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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)

OMB No 1545-0047

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.

A	_ F0	or tne 2	u i 3 caien	dar year, or tax year beginning $4/01$, 2013, and ending	3/3	3.1	,	2014
В	Ch	neck if app	licable	C		D Employ	er Identi	fication Number
	Γ	Address	s change	ARLINGTON-FAIRFAX LODGE NO. 2188		54-0	07550	089
	1	X Name o	-	BENEVOLENT &PROTECTIVE ORDER OF ELKS OF	<u> </u>	E Telepho		
	-	Initial re	•	8421 ARLINGTON BOULEVARD		(70	2 \ A	62 8617
	F	⊣		FAIRFAX, VA 22031	- 1	(70.	3) 4	02 0017
	F	Termini		·		_		
	L	Amend	ed return			G Gross re		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	L	Applica	tion pending			group retur		
				Same As C Above	: Are all 'No.	subordinates attach a list	(see ins	tructions) Yes No
Ī		Tax-exem	pt status	501(c)(3) X 501(c) (8) ◀ (insert no) 4947(a)(1) or 527			•	
J		Websit	e: ► ww	w.bpoe2188.org	(c) Group e	exemption nu	mber >	1156
ĸ	_		rganization	X Corporation Trust Association Other ► L Year of formation	1964	1 M s	tate of le	egal domicile VA
			Summar					V.1.
4 1/2	an	1 Brie	efly descri	be the organization's mission or most significant activities <u>Promotion</u>	of c	haritz		stico
		1 Div	othor1	y_love_and_fidelity_as_a_chapter_of_the_Benevol	_Or_ C	ng Dro	, _ <u></u>	Stice,
9	Activities & Governance				renr a	ing Fig	rect	TAG OTGET OF
	la	<u></u>	<u>ie Elks</u>					
	ē	2 Ch	eck this bo	ox I if the organization discontinued its operations or disposed of mor				
į	ဋ			oting members of the governing body (Part VI, line 1a)	e man z	7/0 UI 113	3	6
•	8	-		dependent voting members of the governing body (Part VI, line 1b)			4	6
1	S			of individuals employed in calendar year 2013 (Part V, line 2a)			5	27
	5			of volunteers (estimate if necessary)			6	150
3	5	7 a Tot	al unrelate	ed business revenue from Part VIII, column (C), Qine (2 1 VE)			7 a	0.
•	٦	h Net	unrelated	business taxable income from Form 990-T, Line 34.			7 b	0.
_	+	D I TO	difficiated		D	rior Year	, 5	Current Year
		8 Cor	atributions	and grants (Part VIII, line 1h) vice revenue (Part VIII, line 2g)	<u> </u>	100,5	<u> </u>	113,492.
9	ַנְ			vice revenue (Part VIII, line 2g)		100,5	39.	113,492.
4 - 2	Ī.			ncome (Part VIII, column (A), lines 3, 4, and 7d)	-	2 6	E 7	1 200
Σ_{i}	<u>.</u>	10 Inv	esunent ii	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1 e) V, UT		2,6		1,398.
ζ.	١.	11 Oth	er revenu	e – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		423,9		444,272.
Ź-	┵.				-	527,1		559,162.
SCANNED				imilar amounts paid (Part IX, column (A), lines 1-3)		45,0	//.	38,427.
7	1		-	to or for members (Part IX, column (A), line 4)				
		1 5 Sal	aries, oth	er compensation, employee benefits (Part IX, column (A), lines 5-10)		197,3	21.	177,407.
>	. j	16a Pro	fessional	fundraising fees (Part IX, column (A), line 11e)				
5	Expenses	b Tot	al fundrais	sing expenses (Part IX, column (D), line 25) ►		***		
, L	Ľ			ses (Part IX, column (A), lines 11a-11d, 11f-24e)	40025 100005 4000 400	360,8	07	378,014.
Ł			-	es Add lines 13-17 (must equal Part IX, column (A), line 25)				
)	- I		•		-	603,2		593,848.
		19 Re	venue less	s expenses Subtract line 18 from line 12	ļ	-76,1		-34,686.
	Buce	_			Beginnin	g of Curren		End of Year
98	(m)			(Part X, line 16)		509,0		474,132.
¥ ¥	2	21 Tot	al liabilitie	s (Part X, line 26)		120,5	58.	120,294.
ž	2 2	22 Net	assets or	fund balances Subtract line 21 from line 20		388,5	24.	353,838.
F	ari	ilian c	Signatur	re Block	1			,
_					ne best of m	v knowledge	and hel	ef it is true correct and
co	mple	te Declar	ation of prepa	eclare that) have examined this return, including accompanying schedules and statements, and to the arer (whee than officer) is based on all information of which preparer has any knowledge	5051 01 11	iy iliioinaaga	and bor	ion, it is true, convect, and
_				Trease (1 Treases		8		5-2014
c	ign		Signatu	le of officer	Da	te		<u> </u>
H	ere	ا 2	► EDA	MCTC & DUDNC	Тъозе			
• • •	CIC	-		NCIS A BURNS print name and title	Treas	surer		
_				preparer's name Preparer's signature Date		Is	 	PTIN
			'` '			Check 2	7) "	
	aid		MARCIA	A M. MITRANO, CPA MARCIA M. MITRANO, CPA 7/17/2	14	self-employe	ed	P00612982
		parer	Firm's name	MARCIA M. MITRANO				
Use Only Firm's address → 3320 LAKESIDE VIEW DRIVE Firm's EIN → 20-858								-8585431
				FALLS CHURCH, VA 22041		Phone no	(703	
M	ay t	the IRS	discuss th	nis return with the preparer shown above? (see instructions)				X Yes No
		_						

