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## . Form \$90

### **Return of Organization Exempt From Income Tax**

ing 2

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

Open to Public Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

**SCANNEE JUN 2 7 2012** 

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

<u>A</u>			endar year, or				4/1/2011		and e	nding		<u>31/201</u>			
_		applicable	C Name of organ		KE OCON	EE ELK	<u>S LODGE</u>	2849		D Employer identification number					
=	Address		Doing Busines								20-559799				
닏	Name ch	ange	Number and s	treet (or P O bo	x if mail is not	delivered t	o street addre	ss) Room/	suite		E Telephor	ne numb	er		
=	Initial retu		P.O. BOX 34	85 tate or country,	and 7IP + 4						<u>706-473-0</u>	521			
=	Terminate		•	tate or country,	aliu ZIF + 4		0.4	0.4	004		C C	A- P			00 004
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	Application	on pending	F Name and add								his a group re			Yes	X No
			MORGAN ST		ROWHEA	D, EATC	NION, G	<u>4 31024</u>		H(b) Are	all affiliates i	ncluded?	?	Yes[	No
1	Tax-exem	opt status	501(c)(3)	X 501(c) (	(8)◀	(insert no )	4947	(a)(1) or	527	lf "	No," attach a	list (see	instructions	<i>i</i> )	
J	Website	: ► N/A								H(c) Gro	oup exemption	number	r ▶ 1156		
K	Form of 0	rganization	X Corporati	on Trust	Associa	tion	Other >		L Yea	ar of forma	ation	м	State of lega	ıl domicile	GA
	art l	Su	mmary						1		<u> </u>				
	1		escribe the or	ganization's	mission or	most sig	ınıficant ad	tivities:	SOC	IAI FR	ATERNIT		<del></del> -		
				<b>J</b>			,			172777					
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Activities & Governance	1													,	,
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_		Firm	n's address ► 40	<u> 5 HUNTING</u>	TON RD,	SUITE 10	00, ATHEN	IS, GA 306	<u> 606</u>		Phone no	(706	<u>) 353-308</u>	31	
M	av the II		ss this return											Yes	No
			uction Act Not		-				• •	• • •	<del> </del>	-			0 (2011)
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	90 (2011) · LAKE OCONEE ELKS LODGE 2849	20-5597991	Page 2
Pa	rt ill Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		. 📙
1	Briefly describe the organization's mission:		
2	Did the organization undertake any significant program services during the year which were not listed on		
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.	163	
•			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	$\Box$	[V]
		· Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service		
	expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to rep		f
	grants and allocations to others, the total expenses, and revenue, if any, for each program service report	ed.	
4a	(Code: ) (Expenses \$ 0 including grants of \$ 0 ) (Revenu	e\$	0.)
4b	(Code: ) (Expenses \$ 0 including grants of \$ 0 ) (Revenu	<u>- \$</u>	0.)
	(Const. ) (Anjoines V		
			••••
	(Code: \(\( \( \( \) \\ \) \(\	- ¢	
4c	(Code: ) (Expenses \$ 0 including grants of \$ 0 ) (Revenue	е э	0_)
			• • • • • • • • •
			•••••
4d	Other program services. (Describe in Schedule O.)		· · · · · ·
	(Expenses \$ 0 including grants of \$ 0 ) (Revenue \$	0)	
4-	Total program corving expanses		

# Form 990 (2011) LAKE OCONEE ELKS LODGE 2849 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	Tes	X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	Ť		
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		X_
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If</i> "Yes,"			
40	complete Schedule D, Part IV	9		_X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	40		v
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	. * *	X
• •	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	<u> </u>	i	1.12. <b></b>
	Schedule D, Part VI	11a	x	
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		Х
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	Х	
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.	11e		_X_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
128	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
h	Schedule D, Parts XI, XII, and XIII.  Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes."	12a		<u> X</u>
D	and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.	125		v
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		_ <del>^</del>
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	<del>a</del>		
-	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	l	Χ
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		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance			
	to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		X
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		Χ
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	ļ	X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	ا ء		v
20-	If "Yes," complete Schedule G, Part III	19		<u>×</u>
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H </i>	20a		<u> </u>
<u></u> D	n les to line zoa, did the organization attach a copy of its addited linaricial statements to this feturn?.	20b		

