DLN: 93493214002040 OMB No 1545-0047 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 Open to Public Department of the ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service For the 2019 calendar year, or tax year beginning 04-01-2019 , and ending 03-31-2020 C Name of organization D Employer identification number B Check if applicable WOODBRIDGE LODGE NO 2355 OF THE ☐ Address change BENEVOLENT & PROTECTIVE ORDER OF ELKS OF 23-7583778 ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminate E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite 14602 MINNIEVILLE ROAD ☐ Application pending (703) 878-7444 City or town, state or province, country, and ZIP or foreign postal code WOODBRIDGE, VA  $\,$  22193  $\,$ G Gross receipts \$ 363,721 F Name and address of principal officer H(a) Is this a group return for □Yes ☑No subordinates? 14602 MINNIEVILLE ROAD H(b) Are all subordinates WOODBRIDGE, VA 22193 ☐ Yes ☐No included? Tax-exempt status 501(c)(3) **✓** 501(c) (8) **◄** (insert no) 4947(a)(1) or If "No," attach a list (see instructions) **H(c)** Group exemption number ▶ Website: ► N/A L Year of formation 1971 M State of legal domicile VA ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ **K** Form of organization Summary 1 Briefly describe the organization's mission or most significant activities PROMOTION OF CHARITY, JUSTICE, BROTHERLY LOVE AND FIDELITY AS A CHAPTER OF THE BENEVOLENT AND PROTECTIVE ORDER OF Activities & Governance Check this box ▶ 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . 4 Number of independent voting members of the governing body (Part VI, line 1b) 7 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 55 Total number of volunteers (estimate if necessary) . . . 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 3,757 b Net unrelated business taxable income from Form 990-T, line 39 7b 2,438 **Prior Year Current Year** 28,830 41,210 8 Contributions and grants (Part VIII, line 1h) . . 9 Program service revenue (Part VIII, line 2g) . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . 236 1,964 138,728 240,509 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 269,575 181.902 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3) . 17,770 22,090 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15,436 57,507 Expenses 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 144,070 132,300 219,347 169,826 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses Subtract line 18 from line 12 . 50,228 12,076 Net Assets or Fund Balances **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) . 847,763 864,945 19,872 21 Total liabilities (Part X, line 26) . 14,766 845,073 22 Net assets or fund balances Subtract line 21 from line 20 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 2020-08-01 Signature of officer Sign Here ELIZABETH MARTINEZ Treasurer Type or print name and title Date Print/Type preparer's name Preparer's signature Check I If P00612982 Paid self-employed Firm's name MARCIA M MITRANO Firm's EIN ▶ 82-0654491 Preparer Use Only Firm's address ► 3320 LAKESIDE VIEW DRIVE Phone no (703) 850-3242 FALLS CHURCH, VA 22041 ☑ Yes ☐ No May the IRS discuss this return with the preparer shown above? (see instructions) . For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2019) Cat No 11282Y

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Pa	rt III Statement	of Program Service	Accomplishments	3		
	Check if Sch	edule O contains a respor	se or note to any line i	n this Part III		🗆
1	Briefly describe the	organization's mission	·			
PROM	OTION OF CHARITY,	JUSTICE, BROTHERLY LO	VE AND FIDELITY AS A	CHAPTER OF THE I	BENEVOLENT AND PROTECTIV	E ORDER OF THE ELKS
2	Did the organization	undertake any significar	t program services dur	ing the year which v	were not listed on	
	the prior Form 990 o	or 990-EZ?				🗌 Yes 🗹 No
	If "Yes," describe the	ese new services on Sche	dule O			
3	Did the organization	cease conducting, or ma	ke significant changes	in how it conducts,	any program	
	services?					🗌 Yes 🗹 No
	If "Yes," describe the	ese changes on Schedule	0			
4	Section 501(c)(3) ar		s are required to repor		st program services, as measi nts and allocations to others,	
	(Code	) (Expenses \$	15,261 including	g grants of \$	) (Revenue \$	13,476 )
	See Additional Data					
4b	(Code	) (Expenses \$	ıncludıng	g grants of \$	) (Revenue \$	)
	See Additional Data					
4c	(Code	) (Expenses \$	ıncludıng	g grants of \$	) (Revenue \$	)
	See Additional Data					
4d	Other program serv	ices (Describe in Schedul	e O )			
	(Expenses \$	ınclu	ding grants of \$	)	(Revenue \$	)
4e	Total program ser	vice expenses ▶	15,261			

Page 3 Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Nο 1 2 No

Nο

Nο

No

Nο

No

Nο

Nο

No

Nο

Nο

No

Nο

No

No

Nο

Nο

Nο

Nο

Nο

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Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates 3 

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 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 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

6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 뉯 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8

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

9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V 🛸 . . . . . . . If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX,

No No Nο or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Yes 11a b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total No 11b

assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 . . . . . . . . . 11c 11d 11e

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 😼 . . . . . . . . . . . . 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 e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 🕏 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 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a

12b 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 13

b Was the organization included in consolidated, independent audited financial statements for the tax year? 14a business, investment, and program service activities outside the United States, or aggregate foreign investments 14b 

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV . . . . . . Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to 16 or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV . . .

Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I(see instructions) . . . .