Form	990 (2013) ARLINGTON-FAIRFAX LODGE NO. 2188	54-0755089	Page 2
Pa	tilli Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission		
	Promotion of charity, justice, brotherly love and fidelity as a continuous and fidelity and fidelity as a continuous and fidelity as a continuous and fidelity and fidelity as a continuous and fidelity and fidelity and fidelity and fidelity as a continuous and fidelity and fide	chapter of the	
	Benevolent and Protective Order of the Elks		
_2	Did the organization undertake any significant program services during the year which were not listed on the prior	or	
	Form 990 or 990-EZ?	Yes	X No
	If 'Yes,' describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program se	rvices? Yes	X No
	If 'Yes,' describe these changes on Schedule O		
4	Describe the organization's program service accomplishments for each of its three largest program service	ices, as measured by	expenses
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of others, the total expenses, and revenue, if any, for each program service reported	grants and allocations	to
	though the total expenses, and retended, in any, the same program assumes represent		
	a (Code) (Expenses \$ 10,490. including grants of \$) (F	Revenue \$	
40	ELKS YOUTH CAMP PROGRAM: THE LODGE ANNUALLY PROVIDES FINANCIAL SU	· · · · · · · · · · · · · · · · · · ·	
	TO SEND APPROXIMATELY 35 CHILDREN TO A YOUTH CAMP OPERATED BY THE		
	ASSOCIATION. THE LODGE ARRANGES FOR THE PROVISION OF PHYSICALS FO		
	THE TRAVEL TO AND FROM THE CAMP FOR THE CHILDREN.	W THE CHIEF	IN AND
	THE TRAVEL TO AND FROM THE CAME FOR THE CHIEDREN.		
		 -	
41	ELKS SCHOLARSHIP PROGRAM: THE LODGE ANNUALLY INVITES HIGH SCHOOD ARLINGTON AND FAIRFAX COUNTIES IN VIRGINIA TO APPLY FOR SCHOLARST REVIEWS THE APPLICATIONS, PROVIDES FUNDING OF \$1,000 TO 7 STUDENS	HIPS. THE LOUIS TO ASSIST W	VITH
	COLLEGE EXPENSES AND FORWARDS THE WINNING APPLICATIONS TO STATE A ENTITIES FOR CONSIDERATION FOR ADDITIONAL SCHOLARSHIP SUPPORT FOR		
	(O)	Revenue \$	
40	C(Code (Code	IDE APPROXIMAT OR US BY ARLIN	IGTON
	IN THE AREA.		
	d Other program services (Describe in Schedule O) See Schedule O		
7,	(Expenses \$ 2,948. including grants of \$) (Revenue \$)
	e Total program service expenses ► 26,351.		
RAA		For	m 990 (2013)

			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	100	Х
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		Х
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		<u> </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		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? If 'Yes,' complete Schedule D, Part IV	9		X
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		XX
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			-
ā	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? <i>If 'Yes,' complete Schedule D, Part VI</i>	11 a	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	11 Ь		Х
	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	11 c		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	11 d	Х	17
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	11 e		Х
	I 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	11 f		Х
	a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII	12a		Х
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	14a		X
	a Did the organization maintain an office, employees, or agents outside of the United States?	144		
ŀ	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 other assistance to or for any foreign organization? 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 other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV	16		Х
17	column (Å), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		Х
18	lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	19	Х	,-
	a Did the organization operate one or more hospital facilities? If 'Yes,' complete Schedule H	20		_X
ŀ	b If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20 b	L	

Form 990 (2013) ARLINGTON-FAIRFAX LODGE NO. 2188 Partil Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organizations or government 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 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	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		Х
24	a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, 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		х
ı	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
(d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		
I	b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b		
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or 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 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)			
á	A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28a		X
ı	A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV	28b		X
29	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 Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	23		
	contributions? If 'Yes,' complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes,' complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
ŀ	olf '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		Х
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	Х	
BAA		Form	990 (2013)

