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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

	A F	or the	e 2013 calendar year, or tax year begin	ning APR I,	∠013 a	na enaing	<u>M</u> AR 31, 201	4 _		
	B ci	neck if	C Name of organization				D Employer ident	ification number		
	ap		I DENEVOLENT & PROT	ECTIVE ORDE	R OF					
		Addre chang	• <u>ELKS</u> #86/							
		Name chang	Doing Business As				54-	0202540		
		inıtıal return	Number and street (or P.O. box if ma	al is not delivered to stre	et address)	Room/su				
		Termir ated			,		•	-662-8278		
		Amen	ded O	untry, and ZIP or foreig	n postal code	<u> </u>	G Gross receipts \$	2,501,797.		
		Application		2604	•		H(a) Is this a group			
		pendir	F Name and address of principal off		SANDY		for subordinat			
			SAME AS C ABOVE				H(b) Are all subordinate			
	1 Ta	ax-ex	empt status: 501(c)(3) X 501(c)	(8) ⋖ (insert no	o.) 4947(a)	(1) or 🔲 5		a list. (see instructions)		
			te: WWW.WINCHESTERELK					ion number ▶ 1156		
			organization: Corporation Trus		Other >	L Ye		M State of legal domicile: VA		
			Summary							
,			Briefly describe the organization's mission	on or most significant	activities: SEF	VE TH	E PEOPLE AND	COMMUNITIES		
	Activities & Governance		THROUGH BENEVOLENT P		_ -					
	E		Check this box if the organiza		perations or dis	posed of m	ore than 25% of its net	assets		
	<u> </u>		Number of voting members of the gover		•			14		
	ၓ		Number of independent voting members			b)		14		
	တ္တ		Total number of individuals employed in			-,		15		
	iţi		Total number of volunteers (estimate if n	• ,	a		<u>.</u>			
	훓		Total unrelated business revenue from F		e 12		7			
	ĕ		Net unrelated business taxable income to	• • •			7			
			140t difference business taxable income t	101111 01111 000 1, mile c	, , , , , , , , , , , , , , , , , , , 	Τ	Prior Year	Current Year		
	اء	8	Contributions and grants (Part VIII, line 1	h)		ŀ	33,396			
	필		Program service revenue (Part VIII, line 2			ŀ	0			
	Revenue		Investment income (Part VIII, column (A)			ŀ	510			
	œ		Other revenue (Part VIII, column (A), line	<u> </u>	280,108					
			Total revenue - add lines 8 through 11 (n	»	314,014					
			Grants and similar amounts paid (Part I)		24,693					
			Benefits paid to or for members (Part IX,	11,713						
	,		Salaries, other compensation, employee	28,937						
	Expenses		Professional fundraising fees (Part IX, co		illii (A), iiiles 5- i	°'	20,557			
	e l		Total fundraising expenses (Part IX, colu			0.	<u> </u>	0.		
	- ₩		Other expenses (Part IX, column (A), line				197,790	. 186,906.		
	- 1		Total expenses Add lines 13-17 (must e	•	\\ line 25\	<u> </u>	263,133			
			Revenue less expenses Subtract line 18			ŀ	50,881			
ro	S Or	19	nevertue less experises Subtract line to	S HOTT IIITE ME C. C. C.			Beginning of Current Yea			
	 	20	Total assets (Part X, line 16)		ျာပ္ကု	}	1,151,991			
Ď	ASSE Bass		Total liabilities (Part X, line 10)	M JUL 28	2014	}	27,080			
	E E		Net assets or fund balances Subtract li	, , , , , , , , , , , , , , , , , , ,	2014 SH	-	1,124,911			
m	Pa	rt II	Signature Block	OGDEN		l	1,1 <u>4</u> 4,711	<u>• </u>		
			alties of perjury, I declare that I have examined	thre-return-meluding acc	omnanying scher	tules and stat	tements, and to the hest of	my knowledge and belief it is		
≥	true	correc	et, and complete. Declaration of preparer (other	r than 6160 D W HEVENIA	and the state of the control of the	f which prop	arer has any knowledne	my knowledge and belief, it is		
<u>G</u>	,	001100	Ma a. la-de	<i>/</i>			7-2	1-14		
0	Sign		Signatuye of officer	THERFORD &	JOHNSON	. P.C	Date			
6	Here		1' - V	Certified Pathlic		•				
2	11616	7	Type or print name and title			19	-			
201 <i>a</i>			Print/Type preparer's name	Winchester.	Virginia		Date Check	PTIN		
-	Paid		BRIAN P. DAVET	Troparor 3 3	ignature		06/26/14 f self-emp	<u> </u>		
	Prep				Firm's EIN	54-1782073				
	Use (Firm's address 116 MEDICAL		PC		THITSEIN	<u> </u>		
		- ···· y	WINCHESTER,	Phone no 5	40-662-7070					
	May	the II		VA 22601	structions)	<u>-</u> .	i none no. J	X Yes No		
	May the IRS discuss this return with the preparer shown above? (see instructions) X Yes N 332001 10-29-13 LHA For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (201									
					p == = 10 miou u			· OIIII (EU IU)		

Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$

4e Total program service expenses

Form **990** (2013)

Part IV Checklist of Required Schedules

		_	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			-
	If "Yes," complete Schedule A	_ 1		X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_5_		_X_
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		_X_
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, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	_		v
40	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9_		<u>X</u>
10	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, VIII, IX, or X	10		
	as applicable	l		
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	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		<u> </u>
	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> X</u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			3.5
	Schedule D, Parts XI and XII	12a		<u> </u>
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	401-		v
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		<u>x</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		$\frac{\mathbf{x}}{\mathbf{x}}$
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	, ra		
_	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	-	X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			_
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	_16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u> _
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		<u> X</u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.5	. l	
20 -	complete Schedule G, Part III	19	<u>X</u>	<u>v</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<u>X</u>
U	in 165 to time 200, did the organization attach a copy of its addited financial statements to this return?	20b	990	2013)

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
22	Did the organization report more than \$5,000 of grants or 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		_X
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 25a	24a		X
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	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		
ч	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
ZJa	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
b	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	200		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so,			
	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			
21	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	į	х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	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		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
Ŭ	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
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			
00	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	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	<u> </u>		
-	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, Part II, III, or IV, and			
٠.	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	x	
		Form		(2013)
				-

Form	990 (2013) ELKS #867 54-0202	540	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	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 2a 15			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Х
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	ļ	х
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		_
	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		x
b	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.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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 as charitable contributions?	6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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		х
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		<u> </u>
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds 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?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		<u> </u>
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			l
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from 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?	12a		ļ. <u></u>
b	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.		_	<u> </u>
а	is the organization licensed to issue qualified health plans in more than one state?	13a		<u> </u>
	Note. See the instructions for additional information the organization must report on Schedule O			
b	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			
_	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	_14b	000	(00:00
		Form	330	(2013)

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ELKS #867

54-0202540

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

	to line sa, so, or rob below, describe the anathrataness, processes, or analysis in concesses.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
<u>Sec</u>	tion A. Governing Body and Management			1
		<u></u>	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 14			
	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 14			
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		Х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	X	
	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	х	ļ
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
•	persons other than the governing body?	7b	х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	х	
	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	<u> </u>		
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		Х
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	i		
	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) a	ıvaılab	le	
	for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and	d fınar	ncial	
	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	tion: 🕨	-	
	THE ORGANIZATION - 540-662-8278			
	P. O. BOX 1749, WINCHESTER, VA 22604			

332006 10-29-13

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

Check if Schedule O contains a response or note to any line 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

(A) Name and Title	(B) Average hours per week	box	not c	Posi heck ss pe	more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) MARGARET (KITTY) SANDY	5.00								•	
EXALTED RULER	F 00	X	ļ			├ ─		0.	0.	0
(2) MARIANNE BIVIANO	5.00							0.	0.	
ESTEEMED LOYAL KNIGHT	5.00	X				-		0.	0.	0
(3) KIM RITENOUR	3.00	X						0.	0.	0
ESTEEMED LECTURING KNIGHT	5.00	^								
(4) LINDA WARNER	3.00	x						0.	0.	2,500
SECRETARY (5) PATTY FOURNIER	5.00	1				\vdash	_		<u> </u>	2,300
TREASURER	3.00	\mathbf{x}						0.	0.	1,500
(6) STEVE CULBERT	5.00					1				
TILER		\mathbf{x}						0.	0.	0
(7) JIM VENABLE	5.00									
5-YEAR TRUSTEE		X						0.	0.	0
(8) BUZZ SANDY	5.00				ĺ					
4 YEAR TRUSTEE		X						0.	0.	0 .
(9) CHARLIE FISKE	5.00	1				l				
3 YEAR TRUSTEE		X	<u> </u>					0.	0.	0
(10) FRANK POOLE	5.00									_
2 YEAR TRUSTEE		X					<u> </u>		0.	0
(11) LOUIE STROTHER	5.00	 								
1 YEAR TRUSTEE		X			<u> </u>	-		0.	0.	0
(12) JOHN ROSENBERGER	5.00	. ,							0	
ESQUIRE	5.00	X	-				-	0.	0.	0
(13) TAMMY SYMONS	3.00	X						0.	0.	0
CHAPLAIN CLERRY BOOLE	5.00						ļ <u>.</u>		<u></u>	
(14) GLENNA POOLE INNER GUARD	3.00	x						0.	0.	0
INNER GUARD										
				-						
233007 40 20 42		<u> </u>		l	Ь		L		L	Form 990 (201)

