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1984 08/01/2012 11 03 AM

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)

2011 Open to Public

| | nal Reven | ue Service | ·, | ► The organization may have to use a copy of this return to satisfy state reporting require | ments | Inspection |
|-------------------------|--------------|--------------|---------------|--|------------------|---|
| A | For the | e 2011 c | alendar | year, or tax year beginning $04/01/11$, and ending $03/31/12$ | | |
| | Check if a | | | | D Employ | yer identification number |
| | Address c | | r | Elks of USA Virginia State | | |
| \equiv | | - | Doing B | usiness As | 54- | -0716914 |
| \sqsubseteq | Name cha | ange | Number | and street (or P O box if mail is not delivered to street address) Room/suite | | one number |
| Ш | Instial retu | m i | 993 | 9 South Congress Street | 54(| 0-740-3443 |
| П | Terminate | ed | | own, state or country, and ZIP + 4 | | 710 3113 |
| $\overline{\Box}$ | A | | Now | Market VA 22844 | | |
| \vdash | Amended | iefmiii | | nd address of principal officer | G Gross rece | eipts \$ 84,671 |
| | Application | n pending | | H(a) Is this a gro | oup return for a | affiliates? Yes X No |
| | | | | H(b) Are all affili | oton individue | 12 Yes No |
| | | | | | | (see instructions) |
| _ | | | <u> </u> | | GROOM B HSt | (See Mishacheria) |
| <u> </u> | | mpt status | | 501(c)(3) X 501(c) (10) ◀ (insert no) 4947(a)(1) or 527 | | |
| | Website | | | | mption number | er ▶ |
| | | organization | | orporation Trust Association Other ► L Year of formation | | M State of legal domicile |
| | art I | | ımmarı | | | |
| | 1 1 | • | | e organization's mission or most significant activities | | |
| ø | | Prom | orati | on of charity, justice, brotherly love and | | |
| au | | fide | lity | between member lodges. | | |
| era | | | | | | |
| ò | 2 (| Check thi | ıs box 🕨 | if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| <u>س</u> مخ | 3 1 | Number o | of voting i | members of the governing body (Part VI, line 1a) | 3 | 0 |
| es | 4 1 | Number o | of indepei | ndent voting members of the governing body (Part VI, line 1b) | 4 | 0 |
| Ξ | 5 | Total num | nber of in | dividuals employed in calendar year 2011 (Part V, line 2a) | 5 | 0 |
| Activities & Governance | | | | plunteers (estimate if necessary) | 6 | 0 |
| 4 | 7a- | Total unre | elated bu | siness revenue from Part VIII, column (C), line 12 | 7a | C |
| | | | | ness taxable income from Form 990-T, line 34 | 7b | C |
| <u> </u> | 1 | | | Prior Year | | Current Year |
|) | 8 (| Contributi | ions and | grants (Part VIII, line 1h) | 2,445 | 40,981 |
| Revenue | 9 1 | Program | service re | evenue (Part VIII, line 2g) |),831 | 30,381 |
| Š | 10 1 | Investme | nt income | e (Part VIII, column (A), lines 3, 4, and 7d) | 1,061 | 10,551 |
| 2 | 11 (| Other rev | enue (Pa | ort VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 1,609 | 2,758 |
| | 12 | Total reve | enue – ac | dd lines 8 through 11 (must equal Part VIII, column (A), line 12) 91 | 1,946 | 84,671 |
| | 13 (| Grants ar | nd sımılar | amounts paid (Part IX, column (A), lines 1–3) | 0 | C |
| | | | | for members (Part IX, column (A), line 4) | 0 | C |
| S | | | | npensation, employee benefits (Part IX, column (A), lines 5–10) | 0 | C |
| ses | 16ai | | | aising fees (Part IX, column (A), line 11e) | 0 | C |
| Exper | ь- | | | expenses (Part IX, column (D), line 25) 0 | | |
| Щ | 17 (| | | | 1,349 | 78,224 |
| | 1 | | | The state of the s | 1,349 | 78,224 |
| | 1 | • | | | 2,403 | 6,447 |
| 20.0 | | | | City Engineers of Court | | End of Year |
| Net Assets or | 20 | Total ass | ets (Part | x, line 16) | L,873 | 582,648 |
| ASS | 21 | Total liab | ilities (Pa | rt X, line 26) | 0 | C |
| 25 | 22 | Net asset | ts or fund | balances Subtract line 21 from line 20 | L,873 | 582,648 |
| P | art II | Si | gnatur | e Block | | • |
| | | | | eclars that I have examined this return, including accompanying schedules and statements, and to the best of | mv knowler | dge and belief, it is |
| | | | | sectoration of preparer (other than officer) is based on all information of which preparer has any knowledge | , | . • • • • • • • • • • • • • • • • • • • |
| | | | // | A 16/ | 1/8 | 2-17-17- |
| Sig | an | 7 5 | anatur of | oncer / / / | Date | |
| He | _ | | Hora | act Jones Secretary | | |
| | | T | Type or print | | | |
| _ | | | e preparer's | | Check | X of PTIN |
| Pai | id | | | 11 21 11 11 11 11 | 12 self-em | <u> </u> |
| | eparer | | nard Je | T DIGUIDO TENUTAGO CON D | | |
| | e Only | Firm's nai | me P | | m's EIN | 54-1910577 |
| J-31 | - Jy | | | 1910 ERICKSON AVENUE, SUITÉ 14 | | E40 001 000 |
| | 46 = 15 | Firm's add | | | none no | 540-801-0809 |
| Ma | y the IR | S discus | s this retu | urn with the preparer shown above? (see instructions) | | Yes No |