rai	Check if Schedule O contains a response or note to any line in this Part V				Г
	Chesic in destruction of containing a respective of these to drift into in this container	_		Yes	No
1 :	a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 34	遊場	· 🦓 -4	1
	no Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			7 NO 4	- 4
	Did the organization comply with backup withholding rules for reportable payments to vendors and r		S. A.		: (3)
	(gambling) winnings to prize winners?		1 c	Х	
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2 a 27]		> 1	
١	${f j}$ If at least one is reported on line 2a, did the organization file all required federal employmen		2 b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see in	I-		42 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	a Did the organization have unrelated business gross income of \$1,000 or more during the year	ar?	3 a		Х
	o If 'Yes' has it filed a Form 990-T for this year? If 'No' to line 3b, provide an explanation in Schedule O		3 b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other financial account in a foreign country (such as a bank account, securities account, or other f	er authority over, a inancial account)?	4 a	200254072	X
ı	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 I	~	<u> </u>		
	a Was the organization a party to a prohibited tax shelter transaction at any time during the ta	<u></u>	5 a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shell	ter transaction?	5 b		
•	olf 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?	}-	5 c		
6	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	and did the organization	6 a		х
l	b If 'Yes,' did the organization include with every solicitation an express statement that such contribut not tax deductible?	ions or gifts were	6 b		
7	Organizations that may receive deductible contributions under section 170(c).				
;	2 Did the organization receive a payment in excess of \$75 made partly as a contribution and p services provided to the payor?	partly for goods and	7 a		X
1	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?		7 b		
•	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v Form 8282?	was required to file	7 c		х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year	7 d			
	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	benefit contract?	7 e		X
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber	nefit contract?	7 f		X
•	g if the organization received a contribution of qualified intellectual property, did the organization file as required?	Form 8899	7 g		
١	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the Form 1098-C?	e organization file a	7 h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization, or a donor advised fund maintained by a sponsoring organization, holdings at any time during the year?	ng organizations. Did the nave excess business	8		
9	Sponsoring organizations maintaining donor advised funds.				
	a Did the organization make any taxable distributions under section 4966?		9 a		
ļ	b Did the organization make a distribution to a donor, donor advisor, or related person?		9 b		
10	Section 501(c)(7) organizations. Enter:				
;	a Initiation fees and capital contributions included on Part VIII, line 12	10a		\$	1
1	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10Ь			
	Section 501(c)(12) organizations. Enter				
	a Gross income from members or shareholders	11 a			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11 Ь			
	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of		12a	1.002.00.00	211011
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	12Ы			
	Section 501(c)(29) qualified nonprofit health insurance issuers.				\$995000
•	a Is the organization licensed to issue qualified health plans in more than one state?	 	13a	** Yhodyki?!!!	A1115 . SIII
	Note. See the instructions for additional information the organization must report on Schedu	ie U			
ı	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	13ь			
	Enter the amount of reserves on hand	13c			
	a Did the organization receive any payments for indoor tanning services during the tax year?		14a	-cumin di	X
	b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in	Schedule Q	14b		

Form 990 (2013)

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. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1 a Enter the number of voting members of the governing body at the end of the tax year 1 a 6 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 1 h 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 officer, director, trustee or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision Х of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 6 Х 6 Did the organization have members or stockholders? 7 a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more Х members of the governing body? 7 a b Are any governance decisions of the organization reserved to (or subject to approval by) members, See Sch O 7 b Х stockholders, or other persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following Х 8 a a The governing body? X b Each committee with authority to act on behalf of the governing body? 8 b 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 Section 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? 10 a X b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their 10 b operations are consistent with the organization's exempt purposes? X 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11 a William St. **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990 See Schedule O X 12a 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise 12b to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in 120 Schedule O how this was done 13 13 Did the organization have a written whistleblower policy? 14 14 Did the organization have a written document retention and destruction policy? 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? 15 a Х a The organization's CEO, Executive Director, or top management official X **b** Other officers of key employees of the organization 15_b 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 16a taxable entity during the year? **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 taken steps to safeguard the 16_b organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Other (explain in Schedule O) Another's website Upon request Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. See Schedule O State the name, physical address, and telephone number of the person who possesses the books and records of the organization ARLINGTON BOULEVARD FAIRFAX VA 22030 703 462 8617

TEEA0106L 07/02/13

BAA

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

- 1 a 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

Check this box if neither the organization r	nor any rela	ated org	ganız	zatio	n co	mpens	sated	d any current officer, di	rector, or trustee	
				(C	;)					
(A) Name and Title	(B) Average hours per week (list	one bo	ix, uπ	less p	perso	k more t in is bot or/truste	h an l	(D) Reportable compensation from the organization	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organiza tions below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) LAURIE FEARIS	- 4 0							0.	0.	0.
EXHALTED RULER (2) DEBORAH S. WILKES	4							0.	0.	
Trustee		t						o. '	0.	0.
(3) ART WYMAN	4									
Chairman	0	1						0.	0.	0.
(4) JERRY SALL	- 4							0.	0.	0.
Trustee (5) GERALD BOYER	0 4	-						0.	0.	0.
Trustee	4	t						ο.	0.	0.
(6) SHARON DUNFRUND	4			_				<u> </u>	<u> </u>	
Trustee	1 -	t						0.	0.	0.
(7) JANITA SULLIVAN	_ 20 _			.,				10.000	0	0
Secretary CAL DURING	0			X				10,000.	0.	0.
(8) KENT CALDWELL Treasurer	$-\frac{20}{0}$	†		Х				10,000.	o.	0.
(9)		ļ						10,000.	0.	
(10)		1								
(11)										
(12)										·
(13)										
(14)										
	1	l	'							

