

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form 990

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

2010
Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(HTA)

benefit trust or private foundation)

▶The organization may have to use a copy of this return to satisfy state reporting requirements

	heck if		ble C Name of organization LAKE OCONEE ELKS LODGE 2849	D Employer is	dentification nu	mber
	ddress			20-5597991		
	lame ch	ange	Number and street (or P O box if mail is not delivered to street address) Room/suite	E Telephone r	umber	
_ <u>_</u>	nitial retu	ım	P.O. BOX 3485	706-473-052	1	
┌┌	erminati	ed	City or town, state or country, and ZIP + 4			
┌┌	mended	d return	EATONTON GA 31024	G Gross receip	ots \$	89,845
=	pplication			H(a) Is this a group return	for affiliates?	Yes X No
	FF '		MODOLAN OTABBATA ABBONANTED EATONTON OF SACO	H(b) Are all affiliates inclu		Yes No
	ax-exem	int ctat		If "No," attach a list		
		-			•	,
	/ebsite			H(c) Group exemption nu		
	orm of o	_		of formation	M State of lega	d domicile GA
Р	art l		Summary			
	1	Brie	fly describe the organization's mission or most significant activities: SOCI	AL FRATERNITY		
Ф						
ance						
Ě						
Activities & Governance	2		ck this box If the organization discontinued its operations or disposed of more than	1 25% of its net assets	•	
æ5	3		nber of voting members of the governing body (Part VI, line 1a)		3	3
ities	4		nber of independent voting members of the governing body (Part VI, line 1b)		4	3
疲	5		al number of individuals employed in calendar year 2010 (Part V, line 2a) .		5	0
⋖	6		al number of volunteers (estimate if necessary)	—	6	
	7a		al unrelated business revenue from Part VIII, column (C), line 12	_	7a 7b	07.005
	b	ivet	unrelated business taxable income from Form 990-T, line 34	Prior Year		-27,005 Irrent Year
	8	Con	tributions and grants (Part VIII, line 1h)	46,		89,843
Jue	9		gram service revenue (Part VIII, line 2g)	40,	0	09,043
Revenue	10		estment income (Part VIII, column (A), lines 3, 4, and 7d)		0	2
æ	11		er revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	0
	12		I revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	46	789	89,845
	13		nts and similar amounts paid (Part IX, column (A), lines 1–3)		0	00,5.0
	14		efits paid to or for mempers Par X Column (A), line 4)		o	0
ý	15		ries, other compensation, employee-benefits-(Part IX, column (A), lines 5-10)		0	0
nse	16a	Prof	ressional fundrausing fees (Part IX, column 🙌), line 11e)	9,	011	8,325
Expenses	b	Tota	al fundraising expenses (rantilix), collumn (D) line 25) ▶ 0	ERANGE COMPANY		+\$ + 1 + 1
ш	17	Oth	er expenses (Part∣IX, column (A), lines 11a±11d, 11f–24f)	31,	663	55,045
	18	Tota	el expenses Add lines 13-17 (must equal Part IX, column (A), line 25) enue less expenses. Subtract-line-18-from-line 12	40,	674	63,370
	19	Rev	enue less expenses. Subtract-line-18-from-line 12	6,	115	26,475
ts or				Beginning of Current Y		nd of Year
sset Bala	20		al assets (Part X, line 16)	46,		32,023
A P			al liabilities (Part X, line 26)		310	56,669
25		Net	assets or fund balances. Subtract line 21 from line 20	24,	119	-24,646
	rt II		Signature Block penjury, I declare that I have examined this return, including accompanying schedules and statement	4 4 4- 45- 5 4 1		
			perjory, i declare that i have examined this return, including accompanying schedules and statement, correct, and complete. Declaration of preparer (other than officer) is based on all information of white			
			(Y) Monday		. 31-11	
Sig			Signature of officer	Date		
He	re		MORGAN S. STAPP - EXALTED RULER			
;		_ i	Type or print name and title			
			Print/Type preparer's name Preparer's signature	Date		TIN
Pai			ADTUID CMITH		eck X if f-employed	
,	pare		ARTHUR L. SMITH		, simployed	
Us	e Onl	У	Firm's name ARTHUR L. SMITH	Firm's EIN ►		
			Firm's address ► 405 HUNTINGTON RD, SUITE 100, ATHENS, GA 30606	Phone no (706) 353-308	51
Ma	y the II	RS di	scuss this return with the preparer shown above? (see instructions)		<u>Y</u>	Yes No
Far	Danes	a.ule	Paduction Act Notice see the congrete instructions			Co 000 (0040)