Part IV

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization			
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		_X_
22	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			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	22		X
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	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	24a		Х
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction	24d		
2Ja	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	230		
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or	1		
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or		Ì	
	disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II.	26		_X_
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
28	entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	W.	<u> </u>
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions):	-	s Ši	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	"	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		<u> </u>
С	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		<u>X</u>
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29		X
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	ļ	v
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N</i> ,	30		<u> </u>
	Part I	31	1	Χ
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?			
	If "Yes," complete Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations		ļ	
	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33	$\longrightarrow$	_ <u>X</u> _
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	24		~
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a		X
	Did the organization receive any payment from or engage in any transaction with a controlled entity within	334	$\rightarrow$	
	the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		Ì	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part	_		.,
00	VI	37	$\longrightarrow$	<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	_		V
	13. Note. All Form 330 mers are required to complete schedule O	38	900	X 2011)

Form 990 (2011) LAKE OCONEE ELKS LODGE 2849 20-5597991 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V . . . . . . . . No 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 . . . . . | 1b | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 1c 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) 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 . . . . . . . . . . . X 3b 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)? 4a 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? . . . . Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . С Х Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a Х If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 7 Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 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 ď d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?... 7f Х If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?. Х 7h 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. Did the organization make any taxable distributions under section 4966? . . . 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. 10a а b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 11 Section 501(c)(12) organizations. Enter: 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) |11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? . . . If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . | 12b| h 13 Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? . . . . . . . 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 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.

14a

Form 990 (2011) LAKE OCONEE ELKS LODGE 2849 20-5597991 Page 6 Part Vi Section A. Governing Body and Management

<u> </u>	Similar South and Managornon.				
12	Enter the number of voting members of the governing body at the end of the tax year	1a 3	1	Yes	No
ıa	If there are material differences in voting rights among members of the governing body, or	ıa .	4		<b>1</b>
	if the governing body delegated broad authority to an executive committee or similar		' -	٠ ڍ ١	
	committee, explain in Schedule O.			mi.	***
b	Enter the number of voting members included in line 1a, above, who are independent	1b 3	3	, v	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relati	onship with		) {	
	any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or unc	er the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or c	ther person?.	3		Χ_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	as filed?	4	_	X
5	Did the organization become aware during the year of a significant diversion of the organization	's assets?	5		X
6	Did the organization have members or stockholders?		6	Х	
7a	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	Χ	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	ers,		i	
	stockholders, or persons other than the governing body?		7b	X	Ļ
8	Did the organization contemporaneously document the meetings held or written actions undertain	iken during			
	the year by the following:			1	
а	The governing body?		8a	X	<u> </u>
р	Each committee with authority to act on behalf of the governing body?		8b	Х	<u> </u>
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be at the experience of section and endrouses in School letter and endrouse		_		
Soot	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule of the B. Policies (This Section B requests information about policies not required by the I		9		X
Seci	on b. Foncies (This Section B requests information about policies not required by the r	illerriai Neveriue C	oue.)	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of su	ch chapters.	1.55		<u> </u>
	affiliates, and branches to ensure their operations are consistent with the organization's exemple	•	10b	x	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body bef		11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	Ü	3.2%	-11	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	Χ	X *46
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could	give rise to conflicts?	12b	X	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy?	If "Yes,"			
	describe in Schedule O how this was done		12c	Х	
13	Did the organization have a written whistleblower policy?		13	X	<u> </u>
14	Did the organization have a written document retention and destruction policy?		14	X	2. 35
15	Did the process for determining compensation of the following persons include a review and ap		- 3	***	\$ 1°
_	independent persons, comparability data, and contemporaneous substantiation of the deliberat		45-		E1
a	The organization's CEO, Executive Director, or top management official		15a 15b	Х	X
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		4.2.XY	**	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arr	angement		, ,	
IVa	with a taxable entity during the year?	angement	16a	<u>`</u>	x
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to e	/aluate its		4 i i	
_	participation in joint venture arrangements under applicable federal tax law, and take steps to s		200		12
	the organization's exempt status with respect to such arrangements?	•	16b	إحديث	
Sect	ion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ► GA				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and	990-T (Section 501)	c)(3)s	only)	)
	available for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization made its governing document	nts, conflict of interes	t		
	policy, and financial statements available to the public.				
20	State the name, physical address, and telephone number of the person who possesses the boo	oks and records of th	е		
	organization   SAME				