Page 8

(A) Name and title	(B) Average hours per week	(do box	not o	Pos check	sition more erson direct	e than is bot	one h an stee)	(D) Reportable compensation from	(E) Reportable compensation from	(F) Estimat amount of	ted other
	(list any hours for related organiza - tions below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compens: from the organizate and rela organizate	ne ition ited
(15)											
(16)								-			
(17)											
(18)									<u> </u>		-
(19)	 										
(20)											
(21)											
(22)											
(23)										!	
(24)		-									
(25)		 									
1 b Sub-total		J	<u> </u>	<u> </u>		<u> </u>	<u> </u>	20,000.	0.		0.
c Total from continuation sheets to Part VII, Sectio	n A							0.	0.		0.
d Total (add lines 1b and 1c)							>	20,000.	0.		0.
2 Total number of individuals (including but not limited to from the organization ▶ 0	to those i	isted	abo	ve) v	who	recei	ved	more than \$100,00	00 of reportable com	pensation	
<u> </u>										Ye	s No
3 Did the organization list any former officer, directed on line 1a? If 'Yes,' complete Schedule J for such	or, or tru <i>i individu</i>	istee <i>ial</i>	, key	y en	nplo	yee,	or h	nighest compensa	ted employee	3	X
4 For any individual listed on line 1a, is the sum of the organization and related organizations greater	reportab than \$1	le co 50,0	mpe 00?	ensa If '\	tion es'	and com	oth plet	er compensation te Schedule J for	from	4	
such individualDid any person listed on line 1a receive or accrue for services rendered to the organization? If 'Yes,	comper	nsatio	on fr	om	any	unre	elate	ed organization or	ındıvıdual	5	X X X
Section B. Independent Contractors	comple	10 0	CHEC	Juic	3 /0	n suc	JΠP	erson			
Complete this table for your five highest compens compensation from the organization Report compens	ated ind ation for	epen the c	iden alen	t co dar	ntra year	ctors end	tha ng v	at received more t with or within the or	han \$100,000 of ganization's tax yea	r	
(A) Name and business addre	ess							Description	of services	(C) Compensat	tion
							_				
Total number of independent contractors (including but		ıted t	o the	ose I	ıste	d abo	ve)	who received more	than		
\$100,000 of compensation from the organization	0_									Form 000	

Form **990** (2013) ARLINGTON-FAIRFAX LODGE NO. 2188 54-0755089 Page 9 Partivill Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) Total revenue (C) Unrelated (B) (D) Revenue excluded from tax Related or exempt business under sections 512-514 function revenue revenue 1 a Federated campaigns CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS 1 a **b** Membership dues 1 b 66,536 c Fundraising events. 1 c d Related organizations 1 d 9,690 e Government grants (contributions) 1 e f All other contributions, gifts, grants, and similar amounts not included above 1 f 37,266 a Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f PROGRAM SERVICE REVENUE **Business Code** f All other program service revenue q Total. Add lines 2a-2f Investment income (including dividends, interest and other similar amounts) 1,398 1,398 Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6 a Gross rents. 226,152 b Less. rental expenses c Rental income or (loss) 226,152 d Net rental income or (loss) 226,152 226,152 (II) Other (i) Securities 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) 8a Gross income from fundraising events OTHER REVENUE (not including \$ of contributions reported on line 1c) See Part IV, line 18 7,097 **b** Less direct expenses 2,470 c Net income or (loss) from fundraising events 627 9 a Gross income from gaming activities See Part IV, line 19 845,517 b Less direct expenses h 749,411 c Net income or (loss) from gaming activities 96,106 96,036 10a Gross sales of inventory, less returns and allowances 561,043 b Less cost of goods sold b 443,656 c Net income or (loss) from sales of inventory 117, 117,387 387 Miscellaneous Revenue Business Code 11 a

12

d All other revenue e Total. Add lines 11a-11d Total revenue. See instructions

559

162

0

,600

Part X Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) (D) (A) Total expenses (C) Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. Program service Management and Fundraising expenses general expenses expenses Grants and other assistance to governments and organizations in the United States See Part IV, line 21 6,670 Grants and other assistance to individuals in the United States See Part IV, line 22 31,757 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees 20,000 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 0 Other salaries and wages 129,945 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits Payroll taxes 27,462 Fees for services (non-employees). a Management **b** Legal <u>13,999</u> c Accounting **d** Lobbying e Professional fundraising services See Part IV, line 17 f Investment management fees g Other (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule 0) Advertising and promotion 12 Office expenses 34,255 Information technology 1,319 Royalties 15 79,112 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials Conferences, conventions, and meetings 27,094. 19 20 Interest Payments to affiliates 14,390 21 34,379 Depreciation, depletion, and amortization 18,412. 23 Insurance Other expenses Itemize expenses not covered 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) 47,378 SUPPLIES 38,166 b REPAIR AND MAINTENANCE 30,715 G MUSIC PERFORMERS 18,248 d LAUNDRY 20,547 e All other expenses 593,848 25 Total functional expenses. Add lines 1 through 24e 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 ► ☐ if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year (B) End of year Cash - non-interest-bearing 168,244 1 138,564. 2 2 Savings and temporary cash investments 25,763 54,996. 3 Pledges and grants receivable, net 3 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L 5 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 instructions). Complete Part II of Schedule L. 6 7 Notes and loans receivable, net 8 19,795 Inventories for sale or use 13,113 9 Prepaid expenses and deferred charges 2.247 4,513 9 Land, buildings, and equipment, cost or other basis Complete Part VI of Schedule D 10a 1,509,628 10b b Less accumulated depreciation 1,279,204 233,775 10 c 230,424 11 Investments - publicly traded securities. 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 Intangible assets 14 14 15 15 Other assets See Part IV, line 11 65,940 25,840. 509,082 16 474,132. Total assets. Add lines 1 through 15 (must equal line 34) 16 Accounts payable and accrued expenses 17 58,531. 17 72,034 Grants payable 18 18 19 Deferred revenue 48,524 19 61,763. 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 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 Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 25 Total liabilities. Add lines 17 through 25 120,558 26 120,294 X and complete Organizations that follow SFAS 117 (ASC 958), check here ▶ lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 191,544 27 180,288. 196,980 28 Temporarily restricted net assets 173,550. 28 29 Permanently restricted net assets 29 P Organizations that do not follow SFAS 117 (ASC 958), check here > and complete lines 30 through 34. FUZD 30 Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 32 388,524 33 33 Total net assets or fund balances 353,838. 34 474,132. 34 Total liabilities and net assets/fund balances 509,082