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII. 18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," 19 Yes 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . . 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20h

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Pa	Checklist of Required Schedules (continued)		ı	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
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? <i>If "Yes," complete Schedule J</i>	23		No
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		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) 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		
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		
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L</i> ,Part III	27		No
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)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
Ь	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		No
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		No
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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		

С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule $M$	29	No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	No
22	Did the organization cell, exchange, dispose of or transfer more than 25% of its not accets? If "Vos." complete		

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

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note.

Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming 

Check if Schedule O contains a response or note to any line in this Part V

Statements Regarding Other IRS Filings and Tax Compliance

1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable .

Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable

Nο

No

37

38

1c

0

1a

1b

Yes

Yes

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Part V

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Pa	Statements Regarding Other IRS Filings and Tax Compliance (continued)							
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							
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?  Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	2b	Yes					
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	Yes					
	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 instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)	4a		No				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No No				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No				
		5b 5c						
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?  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		No				
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).							
	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		No				
	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		No				
a	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		No				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No				
_	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		No				
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a						
b	Did the sponsoring 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 10a							
Ь	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter							
	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 )							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	l						
	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	which the organization is licensed to issue qualified health plans							
	Enter the amount of reserves on hand	14a		No				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b						
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15		No				
16	If "Yes," see instructions and file Form 4720, Schedule N  Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O	16		No				

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Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No 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	" respo	onse to	lines					
Se	ction A. Governing Body and Management								
1.	Enter the number of voting members of the governing body at the end of the tax year   1a   4		Yes	No					
Ia	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 4								
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		No					
3	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? •								
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .	4		No					
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No					
6	Did the organization have members or stockholders?	6	Yes						
	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	Yes						
Ь	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	Yes						
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following								
а	The governing body?	8a	Yes						
b	Each committee with authority to act on behalf of the governing body?	8b	Yes						
9	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	9		No					
Se	<b>ction B. Policies</b> (This Section B requests information about policies not required by the Internal Revenue	e Code							
			Yes	No					
	Did the organization have local chapters, branches, or affiliates?	10a 10b		No					
	and branches to ensure their operations are consistent with the organization's exempt purposes?	100							
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		No					
	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		No					
	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		No					
14	Did the organization have a written document retention and destruction policy?	14		No					
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?			1					
	The organization's CEO, Executive Director, or top management official	15a		No					
b	Other officers or key employees of the organization	15b		No					
	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		No					
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 exempt status with respect to such arrangements?	16b							
Se	ction C. Disclosure								
17	List the states with which a copy of this Form 990 is required to be filed▶								
18	Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply								
	Own website Another's website 🗹 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 financial statements available to the public during the tax year								
20	State the name, address, and telephone number of the person who possesses the organization's books and records ►ELIZABETH MARTINEZ 14602 MINNIEVILLE ROAD WOODBRIDGE, VA 22193 (703) 362-4681								

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)
- organization and any related organizations • List all of the organization's former officers, key employees, or 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

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, more than \$10,000 of reportable compensation from the organization and any related organizations See instructions for the order in which to list the persons above

Check this box if neither the organization no	r any related or	ganızat	ion c	omp	ens	ated a	ny c	current officer, dire	ctor, or trustee	
( <b>A</b> ) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	Position than o	on (do one bo oth a direct	(C o no ox, u n of or/t	) t ch unle: ficer	eck moss persection and a decident	ore son	(D) Reportable compensation from the organization (W-2/1099- MISC)	(E) Reportable compensation from related organizations (W-2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		stee	Trustee			ensated				
(1) ROBERT T GEIPEL Treasurer	15 00  0 00			x				6,000	0	0
(2) KEN CATTERTON Secretary	15 00			х				6,000	0	0
(3) AUDRA SIMONS Trustee	2 00	х						0	0	0
(4) KEVIN SIMPSON Trustee	2 00	Х						0	0	0
(5) MINGO GONZALES Trustee	2 00	Х						0	0	0
(6) FRANCES FRANKS Trustee	2 00	Х						0	0	0
(7) ROBERT KANE EXHALTED RULER	2 00			х				0	0	0
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Part VII Section A. Officers, Direct	tors, Trustees	, Key Eı	mplo	oyee:	s, and	High	nest Compensate	d Employees (co	ntinued)
<b>(A)</b> Name and title	(B) Average hours per week (list any hours		e bo th ar	x, unl	less pers er and a	son	( <b>D)</b> Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
	for related organizations below dotted line)	fividu direc	Institutiona	Officer Nev employ	10.5	Former	(W-2/1099- MISC)	(W-2/1099- MISC)	organization and related organizations

line)	ndual trustee rector	itutional Trustee	·	employee	est compensated ovee	ner le		
								_

1b Sub-Total				<b>&gt;</b>		
c Total from continuation sheets to P	art VII. Section	Δ.	 _	▶		

1b Sub-Total						<b>&gt;</b>				
c Total from continuation sheets to Pa	art VII, Section	Α				▶				
d Total (add lines 1b and 1c)										
2 Total number of individuals (including	but not limited	to thos	e liste	ed al	bove	e) who	rece	eived more than \$	100,000	

1b Sub-Total				<b>&gt;</b>			
c Total from continuation sheets to Pa	art VII, Section	A		▶_			
d Total (add lines 1b and 1c)				•	12,000		
						 ·	

