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55 06/12/2015 2:59 PM

Form **990**Department of the Treasury
Internal Revenue Service**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 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014
Open to Public
Inspection**A** For the 2014 calendar year, or tax year beginning **04/01/14** and ending **03/31/15**

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	C Name of organization BENEVOLENT & PROTECTIVE ORDER OF ELKS LODGE #1318		D Employer identification number 57-0122798
	Doing business as		E Telephone number
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite 344 E Main St		
	City or town, state or province, country, and ZIP or foreign postal code Rock Hill SC 29730		G Gross receipts \$ 114,324
	F Name and address of principal officer		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	
J Website: N/A		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation M State of legal domicile:	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO INCULCATE THE PRINCIPLES OF CHARITY, JUSTICE, BROTHERLY LOVE, AND FIDELITY TO RECOGNIZE A BELIEF IN GOD, TO PROMOTE THE WELFARE AND ENHANCE THE HAPPINESS OF ITS MEMBERS AND QUICKEN THE SPIRIT OF AMERICAN PATROCISM.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	0
	6 Total number of volunteers (estimate if necessary)	6	30
Revenue	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
	b Net unrelated business taxable income from Form 990-T, line 34	7b	0
	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	53,575	54,988
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	426	2,629
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	88,368	56,707
Expenses	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	142,369	114,324
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	63,683	43,949
	16a Professional fundraising fees (Part IX, column (A), line 11a)		0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶	0	
Net Assets or Fund Balances	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	81,963	39,595
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	145,646	83,544
	19 Revenue less expenses. Subtract line 18 from line 12	-3,277	30,780
	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	1,417,330	1,383,093
	22 Net assets or fund balances. Subtract line 21 from line 20	505,395	440,378
		911,935	942,715

Part II Signature Block

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

Sign Here	Signature of officer: <i>Perry Montgomery</i>		Date: <i>06/12/13</i>		
	Type or print name and title: LODGE SECRETARY				
Paid Preparer Use Only	Print/Type preparer's name: John Tipton	Preparer's signature: <i>John Tipton</i>	Date: 06/12/15	Check <input checked="" type="checkbox"/> if self-employed	PTIN: P01259970
	Firm's name: John E Tipton CPA	Firm's EIN: ▶			
	Firm's address: 550 W Rambo Rd Rock Hill, SC 29730	Phone no.: 803-985-0319			

May the IRS discuss this return with the preparer shown above? (see instructions)

☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2014)

0425874017

Aug. 19, 2015 LTR 2694C 0 R

57-0122798 201503 67

Input Op: 0425874017 00026315

BENEVOLENT & PROTECTIVE ORDER OF
ELKS LODGE #1318
344 E MAIN ST
ROCK HILL SC 29730

DECLARATION

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct and complete. I understand that this declaration will become a permanent part of that return.

Penny Montgomery
Signature of officer or trustee

08/24/15
Date

LODGE SECRETARY
Title