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Form **990** (2013)

Forn	1 990 (2013) ARLINGTON-FAIRFAX LODGE NO. 2188	54-0755089	Pa	age 12
Pai	t⊮XI≝ Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	559,3	L62.
2	Total expenses (must equal Part IX, column (A), line 25)	2	593,8	348.
3	Revenue less expenses Subtract line 2 from line 1	3	-34,6	586.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)).	4	388,5	524.
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	353,8	
Pai	TIXIII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			П
			Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O			4
9.	Were the organization's financial statements compiled or reviewed by an independent accountant?		2 a	X
2	If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or revenue basis, consolidated basis, or both:	viewed on a		
	Separate basis Consolidated basis Both consolidated and separate basis			
1	Were the organization's financial statements audited by an independent accountant?		2 b	X
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a set basis, consolidated basis, or both Separate basis Consolidated basis Both consolidated and separate basis	eparate		
•	c If 'Yes' to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the a review, or compilation of its financial statements and selection of an independent accountant?	audit,	2 c	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin Audit Act and OMB Circular A-133?	gle	3 a	x
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required or audits, explain why in Schedule O and describe any steps taken to undergo such audits	d audit	3 b	
BAA			Form 990	(2013)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 6, 7, 8, 9, 10, 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 2013

Open to Public Inspection Employer identification number

	LINGTON-FAIRFAX LODGE NO. 2188 NEVOLENT &PROTECTIVE ORDER OF			54-0755089
	Complete if the organization ans	or Advised Funds or Ot	her Similar Funds or), Part IV, line 6.	
		(a) Donor advised		(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 do are the organization's property, subject to the			vised funds Yes No
6	Did the organization inform all grantees, dono for charitable purposes and not for the benefit	ors, and donor advisors in wri t of the donor or donor adviso	ting that grant funds can b or, or for any other purpos	be used only e conferring Yes No
	impermissible private benefit?			Tes
Par	Conservation Easements. Complete if the organization ans			
1	Purpose(s) of conservation easements held b	•		
	Preservation of land for public use (e g , i	recreation or education)	L	storically important land area
	Protection of natural habitat		Preservation of a cert	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization last day of the tax year	held a qualified conservation co	ntribution in the form of a co	onservation easement on the
	last day of the tax year			Held at the End of the Tax Year
,	Total number of conservation easements		2:	<u></u>
_	Total acreage restricted by conservation ease	ments	2	b
	Number of conservation easements on a certi			
	Number of conservation easements included in			
3	structure listed in the National Register Number of conservation easements modified, train		2	
,	tax year ►	notoriou, rotoucou, oximiguiono	, or torrimated by the organ	
4	Number of states where property subject to conse	ervation easement is located 🕨		
5	Does the organization have a written policy reand enforcement of the conservation easeme	nts it holds?		∐ Yes ☐ No
6	Staff and volunteer hours devoted to monitoring,	inspecting, and enforcing conse	ervation easements during th	ne year
7	Amount of expenses incurred in monitoring, insper ▶\$	ecting, and enforcing conservat	on easements during the ye	ar
8	Does each conservation easement reported o and section 170(h)(4)(B)(ii)?	n line 2(d) above satisfy the	requirements of section 17	^{70(h)(4)(B)(i)}
9	In Part XIII, describe how the organization reports include, if applicable, the text of the footnote	s conservation easements in its to the organization's financia	revenue and expense state I statements that describe	ment, and balance sheet, and s the organization's accounting for
Påi	conservation easements Tilli Organizations Maintaining Colle Complete if the organization ans	ections of Art, Historica wered 'Yes' to Form 99	I Treasures, or Other 0, Part IV, line 8.	Similar Assets.
1 6	a If the organization elected, as permitted unde art, historical treasures, or other similar assets he in Part XIII, the text of the footnote to its fina	eld for public exhibition, educat	on, or research in furtherand	tement and balance sheet works of ce of public service, provide,
I	b If the organization elected, as permitted unde historical treasures, or other similar assets held f following amounts relating to these items	or public exhibition, education,	port in its revenue stateme or research in furtherance o	f public service, provide the
	(i) Revenues included in Form 990, Part VIII	, line 1		► \$
	(ii) Assets included in Form 990, Part X			► \$
	If the organization received or held works of art, amounts required to be reported under SFAS	116 (ASC 958) relating to the	nilar assets for financial gair ese items	
	a Revenues included in Form 990, Part VIII, line	e 1		►\$
1	Assets included in Form 990, Part X			▶\$