| | | | -0716914 | |
|------------------------------|--|--|--------------------------------|------------------------|
| | tatement of Program Ser | | | : |
| | | is a response to any question in this F | Part III | X |
| Promorat | be the organization's mission. tion of charity, y between member | justice, brotherly lov lodges. | e and | |
| 2 Did the organ | nization undertake any significant | program services during the year which were no | ot listed on the | |
| prior Form 99 | 90 or 990-EZ? | | ot listed on the | Yes X No |
| | cribe these new services on Sche | | | |
| 3 Did the organ services? | iization cease conducting, or mai | e significant changes in how it conducts, any pr | rogram | Yes X No |
| If "Yes," desc | cribe these changes on Schedule | 0 | | |
| expenses Se | ection 501(c)(3) and 501(c)(4) org | ccomplishments for each of its three largest pro janizations and section 4947(a)(1) trusts are rec nses, and revenue, if any, for each program ser | quired to report the amount of | |
| 4a (Code ⁻ |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| 4b (Code |) (Expenses \$ | including grants of \$ |) (Revenue \$ |) |
| 4c (Code |) (Expenses \$ | ıncludıng grants of \$ |) (Davanus (f | |
| 70 (0008 |) (<u></u> \polises \psi | moluumg grants or \$ |) (Revenue \$ |) |
| | m services (Describe in Schedul | | | |
| (Expenses | \$ 78,224 in mark service expenses ▶ | cluding grants of \$ 78,224 |) (Revenue \$ |) |
| DAA | an service expenses P | 10,224 | | Form 990 (2011) |

| | | | Yes | No |
|-----|--|-----|-----|-----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | | |
| | complete Schedule A | 1 | | Χ_ |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | _X_ |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | | | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | |
| | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | | l | |
| | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, | | Ì | |
| | Part III | 5 | | <u>X</u> |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | } | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | |
| | "Yes," complete Schedule D, Part I | 6 | | <u>X</u> |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | _X_ |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | X |
| 9 | 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 Schedule D, Part IV | 9 | | <u>X</u> |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted | | | |
| | endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | X |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| | VII, VIII, IX, or X as applicable | | | |
| а | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | | |
| | complete Schedule D, Part VI | 11a | | <u>X</u> |
| þ | · · | | | 7.5 |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | _X_ |
| С | Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more | | | 37 |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | X |
| đ | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets | | | w |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | X |
| e | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses | 448 | | v |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | | X |
| 12a | | 40- | | v |
| | Schedule D, Parts XI, XII, and XIII | 12a | | X |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if | 40h | | v |
| | the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate | | | |
| | foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any | 140 | | <u> </u> |
| 15 | organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance | | | |
| 10 | to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | <u> </u> |
| •• | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | <u></u> |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | ├ <u></u> |
| | If "Yes," complete Schedule G, Part III | 19 | | X |
| 20a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | X |
| b | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| | | | 004 | |