		1				1 '	1'	1'			
								$\Box$			
1b Sub-	Total						▶				
c Total	l from continuation sheets to Pa	art VII, Section	Α.				▶ [				
d Total	d Total (add lines 1b and 1c)										
<b>2</b> Tota	al number of individuals (including	but not limited	d to thos	se list	ed a	bov	e) who	rec	eived more than \$1	.00,000	

1b Sub-Total						<b>&gt;</b>				
c Total from continuation sheets to Pa	rt VII, Section	Α				▶[				
d Total (add lines 1b and 1c)						<b>&gt;</b>		12,000		
2 Total number of individuals (including of reportable compensation from the o			e liste	ed al	oove	e) who	rece	eived more than \$1	00,000	

1b Sub-Total						<b>&gt;</b>			•	
c Total from continuation sheets to Pa	art VII, Section	Α				▶				
d Total (add lines 1b and 1c)						▶		12,000		
2 Total number of individuals (including	but not limited	to thos	e liste	ed al	bove	e) who	rece	eived more than	\$100,000	_

	of reportable compensation from the organization ▶ 0			
			Yes	No
3	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3		No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the			

	organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such		1
	ındıvıdual	4	No
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	5	No
- 50	ection B. Independent Contractors		

	services rendered to the organization? If "Yes," complete Schedule J for such person		5	No
Se	ection B. Independent Contractors			
1	Complete this table for your five highest compensated independent contractors that received from the organization. Report compensation for the calendar year ending with or within the contractors.		ensation	
	(A) Name and business address	(B) Description of services	(C Compe	nsation

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2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 0

Part		Statement	of R	Pevenue						Page 9
i ait	VIII	<del></del>			respo	nse or note to any	line in this Part VIII			🗆
		Check ii Schee	au.c	o comamb a	Тезро	inse of mote to unit	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
	12	Federated campa	igns		1a		I	revenue		312 31+
nts ints		<b>b</b> Membership dues	s .	. [	<b>1</b> b	15,852				
3ra not	١,	c Fundraising even	ts .	. [	1c					
Contributions, Gifts, Grants and Other Similar Amounts	١.	d Related organizat		Ļ	1d	13,746				
Giff	1	e Government grants		Ļ	1e					
is, i	Ι,	All other contributio		Ļ	Te					
tior Sr.S	'	and similar amounts above			1f	11,612				
a the	١,	Noncash contributio	ns in	cluded in						
<u> </u>		lines 1a - 1f \$			1g					
S E		<b>h Total.</b> Add lines :	1a-1	f		•	41,210			
						Business Code				
	2a									
H.										
757	b									
o≛ ⊥										
<u>∑</u> ₹	С									
Program Service Revenue	d									
ranı										
Tog	е									
<u>a</u>	f	All other program	serv	ice revenue						
		Total. Add lines 2			<b>•</b>	0				
		Investment income				nterest, and other	1			
	S	imilar amounts) .				•		· · · · · · · · · · · · · · · · · · ·		
		Income from invest			npt bo		<u> </u>			
	5	Royalties	·	(ı) Rea		(II) Personal	·   · · · · · · · · · · · · · · · · · ·			
				(I) Rea	ı	(II) Personal	$\dashv$			
	6a	Gross rents	6a		35,616					
	b	Less rental	6ь		8,487					
	c	expenses Rental income or (loss)			0,407		$\dashv$			
		or (loss)	<b>6</b> c		27,129					
	d	Net rental income	or (			,	27,129		2,834	24,295
	_			(ı) Securit	ies	(II) Other	4			
	7a	Gross amount from sales of	7a							
		assets other than inventory								
	b	Less cost or	7ь							
		other basis and sales expenses								
	_	Gain or (loss)	7c							
		Net gain or (loss)					-			
		Gross income from fu								
nue		(not including \$ contributions reported	d on I	of line 1c)						
₹ \$		See Part IV, line 18			8a					
æ	b	Less direct expen	ses		8b		-			
Other Revenue	c	Net income or (los	s) fr	om fundraisii	ng eve	ents 🕨				
	0-	Cuasa incomo fram		na satuutiaa						
	∍a	Gross income from See Part IV, line 19	yaifil •	ing activities	9a	199,004				
	Ь	Less direct expen	ses		9b	69,469	<del>-</del>			
	c	Net income or (los	s) fr	om gaming a	ctiviti	es <b>&gt;</b>	129,535	129,535		
	. ~	Cuas ==!	!	na lees						
	10	Gross sales of inve returns and allowa	ntor	y, less	10a	85,927	,			
	Ь	Less cost of good	s sol	d	10b	103,863	=			
		: Net income or (los			nvento	orv <b>&gt;</b>	-17,936	-18,859	923	
		Miscellaneo				Business Code	_			
	11	a								
	b				$\Box$					
							<u> </u>			
	c									
	d	All other revenue	•		$\neg$					
	e	Total. Add lines 1	1a-1	.1d		•	0			
	12	Total revenue. S	ee ır	structions .					ס דרי	24 205
						•	181,902	112,640	3,757	24,295 Form <b>990</b> (2019)