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Schedule D (Form 990) 2013 ARLIN	NGTON-FAIR	FAX LODGE NO.	2188	54-075		Page 2
Part III Organizations Mainta	ining Collec	tions of Art, Hist	orical Treasures, c	or Other Similar As	sets (cont	inued)
3 Using the organization's acquisition items (check all that apply)	, accession, and	other records, check	any of the following that a	are a significant use of its	collection	
a Public exhibition		d Loan	or exchange programs			
b Scholarly research		e Othe	r			
c Preservation for future gener	ations					
4 Provide a description of the organiz Part XIII	ation's collection	ns and explain how the	y further the organization	n's exempt purpose in		
5 During the year, did the organiza to be sold to raise funds rather the	han to be maint	ained as part of the	organization's collectior	1 ⁷	Yes	No
Partive Escrow and Custodia line 9, or reported an	I Arrangeme amount on F	nts. Complete if orm 990, Part X,	the organization ar , line 21.	nswered 'Yes' to Fo	rm 990, F	art IV,
1 a Is the organization an agent, trus on Form 990, Part X?	stee, custodian,	or other intermediar	y for contributions or ot	ther assets not included	 │ │ Yes	□No
b If 'Yes,' explain the arrangement	ın Part XIII and	d complete the follow	una table.			
bir 103, explain the arrangement	in rac xiii an	a complete the follow	mig table.		Amount	
c Beginning balance				1 c	7 11.10 41.11	
d Additions during the year				1 d		
e Distributions during the year				1 e		
f Ending balance				1 f		
2a Did the organization include an a	amount on Form	990, Part X, line 21	7	L,	Yes	No
b If 'Yes,' explain the arrangement	in Part XIII Ch	eck here if the expla	intion has been provide	d in Part XIII		Н
Part V Endowment Funds. C	omplete if th	ie organization ai	nswered 'Yes' to Fo	orm 990, Part IV, III	ne 10.	
·	(a) Current ye	ar (b) Prior yea	ar (c) Two years bad	ck (d) Three years back	(e) Four	years back
1 a Beginning of year balance.						
b Contributions						
c Net investment earnings, gains, and losses				!		
d Grants or scholarships						
e Other expenditures for facilities and programs						
f Administrative expenses						
g End of year balance						
2 Provide the estimated percentage	e of the current	year end balance (li	ne 1g, column (a)) held	l as.	_	
a Board designated or quasi-endowm	ent ►	%				
b Permanent endowment ►	- %					
c Temporarily restricted endowmer	nt ►	8				
The percentages in lines 2a, 2b,	and 2c should	equal 100%				
3 a Are there endowment funds not in to organization by	he possession o	f the organization that	are held and administere	d for the	Ye	s No
(i) unrelated organizations					3a(i)	
(ii) related organizations					3a(ii)	
b If 'Yes' to 3a(ii), are the related of	organizations lis	ted as required on S	chedule R?		3b	
4 Describe in Part XIII the intended	-				36	
Part VI Land, Buildings, and		gamzation a chaowin	CTR TUTIOS	<u> </u>		
Complete if the organi		ered 'Yes' to Form	m 990, Part IV, line	e 11a. See Form 99	0, Part X,	, line 10.
Description of property	(a	Cost or other basis (investment)	basis (other)	(c) Accumulated depreciation	(d) Bool	k value
1 a Land			51,344.			51,344.
b Buildings			246,400.	221,241.		25,159.
c Leasehold improvements			635,686.	531,677.	1	04,009.
d Equipment			342,166.	305,388.		36,778.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated deprectation	(d) Book value
1 a Land		51,344.		51,344.
b Buildings		246,400.	221,241.	25,159.
c Leasehold improvements		635,686.	531,677.	104,009.
d Equipment		342,166.	305,388.	36,778.
e Other		234,032.	220,898.	13,134.
Total. Add lines 1a through 1e (Column (d)	must equal Form 990, Part X, c	olumn (B), line 10(c)	▶	230,424.

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Schedule **D** (Form 990) 2013

Part VIII Investments -	- Other Securities.		N/A	<u></u>
Complete if the	<u>e organization answered</u>		, Part IV, line 11b. See Form 99	
(a) Description of security or cate	egory (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of	-year market value
(1) Financial derivatives				
(2) Closely-held equity interes	sts			
(3) Other				
<u>(A)</u>				
(B)			4	
(C)				
(D)				
(E)				
<u>(F)</u>				
(G)				
(H)				
(l) 	200 0 14 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			# 153## 141### #5.02 #14 #5.40## 2
Total (Column (b) must equal Form 9			NI / A	
Complete if the	- Program Related. e organization answered	l 'Yes' to Form 990	, Part IV, line 11c. See Form 99	0, Part X, line 13.
(a) Description of	finvestment type	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)				
(2)				
(3)		-		
(4)				
(5)				
(6)				
(7)				
(8)		<u></u>		
(9)				
(10)			5 M - 10	HIIIO HIIIII CHIIIII HIIIOAANINII CUC. ULACIOS CAIICEO A
Total (Column (b) must equal Form 9				
Part X Other Assets.	e organization answered	L'Yes' to Form 990	, Part IV, line 11d. See Form 99	0. Part X. line 15.
- Complete ii tiii		scription	, 1 41.17, 1110 1141 000 10111 5	(b) Book value
(1) CD INVESTMENT				25,840.
(2)				
(3)				
(4)				·
(5)				
(6)				
(8)				
(9)				
(10)				
	al Form 990, Part X, column (B), line 15)		25,840.
Part X Other Liabilitie		-		
Complete if the or	ganization answered 'Yes' to Fi		e or 11f. See Form 990, Part X, line 25	
	otion of liability	(b) Book value		
(1) Federal income taxes				
(2)				
(3)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				
(11)				
Total (Column (b) must equal Form 5		<u> </u>		ng na sanggang naggang
			nancial statements that reports the organization's	
tax positions under FIN 48 (ASC 740).	. Check here if the text of the footnote	nas been provided in Part XIII		