332007 10-29-13

Form 990 (2013)

ELKS #867

Par	t VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	d Hi	ghe	st C	Compensated Employe	es (continued)				
	(A) Name and title	(B) Average hours per week	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)				than e	h an	(D) (E) Reportable Reportable compensation compensation from from related		,	(F) Estimated amount of other		of
		(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS	compens		pensa rom th janizat d relat	ation ie tion ted
													-	
													_	
											\dashv			
											\dashv			
											\dashv			
				_							_		·	
											\dashv			
									-		-			
1h	Sub-total								0.		0.		4,0	00.
С	Total from continuation sheets to Part V	I, Section A							0.		0.			0.
2	Total (add lines 1b and 1c) Total number of individuals (including but n	ot limited to th	ose	liste	d al	bove	e) wh	no re		,000 of reportable		4,000.		
<u>-</u>	compensation from the organization												Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s		iste	e, ke	y er	nplo	yee,	or	highest compensated e	mployee on		3		х
4	For any individual listed on line 1a, is the su and related organizations greater than \$15									the organization		4		x
5	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com	accrue comper	nsat	ion f	rom	any	unr			idual for services		5		х
	tion B. Independent Contractors							4		\$100,000 of				
1 	Complete this table for your five highest co the organization Report compensation for	-								-	ensa			
	(A) Name and business	address	NO	ONE	3				(B) Description of s	ervices	C		C) nsatio	n
		-							-					
					- -		-							
2	Total number of independent contractors (i		ot lu	mite	d to		_	sted	d above) who received m	nore than				
	\$100,000 of compensation from the organi	zation 📂			_		<u>) </u>						000	

ELKS #867

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenue excluded from tax under Unrelated Related or Total revenue exempt function business revenue revenue Contributions, Giffs, Grants and Other Similar Amounts 1a 1 a Federated campaigns 1b Membership dues 32,173 1c c Fundraising events d Related organizations <u>1đ</u> e Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f Business Code Program Service f All other program service revenue g Total. Add lines 2a-2f investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds 4 Royalties 5 (ı) Real (II) Personal 6 a Gross rents b Less: rental expenses Rental income or (loss) d Net rental income or (loss) (i) Securities (II) Other 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Other Revenue including \$ contributions reported on line 1c). See Part IV, line 18 b Less. direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 2,267,447 1,934,862 b Less: direct expenses c Net income or (loss) from gaming activities 332,585 332,585 10 a Gross sales of inventory, less returns and allowances 152,966 b Less cost of goods sold 241,297 c Net income or (loss) from sales of inventory <88.331 <88,331 Miscellaneous Revenue Business Code 11 a EVENT INCOME 624110 49,116 49 116 d All other revenue Total, Add lines 11a-11d 49,116,

Total revenue. See instructions.