Form 990 (2011)						_				20-55979	91 Page <b>7</b>
Part Vîl	Compensation of Officers, Direction Employees, and Independent C		es, K	ey	Em	pio	yees	s, F	lighest Comp	ensated	
	Check if Schedule O contains a re		que	stic	n ir	1 th	is Pa	ırt \	/II		🔲
Section A.	Officers, Directors, Trustees, Key E										
	this table for all persons required to be	listed. Report of	comp	ens	atio	n fo	r the	cal	endar year endi	ng with or within	the
organization's  • List all	of the organization's <b>current</b> officers, o	directors, truster	es (w	heth	er i	indi	vidua	ls c	ır organizations)	renardless of a	amount
of compensa  List all List the who received organization	tion. Enter -0- in columns (D), (E), and of the organization's current key emple organization's five current highest colling reportable compensation (Box 5 of Folland any related organizations.	(F) if no compe oyees, if any. S mpensated emp rm W-2 and/or	nsationee in: ployed Box 7	on v stru es ( ' of	as ctio othe For	paions fer them 1	d. for de nan a 099- <b>i</b>	fini n of VIS	tion of "key emp ficer, director, tr C) of more than	loyee." ustee, or key er \$100,000 from	nployee) the
	of the organization's <b>former</b> officers, k reportable compensation from the orga								a employees wr	no received mor	e tnan
	of the organization's former directors				_				ty as a former d	irector or trustee	e of the
-	more than \$10,000 of reportable comp			-				-	-		
	in the following order: individual trustee d employees; and former such persons		nstitu	tion	al tı	ust	ees;	offic	ers; key employ	ees; highest	
·	ns box if neither the organization nor a		izatio	n c	omį	en:	sated	an	y current officer	, director, or trus	stee.
<del></del>					((						
	(A) Name and Title	(B) Average hours per	Position (do not check more than one box, unless person is both an officer and a director/trustee)				is both	an	compensation	(E) Reportable compensation	(F) Estimated amount of
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) MORG	AN STAPP	0.00							0	0	0
(2) RAY W	VEBB										
(3)		0.00							0	0	0
(4)											
(5)											
				ļ 							
								_			
					<u> </u>						
(10)								L	,,		
(11)						<u> </u>					

(13)

	art VII Section A. Officers, Directors, Ti	rustees, Key E	mplo	yee	s, a	and	High	est	Compensated	Employees (d	<u>con</u> tinu	ıed)	
	(A) Name and title	(B) Average hours per	(do n box, office	ot ch unles	Pos neck ss pe	C) sition more erson direct	e than is boti or/trus	one h an tee)	(D) Reportable	(E) Reportable compensation	E	(F) stimate	
		week (describe hours for related organizations in Schedule O)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	cor	other npensati from the ganizati nd relate ganization	tion e ion ed
(15)				_									
<u>(16)</u>													
(17)													
<u>(18)</u>								<u> </u>			<del> </del>		
<u>(19)</u>	-			_				-					
(20)						_					<u> </u>		
(21)						-		$\vdash$					
(22)						-				<del></del>			
(23)													—
(24)													
(25)													
1b	Sub-total		<u> </u>		•	<u> </u>	L	<u> </u>	0	(			0
C	Total from continuation sheets to Part VII,	Section A						. ▶	0		)		0
d	Total (add lines 1b and 1c).		. <u>.</u>					<b>•</b>	0				0
2	Total number of individuals (including but not reportable compensation from the organization						ho re	ceiv	ed more than \$	100,000 of			
3	Did the organization list any former officer, die employee on line 1a? If "Yes," complete Sche					-		-	est compensate		3	Yes	No X
4	For any individual listed on line 1a, is the sum the organization and related organizations greundividual		000?	If "	Yes	s," c					4		×
5	Did any person listed on line 1a receive or acc for services rendered to the organization? If "	crue compensat	ion fr	om	any	/ un					5	<b>1.</b>	X
Sec	etion B. Independent Contractors	res, complete	00110	44.0	, ,	01	uon	001	3011	· · · · ·	1 3		
1	Complete this table for your five highest comp compensation from the organization. Report c year.											×	
	(A) Name and business add	ress							(B) Description of ser	vices	(C Comper		
													0
								<u> </u>					0
								<u> </u>					0
		<del>_</del>						$\vdash$					0
2	Total number of independent contractors (incli	uding but not lin	nited	to ti	nos	e lis	sted a	ibov	ve) who received		د نياس	42.	<u> </u>
_	more than \$100,000 of compensation from the		<b>•</b>				0		-,				