Р	art IX Statement of Functional Expenses				
	Section 501(c)(3) and 501(c)(4) organizations must of			·	· · · · · —
	Check if Schedule O contains a response or note to a	ny line in this Part IX			
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21	0			
2	Grants and other assistance to domestic individuals See Part IV, line 22	0			
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	22,090			
4	Benefits paid to or for members	0			
5	Compensation of current officers, directors, trustees, and key employees	12,000			
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$ ) and persons described in section $4958(c)(3)(B)$	0			
7	Other salaries and wages	0			
8	Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	0			
9	Other employee benefits	0			
10	Payroll taxes	3,436			
11	Fees for services (non-employees)				
a	Management	0			
Ŀ	Legal [	0			
c	Accounting	4,382			
c	Lobbying	0			
€	Professional fundraising services See Part IV, line 17	0			
f	Investment management fees	0			
ç	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	0			
12	Advertising and promotion	933			
13	Office expenses	3,810			
14	Information technology	0			
15	Royalties	0			
16	Occupancy	56,383			
17	Travel	0			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials .	0			
19	Conferences, conventions, and meetings	4,717			
20	Interest	0			
21	Payments to affiliates	6,577			
22	Depreciation, depletion, and amortization	33,659			
23	Insurance	8,622			
24	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)				
	a Outside Services	12,000			
		,			
	<b>b</b> License and Permits	665			
	c Postage and Shipping	552			
	d				
	e All other expenses	0			
25	Total functional expenses. Add lines 1 through 24e	169,826	0	0	0
26	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)				

Form **990** (2019)

10a

10b

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled

entity or family member of any of these persons . . . . . . . . . Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).

Notes and loans receivable, net . . . .

Inventories for sale or use . . . .

10a Land, buildings, and equipment cost or other

Investments—publicly traded securities .

Other assets See Part IV, line 11 . . .

Accounts payable and accrued expenses

Tax-exempt bond liabilities . . .

Deferred revenue . . .

Complete Part X of Schedule D

complete lines 27, 28, 32, and 33.

Net assets without donor restrictions

Net assets with donor restrictions .

complete lines 29 through 33.

Total net assets or fund balances

Investments—other securities See Part IV, line 11 .

Investments-program-related See Part IV, line 11 .

**Total assets.** Add lines 1 through 15 (must equal line 34) .

Escrow or custodial account liability Complete Part IV of Schedule D

Secured mortgages and notes payable to unrelated third parties

Unsecured notes and loans payable to unrelated third parties

Organizations that follow FASB ASC 958, check here ▶

Organizations that do not follow FASB ASC 958, check here ▶

Paid-in or capital surplus, or land, building or equipment fund . . .

Retained earnings, endowment, accumulated income, or other funds

and other liabilities not included on lines 17 - 24)

Total liabilities. Add lines 17 through 25 . .

Capital stock or trust principal, or current funds

Total liabilities and net assets/fund balances

Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity 

Other liabilities (including federal income tax, payables to related third parties,

basis Complete Part VI of Schedule D

b Less accumulated depreciation

Intangible assets . .

Grants payable .

Prepaid expenses and deferred charges . . .

Assets

11

12

13

14

15

16

17

18

19

20

21

23

24

26

27

28

31

32

33

Liabilities 22

Fund Balances

ō 29

Assets 30

Form 990	(2019)							Р	Page <b>11</b>
Part X	Balance Sheet								
	Check if Schedule O contains a response or note to any line in this Part IX								

Check if Schedule O contains a response or note to any line in this Part IX .										
	Begir	(A) nning (	of ye	ar			Е	( <b>B</b> nd of	) year	r

		Beginning of year		End of year
1	Cash-non-interest-bearing	179,232	1	205,
ر ا	Savings and temporary cash investments		2	

1	Cash-non-interest-bearing	179,232 <b>1</b>	L	205,9
2	Savings and temporary cash investments	2	2	
3	Pledges and grants receivable, net	3	3	

<b>2</b> Savings	and temporary cash investments	2	0
<b>3</b> Pledges	and grants receivable, net	3	0
4 Account	s receivable, net	4	0

1,611,503

956,207

5

6

8

9

10c

11

12 13

14

15

16

17

18

19

20

21

22 23

24 25

26

27

28

29

30

31

32

33

2.971

665,560

847,763

5,394

9.372

14.766

832,997

832,997

847.763

0

0

2.971

655,296

0

0

0

0

1

864,945

2,112

17,760

19.872

845,073

845,073

864.945

Form 990 (2019)

707

Form	990 (2019)				Page <b>12</b>
Pai	Reconcilliation 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			181,902
2	Total expenses (must equal Part IX, column (A), line 25)	2			169,826
3	Revenue less expenses Subtract line 2 from line 1	3			12,076
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			832,997
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			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10			845,073
Pa	TXII Financial Statements and Reporting	•			
	Check if Schedule O contains a response or note to any line in this Part XII				
	Accounting method used to prepare the Form 990	on a	2a	Yes	No No
	separate basis, consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		No
	If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both  Separate basis  Consolidated basis  Both consolidated and separate basis	basıs,			
С	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil Audit Act and OMB Circular A-133?	ngle	3a		No
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	red	3b		

## **Additional Data**

Software Version: 2019v5.0

WELCOME HOME PROJECT PROVIDES APARTMENT FURNISHINGS TO PREVIOUSLY HOMELESS VETERANS IN PARTNERSHIP WITH THE DEPARTMENT OF VETERAN AFFAIRS