<88 236 x Form 990 (2013)

Form 990 (2013)

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Part IX	Statement of	Functional Expenses	

_	Check if Schedule O contains a respons			(C)	(D)
	t include amounts reported on lines 6b, , 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundraising expenses
	rants and other assistance to governments and				
Ol	rganizations in the United States. See Part IV, line 21	24,776.			·
	irants and other assistance to individuals in				
	ne United States See Part IV, line 22				
	irants and other assistance to governments,				
	rganizations, and individuals outside the				
	Inited States. See Part IV, lines 15 and 16	12 050			
	enefits paid to or for members	13,079.			-
	compensation of current officers, directors,	4 000			
	ustees, and key employees	4,000.		<u> </u>	
	ompensation not included above, to disqualified				
	ersons (as defined under section 4958(f)(1)) and	}			
	ersons described in section 4958(c)(3)(B)				
	Other salaries and wages				
	ension plan accruals and contributions (include				
	ection 401(k) and 403(b) employer contributions)	28,791.			
	other employee benefits Payroll taxes	20,191.			
	ees for services (non-employees)				-
	danagement				
	egal accounting	4,150.			
	obbying	=,1500			
	rofessional fundraising services. See Part IV, line 17				
	nvestment management fees				
	Other (If line 11g amount exceeds 10% of line 25,				· · · · · · · · · · · · · · · · · · ·
_	olumn (A) amount, list line 11g expenses on Sch O.)				
	dvertising and promotion				
	Office expenses	6,842.			
	nformation technology				
5 R	Royalties				
	Occupancy	68,362.			
7 T	ravel				
8 P	ayments of travel or entertainment expenses				
fo	or any federal, state, or local public officials				
9 C	Conferences, conventions, and meetings	2,386.			
) Ir	nterest	-			
	ayments to affiliates .				
2 D	Pepreciation, depletion, and amortization	38,714.			
-	nsurance	9,606.			
al 2	other expenses. Itemize expenses not covered bove. (List miscellaneous expenses in line 24e. If line 4e amount exceeds 10% of line 25, column (A)				
	mount, list line 24e expenses on Schedule O.)	20 620			
_	EVENT EXPENSE	30,629. 19,868.		-	
_	SUPPLIES MISCELLANEOUS	4,845.		 	
_	TAXES AND LICENSES	1,504.	···	-	
_		1,504.			
_	other expensesotal functional expenses. Add lines 1 through 24e	257,552.			,
	oint costs. Complete this line only if the organization	231,332.	· · · · · · · · · · · · · · · · · · ·		·····
	eported in column (B) joint costs from a combined				
	ducational campaign and fundraising solicitation.				
	theck here in 1 following SOP 98-2 (ASC 958-720)				

332010 10-29-13

Form **990** (2013)

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year 266,078. 288,948. 1 1 Cash · non-interest-bearing 17,000. 17,500. 2 Savings and temporary cash investments 2 Pledges and grants receivable, net 3 3 Accounts receivable, net 4 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete 5 Part II of Schedule L Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 7 7 Notes and loans receivable, net 8,724. 9,033. 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other 1,556,228. basis. Complete Part VI of Schedule D 10a 649,377 b Less accumulated depreciation 10b 836,510. 906,851. 11 11 Investments - publicly traded securities Investments - other securities See Part IV, line 11 12 12 13 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 14 Other assets. See Part IV, line 11 15 15 Total assets. Add lines 1 through 15 (must equal line 34) 1,151,991 1,198,653. 16 16 6,338 5,656. Accounts payable and accrued expenses 17 17 18 18 Grants payable 20,742. 0. 19 Deferred revenue 19 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 22 Liabilities key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X of 25 Schedule D 27,080. 5,656. Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances Unrestricted net assets 27 27 28 28 Temporarily restricted net assets Permanently restricted net assets 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds О. 0. 0. 0. 31 Paid-in or capital surplus, or land, building, or equipment fund 31 68,086. Retained earnings, endowment, accumulated income, or other funds 0. 32 32 1,124,911. 1,192,997. 33

> 1,198,653. Form 990 (2013)

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

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

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

X

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Form 990 (2013)

Act and OMB Circular A-133?