# Part IX Statement of Functional Expenses

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

	Check If Schedule O contains a response to any question 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 governments and								
	organizations in the United States. See Part IV, line 21	0							
2	Grants and other assistance to individuals in the								
_	United States See Part IV, line 22	0							
3	Grants and other assistance to governments,								
	organizations, and individuals outside the								
4	United States See Part IV, lines 15 and 16	0	<del></del>						
5	Benefits paid to or for members	0		<u>. 18. 78.89 - 466. I</u>					
3	trustees, and key employees	0							
6	Compensation not included above, to disqualified			<u> </u>					
	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	0							
7	Other salaries and wages	0	<del></del> -						
8	Pension plan accruals and contributions (include		<del>* -</del>	<del></del>					
	section 401(k) and 403(b) employer contributions).	o							
9	Other employee benefits	0							
10	Payroll taxes	0							
11	Fees for services (non-employees):								
а	Management	0		<u>.</u>					
b	Legal	0							
C	Accounting	3,325							
d	Lobbying	0.000	. f 7						
e	Professional fundraising services See Part IV, line 17		2:5	· · · · · · · · · · · · · · · · · · ·					
g	Investment management fees	0							
12	Advertising and promotion	0							
13	Office expenses	0	-,						
14	Information technology	0	<u>, , , , , , , , , , , , , , , , , , , </u>						
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 22	Payments to affiliates	0							
23	Depreciation, depletion, and amortization Insurance	4,537 1,250	0	0	0				
24	Other expenses. Itemize expenses not covered	1,230			*				
	above (List miscellaneous expenses in line 24e. If				· Å				
	line 24e amount exceeds 10% of line 25, column								
	(A) amount, list line 24e expenses on Schedule O.)								
а	SUPPLIES	3,728		2.0 (4 (20.1) 27 (100.00 20.00					
b	POSTAGE	222							
C	UTILITIES/PEST CONTROL/RENT	22,561							
d	DUES & FEES	9,115							
е	All other expenses BANK CHARGES	334							
25	Total functional expenses. Add lines 1 through 24e .	49,070	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								
	following SOP 98-2 (ASC 958-720)								
	10110WITING OUT 30-2 (AGO 330-120)			L					

#### **Balance Sheet** (A) (B) Beginning of year End of year 1 4,741 1 11,048 2 2 12,358 14.530 3 3 4 Accounts receivable, net . 4.349 9.006 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). 6 7 8 Inventories for sale or use 9 Prepaid expenses and deferred charges . . . 9 Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 67.898 Less accumulated depreciation . . . . 10b 5.739 10c 1,202 11 11 0 12 Investments—other securities. See Part IV, line 11 . . . . . . . . . . . . ol 12 0 13 Investments—program-related. See Part IV, line 11...... ol 13 0 14 Intangible assets 0 14 0 15 4,836 15 3,445 Total assets. Add lines 1 through 15 (must equal line 34) 16 32.023 16 39,231 Accounts payable and accrued expenses . . . . . . . . . 17 3,026 17 3,101 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified 53.643 22 21,973 23 Secured mortgages and notes payable to unrelated third parties . . . . 23 24 Unsecured notes and loans payable to unrelated third parties . . . . . 0 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete 25 Total liabilities. Add lines 17 through 25 56,669 26 Organizations that follow SFAS 117, check here ▶ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 28 Temporarily restricted net assets 28 29 Permanently restricted net assets. 29 Organizations that do not follow SFAS 117, check here ► X and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds . . . . . . . 30 Paid-in or capital surplus, or land, building, or equipment fund . . . . . 31 31 Retained earnings, endowment, accumulated income, or other funds . 32 -24.646 32 14,157 33 -24,646 14,157 33 32,023 34 39,231