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Schedule D (Form 990) 2013 ARLINGTON-FAIRFAX LODGE NO. 21		54-0755089	Page 4
Part XI Reconciliation of Revenue per Audited Financial State			
Complete if the organization answered 'Yes' to Form 9	390, Part IV, line 12	a.	
1 Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains on investments	2 a		
b Donated services and use of facilities	2 b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1	1 1	3	
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII)	4 b		
c Add lines 4a and 4b		4c	
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, Iir		5	
Part XII Reconciliation of Expenses per Audited Financial Sta			
Complete if the organization answered 'Yes' to Form 9	390, Part IV, line 12	a.	
1 Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities	2a		
b Prior year adjustments	2 b		
c Other losses	2 c		
d Other (Describe in Part XIII)	2 d		
e Add lines 2a through 2d		2 e	
3 Subtract line 2e from line 1	,	3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIII)	4 b		
c Add lines 4a and 4b	mo 10)	4 c 5	
5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, In	ne 16.)		
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b A	lso complete this part to	provide any additional information	nc
			. — — — -

Schedule **D** (Form 990) 2013

BAA

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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

CON-FAIRFAX LODGE NO. 2188

OMB No 1545-0047

Open to Public Inspection

BENEVOLENT &				KS OF		54-075508	
Part Fundraising Activities. Com	plete if the orga	anization a	nswered '				
1 Indicate whether the organization				owing activities Check	all that a	apply	
a Mail solicitations			е				
b Internet and email solicitation	s		f	Solicitation of gove	_		
c Phone solicitations			g	Special fundraising	_		
d n-person solicitations			,				
2a Did the organization have a written of employees listed in Form 990, Pa	or oral agreemen rt VII) or entity	it with any i in connect	ındıvıdual (ı tıon with p	ncluding officers, directorofessional fundraising	ors, trustee services	es or key	Yes X No
b If 'Yes,' list the ten highest paid indicompensated at least \$5,000 by t	viduals or entitie he organization _	s (fundraise	ers) pursua:	nt to agreements under	which the	fundraiser is to	be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did have custo of contr	fundraiser dy or control ributions?	(iv) Gross receipts from activity	(or re	ount paid to etained by) iser listed in lumn (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
1		_			<u></u>		
2		_					
3							
4							
5							
6							
7							,
8							
9							
10						,	
Total		-	•				0.
List all states in which the organizat or licensing	ion is registered	or licensed	to solicit c	ontributions or has been	notified it	is exempt from	registration
			. – – – –				
				. .			

	\$ W	G (Form 990 or 990-EZ) 2013 ARLING: Fundraising Events. Complete if	the organization ar	swered 'Yes' to Fo	54-07 rm 990, Part IV, II	ne 18, or reported
		more than \$15,000 of fundraising List events with gross receipts gr	event contributions eater than \$5.000.	s and gross income	on Form 990-EZ,	lines I and 6b.
R		LIST OF STREET WATER GROUP TO STREET GROUP	(a) Event #1 Dinner Dances (event type)	(b) Event #2	(c) Other events None (total number)	(d) Total events (add column (a) through column (c))
REVEZU						
NU	1	Gross receipts	7,097.			7,097.
Ē	2	Less. Charitable contributions				
	3_	Gross income (line 1 minus line 2)	7,097.			7,097.
	4	Cash prizes				
	5	Noncash prizes				
D I R	6	Rent/facility costs				
RECT	7	Food and beverages	1,500.			1,500.
E X P	8	Entertainment	800.			800.
EXPENSES	9	Other direct expenses	170.			170.
	10 11 t*III;	Direct expense summary Add lines 4 th Net income summary Subtract line 10 for Gaming. Complete if the organization	om line 3, column (d) ation answered 'Yes	s' to Form 990, Par	t IV, line 19, or re	4,627.
REVENUE		\$15,000 on Form 990-EZ, line 6a	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
N E	1	Gross revenue	471,185.	374,332.	<u> </u>	845,517.
	2	Cash prizes	423,696.	259,638.		683,334.
D X I P R E	3	Noncash prizes	5,125.			5,125.
E N C S T E S	4	Rent/facility costs			<u></u>	
	5	Other direct expenses	26,312.	26,312.		52,624.
	6	Volunteer labor	X Yes100 % No	X Yes 100 % No	Yes0 % X No	
	7	Direct expense summary Add lines 2 th	rough 5 in column (d)		•	741,083.
	8	Net gaming income summary Subtract	ine 7 from line 1, colum	nn (d)		104,434.
9		er the state(s) in which the organization one organization licensed to operate gamin				X Yes No
		lo,' explain	- 			لبا ت
	 	re any of the organization's gaming licens				Yes XNo