**Software ID:** 19009920

**EIN:** 23-7583778 Name: WOODBRIDGE LODGE NO 2355 OF THE BENEVOLENT & PROTECTIVE ORDER OF ELKS OF

Form 990, Part III, Line 4a:

Form 990 (2019)

### Form 990, Part III, Line 4b: VETERANS- WOUNDED WARRIORS - BUS TRIP FROM VIRGINIA TO ATLANTIC CITY FOR VETERANS PLANNING, TRANSPORTATION, FOOD AND BEVERAGES WERE PROVIDED

Form 990, Part III, Line 4c: PROVIDE AND SERVE THANKSGIVING DINNER TO SENIOR CITIZENS

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE D** 

(Form 990)

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93493214002040

OMB No 1545-0047

# **Supplemental Financial Statements**

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

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

OODBRIDGE LODGE NO 2355 OF THE		Employer	dentification number
ENEVOLENT & PROTECTIVE ORDER OF ELKS OF		23-7583778	
Part I Organizations Maintaining Donor Ac Complete if the organization answered			•
complete if the organization unswered	(a) Donor advised		nds and other accounts
Total number at end of year	. ,		
Aggregate value of contributions to (during year)			
Aggregate value of grants from (during year)			
Aggregate value at end of year			
Did the organization inform all donors and donor adv organization's property, subject to the organization's		held in donor advised funds ai	re the
Did the organization inform all grantees, donors, and charitable purposes and not for the benefit of the do private benefit?			for
art II Conservation Easements.			
Complete if the organization answered	"Yes" on Form 990, Part IV,	line 7.	
Purpose(s) of conservation easements held by the o	rganızatıon (check all that apply	·)	
Preservation of land for public use (e.g., recrea	ation or education) $\Box$ Pr	eservation of an historically in	portant land area
Protection of natural habitat	☐ Pr	eservation of a certified histor	ıc structure
Preservation of open space			
Complete lines 2a through 2d if the organization hel easement on the last day of the tax year	d a qualified conservation contr		vation
Total number of conservation easements		2a	
Total acreage restricted by conservation easements		2b	
Number of conservation easements on a certified his	toric structure included in (a)	2c	
Number of conservation easements included in (c) a structure listed in the National Register	cquired after 7/25/06, and not c	on a historic 2d	
Number of conservation easements modified, transfetax year ▶	erred, released, extinguished, o	r terminated by the organizati	on during the
Number of states where property subject to conserv	ation easement is located <b>&gt;</b>		
Does the organization have a written policy regardin and enforcement of the conservation easements it h	g the periodic monitoring, inspe olds?	ection, handling of violations,	☐ Yes ☐ No
Staff and volunteer hours devoted to monitoring, ins	specting, handling of violations,	and enforcing conservation ea	sements during the year
Amount of expenses incurred in monitoring, inspecti  ▶ \$	ng, handling of violations, and e	enforcing conservation easeme	ents during the year
Does each conservation easement reported on line 2	2(d) above satisfy the requireme	ents of section 170(h)(4)(B)(ı)	
and section 170(h)(4)(B)(II)?			🗌 Yes 🔲 No
In Part XIII, describe how the organization reports or balance sheet, and include, if applicable, the text of the organization's accounting for conservation easer	the footnote to the organization		
Organizations Maintaining Collection Complete if the organization answered	"Yes" on Form 990, Part IV,	line 8.	
If the organization elected, as permitted under SFAS art, historical treasures, or other similar assets held provide, in Part XIII, the text of the footnote to its fi	for public exhibition, education,	, or research in furtherance of	
If the organization elected, as permitted under SFAS historical treasures, or other similar assets held for following amounts relating to these items			
(i) Revenue included on Form 990, Part VIII, line 1		▶ \$	
(ii) Assets included in Form 990, Part X		- ► \$	
If the organization received or held works of art, his following amounts required to be reported under SF.		- · ar assets for financial gain, pro	
Revenue included on Form 990, Part VIII, line 1	, , ,	▶\$	
Assets included in Form 990, Part X		<b>▶</b> \$	
r Paperwork Reduction Act Notice, see the Instruc	tions for Form 990	<u>'</u>	hedule D (Form 990) 2

 $c \ \ \mathsf{Leasehold} \ \mathsf{improvements}$ 

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c) ) .

 $\boldsymbol{d}$  Equipment .