	90 (2010)	LARE OCONEE ELRO LODGE 2049	20-5597991 Page Z
Pa	rt III	Statement of Program Service Accomplishments Check if Schedule O contains a response to any question in this Part III	
1	Briefly de	scribe the organization's mission:	
2	the prior	rganization undertake any significant program services during the year which were not listed on Form 990 or 990-EZ?	
3		rganization cease conducting, or make significant changes in how it conducts, any program	. Yes X No
	If "Yes "	describe these changes on Schedule O.	
4	Describe Section 5	the exempt purpose achievements for each of the organization's three largest program services 01(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the areas to others, the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue	e\$ 0)
		•	
4b	(Codo:) (Expenses \$ 0 including grants of \$ 0) (Revenue	- O \
7.0			
		•••••••••••••••••••••••••••••••••••••••	
			••••
4c	(Code:) (Expenses \$0 including grants of \$0) (Revenue	ie\$0)
	•••••		
			••••••
		(Describe to Octobrida O.)	
4d		ogram services. (Describe in Schedule O.)	
	(Expense		0)
4e	Total pr	ogram service expenses ► 0	

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1		х
2	Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)			
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	2		X
	candidates for public office? If "Yes," complete Schedule C, Part I	3		_X_
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	ĺ		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have	Ť		
	the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes,"			
	complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	⊢ •		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	<u> </u>		
	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part			
	X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			.,
40	complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,		M.	ď
	VII, VIII, IX, or X as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.	11a	Х	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Χ
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.	11d	Х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11f		
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		Х
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes,"			
	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,			
	business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any			
	organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV .	15	L	X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			1
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services			
	on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions).	17	ļ	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	<u> </u>	X
	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a	 -	Х
þ	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note . Some			
	Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions) .	20b		

Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 Х 23 Did the organization answer "Yes" to Part VII. Section A. line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated 23 Х 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 25 **b** Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b c Did the organization maintain an escrow account other than a refunding escrow at any time during the year 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) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction 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 25b Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L. Part II 26 Х Did the organization provide a grant or other assistance to an officer, director, trustee, key employee. substantial contributor, or a grant selection committee member, or to a person related to such an individual? 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, 28 Part IV instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M... Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? 35 a 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, Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 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 37 Х Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and

19? Note. All Form 990 filers are required to complete Schedule O.

14a

Form 990 (2010) LAKE OCONEE ELKS LODGE 2849 20-5597991 Page 5 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V. Nο Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 1c Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax 2a 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) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O b 3b Х 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 4a Х If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b C 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a If "Yes," did the organization include with every solicitation an express statement that such contributions or 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 7a If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was 7с If "Yes." indicate the number of Forms 8282 filed during the year d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?. 7е e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . 7g g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring Sponsoring organizations maintaining donor advised funds. 9 Did the organization make any taxable distributions under section 4966? а b Did the organization make a distribution to a donor, donor advisor, or related person?. 9b 10 Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . Section 501(c)(12) organizations. Enter: 11 Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources 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. Section 501(c)(29) qualified nonprofit health insurance issuers. 13 Is the organization licensed to issue qualified health plans in more than one state? 13a Х Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which h 13b 13c

Did the organization receive any payments for indoor tanning services during the tax year?

If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

X

Par	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below,	and		
	for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or change			
	Schedule O. See instructions.			
	Check if Schedule O contains a response to any question in this Part VI		[
Secti	ion A. Governing Body and Management			
		I	Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3			,
b	Enter the number of voting members included in line 1a, above, who are independent	. 4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			į
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		_X_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6	X	
7a	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	Х	
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? .	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	;.		1
	the year by the following:	·^		
a	The governing body?	8a	Х	
	Each committee with authority to act on behalf of the governing body?	8b	_X_	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
Cook	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> </u>
Secu	on B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	ae.)	V	N1.
102	Does the organization have local chapters, branches, or affiliates?	40-	Yes	No X
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,	10a		^
U	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	х	
112	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the	100		
ı ıu	form?	11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	τια	~	
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	х	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this is done	12c	Х	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by	` 2	,	
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	_X_	
þ	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)		, ,	ľ
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement		<u> </u>	
	with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	* (_	
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			, ,
	the organization's exempt status with respect to such arrangements?	16b		<u> </u>
	ion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed GA Section 6404 requires an expanination to make its Forms 1023 (or 1024 if applicable), 900, and 900 T (504(a)/3) and			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s on available for public inspection. Indicate how you make these available. Check all that apply.	y)		
10	Own website Another's website X Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interes	+		
19	policy, and financial statements available to the public.	ı		
20	State the name, physical address, and telephone number of the person who possesses the books and records of the			
20		•		
	organization: SAME			