-orm 9	90 (2011) LAKE OCONEE ELKS LODGE 2849	20-5	5597991	Page	e 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>	[	<u></u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1		88,	<u>001</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		49,	<u>070</u>
3	Revenue less expenses Subtract line 2 from line 1	3		38,	931
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		-24,	<u>646</u>
5	Other changes in net assets or fund balances (explain in Schedule O)	5			
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33,	- 1			
	column (B))	6		14,	<u> 285</u>
Part				_	_
	Check if Schedule O contains a response to any question in this Part XII		<u></u>	L	<u>_</u>
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			*· T	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				- 1
	Schedule O.		7 2 3	\( \)	<i>i</i> 3
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
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		X
	If the organization changed either its oversight process or selection process during the tax year, explain in	ı			~ ` ~ ~
	Schedule O				, ; š
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were				
	issued on a separate basis, consolidated basis, or both:		7,	" <sub>&amp;</sub> ; [3	X (3)
	Separate basis Doth consolidated and separate basis			7.8 7.3	1
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in		-1 -000071	- www 3 8s.	
	the Single Audit Act and OMB Circular A-133?		3a	Ì	Х
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.		3ь	i	
			Form S	90 (2	2011)

### SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

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

► See separate instructions.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

► Attach to Form 990.

Employer identification number

LAKE OCONEE ELKS LODGE 2849 20-5597991 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if Part I the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year . . Aggregate contributions to (during year) 2 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 6 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 Part II 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 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year 2a b 2b 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 historic structure listed in the National Register. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization 3 during the tax year Number of states where property subject to conservation easement is located 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 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 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: (i) Revenues included in Form 990, Part VIII, line 1 . . . . . . . . . . . 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: Assets included in Form 990, Part X .

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

Part VII	Investments—Other Securitie	es. See Form 990, Part X,	line 12.	
(a	) Description of security or category (including name of security)	(b) Book value	(c) Method of Cost or end-of-year	
(1) Financia	derivatives	0		
	neld equity interests	0		
(3) Other	•	0		
(A)		0		
(B)		0		
{Ç}		0		
(Ď)		0		
		0		
(0)		0		<del></del>
(H)		0	<u> </u>	
(1)		0		
Total. (Column (b,	) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments—Program Relat			
	valuation market value			
(1)	120	0		That to
(2)		0		<del></del>
(3)		0		
(4)		0		
(5)		0		
(6)		0		
		0	•	
(8)	····	0		
(9)		0		·
(10)	) must equal Form 990, Part X, col (B) line 13)	0		**
Part IX	Other Assets. See Form 990,		** ** ** ** ** ** ** ** ** ** ** ** **	***
Turtix		a) Description		(h) Dook value
(1) RENT 8	UTILITY DEPOSITS	a, bescription		(b) Book value 3,445
(2) OTHER				3,443
(3)				0
(4)				0
(5)				0
(6)	<del></del>			0
(7)				0
(8)		·		0
<u>(9)</u>				0
(10)				0
	mn (b) must equal Form 990, Part X,		<u> </u>	3,445
Part X	Other Liabilities. See Form 99			
1. (1) Fodosol	(a) Description of liability	(b) Book value		4
	I income taxes	0		
(2)		0		
<u>(3)</u> <u>(4)</u>		0		* * * * * * * * * * * * * * * * * * * *
(5)		0		
(6)				., """ " "
(7)		n		·
(8)	· · · · · · · · · · · · · · · · · · ·	0		The same of the sa
(9)		0		, % ( ) % <b>%</b> % ( )
(10)		0		
(11)				
	must equal Form 990, Part X, col (B) line 25)	0		
				<del></del>

2. FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

Sched	ule`D (Form 990) 2011			Page <b>4</b>
Par	Reconciliation of Change in Net Assets from Form 990 to A	Audited Financial	Statements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1	88,001
2	Total expenses (Form 990, Part IX, column (A), line 25)		2	49,070
3	Excess or (deficit) for the year Subtract line 2 from line 1		3	38,931
4	Net unrealized gains (losses) on investments		4	
5	Donated services and use of facilities		5	
6	Investment expenses		6	
7	Down and the Production of the		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	38,931
Par	t XII Reconciliation of Revenue per Audited Financial Statemen	ts 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:		2.53	
а	Net unrealized gains on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIV.)	2d		
e	Add lines 2a through 2d		2e	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:		1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
С			. 4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		. 5	0
Par	t XIII Reconciliation of Expenses per Audited Financial Stateme	nts With Expense	s per Retur	n
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:		200	
а	Donated services and use of facilities	2a	7.2	
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIV)	2d		
е	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:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIV)	4b		
С			. 4c	0
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	<u>.) .                                    </u>	5	0
	t XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 3, and			
	2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Par	t XIII, lines 2d and 4	b. Also compl	ete
this	part to provide any additional information.			
	,			
	,			
			·	
	,,			
_				

