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Form **990-EZ**Department of the Treasury  
Internal Revenue Service**Short Form**  
**Return of Organization Exempt From Income Tax**

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-1150

**2014****Open to Public  
Inspection**

<b>A</b> For the 2014 calendar year, or tax year beginning <b>APRIL 1</b> , 2014, and ending <b>MARCH 31</b> , 20 <b>15</b>	
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>BENEVOLENT AND PROTECTIVE ORDER OF ELKS</b> Number and street (or P.O. box, if mail is not delivered to street address) Room/suite <b>P.O. BOX 227</b> City or town, state or province, country, and ZIP or foreign postal code <b>DANVILLE, VA 24543</b>
<b>D</b> Employer identification number <b>54-0138675</b>	<b>E</b> Telephone number <b>434-792-2763</b>
<b>F</b> Group Exemption Number ▶ <b>1156</b>	
<b>G</b> Accounting Method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual Other (specify) ▶	<b>H</b> Check <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)
<b>I</b> Website: ▶	
<b>J</b> Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) ( <b>8</b> ) ◀ (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	
<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other	
<b>L</b> Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$	

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

<b>Revenue</b>	<b>1</b>	Contributions, gifts, grants, and similar amounts received	<b>1</b>	<b>4000.00</b>
	<b>2</b>	Program service revenue including government fees and contracts	<b>2</b>	
	<b>3</b>	Membership dues and assessments	<b>3</b>	<b>7060.00</b>
	<b>4</b>	Investment income	<b>4</b>	<b>1107.55</b>
	<b>5a</b>	Gross amount from sale of assets other than inventory	<b>5a</b>	
	<b>5b</b>	Less: cost or other basis and sales expenses	<b>5b</b>	
	<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	<b>5c</b>	
	<b>6</b>	Gaming and fundraising events		
	<b>a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000)	<b>6a</b>	<b>11732.96</b>
	<b>b</b>	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	<b>6b</b>	<b>12821.64</b>
	<b>c</b>	Less: direct expenses from gaming and fundraising events	<b>6c</b>	<b>7316.35</b>
	<b>d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	<b>6d</b>	<b>17238.25</b>
	<b>7a</b>	Gross sales of inventory, less returns and allowances	<b>7a</b>	<b>9081.94</b>
	<b>b</b>	Less: cost of goods sold	<b>7b</b>	<b>10214.64</b>
	<b>c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	<b>7c</b>	<b>-1132.70</b>
	<b>8</b>	Other revenue (describe in Schedule O)	<b>8</b>	<b>1050.00</b>
	<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>9</b>	<b>29323.10</b>
<b>Expenses</b>	<b>10</b>	Grants and similar amounts paid (list in Schedule O)	<b>10</b>	
	<b>11</b>	Benefits paid to or for members	<b>11</b>	<b>2166.90</b>
	<b>12</b>	Salaries, other compensation, and employee benefits	<b>12</b>	
	<b>13</b>	Professional fees and other payments to independent contractors	<b>13</b>	<b>5840.00</b>
	<b>14</b>	Occupancy, rent, utilities, and maintenance	<b>14</b>	<b>20389.50</b>
	<b>15</b>	Printing, publications, postage, and shipping	<b>15</b>	<b>742.84</b>
	<b>16</b>	Other expenses (describe in Schedule O)	<b>16</b>	<b>15245.85</b>
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16	<b>17</b>	<b>44385.09</b>	
<b>Net Assets</b>	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9)	<b>18</b>	<b>-15061.99</b>
	<b>19</b>	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	<b>19</b>	<b>155204.58</b>
	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>20</b>	
	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20	<b>21</b>	<b>140142.59</b>

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2014)P  
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Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☐

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments . . . . .	159865.58	22 144146.59
23	Land and buildings . . . . .		23
24	Other assets (describe in Schedule O) . . . . .		24
25	<b>Total assets</b> . . . . .	159865.58	25 144146.59
26	<b>Total liabilities</b> (describe in Schedule O) . . . . .	4661	26 4004
27	<b>Net assets or fund balances</b> (line 27 of column (B) <b>must agree with line 21</b> ) . . . . .	155204.58	27 140142.59

Check if the organization used Schedule O to respond to any question in this Part III . . . ☒

**Expenses**  
(Required for section  
501(c)(3) and 501(c)(4)  
organizations, optional for  
others )

## 28 CHARITY DISBURSEMENTS

29	(Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	28a	10043.03
30	(Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	29a	
31	(Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	30a	
32	Other program services (describe in Schedule O) . . . . . ▶ <input type="checkbox"/>		
	(Grants \$ ) If this amount includes foreign grants, check here . . . . ▶ <input type="checkbox"/>	31a	
	<b>Total program service expenses</b> (add lines 28a through 31a) . . . . . ▶ <input type="checkbox"/>	<b>32</b>	<b>10043.03</b>

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

[illegible]