SCHEDULE D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

BENEVOLENT & PROTECTIVE ORDER OF **ELKS #867**

Employer identification number 54-0202540

Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(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 donor advisors in	writing that the assets held in donor advise	d funds
_	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		
_	for charitable purposes and not for the benefit of the donor of	• •	-
	impermissible private benefit?		Yes No
Pai		ganization answered "Yes" to Form 990, Pa	
1	Purpose(s) of conservation easements held by the organization		
•	Preservation of land for public use (e.g., recreation or e		orically important land area
	Protection of natural habitat	Preservation of a certifi	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	f a conservation easement on the last
_	day of the tax year.		
	23, 0, 11,0 12,1,0 11,1		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	•	2b
c	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	• •	
•	listed in the National Register	<u></u>	2d
3	Number of conservation easements modified, transferred, re-	leased, extinguished, or terminated by the	
•	year ▶	,g,	
4	Number of states where property subject to conservation ea	sement is located >	
5	Does the organization have a written policy regarding the per		
•	violations, and enforcement of the conservation easements in		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and		_
8	Does each conservation easement reported on line 2(d) above		•
_	and section 170(h)(4)(B)(ii)?	, , ,	Yes No
9	In Part XIII, describe how the organization reports conservati	on easements in its revenue and expense s	statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization		
	conservation easements.		
Pai	t III Organizations Maintaining Collections o	f Art, Historical Treasures, or Otl	ner Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	SC 958), not to report in its revenue stateme	ent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtherand	ce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that descri	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement a	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of publ	ic service, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		▶ \$
2	If the organization received or held works of art, historical tre	asures, or other similar assets for financial	
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1	-	> \$
b	Assets included in Form 990, Part X		> \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 332051 09-25-13

Schedule D (Form 990) 2013

		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains, and losses					
d	Grants or scholarships					
е	Other expenditures for facilities					
	and programs					
f	Administrative expenses					
g	End of year balance	_				
_	Drawda the estimated percentage of the cur	rant waar and halana	o (line 1 a column (c	all hold on:		

	Board designated or quasi-endowment	,	%
b	Permanent endowment >	%	

c Temporarily restricted endowment ▶ The percentages in lines 2a, 2b, and 2c should equal 100%

Are there endowment funds not in the possession of the organization that are held and administered for the organization py. (i) (i

	(i) unrelated organizations	3a(i)	\longrightarrow	
	(ii) related organizations .	3a(ii)		
b	If "Yes" to 3a(II), are the related organizations listed as required on Schedule R?	ЗЬ		
ļ	Describe in Part XIII the intended uses of the organization's endowment funds			

Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		224,872.		224,872.
b Buildings		1,100,707.	493,434.	607,273.
c Leasehold improvements				_
d Equipment		230,649.	155,943.	74,706.
e Other				
otal. Add lines 1a through 1e (Column (d) mu	st equal Form 990, Part X, colur	nn (B), line 10(c).)		906,851.

Schedule D (Form 990) 2013

Yes

5	4 -	O	2	n	2	5	4	n	Page	2
J	4 -	v	4	v	4	J	4	v	Paue	•

Part VIII Investments - Other Securities.	Schedule D (Form 990) 2013 ELKS #867			<u>54</u>	-0202540 Page
(a) Description of security or category (including name of security) (1) Financial derivatives (2) Closelyheld equity interests (3) Other (A) (B) (C) (C) (D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part IXI Description of investment (1) (2) (3) (4) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9					
(1) Financial derivatives (2) Closely-held equity interests (3) Other (A) (B) (C) (D) (E) (F) (G) (H) (F) (G) (H) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (F) (G) (H) (F) (G) (F) (G) (F) (G) (H) (F) (G) (F) (F) (G) (F) (G) (F) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F					
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation. Cost or en	d-of-year market value
(3) Other (A) (B) (B) (C) (C) (C) (D) (D) (C) (D) (D) (D) (D) (D) (D) (D) (D) (D) (D	(1) Financial derivatives				
(A) (B) (C) (C) (D) (E) (F) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H					
(B) (C) (C) (D) (C) (D) (C) (E) (E) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(3) Other				
(C) (D) (E) (E) (F) (G) (H) (F) (G) (H) (F) (G) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F	(A)				
(D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (8) line 12.) ▶ Part Vill Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market val (1) (2) (3) (4) (5) (6) (7) (8) (9) Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15. (a) Description (b) Book value (c) Method of valuation Cost or end-of-year market val (c) Method of valuation	(B)		_		
(E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market value) (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15. (a) Description (b) Book value (c) Book value (c) Method of valuation Cost or end-of-year market value) (b) Book value (c) Method of valuation Cost or end-of-year market value) (c) Method of valuation Cost or end-of-year market value) (d) (e) (f) (f) (g) (g) (g) (g) (h) (h) (h) (h) (h) (h) (h) (h) (h) (h	(C)				
(F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (8) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market val (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (8) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (b) Book value (c) (d) Book value (d) George Form 990, Part X, line 15. (e) George Form 990, Part X, line 15. (f) George Form 990, Part X, line 15. (g) Description (b) Book value (h) Book value (h) Book value (f) (g) (g) (g) (g) (g) (g) (g) (g) (g) (g	(D)				
(G) (H)	(E)				
(H)	(F)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13	(G)				
Part VIII		<u> </u>			
Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13 (a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market val (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ (b) Book value (c) Method of valuation Cost or end-of-year market val (c) Method of valuation Cost or end-of-year market val (d) (e) Method of valuation Cost or end-of-year market val (b) Book value (c) Method of valuation Cost or end-of-year market val (d) (e) Method of valuation Cost or end-of-year market val (f) Method of valuation Cost or end-of-year market val (g) Method of valuation Cost or end-of-year market val (h) Book value (g) (g) (h) Book value					
(a) Description of investment (b) Book value (c) Method of valuation Cost or end-of-year market val (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7)					
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7)					
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equalForm 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7)	(a) Description of investment	(b) Book value	(c) Method of v	aluation Cost or end	d-of-year market value
(3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7)	(1)	<u> </u>			
(4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (8) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7)	(2)				
(5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7)	(3)		_		
(6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7)	(4)				
(7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7)	(5)		ļ <u></u> .		
(8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7)	(6)	<u> </u>			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7)	(7)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7) (7)	(8)				
Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15. Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15. (a) Description (b) Book value (c)					
Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15. (a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7)			<u> </u>		
(a) Description (b) Book value (1) (2) (3) (4) (5) (6) (7)					
(1) (2) (3) (4) (5) (6) (7)			11d See Form 990, I	Part X, line 15.	
(2) (3) (4) (5) (6) (7)		Description			(b) Book value
(3) (4) (5) (6) (7)					
(4) (5) (6) (7)					
(5) (6) (7)					
(6) (7)					
(7)					
(8)					
					