•				
Form	990	(2010)	- 1	AKE

LAKE OCONEE ELKS LODGE 2849

20-5597991

Page 7

	٠.	
Pai	rt	VII

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

Check if Schedule O contains a response to any question in this Part VII.

Section A.	Officers, Directors,	Trustees, Key	Employees,	and Highes	t Compensated	Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average	(C) Position (check all that apply)		(D)						
ivanie and Tide	hours per week (describe hours for related organizations in Schedule O)	Individual trustee or director			Key employee			reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
(1) MORGAN STAPP	0.							0	0	0
(2) RAY WEBB	0.	_						0	0	
(3)										
(4)										
(5)										
(6)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)				_			-			
(14)										
(15)				-	-	-				
(16)			\vdash		\vdash	-	 			

Р	art VII Section A. Officers, Directors, Tr	ustees, Key E	mplo	yee	s, a	nd	High	est	Compensated	Employees	con'	tınuec	d)	
	(A)	(B)	Positi	on (r		C) k all 1	that ap	nlv	(D)	(E)				
	Name and title	Average hours per week (describe hours for related organizations in Schedule O)	or director		Officer				Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISO	5)	amo ot compe fron organ and r	mated ount of ther ensation in the nization related izations	
(17)					_									_
(18)					-	_								
(19)														
(20)														
<u>(21)</u>														
(22)			<u>.</u>											
(23)		,												_
(24)														
(25)														
(26)														_
(27)		- 30 - 20												
(28)														_
1b	Sub-total							•	0		0			0
C	Total from continuation sheets to Part VII,								0		0			0
_d	Total (add lines 1b and 1c)								0	100 000 :	0			0
2	Total number of individuals (including but not reportable compensation from the organization) WI	no re	cei	ed more than \$	100,000 in				
	reportable compensation from the organization				<u> </u>							TY	'es N	_
3	Did the organization list any former officer, dir employee on line 1a? If "Yes," complete Sche							-	est compensate	d	[-	3		<u>.</u>
4	For any individual listed on line 1a, is the sum									om		1	<u> </u>	<u> </u>
•	the organization and related organizations gre	•	•						•			4	,	(
5	Did any person listed on line 1a receive or according services rendered to the organization? If "	•			•				•	ndividual		5	,	_
Sec	tion B. Independent Contractors	ico, compicio	000	<u> </u>		<u> </u>	,,,,,	-				<u> </u>		<u>`</u>
1	Complete this table for your five highest comp compensation from the organization.	ensated indepe	enden	t co	ntra	acto	rs th	at re	eceived more th	an \$100,000 (of			
_	(A) Name and business add	ress							(B) Description of ser	rvices	Co	(C)	ation	_
														0
														0
								_						0
								<u> </u>						0
2	Total number of independent contractors (incl	udina but not lir	nited	to f	าดร	e lis	sted a	ho	ve) who receive	d				0
_	more than \$100,000 in compensation from the	-	•	•			Λ		, 1000110	_				