| p; | art IV Checklist of Required Schedules (continued) | | | age 4 |
|-----|--|--------------|-----------|-------------|
| | Onecklist of Required Generalies (Continued) | | Yes | No |
| 21 | Did the organization report more than \$5,000 of grants and other assistance to any government or organization | | | 111 |
| | in the United States on Part IX, column (A), line 1? If "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? If "Yes," complete Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b | | | |
| | through 24d and complete Schedule K If "No," go to line 25 | 24a | | Х |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | 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 | | |
| þ | Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior | | | |
| | year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? | | | |
| | If "Yes," complete Schedule L, Part I | 25b | | |
| 26 | 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 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, | | | |
| | substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled | | | |
| | entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | Х |
| 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 | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete | | | |
| | Schedule L, Part IV | 28b | | Х |
| С | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) | | | |
| | was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | | Х |
| 29 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | X |
| 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 | | Х |
| 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 |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | - | X |
| b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the | | | |
| | meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35b | | x |
| 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | 000 | | |
| | 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 | 50 | | |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, | | | 1 |
| | Part VI | 37 | | х |
| 38 | Pul the organization complete Schodule O and provide explanations in Schodule O for Part VI. lines 11 and | " | \vdash | |

197 Note. All Form 990 filers are required to complete Schedule O

Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b Did the organization comply with backup withholding rules for reportable payments to vendors and Х reportable gaming (gambling) winnings to prize winners? 1c Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax 2a Statements, filed for the calendar year ending with or within the year covered by this return 2a 2b b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Х Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a 3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 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 4a account)? If "Yes." enter the name of the foreign country See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 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 b If "Yes." did the organization include with every solicitation an express statement that such contributions or 6b gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). 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? 7a 7b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с required to file Form 8282? 7d If "Yes," indicate the number of Forms 8282 filed during the year 7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g 7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 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 organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? 9b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: 10 10a Initiation fees and capital contributions included on Part VIII, line 12 10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities b 11 Section 501(c)(12) organizations. Enter. 11a Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources 11b against amounts due or received from them) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12a 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. 13a a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b 13c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

| Form | 990 (2011) Benevolent And Protective Order of 54-0716914 | | | |
|------|--|------------------|--|------------------|
| | rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b b | elow and f | | age 6 |
| | "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change | | | |
| | O. See instructions Check if Schedule O contains a response to any question in this Part VI | 5 III OGNOGE | | |
| Sec | tion A. Governing Body and Management | | | -' '- |
| | | | Yes | No |
| 1a | Enter the number of voting members of the governing body at the end of the tax year | | | - |
| | If there are material differences in voting rights among members of the governing body, or | | | |
| | if the governing body delegated broad authority to an executive committee or similar | | | |
| | committee, explain in Schedule O | | | |
| b | Enter the number of voting members included in line 1a, above, who are independent 1b | | | |
| 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 | | Χ |
| 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_ | ļ | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | 4 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | 5 | | X |
| 6 | Did the organization have members or stockholders? | 6 | | _X_ |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint | | | |
| | one or more members of the governing body? | 7a | <u> </u> | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, | | | |
| | stockholders, or persons other than the governing body? | 7b | ļ | <u>X</u> |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following | g | | |
| а | The governing body? | 8a | X | |
| b | Each committee with authority to act on behalf of the governing body? | 8b | X | |
| 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 | | <u>X</u> _ |
| Sec | tion B. Policies (This Section B requests information about policies not required by the Internal Reveni | <u>ue Code.)</u> | 1 | |
| | | <u> </u> | Yes | No |
| 10a | Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, | | | |
| 44- | affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | 37 |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? | 11a | | X |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990 | 40. | 1 | v |
| 12a | Did the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | <u> </u> | <u>X</u> |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," | 12b | ├ | |
| · | describe in Schedule O how this was done | 425 | | |
| 13 | Did the organization have a written whistleblower policy? | 12c 13 | | X |
| 14 | Did the organization have a written document retention and destruction policy? | 14 | <u> </u> | X |
| 15 | Did the process for determining compensation of the following persons include a review and approval by | -17 | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | Ė | | |
| а | The organization's CEO, Executive Director, or top management official | 15a | İ | X |
| b | 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). | 1.00 | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement | ŀ | | |
| | with a taxable entity during the year? | 16a | 1 | Х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its | | <u> </u> | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the | Į. | | |
| | organization's exempt status with respect to such arrangements? | 16b | | |
| 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 (Section 501(c)(3)s only) | | | |
| | available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, | | | |
| | and financial statements available to the public during the tax year | | | |
| 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 | | | |
| Cl | nesapeake VA 23320 | 757-54 | :7-8 | <u> 594</u> |
| DAA | | Fc | m 99 | (2011) |

| | _ | _ | | | _ | |
|----------------|------------|-----|------------|-------|----|-----------|
| orm 990 (2011) | Benevolent | And | Protective | Order | οt | 54-071691 |