Schedule D (Form	LAKE OCONEE ELKS LODGE 2849	20-5597991
Part XIV	Supplemental Information (continued)	Page <b>5</b>
uit XII	ouppermental information (continued)	
		• • • • • • • • • • • • • • • • • • • •
		• • • • • • • • • • • • • • • • • • • •
	•••••••••••••••••••••••••••••••••••••••	••
	••••••	

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

## Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

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

Attach to Form 990 or 990-EZ.

Name of the organization Employer identification number LAKE OCONEE ELKS LODGE 2849 20-5597991 Form 990 Part VI Section A Line 6 230 MEMBERS, NO STOCKHOLDERS. Form 990 Part VI Section A Line 7a ALL MEMBERS ELECT OFFICERS BY VOTE. Form 990 Part VI Section A Line 7b MUST OPERATE BY GRAND LODGE STATUES. LOCAL MATTERS ARE SUBJECT TO APPROVAL BY MEMBERS.

## .Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

Internal Revenue Service

(99)

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

Attachment
Sequence No 179

Name(s) shown on return  LAKE OCONEE ELKS LODGE 2849			Business or activity to which this form relates				Identifying number		
		<u>   990                                 </u>					20-5597991		
Pai									
	Note: If you have any listed prope	nty, complete Part	V before you comple						
	Maximum amount (see instructions)						1	<u> </u>	
	2 Total cost of section 179 property placed in service (see instructions)						2		
3	3 Threshold cost of section 179 property before reduction in limitation (see instructions)						4		
	4 Reduction in limitation Subtract line 3 from line 2. If zero or less, enter -0							0	
5	Dollar limitation for tax year. Subtract lii	ne 4 from line 1. I	If zero or less, ente	er -0 If marrie	ed filing		1		
	separately, see instructions .	<u> </u>	<u> </u>	<u> </u>	<u> </u>		5	0	
_6	(a) Description of property	<u>'</u>	(b) Co	ost (business use	only)	(c) Elected cos	t		
	_ <del>_</del>								
7	Listed property Enter the amount from	line 29			7			<b>4</b>	
	Total elected cost of section 179 proper						8	0	
9	Tentative deduction Enter the smaller	of line 5 or line 8					9	0	
10	Carryover of disallowed deduction from	line 13 of your 2	010 Form 4562				10		
11	Business income limitation Enter the si	maller of busines	s income (not less	than zero) or	line 5 (see in	structions)	11		
	Section 179 expense deduction Add lir						12	0	
	Carryover of disallowed deduction to 20				_ <u> </u>		0		
	te: Do not use Part II or Part III below fo								
Pai	rt II Special Depreciation Allo	wance and Otl	her Depreciation	(Do not inc	clude listed p	roperty.) (See	instr	uctions.)	
14	Special depreciation allowance for qual	ified property (ot	her than listed prop	perty) placed	in service				
	during the tax year (see instructions)						14		
	Property subject to section 168(f)(1) ele	ection					15		
	Other depreciation (including ACRS)		<u> </u>				16	,	
_	rt III MACRS Depreciation (Do	not include list	ed property.) (Se	e instruction	is.)			<u> </u>	
	<u> </u>		ection A						
							_		
17	MACRS deductions for assets placed in	n service in tax ve	ears beginning befo	ore 2011			17	4.537	
	MACRS deductions for assets placed in If you are electing to group any assets						17	4,537	
18	If you are electing to group any assets	placed in service	during the tax yea	r into one or r			17	4,537	
18	If you are electing to group any assets general asset accounts, check here	placed in service	during the tax yea	r into one or r	nore 	. •		4,537	
18	If you are electing to group any assets general asset accounts, check here  Section B - Assets Place	olaced in service	during the tax yea	r into one or r  ar Using the	nore 	. •		4,537	
18	If you are electing to group any assets general asset accounts, check here  Section B - Assets Plac  (b)	ed in Service Du	during the tax yea	ar Using the	General Dep	reciation System	m		
18	If you are electing to group any assets general asset accounts, check here  Section B - Assets Plac  (b)  (a) Classification of property	ed in Service Du Month and (c) I ar placed (bus	during the tax yea	r into one or r  ar Using the	nore 	. •	m	4,537	
18	If you are electing to group any assets general asset accounts, check here  Section B - Assets Place  (b)  ye  (a) Classification of property	ed in Service Du Month and (c) I ar placed (bus	during the tax yea uring 2011 Tax Ye Basis for depreciation iness/investment use	ar Using the	General Dep	reciation System	m		
