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Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

2013

Open to Public

Department of the Treasury

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

Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990 and its instructions is at www.irs.gov/form990.

		2013 cal	lendar year, or tax year beginning 4/1/2013 , and ending	3/31/2	1115 pection
		applicable	C Name of organization LAKE OCONEE ELKS LODGE 2849		entification number
$\overline{}$	ddress o		Doing Business As		
므'	vaaress c	mange	Number and street (or PO box if mail is not delivered to street address) Room/suite	20 5507004	
۱	lame cha	ange	PO BOX 3485	20-5597991 E Telephone nu	mhor
Π.	nıtıal retu		City or town State ZIP code	- Leiephone na	mbei
₩,	niuai retu	1111	EATONTON GA 31024	706-473-0521	
U¹	erminate	ed	Foreign country name Foreign province/state/county Foreign postal code	-	
	mended	l mtum	To reight country mainte To reight province/state/country Poreigh postal code	G Gross receipt	s \$
므 ′	unended	iiewiii		Gloss receipt	
LJ ≉	pplicatio	n pending	F Name and address of principal officer H(a) is	this a group return for s	subordinates? Yes X No
			MORGAN STAPP 170 ARROWHEAD, EATONTON, GA 31024 H(b) A	re all subordinates in	ncluded? Yes No
1 T	ax-exem	nt status	501(c)(3) X 501(c) (8) ◀ (insert no) 4947(a)(1) or 527	f "No," attach a list (see instructions)
		<u> </u>			•
<u>J V</u>	Vebsite	: ► N/A		Group exemption num	nber ▶ 1156
KF	orm of o	rganızatıon	X Corporation	nation	M State of legal domicile GA
Р	art l	Su	mmary		
	1			RATERNITY	
ø	'	Dilony C	document and all the control of the	W. C. C.	
ä	1				
Activities & Governance	ì				
Š	2		his box ▶ if the organization discontinued its operations or disposed of mo	re than 25% of i	its net assets
Ğ	3	Number	of voting members of the governing body (Part VI, line 1a)		33
α δ	4	Number	r of independent voting members of the governing body (Part VI, line 1b).		4 3
Ë	5	Total nu	imber of individuals employed in calendar year 2013 (Part V, line 2a)		5 0
≅	6		mber of volunteers (estimate if necessary)		6
AC	7a		related business revenue from Part VIII, column (C), line 12	7	7a 0
	b		elated business taxable income from Form 990-T, line 34	-	'b 0
	 -	TTO C GITT	stated business taxable income from 1 only 500 1, line 54	Prior Year	Current Year
	8	Contribi	utions and grants (Part VIII, line 1h)	116,9	
92			The state of the s	110,0	
Revenue	9	_	n service revenue (Part VIII, line 2g)		0 0
ě	10		tent income (Part VIII, column (A), lines 3, 4, and 7d)		34 0
_	11		evenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0 0
	12		renue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	116,9	
	13		and similar amounts paid (Part IX, column (A), lines 1–3)		0 0
	14		s paid-to-or-for-members_(Part IX, column (A), line 4)		0 0
S	15	Salanes	, other compensation etaployee benefits (Part IX, column (A), lines 5–10) .		0 0
S	16a		ional fundraising-fees (Part IX, column (A), line 11e).	4,8	338 7,370
Expenses	b	Total fur	ndraising expenses (Part IX, column (D), line 25) ▶ 0		
ũ	17	Other e	xpenses (PattiX, Colump(A), lines 11a-11d, 11f-24e)	53,9	60 51,661
	18		penses Add lines 13–17 (must equal Part IX, column (A), line 25)	58,7	98 59,031
	19		le less expenses Subtract line 18 from line 12	58,1	
58	-			nning of Current Ye	
a ets	20	Total as	ssets (Part X, line 16)	102,1	
Ass	21		bilities (Part X, line 26)	24,6	
Net Assets or Fund Balances	22		ets or fund balances Subtract line 21 from line 20	77,4	
	rt II		gnature Block		
			ry, I declare that I have examined this return, including accompanying schedules and statements, and to	the best of my know	dedge
	•		ect, and complete Declaration of preparer (other than officer) is based on all information of which prepare	•	-
			(V) meeten		
Sig		7	Signature of officer	Date	
He	re		MORGAN S STAPP - MNGR	0	5-21-14
<u>′</u> —		1 0	Type or print name and title	ate	PTIN
, D-	: 4		nt/Type preparer's name Preparer's signature	Che	
Pa		_ lali	ISON SMITH Ulivon Smith 5	i	employed P01780557
	epare	' [_	ACTUUD LOADTU		0-0857670
US	e Onl	, —			
			n's address ► 405 HUNTINGTON RD SUITE 100, ATHENS, GA 30606	Phone no (/	706) 353-3081
Ma	y the If	RS discus	ss this return with the preparer shown above? (see instructions).		. Yes No

