you have any listed property, complete Part V before you complete Part I Maximum amount. See the instructions for a higher limit for certain businesses 1 \$250,000. 2 2 Total cost of section 179 property placed in service (see instructions) Threshold cost of section 179 property before reduction in limitation (see instructions) 3 \$800,000. Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-4 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 6 (b) Cost (business use only) (C) Elected cost (a) Description of property Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2008 Form 4562 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12 ▶ 13 Note: Do not use Part II or Part III below for listed property. Instead, use Part V Part | Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) Special depreciation allowance for qualified property (other than listed property) placed in service during the 14 tax year (see instructions) 15 Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) 16 37,746. Partill MACRS Depreciation (Do not include listed property) (See instructions) 17 6,540. 17 MACRS deductions for assets placed in service in tax years beginning before 2009 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B -Assets Placed in Service During 2009 Tax Year Using the General Depreciation System (a) (b) Month and (C) Basis for depreciation (d) (q) Depreciation (e) Classification of property (business/investment use deduction only - see instructions) 19a 3-year property 5.0 yrs ΗY 200 DB 1,112 **b** 5-year property 5,560 c 7-year property d 10-year property e 15-year property f 20-year property 25 yrs S/L g 25-year property 27.5 yrs S/L h Residential rental MM property 27.5 yrs S/L MM i Nonresidential real 39 yrs MM S/L property MM S/L

20 a Class life S/L 12 yrs b 12-year S/L c 40-year MM S/L 40 yrs Dart Va Summany (Soo 21

Section C - Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

<u>frail</u>	V/10	Julillia	11 <b>y</b> (3	ee msuu	JULIO 15	·Ł
		property.				

- Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations see instructions
- For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs

45,398.

22

54-0755089 Part V. Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

	columns	or any vehicle fo (a) through (c)	of Section A,	all of Se	ection B,	and Se	ction C	ıf ap	plica	able						
		n A – Deprecia				aution:S		ınstr					•	tomobiles	1	
<u>24 a</u>	Do you have eviden		1			1	Yes	Ш	No  2		1	e evidence		(h)	Yes	No
Ту	(a) pe of property (list vehicles first)	(b) Date placed in service	(C) Business/ investment use percentage	(d) Cost or other basis		(busine	(e) or deprecia ess/investri ise only)	ation Recovery period		Me	(g) Method/ Convention		(h) Depreciation deduction		(i) Elected section 179 cost	
25	Special deprecused more than	iation allowance n 50% in a qual	e for qualified ified business	listed pro use (see	perty pla	aced in ions)	service	duri	ng th	ne tax y	ear and	25				
_26	Property used	more than 50%	ın a qualıfıed	business	use	1			1			f		-	T	
							· ·						_			•
27	Property used 5	0% or less in a	qualified bus	iness us	 e			_	<u> </u>					<del></del>	<u> </u>	_
	Add amounts in	, - :	_				ine 21,	page	1			28		29	-	
29	Add amounts in	column (i), line	e 26. Enter ne		B – Info				Va bi	oloc				29	<u> </u>	
Com to yo	nplete this section for vehicles used by a sole pour employees, first answer the questions in Solution Total business/investment miles driven during the year (do not include)		proprietor, partne Section C to see i (a) Vehicle 1		f you meet an exce		exce	than 5% owner ception to complete (c) Vehicle 3		er,' or related properting this se  (d)  Vehicle 4		cersolf.you provide ction for those ve (e) Vehicle 5		ded vehicles ehicles (f) Vehicle 6		
31	commuting mile	•	he vear					-								
	Total commuting miles driven during the year     Total other personal (noncommuting)     miles driven															
33	Total miles driv		ear Add													
				Yes	No	Yes	No	Y	es	No	Yes	No	Yes	No	Yes	No
34		Was the vehicle available for personal use during off-duty hours?														···
35	Was the vehicle used primarily by a more than 5% owner or related person?											<u>.</u>				
36	Is another vehi personal use?	cle available for	r													
_			C – Question								-					
Ansv 5% (	ver these question owners or related	ons to determin d persons (see	e if you meet instructions)	an excep	otion to c	completi	ing Seci	tion	B for	vehicle	es used	by empl	oyees	whate not	more t	han
37	7 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?							-	Yes	No						
38	B Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners															
39	Do you treat all	l use of vehicles	s by employee	s as per	sonal use	e?								-		
40	Do you provide vehicles, and re	more than five etain the inform	vehicles to you	our emplo I?	oyees, ob	otain inf	ormatio	n fro	m yo	our emp	oloyees	about th	e use o	of the		
41	Do you meet the Note: If your ar	ne requirements Inswer to 37, 38,												-	<del></del>	<del> </del>
Pai	t VI Amort	ization		······································	~-									· · · · · · · · · · · · · · · · · · ·		
	(a) Description of costs		(b)  Date amortization begins		(c) Amortizable amount			(d) Code section		(e) Amortization period or percentage			(f) Amortization for this year			
42	Amortization of	f costs that beg	ins during you	r 2009 ta	x year (s	see ınst	ructions	s):	<u>,                                     </u>					1	-	
					<del> </del>		<del></del>		+		<del></del>	+		-		
43	Amortization of	of costs that beg	an before vol	ır 2009 ta	ax year				- 1				43	<u> </u>		
44		ounts in column	· -		-	nere to	report						44			

1

Schedule O (Form 990), Supplemental Information to Form 990 Form 990, Page 2, Part III, Line 1 (continued)

Briefly describe the organization's mission:

charity, justice, brotherly love and fidelity; to recognize a belief in God; to promote the welfare and enhance the happiness of its Members; to quicken the spirit of American patriotism; to cultivate good fellowship: to perpetuate itself as a fraternal organization, and to provide for its government, the Benevolent and Protective Order of Elks of the United States of America will serve the people and communities through benevolent programs, demonstrating that Elks Care and Elks Share.

Schedule O (Form 990), Supplemental Information to Form 990 Schedule G (Form 990 or 990EZ), Part III, Line 17a (continued)

State Name	Amount				
Virginia	87,337.				