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

	Yes	No
<b>33</b> Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O . . . . .		<input checked="" type="checkbox"/>
<b>34</b> Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) . . . . .		<input checked="" type="checkbox"/>
<b>35a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? . . . . .		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O . . . . .		
<b>c</b> Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III . . . . .		<input checked="" type="checkbox"/>
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N . . . . .		<input checked="" type="checkbox"/>
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions ► <b>37a</b> _____		
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .		<input checked="" type="checkbox"/>
<b>38a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? . . . . .		<input checked="" type="checkbox"/>
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .		
<b>39</b> Section 501(c)(7) organizations. Enter: . . . . .		
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .		
<b>40a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____; section 4912 ► _____; section 4955 ► _____		
<b>b</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I . . . . .		
<b>c</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . . .		
<b>d</b> Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization . . . . .		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T . . . . .		<input checked="" type="checkbox"/>
<b>41</b> List the states with which a copy of this return is filed ► <b>VIRGINIA</b>		
<b>42a</b> The organization's books are in care of ► <b>DIANNIA HUDGINS</b> Telephone no. ► <b>434-792-2763</b> Located at ► <b>560 MAIN STREET DANVILLE, VA</b> ZIP + 4 ► <b>24543</b>		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country: ► _____ See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		<input checked="" type="checkbox"/>
<b>c</b> At any time during the calendar year, did the organization maintain an office outside the U.S.? . . . . . If "Yes," enter the name of the foreign country: ► _____		<input checked="" type="checkbox"/>
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here and enter the amount of tax-exempt interest received or accrued during the tax year . . . . .		<input type="checkbox"/>
<b>44a</b> Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		<input checked="" type="checkbox"/>
<b>b</b> Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ . . . . .		<input checked="" type="checkbox"/>
<b>c</b> Did the organization receive any payments for indoor tanning services during the year? . . . . .		<input checked="" type="checkbox"/>
<b>d</b> If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .		<input checked="" type="checkbox"/>
<b>45a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		<input checked="" type="checkbox"/>
<b>b</b> Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) . . . . .		<input checked="" type="checkbox"/>

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

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

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

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

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

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

	Yes	No
<b>47</b>		

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

<b>48</b>		
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**49a** Did the organization make any transfers to an exempt non-charitable related organization? . . . . .

<b>49a</b>		
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**b** If "Yes," was the related organization a section 527 organization? . . . . .

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

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

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

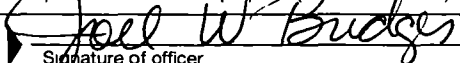
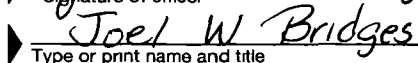
**51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

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

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

**52** Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations must attach a completed Schedule A . . . . . ▶ ☐ Yes ☐ No

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

**Sign Here**  **Date** 6/23/2015  
 **Type or print name and title** President

**Paid Preparer Use Only**

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

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

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

**2014**

**Open to Public  
Inspection**

Name of the organization

Employer identification number

**BENEVOLENT AND PROTECTIVE ORDER OF ELKS**

**54-0138675**

**OTHER REVENUE RENT 1050.00**

**OTHER EXPENSES OFFICE EXPENSE 1192.46 CHARITABLE GIVING 10043.03 SUPPLIES 599.82 TRAVEL 1481.40 LICENSES/TAX 728.81**

**ENTERTAINMENT 1200.33**

**CHARITY DISBURSEMENTS 10043.03**



Danville, VA No. 227  
2015-16 Officers

Part IV  
54-0138675

NUMBER	NAME	SPOUSE	ADDRESS	CITY, STATE, ZIP	PHONE
002702	Adams, Glenn	Betty	756 Lawless Creek Rd	Blairs, VA 24527-2228	434 836-4031 h 434 441-6296 c
003119	Bridges, Joel Wayne	Michelle	420 Northmont Blvd	Danville, VA 24540-2323	434 791-3522 h 434 799-7463 w 434 728-3893 c
002694	Clark, Billy J	Martha	1716 Orphanage Rd	Danville, VA 24540-8812	434 836-1508 h
002996	Cumbie, Michael B		219 Hermitage Dr	Danville, VA 24541-5933	434 792-6906 h 434 792-0770 w
003122	Davis, Walter Sean		155 Sutherlin Ave	Danville, VA 24541-1915	434 483-4200 w 434 489-3984 c
002432	Dee, Thomas E		115 Greenwood Ln	Danville, VA 24540-1956	434 793-7137 h
003091	Emerson, Jerry L	Naomi	118 Tolliver Pl	Danville, VA 24541-5938	434 797-3530 h
003094	Emerson, Naomi R	Jerry	118 Tolliver Pl	Danville, VA 24541-5938	434 797-3530 h
002606	Hodges, Walter H	Martha	520 Oxford Pl	Danville, VA 24541-5616	434 822-0570 h 434 251-4936 c
003069	Hudgins, Diannia	Donnie	590 Elizabeth Street Ext	Danville, VA 24541-7211	434 799-9134 h 434 709-0267 c
002853	Hudson, Bruce L		449 Wimbish Dr	Danville, VA 24541-5823	434 792-4940 h
002721	Lollis, Ronald C	Carrol	367 Cumberland Dr	Danville, VA 24541-4919	434 791-2831 h 434 770-0945 c
003036	Ludwick, Brenda Sue		42 Oak Ridge Ave	Danville, VA 24541-4700	434 799-0459 h 434 228-5653 c
003039	Quinn, Johnny R		3249 Virginia Ln	Danville, VA 24540-6144	434 836-1586 h 434 728-1525 c
003097	VanOsten, Jr., Dale		114 Vine Cir	Danville, VA 24540-5010	434 799-6649 h 434 251-5659 c
003120	Weir, Robert Lawrence "Bob"		349 W Main St	Danville, VA 24541-2804	434 799-5805 h

Total of all in this group: 16

6/22/2015 7:57 PM

User: Diannia  
Hudgins

Rep Template: Rapid Report

Query: Program driven

Last Sync Date: 6/22/2015 6:55 PM CST

Last DB Update: 6/20/2015 11:26 PM CST

Query Parameters: Report Header: 2015-16 Officers