(9)	•				
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.)		<u>ne 15.)</u>			
Part X Other Liabilities.		". F 000 B . D			
Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25.) 990, Part X, line 25.	·
1. (a) Description of liability (b) Book value	!'		(b) Book value		
(1) Federal income taxes					
(2)					
(3)					
(4)				1	
(5)				{	
(6)				1	
(7)			 	1	
(8)					
(9)			-		
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the				<u> </u>	

Schedule D (Form 990) 2013

332054

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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 Form 990 or Form 990-EZ.

Inspection

OMB No 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990. BENEVOLENT & PROTECTIVE ORDER OF

Name of the organization **Employer identification number ELKS #867** 54-0202540 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990 EZ filers are not Part I required to complete this part 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events c In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid to (or retained by) (i) Name and address of individual (iv) Gross receipts (ii) Activity to (or retained by) fundraiser from activity or entity (fundraiser) organization listed in col (i) Yes No List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2013

BENEVOLENT & PROTECTIVE ORDER OF 54-0202540 Page 2 Schedule G (Form 990 or 990-EZ) 2013 ELKS #867 Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b List events with gross receipts greater than \$5,000 (a) Event #1 (b) Event #2 (c) Other events (d) Total events (add col. (a) through col. (c)) (event type) (total number) (event type) Gross receipts 2 Less: Contributions Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses 6 Rent/facility costs Food and beverages 8 Entertainment Other direct expenses 10 Direct expense summary Add lines 4 through 9 in column (d) 11 Net income summary Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col (a) through col. (c)) 2,233,313. 34,134. 2,267,447. Gross revenue 13,251. 1,894,941. 1,881,690. 2 Cash prizes Direct Expenses 2,356. 2,356. Noncash prizes Rent/facility costs 37,565. 37,565. Other direct expenses X Yes 100 % Yes X No Volunteer labor 1,934,862. Direct expense summary Add lines 2 through 5 in column (d) 332,585. Net gaming income summary. Subtract line 7 from line 1, column (d) Enter the state(s) in which the organization operates gaming activities: VA X Yes a is the organization licensed to operate gaming activities in each of these states? b If "No," explain: Yes X No 10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? b If "Yes," explain:

Schedule G (Form 990 or 990-EZ) 2013

332082 09-12-13

Sch	edule G (Form 990 or 990 EZ) 2013 ELKS #867 54-	0202540	Page 3
	Does the organization operate gaming activities with nonmembers?		X No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	│	X No
	Indicate the percentage of gaming activity operated in		
	The organization's facility	13a 100	
	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	13b	%
14	Efficient the flattie and address of the person who prepares the organization's gaining/special events books and records.		
	Name ► OFFICERS OF THE ORGANIZATION		
	Address ► P.O. BOX 1749 - WINCHESTER, VA 22604		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	X No
b	o 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 ► DEBORAH STROTHER		
	Name DEBORAII SIROIIIER		
	Gaming manager compensation ▶ \$		
	Description of services provided		
	Director/officer		
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?	Yes	LX No
t	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Pa	organization's own exempt activities during the tax year \$\inftit{V} \ \ \$\supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,	lines 0 Oh 10	nh 15h
	15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions)	mies 3, 3D, 10	DD, 13D,
		-	

332083 09-12-13

•	,	BENEVOLENT &	PROTECTIVE	ORDER OF	E4 0202E40 m
Part IV	G (Form 990 or 990 EZ) Supplemental Infor	mation (continued)		 	54-0202540 Page 4
- 416.16	Cappicification	(continued)			
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		·			
					Schedule G (Form 990 or 990-EZ

332084 05-01-13

SCHEDULE (Form 990)

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

%

OMB No 1545-0047

Employer identification number 54-0202540 Open to Public Inspection X Yes 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 Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. ▶ Attach to Form 990. BENEVOLENT & PROTECTIVE ORDER OF General Information on Grants and Assistance ELKS #867 Name of the organization Department of the Treasury Internal Revenue Service Parti

criteria used to award the grants or assistance?

line 21, for any		(h) Purpose of grant or assistance				•
es" to Form 990. Part IV		(g) Description of non-cash assistance				
Y" Janswered "Y		(f) Method of valuation (book, FMV, appraisal, other)				
d States omplete if the orda	led	(e) Amount of non-cash assistance				
tunds in the United	onal space is need	(d) Amount of cash grant			;	e line 1 table
Organizations in the	Organizations in the e duplicated if additic	(c) IRC section if applicable				ianizations listed in th
cedures for monit	55,000 Part II can	(b) EIN				nd government ord
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 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	ר ו	1 (a) Name and address of organization or government				2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

3 Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2013)

& PROTECTIVE ORDER OF BENEVOLENT ELKS #867

Schedule I (Form 990) (2013)

Page 2

54-0202540

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22 Part III can be duplicated if additional space is needed Part IV | Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Part III

Schedule I (Form 990) (2013) ~

332102 10-29-13

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. Inspection

Name of the organization

BENEVOLENT & PROTECTIVE ORDER OF ELKS #867

Employer identification number <u>54-0202540</u>

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
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.
FORM 990, PART VI, SECTION A, LINE 6:
EXPLANATION: THE ORGANIZATION COLLECTS MEMBERSHIP DUES FROM ITS MEMBERS.
FORM 990, PART VI, SECTION A, LINE 7A:
EXPLANATION: THE MEMBERS OF THE ORGANIZATION ELECT THE GOVERNING BODY.
FORM 990, PART VI, SECTION A, LINE 7B:
EXPLANATION: A CHANGE IN THE BYLAWS, AND APPROVAL OF MEMBERSHIP ARE SUBJECT
TO APPROVAL BY THE MEMBERS OF THE ORGANIZATION.
FORM 990, PART VI, SECTION B, LINE 11:
EXPLANATION: A DRAFT OF THE 990 IS PRESENTED TO THE BOARD AND LODGE AT A
LODGE MEETING.
FORM 990, PART VI, SECTION C, LINE 19:
EXPLANATION: THE ORGANIZATION'S GOVERNING DOCUMENTS AND FINANCIAL
STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property) 990

► Attach to your tax return.