Pari	: VIII	Statement of Revenue					,
r				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a b c d e f	Federated campaigns	0 29,475 22,660 0		•		
Contribu	g h	similar amounts not included above	37,708 0	89,843			
			siness Code	55,515			
ž	2a		siness oode				
e e				0			
e	b			0			
용	С			0			
Ser	d			0			
톭	е			0			
Program Service Revenue	f	All other program service revenue		0			
<u>.</u> و	a	Total. Add lines 2a–2f	▶	0	* ? .		
	3	Investment income (including dividends, interest, another similar amounts)	d ▶	2			
	4	Income from investment of tax-exempt bond proceed	,	0			
	5	Royalties	▶	0			
		(ı) Real (ı	ı) Personal	· * * * * * * * * * * * * * * * * * * *	, ,	٠.	*
	6a	Gross Rents		6. S.	\$ 7	*	4
	b	Less rental expenses				, ,	
	С	Rental income or (loss) 0	0		Ŷ.	**	
	d	Net rental income or (loss)	<u> </u>	0			
	7a		(II) Other	* ,	, , ,,,	γ. «···	· · · · · · · · · · · · · · · · · · ·
		assets other than inventory . 0 Less. cost or other basis	0	* * .	; ;	* *	* *
		and sales expenses 0	0		*	*	s •
	C .	5	0				
ē	d	Net gain or (loss)	▶	0	*		
Other Revenue	8a	Gross income from fundraising events (not including \$	0	, s -	٧	,	
并	b		0				!
9	C	Net income or (loss) from fundraising events .		<u>n</u>			
		Gross income from gaming activities. See Part IV, line 19 a	0			-	
	h	Less: direct expenses b	Ŏ				
		Net income or (loss) from gaming activities		0		——————————————————————————————————————	
		Gross sales of inventory, less returns and allowances	0		:		
	h	Less. cost of goods sold b	0				
	_ с	Net income or (loss) from sales of inventory	P	0			ļ
	ļ	Miscellaneous Revenue Bu	siness Code				1
	11a			0			
	b			0			
	C			0			
	d	All other revenue		0			
	e	Total. Add lines 11a–11d	•	0			
	12	Total revenue. See instructions.	 	89,845	0	0	0
		TOTAL TOTAL COO HIGH MONDOID		09,043	U		<u>. </u>

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4	4)	organizations must complete all columns.		
All other organizations must complete column (A	4)	but are not required to complete columns (B).	(C).	and (D

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D)						
	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 governments and					
	organizations in the U.S. See Part IV, line 21	0				
2	Grants and other assistance to individuals in				- ' ''	
	the U.S See Part IV, line 22	o				
3	Grants and other assistance to governments,					
	organizations, and individuals outside the					
	U S. See Part IV, lines 15 and 16	o				
4	Benefits paid to or for members	0	-			
5	Compensation of current officers, directors,					
	trustees, and key employees	· ol				
6	Compensation not included above, to disqualified					
•	persons (as defined under section 4958(f)(1)) and					
	persons described in section 4958(c)(3)(B)	o				
7	Other salaries and wages	0	-		·	
8	Pension plan contributions (include section 401(k)	<u> </u>			·	
	and section 403(b) employer contributions)	o				
9	Other employee benefits	0			-,-	
10		0				
11	Payroll taxes	U U	-			
	Fees for services (non-employees):			1		
a	Management	0				
b	Legal	0				
C	Accounting	3,300				
d	Lobbying	0	· · · · · · · · · · · · · · · · · · ·			
e	Professional fundraising services. See Part IV, line 17	8,325				
f	Investment management fees	0				
g	Other	0				
12	Advertising and promotion	0				
13	Office expenses	0				
14	Information technology	0			. ,	
15	Royalties	0				
16	Occupancy	0			·	
17	Travel	0				
18	Payments of travel or entertainment expenses					
	for any federal, state, or local public officials	0				
19	Conferences, conventions, and meetings	0				
20	Interest	0				
21	Payments to affiliates	0				
22	Depreciation, depletion, and amortization	8,492	0	0	0	
23	Insurance	852				
24	Other expenses. Itemize expenses not covered					
	above (List miscellaneous expenses in line 24f. If					
	line 24f amount exceeds 10% of line 25, column		,			
	(A) amount, list line 24f expenses on Schedule O.)					
а	SUPPLIES	5,882				
b	POSTAGE	404	_			
C	UTILITIES/PEST CONTROL	9,276				
d	DUES & FEES	7,478				
е	RENT	19,200				
f	All other expenses BANK CHARGES	161				
25	Total functional expenses. Add lines 1 through 24f.	63,370	0	0	0	
26	Joint costs. Check here ▶ if following					
20	SOP 98-2 (ASC 958-720). Complete this line					
	only if the organization reported in column					
	(B) joint costs from a combined educational					
	` ' '	ł				
	campaign and fundraising solicitation				F 990 (2010)	