**e** Other .

	edule D (101111 990) 2019	. Collections	of Aut Histo	rical Trac	2011100	- Othor Similar A	scots /cont	rage Z
	Organizations Maintaining							
3	Using the organization's acquisition, acc items (check all that apply)	ession, and othe		any of the	e following 1	that are a significant	use of its col	lection
a	Fublic exhibition		d		oan or exch	ange programs		
b	Scholarly research		е	□ o	ther			
С	Preservation for future generation	าร						
4	Provide a description of the organization Part XIII	n's collections and	d explain how t	ney further	the organi	zation's exempt purpo	ose in	
5	During the year, did the organization so assets to be sold to raise funds rather t						☐ Yes	□ No
Pai	Escrow and Custodial Arra Complete if the organization X, line 21.		" on Form 99	0, Part I\	/, line 9, o	r reported an amo	unt on Forn	n 990, Part
1a	Is the organization an agent, trustee, co included on Form 990, Part X?	ustodian or other	intermediary fo	or contribut	tions or oth	er assets not	☐ Yes	□ No
ь	If "Yes," explain the arrangement in Pai	rt XIII and compl	ete the followin	g table			Amount	
С	, ,	ļ		_		1c		
d	•					1d		
е	<del>-</del> ,					1e		
f	<b>,</b>					1f		
2a	Did the organization include an amount	on Form 990, Pa	rt X, line 21, fo	r escrow o	r custodial a	account liability?	☐ Yes	□ No
b	If "Yes," explain the arrangement in Pai	t XIII Check her	e if the explana	ition has b	een provide	d in Part XIII	. 🗆	
	art V Endowment Funds.		<u> </u>		<u> </u>			
	Complete if the organization	answered "Yes	" on Form 99	0, Part I\				
		(a) Curre	nt year (b)	Prior year	(c) Two y	rears back (d) Three ye	ears back (e)	Four years back
	Beginning of year balance							
	Contributions							
	Net investment earnings, gains, and loss	es						
	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses							
g	End of year balance							
2 a	Provide the estimated percentage of the Board designated or quasi-endowment	•	d balance (line	1g, columr	ı (a)) held a	as		
Ь	Permanent endowment ►							
С	Temporarily restricted endowment ▶							
	The percentages on lines 2a, 2b, and 20	should equal 10	0%					
3а	Are there endowment funds not in the porganization by	ossession of the	organization th	at are held	and admin	istered for the		Yes No
	(i) unrelated organizations						3a(i)	
	(ii) related organizations						3a(ii)	
ь 4	If "Yes" on 3a(II), are the related organi Describe in Part XIII the intended uses		'				. 3b	
	rt VI Land, Buildings, and Equi	pment.				C F	- 1 2/ 1 4	
		answered "Yes t or other basis vestment)	(b) Cost or other			. See Form 990, Pa cumulated depreciation		ook value
4	l and			101	522			101 522
	Land			191,	033			191,533
D	Buildings		I		ı		1	

1,294,219

70,791

54,960

846,831

61,675

47,701

447,388

9,116

7,259

	(Form 990) 2019					Page <b>3</b>
Part VII	Investments—Other Securities.  Complete if the organization answered "Yes" on Form 990,	Part IV Ju	ne 11h	See Form 990 F	Part X line	12
	(a) Description of security or category	(b)	110	(c) Metho	d of valuation	n
	(including name of security)	Book value		Cost or end-of-	year marke	t value
(1) Financia	al derivatives					
	held equity interests					
( <b>3)</b> Other						
(A)						
(B)						
(C)						
(D)						
(E)						
(F)						
(G)						
(H)						
Total. (Colum Part VIII	Investments—Program Related.	<b>•</b>				
Part VIII	Complete if the organization answered 'Yes' on Form 990,	Part IV, lı	ne 11c	. See Form 990,	Part X, line	e 13.
	(a) Description of investment			(b) Book value		nod of valuation nd-of-year market
					Cost of el	value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
	nn (b) must equal Form 990, Part X, col (B) line 13 )		•			
Part IX	Other Assets.  Complete if the organization answered 'Yes' on Form 990,	Dart IV Jur	ne 11d	See Form 990 Par	+ V lung 15	
	(a) Description	raic IV, iii	ic iiu.	See Form 550, Far		<b>b)</b> Book value
(1)						
(2)						
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
(9)						
					<b>•</b>	
Part X	Other Liabilities. Complete if the organization answered 'Yes' on Form 990,	Part IV. lır	ne 11e	or 11f.See Form	990. Part 1	X. line 25.
1.	(a) Description of liability					(b) Book value
(1) Federal	income taxes					
(2)						$\dashv$
(3)						
(4)						
(5)			_			
(6)						
(7)						
(8)						
(9)						
	nn (b) must equal Form 990, Part X, col (B) line 25 )			<b>•</b>		
	or uncertain tax positions. In Part XIII, provide the text of the footno o's liability for uncertain tax positions under FIN 48 (ASC 740). Check					

Schedule D (Form 990) 2019

1

Schedule D (Form 990) 2019

Page 4

2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments 2a			
b	Donated services and use of facilities			
c	Recoveries of prior year grants		1	
d	Other (Describe in Part XIII )		1	
е	Add lines 2a through 2d		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a			
b	Other (Describe in Part XIII )		1	
С	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total revenue Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 12 )		5	
Par	t XII Reconciliation of Expenses per Audited Financial Statements With Ex	penses per l	Return	n.
	Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.			
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			
а	Donated services and use of facilities 2a			
b	Prior year adjustments			
c	Other losses			
d	Other (Describe in Part XIII ) 2d		]	
е	Add lines <b>2a</b> through <b>2d</b>		2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII )		1	
С	Add lines <b>4a</b> and <b>4b</b>		4c	
5	Total expenses Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line 18)		5	
Par	t XIII Supplemental Information			
	vide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines		V, line	4, Part X, line 2, Part
	lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional		•	
	Return Reference Explanation			

Schedule D (Fo	orm 990) 2019	Page <b>5</b>	
Part XIII	Supplemental Info	rmation <i>(continued)</i>	
Ret	urn Reference	Explanation	
			Schedule D (Form 990) 2019