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

Check if Schedule O contains a response to any question in this Part VII

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees; officers; key employees, highest compensated employees; and former such persons.

| X Check this box if neither the organ (A) Name and Title | (B) Average hours per week (describe hours for | (d bo | o not o x, unle licer a | Pos check ess pe nd a d | ition more t rson is irector | than or s both r/truste | ne an ee) | (D) Reportable compensation from the organization | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the |
|--|--|-----------------------------------|-------------------------------|----------------------------------|---------------------------------------|--|-----------------|---|--|---|
| | related organizations in Schedule O) | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (W-2/1099-MISC) | (v. <u>D</u> . 1000 iii. 00) | organization and related organizations |
| (1)Ronald L Hicks | - | ļ | | | | | | | | |
| Trustee | 0.00 | X | | | | | | 0 | 0 | 0 |
| (2) James M Powell | | | | | | | | | | |
| Trustee | 0.00 | X | | | | | | 0 | . 0 | 0 |
| (3) Henry A Deese | | | | | | | | | | |
| Trustee | 0.00 | X | | <u> </u> | <u> </u> | | | 0 | 0 | 0 |
| (4) Donald E Netschk | e Jr | | | | | | | | | |
| Trustee | 0.00 | X | | | | | | 0 | 0 | 0 |
| (5)R Pat Shelor | | | | | | | | | _ | _ |
| Trustee | 0.00 | X | | | | _ | | 0 | 0 | 0 |
| (6) Robert L Hicks | | l | | | | | | | | |
| Trustee | 0.00 | X | | ┞ | | ļ | | 0 | 0 | 0 |
| (7) Timothy E Knotts | | | | | | | | | | ^ |
| Predident | 0.00 | - | | X | \vdash | <u> </u> | | 0 | 0 | 0 |
| (8) Darryl Myers | | | | ١,, | Ì | | | | _ | |
| Vice President | 0.00 | \vdash | | X | | | _ | 0 | 0 | 0 |
| (9) Richard F Stroop | | | | l v | | | | _ | 0 | 0 |
| Vice President | 0.00 | ┼┈ | ┢ | X | | ├ | | 0 | 0 | 0 |
| (10) Horace E Jones J | 0.00 | | | X | | | | 0 | 0 | 0 |
| Secretary (11)Beverly A Hamby | 0.00 | | | ^ | ├ | ┢ | | | 0 | 0 |
| | 0.00 | | ŀ | x | | | | 0 | o | 0 |
| Vice President (12) Karen Bundy-DeLa | | +- | \vdash | ╁≏ | | | \vdash | | | |
| Treasury | 0.00 | | | $ _{\mathbf{X}}$ | | | | 0 | 0 | 0 |
| (13) | 0.00 | \vdash | \vdash | ^ ` | t | | | <u> </u> | | i – – – |
| (, | | | | | | - | | | | |
| (14) | 1 | \dagger | Ι'' | T | | T | \vdash | | - | |
| V- 1/ | | | | | | | | | | |