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		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		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, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		Х
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		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		Х
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, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt			
	negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
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	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	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		_x_
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? <i>If "Yes," complete Schedule D, Part VIII</i> .	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		<u>X</u>
е	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			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> </u>
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 and XII is optional .	12b		<u>X</u> _
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	L.	Х
14a	Did the organization maintain an office, employees, or agents outside of the United States? .	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	l	l	[
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	<u></u>	<u> </u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or		ŀ	
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? 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		х
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?	١		
	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	 	<u> </u>
<u>b</u>	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		Ļ
		Form	990	(2013)

	990 (2013) LAKE OCONEE ELKS LODGE 2849	20-5597991	Pa	age 4
Par	t IV Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	government 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 or 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		<u> </u>
23	organization's current and former officers, directors, trustees, key employees, and highest compensated	ìì		l
	employees? If "Yes," complete Schedule J	23		X
242	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	23		 ^-
270	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines	1		1
	24b through 24d and complete Schedule K. If "No," go to line 25a	24a		×
b		24b		 ^-
	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		1
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction			
	with a disqualified person during the year? If "Yes," complete Schedule L, Part I	. 25a		1
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	j j		
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			ĺ
	disqualified persons? If so, 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			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III.	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u>×</u>
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete</i>	001		
_	Schedule L, Part IV	28b		X
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		x

29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

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

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI.

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note**. All Form 990 filers are required to complete Schedule O

30

31

32

35a

35b

Form 990 (2013) LAKE OCONEE ELKS LODGE 2849 20-5597991 Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V. Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 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 gaming (gambling) winnings to prize winners? 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) 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" to line 3b, provide an explanation in Schedule O Χ b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes." enter the name of the foreign country. See instructions for filing requirements for FinCen Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 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? If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . С Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 6a organization solicit any contributions that were not tax deductible as charitable contributions?. 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?. If "Yes," did the organization notify the donor of the value of the goods or services provided? Χ Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes." indicate the number of Forms 8282 filed during the year е Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?. Χ If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . g If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Χ h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting 8 organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? X 9 Sponsoring organizations maintaining donor advised funds. а Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person? b 10 Section 501(c)(7) organizations. Enter Initiation fees and capital contributions included on Part VIII, line 12. 10a а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b b 11 Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a а Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year. 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 the organization is licensed to issue qualified health plans. . . 13b Enter the amount of reserves on hand 13c Did the organization receive any payments for indoor tanning services during the tax year? 14a

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

Part VI

<u>Sect</u>	on A. Governing Body and Management					
				Yes	No	
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	3			
	If there are material differences in voting rights among members of the governing body, or					
	if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O					
ь	Enter the number of voting members included in line 1a, above, who are independent.	1h	2	: 		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relations		3			
_	any other officer, director, trustee, or key employee?	inp with	2		Х	
3	Did the organization delegate control over management duties customarily performed by or under	the direct	<u> </u>		 ^- -	
Ū	supervision of officers, directors, or trustees, or key employees to a management company or other		3		X.	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 w	•	4		x	
5	Did the organization become aware during the year of a significant diversion of the organization's a		5		X	
6	Did the organization have members or stockholders?		6	Х	<u> </u>	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or	appoint	<u> </u>		 	
	one or more members of the governing body?		7a	х		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members					
	stockholders, or persons other than the governing body?	•	7b	х		
8	Did the organization contemporaneously document the meetings held or written actions undertake	n during				
	the year by the following	•				
а	The governing body?		8a	_X_		
b	Each committee with authority to act on behalf of the governing body?		8b	_X	<u> </u>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	eached				
	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.		9	<u> </u>	X	
Sect	ion B. Policies (This Section B requests information about policies not required by the	Internal Revenue	Code.			
40-	Did the agreement being least shorters because of effects 0		40-	Yes	No_	
_	Did the organization have local chapters, branches, or affiliates?		10a	<u> </u>	X	
b	If "Yes," did the organization have written policies and procedures governing the activities of such affiliates, and branches to ensure their operations are consistent with the organization's exempt put		10ь	x		
11a			11a	x	├──	
b						
12a			12a	Х		
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	-	1			
	describe in Schedule O how this was done		12c	x		
13	Did the organization have a written whistleblower policy?		13	X		
14	Did the organization have a written document retention and destruction policy?	•	14	Х	L	
15	Did the process for determining compensation of the following persons include a review and appro	val by				
	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	<u> </u>	
b	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)			ij.		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement.	gement				
	with a taxable entity during the year?		16a	1	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the first state of the state				ì	
	participation in joint venture arrangements under applicable federal tax law, and take steps to safe	guard	401			
Cast	the organization's exempt status with respect to such arrangements?		16b	<u> </u>	-	
<u>Sect</u> 17	List the states with which a copy of this Form 990 is required to be filed ► GA					
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 99	D-T (Section 501(c))	(3)s on!	 v)	-	
10	available for public inspection. Indicate how you made these available. Check all that apply	- 1 (OBC0011 30 1(C))	ااان درد	y /		
		kplain in Schedule C))			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents,	•	•	nd		
	financial statements available to the public during the tax year.	Darming of interest p	 , ui			
20	State the name, physical address, and telephone number of the person who possesses the books	and records of the				
-	organization: SAME					