18	If you are electing to group any assets general asset accounts, check here  Section B - Assets Place  (a) Classification of property  a 3-year property	ed in Service Du Month and (c) I ar placed (bus	during the tax yea uring 2011 Tax Ye Basis for depreciation iness/investment use	ar Using the	General Dep	reciation System	m		
18	If you are electing to group any assets general asset accounts, check here  Section B - Assets Place  (b)  (a) Classification of property  a 3-year property  b 5-year property	ed in Service Du Month and (c) I ar placed (bus	during the tax yea uring 2011 Tax Ye Basis for depreciation iness/investment use	ar Using the	General Dep	reciation System	m		
18	If you are electing to group any assets general asset accounts, check here  Section B - Assets Place  (a) Classification of property  a 3-year property  b 5-year property  c 7-year property	ed in Service Du Month and (c) I ar placed (bus	during the tax yea uring 2011 Tax Ye Basis for depreciation iness/investment use	ar Using the	General Dep	reciation System	m		
18	If you are electing to group any assets general asset accounts, check here  Section B - Assets Place  (a) Classification of property  a 3-year property  b 5-year property  c 7-year property d 10-year property	ed in Service Du Month and (c) I ar placed (bus	during the tax yea uring 2011 Tax Ye Basis for depreciation iness/investment use	ar Using the	General Dep	reciation System	m		
18	If you are electing to group any assets general asset accounts, check here  Section B - Assets Place  (a) Classification of property  a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property	ed in Service Du Month and (c) I ar placed (bus	during the tax yea uring 2011 Tax Ye Basis for depreciation iness/investment use	ar Using the	General Dep	reciation System	m		
18	If you are electing to group any assets general asset accounts, check here  Section B - Assets Plac  (a) Classification of property  a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property	ed in Service Du Month and (c) I ar placed (bus	during the tax yea uring 2011 Tax Ye Basis for depreciation iness/investment use	ar Using the (d) Recovery penod	General Dep	reciation System  (f) Method	m		
18	If you are electing to group any assets general asset accounts, check here  Section B - Assets Plac  (a) Classification of property  a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property	ed in Service Du Month and (c) I ar placed (bus	during the tax yea uring 2011 Tax Ye Basis for depreciation iness/investment use	ar Using the  (d) Recovery penod  25 yrs.	General Dep	reciation System  (f) Method	m		
18	If you are electing to group any assets general asset accounts, check here  Section B - Assets Plac  (a) Classification of property  a 3-year property  b 5-year property  c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental	ed in Service Du Month and (c) I ar placed (bus	during the tax yea uring 2011 Tax Ye Basis for depreciation iness/investment use	r into one or r ar Using the (d) Recovery period  25 yrs. 27.5 yrs.	General Dep  (e) Convention	reciation System  (f) Method  S/L  S/L	m		
18	If you are electing to group any assets general asset accounts, check here  Section B - Assets Plac  (a) Classification of property  a 3-year property  b 5-year property  c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property	ed in Service Du Month and (c) I ar placed (bus	during the tax yea uring 2011 Tax Ye Basis for depreciation iness/investment use	r into one or r ar Using the (d) Recovery period  25 yrs. 27.5 yrs. 27.5 yrs.	General Dep  (e) Convention  MM  MM	reciation System  (f) Method  S/L  S/L  S/L	m		
18	If you are electing to group any assets general asset accounts, check here  Section B - Assets Place  (a) Classification of property  a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real	ed in Service Du Month and (c) I ar placed (bus	during the tax yea uring 2011 Tax Ye Basis for depreciation iness/investment use	r into one or r ar Using the (d) Recovery period  25 yrs. 27.5 yrs.	MM MM MM MM	reciation System  (f) Method  S/L  S/L  S/L  S/L  S/L	m		
18	If you are electing to group any assets general asset accounts, check here  Section B - Assets Plac  (a) Classification of property  a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property	placed in service  ed in Service Du  Month and ar placed (bus only)	during the tax yea	r into one or r ar Using the (d) Recovery penod  25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM MM MM	reciation System  (f) Method  S/L  S/L  S/L  S/L  S/L  S/L	(g) D		