Pa	<u>irt'X</u>	Balance Sheet					
				_	(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing			21,044	1	4,741
	2	Savings and temporary cash investments			4,556	2	12,358
	3	Pledges and grants receivable, net			0	3	0
	4	Accounts receivable, net			3,682	4	4,349
	5	Receivables from current and former officers, directors, trustees, key					,
		employees, and highest compensated employees. Complete Part II of					
		Schedule L			5		
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			, , ,		
					* /* ,		
		employers and sponsoring organizations of section 501(c)(9) voluntary		€040 Na. 40 m. 1			
Ş		employees' beneficiary organizations (see instructions)				6	
Assets	7	Notes and loans receivable, net			0		0
Ä	8	Inventories for sale or use				8	<u> </u>
	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or	1				
		other basis. Complete Part VI of Schedule D	10a	67,898	*		*
	b	Less: accumulated depreciation			13,464	10c	5,739
	11					11	0,700
	12	Investments—other securities. See Part IV, lin		,	0		0
	13	Investments—program-related. See Part IV, lin				13	0
	14			•	0		0
	15	Intangible assets . Other assets. See Part IV, line 11			3,445		4,836
	16	Total assets. Add lines 1 through 15 (must equal line 34)			46,191		32,023
	17	Accounts payable and accrued expenses			2,767		3,026
	18	Grants payable			2,101	18	0,020
	19	Deferred revenue			13,900		<u>" </u>
	20	Tax-exempt bond liabilities			10,000	20	
Ş	21	Escrow or custodial account liability. Complete		, , , , , , , , , , , , , , , , , , ,		21	
Liabilities	22	Payables to current and former officers, direct			n <u>n n n n</u>	-,	,
<u>.</u>		employees, highest compensated employees,			s' «		r ′ 🕸 .
Ë		persons. Complete Part II of Schedule L			53,643	22	53,643
	23	Secured mortgages and notes payable to unrelated third parties			0		0
	24	Unsecured notes and loans payable to unrelated third parties			0		0
	25	Other liabilities. Complete Part X of Schedule D			0		0
	26	Total liabilities. Add lines 17 through 25			70,310		56,669
		Organizations that follow SFAS 117, check	here	▶ and	* .		,
ű		complete lines 27 through 29, and lines 33					
<u>=</u>	27	Unrestricted net assets		1		27	
ä	28					28	
Ē	29					29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, and complete lines 30 through 34.	, check	k here ►X			
	30	Capital stock or trust principal, or current funds			·	30	·
	31	Paid-in or capital surplus, or land, building, or equipment fund				31	
	32	Retained earnings, endowment, accumulated income, or other funds			-24,119	$\overline{}$	-24,646
	33	Total net assets or fund balances			-24,119		-24,646
	34	Total liabilities and net assets/fund balances			46,191		32,023

Form 9	990 (2010) LAKE OCONEE ELKS LODGE 2849	21	0-559799 ⁻	1 Pa	ige 12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI	<u> </u>	<u></u>		
1	Total revenue (must equal Part VIII, column (A), line 12)	4		R	9,845
2	Total expenses (must equal Part IX, column (A), line 25)	2			3,370
3	Revenue less expenses. Subtract line 2 from line 1				6,475
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))				4,119
5	Other changes in net assets or fund balances (explain in Schedule O)	5			7,110
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,				
	column (B))	6			2,356
Part					
`	Check if Schedule O contains a response to any question in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				***
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a		X
b	Were the organization's financial statements audited by an independent accountant?		2b		X
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversigh	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?		. <u>2</u> c		X
	If the organization changed either its oversight process or selection process during the tax year, explain i	n	dia n		!
	Schedule O.		20 1) 20 1)		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were			A Company	
	issued on a separate basis, consolidated basis, or both:		.		
	Separate basis Consolidated basis Both consolidated and separate basis		* ?		* *
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		" ` `		
	the Single Audit Act and OMB Circular A-133?		3a	ı	<u>_x</u>
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		3b	<u> </u>	
			For	m 990	(2010)

Department of the Treasur

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172

Internal Revenue Service

► See separate instructions. ► Attach to your tax return.