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Part VII	Compensation of Officers, Dire	-	es, K	еу	Em	plo	yee	s, F	lighest Comp	ensated	
	Employees, and Independent C Check if Schedule O contains a re		te to	any	/ lin	e ir	n this	Pa	nt VII	<u> </u>	🔲
Section A.	Officers, Directors, Trustees, Key El	mployees, and	Highe	est	Con	pe	nsate	d E	mployees		
· · · · · · · · · · · · · · · · · · ·	this table for all persons required to be l	isted Report co	mpen	satı	on f	or th	he ca	lend	lar year ending v	vith or within the	
organization's	•	rootore tructuo	/1ln.a	41		ام	lala				
List all List the who received organization a	of the organization's current officers, di tion Enter -0- in columns (D), (E), and (I of the organization's current key emplo e organization's five current highest con reportable compensation (Box 5 of Fori and any related organizations	F) if no compens yees, if any. See npensated emplo m W-2 and/or Bo	e instr oyees ox 7 o	wa: ucti (oti of Fo	s pa ons her t orm	id. for thar 109	defini n an c	ition office SC)	of "key employe er, director, truste of more than \$10	ee." ee, or key emplo 00,000 from the	yee)
	of the organization's former officers, ke eportable compensation from the organ							ed e	mployees who r	eceived more th	an
• List all	of the organization's former directors of more than \$10,000 of reportable compe	or trustees that	receiv	∕ed,	in t	he c	capac				the
compensated	in the following order, individual trustees demployees, and former such persons										
X Check th	is box if neither the organization nor any	related organiz	ation	con			ted a	ny c	urrent officer, dir	ector, or trustee	
					(C Pos						
	(A) Name and Title	(B) Average hours per	(do not check more than or box, unless person is both officer and a director/truste			an ee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of		
		week (list any hours for related organizations below dotted line)	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	SAN STAPP	0 00									<u> </u>
(2) RAY W	/EBB	0 00							<u> </u>		
(3)											
(4)										,	
(5)											
(6)											
(7)											
(8)											
(9)											
(10)											
		1	1	1			1	1		ı	

(13)

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Pa	rt VII Section A. Officers, Directors, Tru	stees, Key Emp	ploye	es,	and	Hi	ghes	t C	ompensated En	ployees (conti	nued)		
	• (A) Name and title	(B) Average hours per	box,	unies	Pos neck ss pe	rson	than out	an ee)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimate		
		week (list any hours for related organizations below dotted line)	or director		Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensa from the organizati and relati organizati	ation e tion ted	
(15)													
(16)													
(17)								-					
(18)													
(19)													
(20)													
(21)					-								
(22)								-					
(23)						_							
(24)													
(25)								ļ-					
1b c d	Sub-total Total from continuation sheets to Part VII, Second (add lines 1b and 1c)	ection A			.		•	▶ ▶	0			0	
2	Total number of individuals (including but not lin	_	sted a	bov	/e) v 0	who	rece	ivec	<u> </u>				
3	Did the organization list any former officer, dire employee on line 1a? If "Yes," complete Sched	ector, or trustee,				ee, c	or hig	hes	t compensated		Yes	No X	
4	For any individual listed on line 1a, is the sum of the organization and related organizations great individual										4	X	
5	Did any person listed on line 1a receive or accifor services rendered to the organization? If "Y									vidual	5	X	
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest compecompensation from the organization. Report coyear										s tax		
	(A) Name and business add	Iress							(B) Description of se	rvices	(C) Compensation		
								\vdash					
			_					╁					
								1					
								\prod					
2	Total number of independent contractors (inclumore than \$100,000 of compensation from the	-	ted to	tho	se	liste	ed abe) who received				