OMB No 1545-0172

Attachment Sequence No 179

► See separate instructions. Name(s) shown on return

Business or activity to which this form relates

Identifying number

	IEVOLENT & PROTECTI S #867	VE ORDER	OF	FORM	990 I	PAGE 10		54-0202540
Par		rty Under Section 1	79 Note: If you have				V before yo	u complete Part I
1 N	faximum amount (see instructions)						1	500,000.
2 T	otal cost of section 179 property place	ed in service (see	instructions)				2_	
3 T	hreshold cost of section 179 property	y before reduction	in limitation				3	2,000,000.
4 F	leduction in limitation. Subtract line 3	from line 2 If zero	or less, enter -0-				4	
5 D	ollar limitation for tax year Subtract line 4 from lin	e 1 If zero or less, enter	-0- If married filing sep	arately, see ins	structions	·	5	
6	(a) Description of p	roperty	(b)	Cost (business	use only)	(c) Elected	cost	
7 L	isted property. Enter the amount fron	n line 29			7			
	otal elected cost of section 179 prop	•	s in column (c), line	es 6 and 7			8	
	entative deduction Enter the smalle						9	
	carryover of disallowed deduction from						10	
	susiness income limitation. Enter the		•	•			11	
	ection 179 expense deduction. Add						12	
	Carryover of disallowed deduction to 2 : Do not use Part II or Part III below for		· · · · · · · · · · · · · · · · · · ·		▶ 13			
Par					lested area	and a N		
$\overline{}$								
	pecial depreciation allowance for qua	alified property (oti	ner than listed pro	perty) place	ea in servic	e auring	4.	
	ne tax year	la atua a					14	
	roperty subject to section 168(f)(1) el	ection	-				15	38,714.
	t III MACRS Depreciation (Do n	ot include listed n	roperty) (See inst	ructions)		•	16	
	WAONO Depreciation (DO II	ot molade noted pr	Section					
17 N	AACRS deductions for assets placed	in service in tax vi				-	17	
	you are electing to group any assets placed in se	•			ts check here	▶ □	1 ''' 	
	Section B - Assets						tion Syste	m
<u></u>	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depre (business/investm only - see instruc	ent use	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property							
b	5-year property							
С	7-year property							
d	10-year property		_					
е	15-year property							
f_	20-year property							
g	25-year property				25 yrs		S/L	·
h	Residential rental property	/			27 5 yrs	MM	S/L	
	nesidential rental property	/			27.5 yrs	MM	S/L	
i	Nonresidential real property	/			39 yrs	MM	S/L	
						MM	S/L	
	Section C - Assets	Placed in Service	During 2013 Tax	Year Usin	g the Alte	rnative Depred	iation Syst	iem
<u>20a</u>	Class life	_					S/L	
<u>b</u>	12-year				12 yrs		S/L	
C C	40-year	/			40 yrs	MM	S/L	
	t IV Summary (See instructions)					-		
	isted property. Enter amount from lin						21	
	otal. Add amounts from line 12, lines							** =
	nter here and on the appropriate line				ns - <u>see ins</u>	str	22	38,714.
	or assets shown above and placed in		e current year, en	ter the				
	ortion of the basis attributable to sec				23	 		
31625 12-19-	13 LHA For Paperwork Reductio	n Act Notice, see	separate instruc	tions.				Form 4562 (2013)

ELKS #867 Form 4562 (2013)

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? No_ Yes No 24b If "Yes," is the evidence written? Yes (b) (c) (e) (i) (f) (g) **(a)** Type of property Elected Date Business/ Basis for depreciation Depreciation Cost or Recovery Method/ placed in investment (business/investment section 179 (list vehicles first) period Convention deduction other basis use percentage use onty) service cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 25 26 Property used more than 50% in a qualified business use: % % % 27 Property used 50% or less in a qualified business use % S/L S/L -% % S/L· 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 29 Add amounts in column (i), fine 26 Enter here and on line 7, page 1 Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30	Total business/investment miles driven during the year (do not include commuting miles)	(a Veh	-	(k Veh	o) ncle	Veh	-	Veh	-	(€ Veh	-	(Vet	f) nicle
31	Total commuting miles driven during the year												
	Total other personal (noncommuting) miles												
	driven												
33	Total miles driven during the year Add lines 30 through 32												
34	Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35	Was the vehicle used primarily by a more than 5% owner or related person?												
36	Is another vehicle available for personal use?							}					

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons

37	Do you maintain a written policy statement that pronibits all personal use of vehicles, including commuting, by your	Yes	NO_
	employees? .		
38	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 use of vehicles by employees as personal use?		
40	Do you provide more than five vehicles to your employees, obtain information from your employees about		
	the use of the vehicles, and retain the information received?		
41	Do you meet the requirements concerning qualified automobile demonstration use?		
	Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

P	Part VI Amortization										
	(a) Description of costs	tion centage	(f) Amortization for this year								
42	Amortization of costs that begins during your										
_							<u> </u>				
43	Amortization of costs that began before your	43									
44	Total. Add amounts in column (f) See the inst	44									

316252 12-19-13

Form 4562 (2013)