Sequence No 67 Name(s) shown on return Business or activity to which this form relates Identifying number LAKE OCONEE ELKS LODGE 2849 20-5597991 Part I **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I 500.000 2 Total cost of section 179 property placed in service (see instructions). 2 Threshold cost of section 179 property before reduction in limitation (see instructions). 3 2.000.000 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- 4 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . . 500.000 (a) Description of property 6 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 . . . 9 10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 Property subject to section 168(f)(1) election . . . 15 16 Other depreciation (including ACRS). Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 17 MACRS deductions for assets placed in service in tax years beginning before 2010 17 8.339 18 If you are electing to group any assets placed in service during the tax year into one or more Section B - Assets Placed in Service During 2010 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery year placed (business/investment use (a) Classification of property (e) Convention (f) Method (g) Depreciation deduction penod in service only-see instructions) 3-year property 200DB 766 HY **b** 5-year property 153 c 7-year property d 10-year property e 15-year property f 20-year property 25 yrs. S/L g 25-year property MM 27.5 yrs. S/L h Residential rental MM 27.5 yrs. S/L property 39 yrs. MM S/L i Nonresidential real MM S/L Section C - Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System 20 a Class life S/L S/L 12 yrs. **b** 12-year 40 yrs. S/L c 40-year MM Summary (See instructions.) 21 Listed property Enter amount from line 28

22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21.

23 For assets shown above and placed in service during the current year, enter the portion

Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions .

8,492

SCHEDÙLE D (Fòrm 990)

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2010

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990. ► See separate instructions.

Name of the organization Employer Identification number LAKE OCONEE ELKS LODGE 2849 20-5597991 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) 3 Aggregate grants from (during year) 4 Aggregate value at end of year 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . . . 2a Total acreage restricted by conservation easements 2b b Number of conservation easements on a certified historic structure included in (a). 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

0

0

67.898

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

ol

0

0

Buildings

Equipment

Other

Leasehold improvements

b

C

d

0

0

0

5.739

5,739

0

0

0

62,159

 \blacktriangleright

Part VII	Investments—Other Securitie	s. See Form 990, Part X,	line 12.	
	Description of security or category (including name of security)	(b) Book value	(c) Method of val Cost or end-of-year m	
	l derivatives	0		
(2) Closely-h	neld equity interests	0		
(3) Other		0		
		0		
(<u>B</u>)		0		
(Ç)		0		
(n)		0		
7 <u>5</u> 5		0		
(G)		0		
(H)		0		
(l)				
Total. (Column (b	n) must equal Form 990, Part X, col (B) line 12)	0		
Part VIII	Investments—Program Relate	ed. See Form 990, Part X	, line 13.	
	(a) Description of investment type	(b) Book value	(c) Method of val Cost or end-of-year m	
(1)		0		
(2)	- 17	0		
(3)		0		
(4)		0		
(5)		0		
(6)		0		
(7)		0		
(8)		0		
(9)		0		
(10)	n) must equal Form 990, Part X, col (B) line 13)	0	s. >	
Part IX	Other Assets. See Form 990,		<u>*</u>	
Tartix		a) Description		(b) Book value
(1) RENT	& UTILITY DEPOSITS	,		3,445
(2) OTHER			· · · -	1,391
(3)				0
(4)				0
(5)				0
(6)				0
(7)				0
(8)		=-		0
(9)				0
(10)	was the second second forms 000. Book V	(D) II 4E)		0
Part X	umn (b) must equal Form 990, Part X, on Other Liabilities. See Form 99		<u> </u>	4,836
	(a) Description of liability	(b) Amount		
1. (1) Federa	al income taxes	(b) Arrodrit		·
(2)	il ilicome taxes	0		
(3)		0		
(4)		0		ļ
(5)		0		1
(6)		0		1
(7)		0		
(8)		0		
(9)		0		,
(10)		0		1
(11)		0		
Total. (Column (t	b) must equal Form 990, Part X, ∞l (B) line 25)	0		

	ule D (Form 990) 2010		Page 4
Par	Reconciliation of Change in Net Assets from Form 990 to Audited Financia	I Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		89,845
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	63,370
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	26,475
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net) Add lines 4 through 8	9	0
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	26,475
	Reconciliation of Revenue per Audited Financial Statements With Revenue	per Return	
1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
C	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		0
е	Add lines 2a through 2d		0
3	Subtract line 2e from line 1	. 3	0
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	,		0
C E	Add lines 4a and 4b		0
5			
	Reconciliation of Expenses per Audited Financial Statements With Expens		
1	Total expenses and losses per audited financial statements	. 1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	——[
b	- The year especial control of the c		
c d	Other losses		
e	Add lines 2a through 2d	. 2e	0
3	Subtract line 2e from line 1	3	0
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
h	Other (Describe in Part XIV.)		
c	Add lines 4a and 4b	. 4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		0
	t XIV Supplemental Information		
Com	aplete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and part to provide any additional information.		
••••			