Form 9	90 (201	3) LAKE OCONEE ELKS LOI	DGE 2849					20-5597	7991 Page 9
Part	VIII	Statement of Revenue							
		Check if Schedule O contains	a response	or n	ote to any line in	this Part VIII			
	•					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
9 9	1a	Federated campaigns		1a	0				
ran tru	b	Membership dues		1b	44,202				1
D, E	С	Fundraising events		1c	18,602	i			}
ar / ar	d	Related organizations		1d	0				
im,	е	Government grants (contributions		1e	6,000				
ig a	f	All other contributions, gifts, gran		Į		į			
Contributions, Gifts, Grants and Other Similar Amounts		similar amounts not included abo		1f	1,335				
S E	g	Noncash contributions included in li	nes 1a-1f:	\$	0				
	<u>h</u>	Total. Add lines 1a-1f				70,139			
92	_				Business Code			.	
¥6	2a					0		ļ	
ě.	р					0		<u> </u>	
	C			-		0		 	
န	ď		-			0		 	
gran	e •	All other program service revenue		•		0	 		
Program Service Revenue	ď	Total. Add lines 2a–2f.			•	0		 	
	3	Investment income (including div	idends, inte	rest.	and	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			
		other similar amounts)		,		0			
	4	Income from investment of tax-ex	empt bond	ргос	eeds . ▶	0		 	
	5	Royalties .		•	. ▶	0			
		•	(ı) Real		(II) Personal				
	6a	Gross rents .							
	b	Less rental expenses		_					
	С	Rental income or (loss)	L	0	0			<u> </u>	
	d	Net rental income or (loss)	· · · · ·			0		 	
	7a	Gross amount from sales of	(i) Secunti		(II) Other				
		assets other than inventory		0	0			Ì	
	b	Less cost or other basis		_					
		and sales expenses .		0	0			ŀ	
	c d	Gain or (loss) Net gain or (loss)				0		 	
	u	Net gain or (1055)		•	<u> </u>			 	
ě	8a	Gross income from fundraising						1	
Other Revenue		events (not including \$	0					1	
é		of contributions reported on line							
F :		See Part IV, line 18	-	а	l ol			1	
돭	b	Less direct expenses .		b	0				1
0	С	Net income or (loss) from fundral	ising events			0			
	9a		ties						
		See Part IV, line 19 .		а	0				
	b	Less. direct expenses		þ	0			_	
	С	Net income or (loss) from gaming	g activities		<u> </u>	0			
	10a	•]]		}	
		returns and allowances .	•	. a				į.	
	b	Less cost of goods sold		b				 	
	<u> Ը</u>	Net income or (loss) from sales of	or inventory		<u>, </u>	0		l	_

Business Code

11a

d All other revenue

e Total. Add lines 11a–11d .

Total revenue. See instructions

0

000

0

70,139

Part IX Statement of Functional Expenses

Section	on 501(c)(3) and 501(c)(4) organizations must complete all	columns All other or	ganizations must c	omplete column (A)	
	Check if Schedule O contains a response or note	to any line in this Pa	ert 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		1		
	United States See Part IV, lines 15 and 16	0			
4	Benefits paid to or for members	0	·		
5	Compensation of current officers, directors,	_			
_	trustees, and key employees	0			
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
~	persons described in section 4958(c)(3)(B) .	0			
7	Other salaries and wages				
8	Pension plan accruals and contributions (include	ا			
9	section 401(k) and 403(b) employer contributions) Other employee benefits	0			
10	Payroll taxes				· · · · · · · · · · · · · · · · · · ·
11	Fees for services (non-employees)	· · ·			
''	Management .	ol			
b	Legal	- 0			
C	Accounting	3,650			
d	Lobbying	0,000			
e	Professional fundraising services. See Part IV, line 17	7,370			
f	Investment management fees .	0			
g	Other (If line 11g amount exceeds 10% of line 25, column		 -		· · · · · · · · · · · · · · · · · · ·
•	(A) amount, list line 11g expenses on Schedule O)	l ol			
12	Advertising and promotion	0			
13	Office expenses	134			
14	Information technology	0			
15	Royalties .	0			
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses	1			
	for any federal, state, or local public officials	0			
19	Conferences, conventions, and meetings	0		<u> </u>	
20	Interest	0			
21	Payments to affiliates .	0		ļ -	<u> </u>
22	Depreciation, depletion, and amortization .	2,544	0	0	0
23	Insurance	2,081		 	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e. If		•		
	line 24e amount exceeds 10% of line 25, column]			
	(A) amount, list line 24e expenses on Schedule O)	*,			
а	OUDDU FO	5,745			
h	POSTAGE	918			
c	UTILITIES/PEST CONTROL/RENT	21,211			
ď	DUES & FEES	15,264			
e	All other expenses BANK CHARGES	114			
25	Total functional expenses. Add lines 1 through 24e	59,031	0	0	C
26	Joint costs. Complete this line only if the		<u>_</u>	<u>*</u>	
	organization reported in column (B) joint costs				
	from a combined educational campaign and	}			
	fundraising solicitation. Check here	Į į			Į
	following SOP 98-2 (ASC 958-720)				

