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Form **990-EZ****Short Form****Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2013**Open to Public Inspection**Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

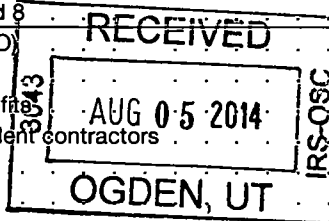
▶ Do not enter Social Security numbers on this form as it may be made public.

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

A For the 2013 calendar year, or tax year beginning APRIL 1 , 2013, and ending MARCH 31 , 20 14	
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization BENEVOLENT AND PROTECTIVE ORDER OF ELKS Number and street (or P O box, if mail is not delivered to street address) Room/suite P.O. BOX 227 City or town, state or province, country, and ZIP or foreign postal code DANVILLE, VA 24543
D Employer identification number 54-0138675	E Telephone number 434-792-2763
F Group Exemption Number ▶ 1156	
G Accounting Method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶	H Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
I Website: ▶	
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (8) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$	

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I ☐

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	7638.00
	4 Investment income	4	1562.40
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	13100.60
	c Less: direct expenses from gaming and fundraising events	6c	2599.16
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	10501.44
	7a Gross sales of inventory, less returns and allowances	7a	13712.32
	b Less: cost of goods sold	7b	9273.13
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	4439.19
	8 Other revenue (describe in Schedule O)	8	20172.07
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	44313.10
Net Assets	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	2709.00
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	5795.00
	14 Occupancy, rent, utilities, and maintenance	14	18396.66
	15 Printing, publications, postage, and shipping	15	907.85
	16 Other expenses (describe in Schedule O)	16	19074.69
	17 Total expenses. Add lines 10 through 16	17	46883.20
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-2570.10
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	157774.68
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	155204.58



For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2013)

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Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<input checked="" type="checkbox"/>
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		<input checked="" type="checkbox"/>
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		<input checked="" type="checkbox"/>
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		<input checked="" type="checkbox"/>
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a 0		
b Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 40a ; section 4912 40a ; section 4955 40a		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40d		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e		<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed 41 VIRGINIA		
42a The organization's books are in care of 42a DIANNIA HUDGINS Telephone no. 42a 434-792-2763 Located at 42a 560 MAIN STREET DANVILLE, VA ZIP + 4 42a 24543		
b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: 42b		<input checked="" type="checkbox"/>
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: 42c		<input checked="" type="checkbox"/>
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43		<input type="checkbox"/>
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a		<input checked="" type="checkbox"/>
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b		<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year? 44c		<input checked="" type="checkbox"/>
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d		<input checked="" type="checkbox"/>
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a		<input checked="" type="checkbox"/>
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b		<input checked="" type="checkbox"/>

- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47–49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47** Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		

- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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- 49a** Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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- b** If "Yes," was the related organization a section 527 organization?

49b		
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- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

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

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

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 ▶

- 52** Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

▶ ☐ Yes ☐ No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer <i>Dianina Hudgins</i>	Date <i>7-29-14</i>
	Type or print name and title <i>Dianina Hudgins, Secretary</i>	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no ▶			

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

**Open to Public
Inspection**

Name of the organization

Employer identification number

BENEVOLENT AND PROTECTIVE ORDER OF ELKS

54-0138675

OTHER REVENUE RENT 2100.00 RAFFLE 3940.00 OTHER 5925.07 INSTANTS/PULL TABS 8207 00

OTHER EXPENSES SUPPLIES 1101.25 TRAVEL 3726.64 RAFFLE 2920.00 CHARITABLE 9371.28 INSTANTS/PULL TABS 1073.82 TAXES 581.70

LICENSES 300.00

CHARITY DISBURSEMENTS 9371.28

Name of the organization

Employer Identification number

[illegible]



Danville, VA No. 227
2014-15 Officers

Part IV

54-0138675

NUMBER	NAME	SPOUSE	ADDRESS	CITY,STATE,ZIP	PHONE
002702	Adams, Glenn	Betty	756 Lawless Creek Rd	Blairs, VA 24527-2228	434 836-4031 h 434 441-6296 c
003119	Bridges, Joel Wayne	Michelle	420 Northmont Blvd	Danville, VA 24540-2323	434 728-3893 h
002694	Clark, Billy J	Martha	1716 Orphanage Rd	Danville, VA 24540-8812	434 836-1508 h
002996	Cumbie, Michael B		219 Hermitage Dr	Danville, VA 24541-5933	434 792-6906 h
002432	Dee, Thomas E		115 Greenwood Ln	Danville, VA 24540-1956	434 793-7137 h
003091	Emerson, Jerry L	Naomi	118 Tolliver Pl	Danville, VA 24541-5938	
003094	Emerson, Naomi R	Jerry	118 Tolliver Pl	Danville, VA 24541-5938	
002606	Hodges, Walter H	Martha	520 Oxford Pl	Danville, VA 24541-5616	434 822-0570 h 434 251-4936 c
003069	Hudgins, Diannia	Donnie	590 Elizabeth Street Ext	Danville, VA 24541-7211	434 799-9134 h
002853	Hudson, Bruce L		449 Wimbish Dr	Danville, VA 24541-5823	434 792-4940 h
002721	Lollis, Ronald C	Carrol	367 Cumberland Dr	Danville, VA 24541-4919	434 791-2831 h
003108	Petry, Eric R		131 Gordon Ave	Danville, VA 24540-4141	434 793-1832 w 434 429-4080 c
003039	Quinn, Johnny R		3249 Virginia Ln	Danville, VA 24540-6144	434 836-1586 h 434 728-1525 c
003097	VanOsten, Jr., Dale		114 Vine Cir	Danville, VA 24540-5010	434 799-6649 h 434 251-5659 c
003120	Weir, Robert Lawrence		349 W Main St	Danville, VA 24541-2804	434 799-5805 h

Total of all in this group: 15

7/29/2014 8 29 PM

User: Diannia
Hudgins

Rep Template: Rapid Report

Query: Program driven

Last Sync Date: 7/29/2014 7 28 PM CST

Last DB Update: 7/29/2014 8 24 PM CST

Query Parameters: Report Header 2014-15 Officers