Schedule Ġ (Form 990 or 990-EZ) 2013 ARLINGTON-FAIRFAX LODGE NO. 2188 54	-0755	089	Page 3
11 . Does the organization operate gaming activities with nonmembers?		Yes	X No
12 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?		Yes	X No
13 Indicate the percentage of gaming activity operated in:			
a The organization's facility	13a		100.0%
b An outside facility	13b		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records			
Name ► ROBERT GOOLRICK	. — — -		
Address • 8421 ARLINGTON BOULEVARD, FAIRFAX, 22031			
15a Does the organization have a contact with a third party from whom the organization receives gaming revenue		Yes	X No
b If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ and the	e amour	nt	
of gaming revenue retained by the third party > \$			
c If 'Yes,' enter name and address of the third party.			
Name •			1
Address •			ا ا ـ ـ ـ ـ ـ ـ ـ
16 Gaming manager information.			
Name •			
Gaming manager compensation > \$			
Description of services provided			
☐ Director/officer ☐ Employee ☐ Independent contractor			
17 Mandatory distributions			
a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		[X] Yes	i ∏No
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	e Par		4.5
Partil Supplemental Information. Provide the explanations required by Part I, line 2b, coli and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any information (see instructions).	umns (/ addit	ional	(V),

TEEA3703L 06/26/13

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Schedule **G** (Form 990 or 990-EZ) 2013

SCHEDULE 1 (Form 990)

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

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

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

Open to Pub

% X

∏Yes

Employer identification number

54-0755089 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ARLINGTON-FAIRFAX LODGE NO. 2188

Partis General Information on Grants and Assistance 2188 Department of the Treasury Internal Revenue Service Name of the organization

/4-	ents and Organizations in the United States. Complete if the organization answered Yes to	that received more than \$5,000. Part II can be duplicated if additional space is needed.
	<u>eartills</u> Grants and Other Assistance to Governments and Organizations in the United State	Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Part II car

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

	or any realprone triacros		,				
(a) Name and address of organization or government	(p) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(η)	}						
(2)							
(3)							
(4)	ì						
(5)							
- - - - - <u>-</u> <u>-</u> - <u>-</u> -							
<u></u>	i i						
				:			
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table) and government o	rganizations listed	in the line 1 table			A	0
3 Enter total number of other organizations listed in the line 1 table	ons listed in the line	1 table				•	0
						•	

Schedule I (Form 990) (2013)

TEEA3901L 07/12/13

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

Schedule I (Form 990) (2013) ARLINGTON-FAIRFAX LODGE NO. 2188

Ratilia 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.

Page 2

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 SCHOLARSHIPS	7	7,000.			SCHOLARSHIPS TO COLLEGE STUDENTS
2					
8					
4					
5					
9				and the second s	
7					
Parily Supplemental Information. Provide the information required in	ide the information	ו required in Part I, line	7	umn (b), and any othe	Part III, column (b), and any other additional information.
			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	 	
			 - - - - -		
		1 1 1 1 1 1	 		
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Schedule I (Form 990) (2013)

SCHEDULE 0 (Form 990 or 990-EZ)

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

2013

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

at www.irs.gov/form990. Name of the organization ARLINGTON-FAIRFAX LODGE NO. 2188

Employer identification number 54-0755089

BENEVOLENI &PROTECTIVE ORDER OF ELAS OF 54-0755069
Form 990, Part III, Line 4d - Other Program Services Description
CHILDREN'S_CARNIVAL_FOR_DISAVANTAGED_CHILDREN_RESIDING_IN_FAIRFAX_AND_ARLINGTON
COUNTIES, VA. FOOD, GAMES, ENTERTAINMENT AND ISSUANCE OF SCHOOL SUPPLIES ARE GIVEN
TO APPROX. 80 DISADVANTAGED CHILDREN.
ELKS VETERAN SUPPORT PROGRAM: THE LODGE VISITS WITH DISABLED VETERANS AT THE
MARTINSBURG, WV VETERTEANS ADMINISTRATION CENTER FOUR TIMES A YEAR TO PROVIDE THEM
ENTERTAINMENT AND PERSONAL SUPPLIES TO THE RESIDENTS, AS WELL AS, CONDUCTS TWO MAJOR
EVENTS_AT_THE_LODGE, BRINGING IN DISABLED VETERNS TO PROVIDE THEM DINNER AND
ENTERTAINMENT.
Form 990, Part VI, Line 7b - Decisions of Governing Body Approval by Members or Shareholders
MEMBERS PARTICIPATE IN THE ELECTION OF BOARD MEMBERS AND OFFICERS AND VOTING ON
BUILDING IMPROVEMENTS.
Form 990, Part VI, Line 11b - Form 990 Review Process
The Treasurer will review the return before it is filed
Form 990, Part VI, Line 19 - Other Organization Documents Publicly Available
Documents are maintained by the Lodge Secretary and will be made available to the
public upon request.

2013

Schedule G, Part IV - Supplemental Information ARLINGTON-FAIRFAX LODGE NO. 2188 BENEVOLENT &PROTECTIVE ORDER OF ELKS OF

Page 4

Client ARLFXELK

54-0755089

7/21/14

11:42AM

Part III, Line 17b Distributions Required Under State Law

Virginia