DLN: 93493214002040 OMB No 1545-0047 SCHEDULE G **Supplemental Information Regarding** (Form 990 or 990-EZ) **Fundraising or Gaming Activities** Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a Open to Public Department of the Treasury Attach to Form 990 or Form 990-EZ. Inspection Internal Revenue Service Go to www irs gov/Form990 for instructions and the latest information **Employer identification number** Name of the organization WOODBRIDGE LODGE NO 2355 OF THE BENEVOLENT & PROTECTIVE ORDER OF ELKS OF 23-7583778 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations e Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations ☐ Special fundraising events ☐ In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☑ No If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (i) Name and address of individual (ii) Activity (iii) Did (iv) Gross receipts (v) Amount paid to (vi) Amount paid to or entity (fundraiser) fundraiser have from activity (or retained by) (or retained by) custody or fundraiser listed in organization control of col (i) contributions? Yes No Total 3 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 For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Cat No 50083H Schedule G (Form 990 or 990-EZ) 2019

		(a)Event #1	<b>(b)</b> Event #2	(c)Other events	(d) Total events (add col (a) through col (c))
		(event type)	(event type)	(total number)	coi (c)
	1 Gross receipts				
	2 Less Contributions				
7	<b>4</b> Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
.	8 Entertainment				
- 1	9 Other direct expenses	sharanah O maaduman (d)			
	9 Other direct expenses 10 Direct expense summary Add lines 4 to	. ,			
	9 Other direct expenses  10 Direct expense summary Add lines 4 to 11 Net income summary Subtract line 10	from line 3, column (d)	es" on Form 990. Part I		d more than \$15,000
	9 Other direct expenses 10 Direct expense summary Add lines 4 to	from line 3, column (d)	es" on Form 990, Part I	▶ ▶ V, line 19, or reporte	d more than \$15,000
ar	9 Other direct expenses  10 Direct expense summary Add lines 4 to 11 Net income summary Subtract line 10 to 11 Gaming. Complete if the organization of the org	from line 3, column (d)	es" on Form 990, Part I  (b) Pull tabs/Instant bingo/progressive bingo		d more than \$15,000  (d) Total gaming (add col (a) through col (c))
	9 Other direct expenses  10 Direct expense summary Add lines 4 to 11 Net income summary Subtract line 10 to 11 Gaming. Complete if the organization of the org	from line 3, column (d) anization answered "Y	(b) Pull tabs/Instant	(c) Other gaming	(d) Total gaming (add
ar	9 Other direct expenses  10 Direct expense summary Add lines 4 to 11 Net income summary Subtract line 10 to 11 Gaming. Complete if the organ on Form 990-EZ, line 6a.	from line 3, column (d) anization answered "Y	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
ar	9 Other direct expenses  10 Direct expense summary Add lines 4 to 11 Net income summary Subtract line 10 to 11 Gaming. Complete if the organ on Form 990-EZ, line 6a.  1 Gross revenue	from line 3, column (d) anization answered "Y	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
ar	9 Other direct expenses  10 Direct expense summary Add lines 4 to	from line 3, column (d) anization answered "Y	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
ar	9 Other direct expenses  10 Direct expense summary Add lines 4 to 11 Net income summary Subtract line 10 to 11 Gaming. Complete if the orgon on Form 990-EZ, line 6a.  1 Gross revenue	from line 3, column (d) anization answered "Y	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))  199,004
ar	9 Other direct expenses  10 Direct expense summary Add lines 4 to 11 Net income summary Subtract line 10 to 11 Gaming. Complete if the organ on Form 990-EZ, line 6a.  1 Gross revenue	from line 3, column (d) anization answered "Y	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
ar	9 Other direct expenses  10 Direct expense summary Add lines 4 to 11 Net income summary Subtract line 10 to 11 Gaming. Complete if the orgon on Form 990-EZ, line 6a.  1 Gross revenue	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo  199,004	(c) Other gaming	(d) Total gaming (add col (a) through col (c))  199,004
al	9 Other direct expenses  10 Direct expense summary Add lines 4 to 11 Net income summary Subtract line 10 to 11 Gaming. Complete if the orgon form 990-EZ, line 6a.  1 Gross revenue	(a) Bingo  Yes %  No	(b) Pull tabs/Instant bingo/progressive bingo  199,004  69,469	(c) Other gaming	(d) Total gaming (add col (a) through col (c))  199,004
al	9 Other direct expenses  10 Direct expense summary Add lines 4 to 11 Net income summary Subtract line 10 to 11 Met income summary Subtract line 10 to 11 Met income summary Subtract line 10 to 11 Met income summary Subtract line 10 to 12 Met income summary Subtract line 10 to 12 Met income summary Add lines 2 to 13 Met income summary Add lines 2 to 14 Met income summary A	(a) Bingo  Yes	(b) Pull tabs/Instant bingo/progressive bingo  199,004  69,469  ✓ Yes100 000 %  No	(c) Other gaming	(d) Total gaming (add col (a) through col (c))  199,004
al	9 Other direct expenses  10 Direct expense summary Add lines 4 is  11 Net income summary Subtract line 10  11 Gaming. Complete if the orgon on Form 990-EZ, line 6a.  1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor	(a) Bingo  Yes	(b) Pull tabs/Instant bingo/progressive bingo  199,004  69,469  Yes100 000 %  No  nn (d)	(c) Other gaming	(d) Total gaming (add col (a) through col (c))  199,004  69,469
ar	9 Other direct expenses  10 Direct expense summary Add lines 4 to 11 Net income summary Subtract line 10 to 11 Met income summary Subtract line 10 to 11 Met income summary Subtract line 10 to 11 Met income summary Subtract line 10 to 12 Met income summary Subtract line 10 to 12 Met income summary Add lines 2 to 13 Met income summary Add lines 2 to 14 Met income summary A	(a) Bingo  Yes %  No  Chrough 5 in column (d)  t line 7 from line 1, column ion conducts gaming activities.	(b) Pull tabs/Instant bingo/progressive bingo  199,004  69,469  Ves100 000 %  No  nn (d)	(c) Other gaming	(d) Total gaming (add col (a) through col (c))  199,004  69,469
a	9 Other direct expenses  10 Direct expense summary Add lines 4 if  11 Net income summary Subtract line 10  11 Gaming. Complete if the organization licensed to conduct gardinary.  1 Gross revenue  2 Cash prizes  3 Noncash prizes  4 Rent/facility costs  5 Other direct expenses  6 Volunteer labor  7 Direct expense summary Add lines 2 if  8 Net gaming income summary Subtract  Enter the state(s) in which the organization is the organization licensed to conduct gardinary.	(a) Bingo  Yes %  Chrough 5 in column (d)  t line 7 from line 1, column on conducts gaming activities in each of	(b) Pull tabs/Instant bingo/progressive bingo  199,004  69,469  Ves100 000 %  No  nn (d)	(c) Other gaming	(d) Total gaming (add col (a) through col (c))  199,004  69,469
ar	9 Other direct expenses  10 Direct expense summary Add lines 4 to 11 Net income summary Subtract line 10 to 11 Gaming. Complete if the organism on Form 990-EZ, line 6a.  1 Gross revenue	(a) Bingo  Yes %  Through 5 in column (d)  t line 7 from line 1, column aming activities in each or sull tabs	(b) Pull tabs/Instant bingo/progressive bingo  199,004  69,469  Ves100 000 %  No  no (d)	(c) Other gaming  Yes100 000 %  No	(d) Total gaming (add col (a) through col (c))  199,004  69,469