	If you are electing to group any assets general asset accounts, check here  Section B - Assets Place  (a) Classification of property  a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property  Section C - Assets Place	placed in service  ed in Service Du  Month and ar placed (bus only)	during the tax yea	r into one or r ar Using the (d) Recovery penod  25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.	MM MM MM MM MM	S/L	(g) D		
	If you are electing to group any assets general asset accounts, check here  Section B - Assets Place  (a) Classification of property  a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property  Section C - Assets Place a Class life	placed in service  ed in Service Du  Month and (c) I  ar placed (bus onl	during the tax yea	r into one or r  ar Using the  (d) Recovery penod  25 yrs.  27.5 yrs.  27.5 yrs.  39 yrs.	MM MM MM MM MM MM	S/L	(g) D		
	If you are electing to group any assets general asset accounts, check here  Section B - Assets Place  (a) Classification of property  a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property g 25-year property h Residential rental property i Nonresidential real property  Section C - Assets Place a Class life b 12-year	placed in service  ed in Service Du  Month and ar placed (bus only)	during the tax yea	zinto one or r  ar Using the  (d) Recovery penod  25 yrs.  27.5 yrs.  27.5 yrs.  39 yrs.  r Using the A	MM	S/L	(g) D		
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18	If you are electing to group any assets general asset accounts, check here  Section B - Assets Place  (a) Classification of property  a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property f 20-year property h Residential rental property i Nonresidential real property  Section C - Assets Place a Class life b 12-year c 40-year rt IV Summary (See instructions	blaced in service  Bed in Service Du  Month and ar placed (bus only)  d in Service Dur  S.)	during the tax yea	r into one or r ar Using the  (d) Recovery penod  25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.  r Using the A  12 yrs. 40 yrs.	MM	S/L	(g) D		
18	If you are electing to group any assets general asset accounts, check here  Section B - Assets Place  (a) Classification of property  a 3-year property  b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property f 20-year property h Residential rental property i Nonresidential real property  Section C - Assets Place a Class life b 12-year c 40-year rt IV Summary (See instructions	d in Service Dur	during the tax yea	z5 yrs. 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. r Using the A	MM	S/L	(g) D		
18	If you are electing to group any assets general asset accounts, check here  Section B - Assets Place  (a) Classification of property  a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property h Residential rental property i Nonresidential real property  Section C - Assets Place a Class life b 12-year c 40-year rt IV Summary (See instructions Listed property Enter amount from line Total. Add amounts from line 12, lines	d in Service Dur  d in Service Dur  d in Service Dur  2.3.)	ing 2011 Tax Yea	25 yrs. 27.5 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.  r Using the A	MM	S/L	(g) D	epreciation deduction	
18	If you are electing to group any assets general asset accounts, check here  Section B - Assets Place  (a) Classification of property  a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property f 20-year property h Residential rental property i Nonresidential real property Section C - Assets Place a Class life b 12-year c 40-year rt IV Summary (See instructions Listed property Enter amount from line Total. Add amounts from line 12, lines Enter here and on the appropriate lines	d in Service Dur  d in Service Dur  d in Service Dur  2. 28	ing 2011 Tax Yea	25 yrs. 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs.  r Using the A	MM	S/L	(g) D		
18	If you are electing to group any assets general asset accounts, check here  Section B - Assets Place  (a) Classification of property  a 3-year property b 5-year property c 7-year property d 10-year property e 15-year property f 20-year property h Residential rental property i Nonresidential real property  Section C - Assets Place a Class life b 12-year c 40-year rt IV Summary (See instructions Listed property Enter amount from line Total. Add amounts from line 12, lines	d in Service Dur  d in Service Dur  d in Service Dur  28	ing 2011 Tax Yea  ing 2011 Tax Yea  arring 2011 Tax Ye  Basis for depreciation iness/investment use y—see instructions)  ing 2011 Tax Yea  artnerships and S e current year, ent	25 yrs. 25 yrs. 27.5 yrs. 27.5 yrs. 39 yrs. r Using the A	MM	S/L	(g) D	epreciation deduction	