Form 990 (2013) LAKE OCONEE ELKS LODGE 2849 20-5597991 Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year Cash-non-interest-bearing 51,384 4,499 2 Savings and temporary cash investments. 2 25.641 70,110 3 Pledges and grants receivable, net. 3 Accounts receivable, net 16,630 16,637 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L. Loans and other 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). Complete Part II of Schedule L . . . 6 Notes and loans receivable, net 0 7 Inventories for sale or use 8 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D 10a 75,982 **b** Less accumulated depreciation 10b 5,906 70,076 5.028 10c 11 Investments—publicly traded securities 11 12 Investments—other securities See Part IV, line 11 0 12 0 13 Investments-program-related See Part IV, line 11. 13 0 Ol 14 Intangible assets 14 0 15 Other assets See Part IV, line 11 3.445 15 3.445 16 Total assets. Add lines 1 through 15 (must equal line 34) 102,128 16 100,597 17 Accounts payable and accrued expenses 2,665 17 4,064 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 21 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 21,973 22 0 0 23 Secured mortgages and notes payable to unrelated third parties. 0 23 Unsecured notes and loans payable to unrelated third parties 0 24 0 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 25 26 Total liabilities. Add lines 17 through 25 24.638 26 4.064 Organizations that follow SFAS 117 (ASC 958), check here Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 28 28 Temporarily restricted net assets or Fund 29 Permanently restricted net assets

Organizations that do not follow SFAS 117 (ASC958), check here

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

Retained earnings, endowment, accumulated income, or other funds

Capital stock or trust principal, or current funds . . .

Total net assets or fund balances

Total liabilities and net assets/fund balances

complete lines 30 through 34.

Assets

Net. 32

30

31

33

96,533

96,533

100,597

30

31

32

33

77,490

77,490

102,128

COULT 9	LAKE OCONEE ELKS LODGE 2849	20	<u>-559/99]</u>	Page	12
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI		<u>.</u>	Σ	
1	Total revenue (must equal Part VIII, column (A), line 12)	1		70,1	39
2	Total expenses (must equal Part IX, column (A), line 25)	2		59,0	31
3	Revenue less expenses Subtract line 2 from line 1	3		11,1	08
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		77,4	90
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			_
9	Other changes in net assets or fund balances (explain in Schedule O)	9		7,5	<u> 33</u>
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10		96,1	31
Part_				_	_
	Check if Schedule O contains a response or note to any line in this Part XII			. L	
				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		<u>X_</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both			ļi N	
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis			ì	
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		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
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		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 Q and describe any steps taken to undergo such audits		3b		

Form **990** (2013)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service Name of the organization

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

Inspection

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 I	MATTERS ARE
SUBJECT TO APPROVAL BY MEMBERS	
Form 990, Part XI, Section 1, Line 9 990-T NET INCOME	
	······
	
•••••••••••••••••••••••••••••••••••••••	

Line 28 (990-T) - Other Deductions

	THE LO (000-1) - Other Deductions			
1	Travel, Meals and Entertainment			
	b Meals and entertainment, subject to 50% limit	. 1b	1,367	
	c Meals and entertainment, subject to 80% limit (DOT)	. 1c		
	d Less disallowed	1d	684	
	e Subtract line d from lines b and c	—	1e	683
2	CABLE/TELEPHONE/DATA		2	2,957
3	CREDIT CARD FEES		3	3,066
4	INSURANCE		4	1,395
5	OUTSIDE SERVICES	<u></u>	5	1,097
6	LICENSES		6	1,195
7	BUILDING RENT		₇	3,520
8	UTILITIES		8	9,818
9	Total other deductions	·	9	23,731
10	Total deductions less expenses for offsetting credits .		10	23,731

Elections

Election to NOT claim first-year special depreciation - All Property

Pursuant to IRC Section 168(k)(2)(D)(III), the Taxpayer elects out of first-year special depreciation for all depreciable property placed in service during the current tax year

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

OMB No 1545-0172
2013
Attachment

Department of the Treasury Internal Revenue Service

(99)

► See separate instructions. ►

► Attach to your tax return.