che	dule G (Form 990 or 990-EZ) 2019					Page 3
1	Does the organization conduct gaming	activities with nonmember	-s?		Yes	✓ No
2	Is the organization a grantor, beneficial formed to administer charitable gaming		a member of a partnership or other entity		□Yes	
3	Indicate the percentage of gaming activ	rity conducted in				
а	The organization's facility			13a		100 000 %
b	An outside facility			13b		%
4	Enter the name and address of the pers	son who prepares the orga	inization's gaming/special events books and r	ecords		
	Name ELIZABETH MARTINEZ					
	Address 14602 MINNIEVILLE RO	AD WOODBRIDGE, VA 221	93			
5a	Does the organization have a contract v	with a third party from wh	om the organization receives gaming		_	_
	revenue?	11 11		ı	☐ Yes	✓ No
D	amount of gaming revenue retained by		ganization ► \$ and t	ne		
_						
·	If "Yes," enter name and address of the	e third party				
	Name ▶					
	Address •					
_	Common management of the control of					
6	Gaming manager information					
	Name ▶					
	Gaming manager compensation ▶ \$		<del></del>			
	Description of services provided ▶					
	☐ Director/officer	☐ Employee	☐ Independent contractor			
7	Mandatory distributions					
а	Is the organization required under state retain the state gaming license?	e law to make charitable d	istributions from the gaming proceeds to		□Yes	<b>☑</b> No
b	Enter the amount of distributions requi	red under state law distrib	uted to other exempt organizations or spent		∟ res	١١٠٠ ت
	ın the organization's own exempt activi	ties during the tax year $lacktriangle$	\$			
Par			tions required by Part I, line 2b, column Dicable. Also provide any additional info			
	Return Reference		Explanation			

Schedule G (Form 990 or 990-EZ) 2019

efile GRAPH	IC print - DO NOT PROCESS	DLN: 93493214002040
SCHEDUL (Form 990 or EZ)	990- Complete to provide information for responses to specific questions Form 990 or 990-EZ or to provide any additional information.  Attach to Form 990 or 990-EZ.	
BENEVOLENT & PR	OGE NO 2355 OF THE OTECTIVE ORDER OF ELKS OF 23-	ployer identification number 7583778
Return Reference	Explanation  Explanation	
Form 990, Part VI, Line 6 Explanation of Classes of Members or Shareholder	THE ORGANIZATION HAS MEMBERS	

Return Reference Explanation

Form 990. ANNUALLY MEMBERS ELECT FOR AT LEAST ONE TRUSTEE FOR A FIVE YEAR TERM

990 Schedule O, Supplemental Information

Part VI, Line
7a How
Members or
Shareholders
Elect
Governing
Body

990 Schedule O, Supplemental Information Return Explanation Reference Form 990. REVIEWED BY THE TREASURER PRIOR TO FILING Part VI, Line

11b Form 990 Review Process

Return Reference
Form 990, Part VI, Line
UPON REQUEST
Form 990, Part VI, Line

990 Schedule O, Supplemental Information

Part VI, Line
19 Other
Organization
Documents
Publicly
Available