| ra | FE VIE Section A. Unicers | , Directors, Trus | 2166 | s, ne | ;y =1 | mpic | yees | s, a | nd Highest Compensated | employees (continued) | | | | |
|-----------------------|--|---|-----------------------------------|----------------------|---|---|---------------------------------|-------------|---|--|--|---------------------|----------------|-----|
| (A) Name and title | | (B) (C) Average Position hours per (do not check more than one box, unless person is both an officer and a director/trustee) hours for related organizations | | | | | s both r/truste | an ee) | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization | | | |
| | | organizations in Schedule O) | Individual trustee or director | nstitutional trustee | cer | <ey employee<="" th=""><th>Highest compensated employee</th><th>mer</th><th></th><th></th><th></th><th>and rela rganiza</th><th></th><th></th></ey> | Highest compensated employee | mer | | | | and rela rganiza | | |
| (15) | | | | | _ | ł. <u> </u> | | | | | | | | |
| (16) | | | - | | | - | | | | | | | . | |
| (17) | | | | | | | | | | | <u>-</u> | | | |
| (18) | | | | | | | | | | | | | | |
| (19) | | | | | | | _ | | | | | | | |
| (20) | | | | | | | - | | | | | | | |
| (21) | | | | | | | | | | | | | | |
| (22) | | | | | | | | | | | | <u>.</u> | | |
| (23) | | | | | | | | | | | <u> </u> | | | |
| (24) | | | | | | | | | | | | | | |
| (25) | | | | - | | | | | | | | | | |
| 1b | Sub-total | <u>.</u> | | | | İ | | | | | | | | |
| c d | Total from continuation shee Total (add lines 1b and 1c) | ets to Part VII, S | ectic | on A | | | | > | | | | | | |
| 2 | Total number of individuals (increportable compensation from t | | | to th | ose | listed | abo | ve) | who received more than \$10 | 00,000 in | | | | |
| 3 | Did the organization list any for | _ | | | ıctoc | , ko | v om | alav | von er highest compensated | | r | | Yes | No |
| 4 | employee on line 1a? If "Yes," of For any individual listed on line | complete Schedu | le J | for si | uch i | ndıvi | dual | | - | | | 3 | | Х |
| _ | organization and related organi individual | zations greater th | nan \$ | S150, | 000 | ? If " | Yes," | COI | mplete Schedule J for such | | | 4 | | Х |
| 5 | Did any person listed on line 1a for services rendered to the org | janization? If "Ye | | | | | | | | lividual | | 5 | | Х |
| 1 | tion B. Independent Contractor Complete this table for your five compensation from the organiz | highest comper | sate | d inc | lepe | nder | t cor | ntrac | ctors that received more than | n \$100,000 of | | | | |
| | | (A) business address | pc <u>.</u> . | Julie | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | - 1110 | Calc | | | (B) | | Co | (C) mpensat | ion |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| 2 | Total number of independent correceived more than \$100,000 o | | | | | | | | listed above) who | 0 | | | | |
| | | | | | | | | _ | | | | | | |

| Pa | <u>rt V</u> | III Statement of Reve | enue | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|--|-------------|---|--------------------|-----------|------------|----------------------|--|---|---|
| ts ts | 1a | Federated campaigns | 1a | | | | | | |
| Program Service Revenue Contributions, Gifts, Grants and Other Similar Amounts | b | Membership dues | 1b | | | | | | |
| S,E | С | Fundraising events | 1c | | | | | | |
| 当 | d | Related organizations | 1d | | | | | | |
| S,E | е | Government grants (contributions) | 1e | | | | | | 1 |
| ion | f | All other contributions, gifts, grants, | | | | | | | |
| 풀림 | | and similar amounts not included above | 1f | | 40,981 | | | | |
| 벌 | g | Noncash contributions included in lines 1a | -1f \$ | | | | | | |
| <u>2 g</u> | <u>h</u> | Total. Add lines 1a-1f | | | • | 40,981 | | | |
| ᆵ | | | | | Busn Code | | | | |
| e e | 2a | 2a Assessments - State Lodges | | | | 30,381 | | | 30,381 |
| اق | b | | | | | | | | |
| 울 | C | | | | | | | ** | |
| န္ | d | | | | | | | | <u> </u> |
| ᆲ | е | | | - | | | | | |
| Ē | | All other program service reve | nue | Ĺ | | 20 201 | | | |
| - | 9 | | | | | 30,381 | T | | |
| | 3 | Investment income (including | aiviaenas, | interest, | ` ▶ | 10 551 | 10,551 | | |
| | | and other similar amounts) Income from investment of tax-exempt bond proceeds | | | | 10,551 | 10,551 | | |
| | 4 | | -exempt b | ona proc | ceeds 🕨 | 1 | | | |
| | 5 | Royalties (i) Real | | /ıı\ Pe | ersonal | | | ······································ | |
| | 60 | | | (11) 1 6 | si soriai | | | | |
| | 6a | Gross rents | | | | | | | |
| | b | Less rental exps Rental inc or (loss) | | | | | | | |
| | | | 1 | | | | 1 | | † |
| | | Gross amount from (i) Securitie | s | (n) (| Other | | | | |
| | | sales of assets other than inventory | | | | | | | |
| | b | Less cost or other | | | | | | | |
| - 1 | _ | basis & sales exps | | | | | | | |
| | С | Gain or (loss) | | | | | | | |
| | | Net gain or (loss) | | | | | | | |
| | | Gross income from fundraising eve | ents | | | | | | |
| Other Revenue | | (not including \$ | İ | | | Ī | | | |
| eve | | of contributions reported on line 10 |) | | | | | | |
| 2 | | See Part IV, line 18 | a | | | | | | |
| the l | b | Less. direct expenses | b | | | | | | |
| ٥ | С | Net income or (loss) from fund | fraising <u>ev</u> | ents | | | | | |
| | 9a | Gross income from gaming activities | es | | | | | | |
| | | See Part IV, line 19 | a | | | | | | |
| | | Less. direct expenses | ь <u>_</u> | | | 1 | | | |
| | | Net income or (loss) from gam | | ies | • | | | | <u> </u> |
| | 10a | Gross sales of inventory, less | | | | | | | 1 |
| | | returns and allowances | a | | | | | | |
| | | Less cost of goods sold | b∐ | | | | | | |
| | С | Net income or (loss) from sale | | tory | <u> </u> | | | | |
| | | Miscellaneous Revenue | · | | Busn Code | 2.750 | | | 2 750 |
| | 11a | | | ŀ | | 2,758 | - | | 2,758 |
| | b | | | ŀ | | | | | + |
| | 0 | All other revenue | | | - | | | | - |
| | d | | | l | | 2,758 | | | |
| | 12 | Total revenue. See instruction | ne | | | 84,671 | 10,551 | | 0 33,139 |
| _ | 12 | TOTAL LEAGURE. SEE INSUICTIO | 115 | | | 04,0/1 | 10,331 | | 53, 13; Form 990 (201 |