Sequence No 179

	KE OCONEE ELKS LODGE 2849	990	ess or activ	ity to which this to	orm relates		laenarying nur 20-5597991	nper	
_	rt l Election To Expense		erty Und	ler Section 17	'9		120 0007 00 1		
	Note: If you have any listed								
1	Maximum amount (see instructions			toror you compre	io i diti		· · · · · · · · · · · · · · · · · · ·	11	500,000
	Total cost of section 179 property p	•	(see instri	uctions)		•	•	2	3,423
3	Threshold cost of section 179 prop				uctions).			3	2,000,000
4	Reduction in limitation Subtract lin	•		•				4	0
5	Dollar limitation for tax year Subtra				0- If married	filing			
	separately, see instructions .							5	500,000
6	(a) Description of p	property		(b) Co	st (business use	only)	(c) Elected co	st	
_									
7	Listed property Enter the amount f	rom line 29 .				7			
8	Total elected cost of section 179 pr	operty Add amo	unts in co	lumn (c), lines 6	and 7	•		8	0
9	Tentative deduction Enter the sma						•	9	0
	Carryover of disallowed deduction	•						10	
	Business income limitation Enter t					e 5 (see instru	ictions) .	11	
	Section 179 expense deduction Ad				an line 11 .	· . _ ·	 	12	0
	Carryover of disallowed deduction					▶ 13	L	0	
	te: Do not use Part II or Part III belo				(D - · · · · · · ·	-1	1) (0		
	rt II Special Depreciation						property.) (See	Instr	actions)
14	Special depreciation allowance for		y (otner tr	nan iisted proper	ty) praced in s	service		144	1
45	during the tax year (see instruction Property subject to section 168(f)(1		• •			•		14	
	Other depreciation (including ACRS	•						15 16	
	rt III MACRS Depreciation		do listad	proporty) (So	o instruction	· · · ·		10	
Гα	IIIAONO Depreciation	I (DO HOL INCIA		ion A	e msuucioi	15.)			
17	MACRS deductions for assets place	red in service in t			2013			17	1,859
	If you are electing to group any ass			-		re			1,000
	general asset accounts, check here								
_	Section B - Asset		rice Durir	ng 2013 Tay Voa	r Heing the (Coneral Denre	ciation System		
	Gection B - Asset	(b) Month and		s for depreciation	i osing the c	Jeneral Depre	Clation System	Ϊ	
	(a) Classification of property	year placed	1	s/investment use	(d) Recovery	(e) Convention	ntion (f) Method		amouston doduction
	(1)	in service	1 -	see instructions)	penod	(e) Convention	(I) Metilod	(9) 04	epreciation deduction
19	a 3-year property			,				+	
-10	b 5-year property	1		3,423	5	HY	200DB	+-	685
_	c 7-year property			0,120					
_	d 10-year property							╅┈┈	
_	e 15-year property	1			<u> </u>			1	
	f 20-year property	'							
	g 25-year property	1			25 yrs.		S/L		
	h Residential rental				27 5 yrs	MM	S/L		
	property				27 5 yrs	MM	S/L		
_	i Nonresidential real				39 yrs	MM	S/L		
	property					MM	S/L		
	Section C - Assets	Placed in Servi	ce During	2013 Tax Year	Using the Al	ternative Dep	reclation Syste	m	
20	a Class life						S/L		
	b 12-year				12 yrs		S/L		
	c 40-year				40 yrs.	MM	S/L		
	rt IV Summary (See instru								
	Listed property. Enter amount from		•					21	
22	Total. Add amounts from line 12, li								
	Enter here and on the appropriate	•		•	•	ee instruct <u>ions</u>	<u> </u>	22	2,544
23	For assets shown above and place		ng the cui	rrent year, enter	the portion				
	of the basis attributable to section	Zh.3A COSIS				23	I		