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)

| | Check if Schedule O contains a response | to any question in this Part | IX. | | |
|------------|--|------------------------------|---------------------|-----------------------|--|
| | 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 | Grants and other assistance to governments and | | | | |
| | 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 | | | | ļ. <u>-</u> |
| 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 accruals and contributions (include | | į | | |
| _ | section 401(k) and 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | Payroll taxes | | | | <u> </u> |
| 11 | Fees for services (non-employees) | | | | |
| а | Management | | | | |
| b | Legal | 0 0 0 0 | 0.000 | | |
| С | Accounting | 3,979 | 3,979 | | |
| d | Lobbying | | | | |
| e | Professional fundraising services See Part IV, line 17 | | | | |
| f | Investment management fees | | | | |
| g | Other | | | | |
| 12 | Advertising and promotion | 0.54 | | | |
| 13 | Office expenses | 864 | 864 | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | |
| 17 | Travel | | | | |
| 18 | Payments of travel or entertainment expenses | | | | |
| 40 | for any federal, state, or local public officials | 26 020 | 26 020 | | <u> </u> |
| 19 | Conferences, conventions, and meetings | 26,832 | 26,832 | | |
| 20 | Interest | | | | |
| 21 | Payments to affiliates | | | · | |
| 22 23 | Depreciation, depletion, and amortization | | | | |
| 23 24 | Insurance Other expenses Itemize expenses not covered | | | | |
| 4 4 | above (List miscellaneous expenses in line 24e If | | | | |
| | line 24e amount exceeds 10% of line 25, column | | | | |
| | (A) amount, list line 24e expenses on Schedule O) | | | | |
| а | Committees Expenses | 22,836 | 22,836 | | |
| a b | Officer's Expenses | 10,200 | 10,200 | | |
| C | Repairs To Youth Camp | 8,337 | 8,337 | <u>.</u> | |
| d | Protocol | 1,935 | 1,935 | <u></u> | |
| | All other expenses | 3,241 | 3,241 | | |
| е 25 | | 78,224 | 78,224 | 0 | 0 |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720) | 70,224 | 70,224 | 0 | 0 |
| | TOTIONING OUT BUTZ (MOU JOUT ZU) | | | L | L |

| | | (A) | | (B) |
|--|--|-------------------|----------|-------------|
| | | Beginning of year | | End of year |
| 1 | Cash—non-interest bearing | | _1_ | |
| 2 | 2 Savings and temporary cash investments | 201,873 | 2 | 582,648 |
| ; | Pledges and grants receivable, net | | 3 | |
| 4 | Accounts receivable, net | | 4 | |
| | Receivables from current and former officers, directors, trustees, key | | 1 | |
| | employees, and highest compensated employees. Complete Part II of | | ŧ | • |
| | Schedule L | | _ 5 | |
| • | Receivables from other disqualified persons (as defined under section | | 1 | |
| | 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing | | 1 | |
| | employers and sponsoring organizations of section 501(c)(9) voluntary | | ŧ | |
| ध | employees' beneficiary organizations (see instructions) | | 6 | |
| Assets | Notes and loans receivable, net | | 7 | |
| ⋖ ≀ | Inventories for sale or use | | 8 | |
| 9 | Prepaid expenses and deferred charges | | 9 | |
| 11 | Da Land, buildings, and equipment cost or | | Į | |
| | other basis Complete Part VI of Schedule D | | 1 | |
| | b Less accumulated depreciation 10b | | 10c | |
| 11 | • | | 11 | |
| 1: | | | 12 | |
| 1: | Investments—program-related See Part IV, line 11 | | 13 | |
| 14 | | | 14 | |
| 1: | 5 Other assets See Part IV, line 11 | | 15 | |
| 1 | 6 Total assets. Add lines 1 through 15 (must equal line 34) | 201,873 | 16 | 582,648 |
| 1 | 7 Accounts payable and accrued expenses | | 17 | |
| 1 | • • | | 18 | |
| 11 | | <u> </u> | 19 | |
| 2 | · | | 20 | |
| 2 | • • | | _21 | |
| <u>s</u> 2 | • | | | |
| ≝ | employees, highest compensated employees, and disqualified persons | | | |
| Liabilities | Complete Part II of Schedule L | | 22 | |
| 2 | | | 23 | |
| 2 | , • | | 24 | |
| 2 | , | | | |
| | parties, and other liabilities not included on lines 17-24) Complete Part X | | | |
| | of Schedule D | | 25 | |
| 2 | 6 Total liabilities. Add lines 17 through 25 | 0 | 26 | <u>_</u> |
| s l | Organizations that follow SFAS 117, check here ▶ X and complete lines 27 through 29, and lines 33 and 34. | | | |
| واق | <i>•</i> | 201,873 | 27 | 502 610 |
| Assets or Fund Balances | | 201,873 | 27 28 | 582,648 |
| <u>۾ اڇ</u> | 8 Temporarily restricted net assets 9 Permanently restricted net assets | | 29 | |
| ֓֓֞֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֡֓֓֡֓֡֓֡֡֡֞֓֡֓֡֓֡֡֡֡֓֡֡֡֡֡֡ | 9 Permanently restricted net assets Organizations that do not follow SFAS 117, check here ▶ and | | -3 | |
| <u> </u> | complete lines 30 through 34. | | | |
| ş 3 | • | ļ | 30 | |
| SSE | O Capital stock or trust principal, or current funds Paid in or capital surplus, or land, building, or equipment fund. | <u> </u> | 31 | |
| ړ ځ د ا ځ | Paid-in or capital surplus, or land, building, or equipment fund Petained earnings, endowment, accumulated income, or other funds. | <u> </u> | 32 | |
| Z | Retained earnings, endowment, accumulated income, or other funds Total net assets or fund balances | 201,873 | 33 | 582,648 |
| 3 | y Total het assets of fully palatices | 201,873 | 34 | 582,648 |

Form **990** (2011)

| | 1990 (2011) Benevolent And Protective Order of 54-0716914 | | |
|----|---|-----|------------------------|
| Pa | rt XI Reconciliation of Net Assets | | |
| | Check if Schedule O contains a response to any question in this Part XI | | |
| | | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 84,671 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 78,224 |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | 6,447 |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 201,873 |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | 374,328 |
| 6 | Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, | | |
| | column (B)) | _ 6 | <u>582,648</u> |
| Pa | rt XII Financial Statements and Reporting | | |
| | Check if Schedule O contains a response to any question in this Part XII | | |
| | | | Yes 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 separate basis, consolidated 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 | | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits | | 3b |
| | | | Form 990 (2011) |

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2011

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

• Attach to Form 990 or 990-EZ.

Open to Public Inspection

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 Accomplishment Promoration of charity, justice, brotherly love and fidelity between member lodges.

Form 990, Part VI, Line 11b - 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