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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2013Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

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

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.**A** For the 2013 calendar year, or tax year beginning **04/01/13**, and ending **03/31/14****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization**SOUTH LAKE ELKS LODGE 1848**

Number and street (or P.O. box, if mail is not delivered to street address)

P.O. BOX 120476

City or town, state or province, country, and ZIP or foreign postal code

CLERMONT**FL 34712****D** Employer identification number**59-0699166****E** Telephone number**352-394-0636****F** Group ExemptionNumber **▶ 1156****G** Accounting Method ☐ Cash ☒ Accrual Other (specify) **▶****I** Website: **▶ N/A****J** Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (**8**) (insert no.) ☐ 4947(a)(1) or ☐ 527**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets

(Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ

▶ \$ 126,742**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

☒

1	Contributions, gifts, grants, and similar amounts received	1	5,600
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	13,954
4	Investment income	4	
5a	Gross amount from sale of assets other than inventory	5a	
b	Less cost or other basis and sales expenses	5b	
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
6	Gaming and fundraising events		
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	17,510
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	2,509
c	Less direct expenses from gaming and fundraising events	6c	4,992
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	15,027
7a	Gross sales of inventory, less returns and allowances	7a	72,155
b	Less cost of goods sold	7b	21,910
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	50,245
8	Other revenue (describe in Schedule O)	8	15,014
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	99,840
10	Grants and similar amounts paid (list in Schedule O)	10	7,035
11	Benefits paid to or for members	11	
12	Salaries, other compensation, and employee benefits	12	39,045
13	Professional fees and other payments to independent contractors	13	987
14	Occupancy, rent, utilities, and maintenance	14	18,012
15	Printing, publications, postage, and shipping	15	2,526
16	Other expenses (describe in Schedule O)	16	53,295
17	Total expenses. Add lines 10 through 16	17	120,900
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-21,060
19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	208,424
20	Other changes in net assets or fund balances (explain in Schedule O)	20	54
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	187,418

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2013)

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	10,709	22	8,934
23 Land and buildings	205,525	23	184,474
24 Other assets (describe in Schedule O)	4,052	24	1,428
25 Total assets	220,286	25	194,836
26 Total liabilities (describe in Schedule O)	11,862	26	7,418
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	208,424	27	187,418

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose?

SEE SCHEDULE O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28	N/A		
	(Grants \$) If this amount includes foreign grants, check here	☐	28a
29			
	(Grants \$) If this amount includes foreign grants, check here	☐	29a
30			
	(Grants \$) If this amount includes foreign grants, check here	☐	30a
31	Other program services (describe in Schedule O)		
	(Grants \$) If this amount includes foreign grants, check here	☐	31a
32	Total program service expenses (add lines 28a through 31a)	☐	32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

[illegible]

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		X
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		X
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		X
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		X
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		X
37a Enter amount of political expenditures, direct or indirect, as described in the instructions 37a		
b Did the organization file Form 1120-POL for this year?		X
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		X
b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39 Section 501(c)(7) organizations Enter		
a Initiation fees and capital contributions included on line 9 39a		
b Gross receipts, included on line 9, for public use of club facilities 39b		
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 40a , section 4912 40a , section 4955 40a		
b Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b		
c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40c		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d		
e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e		X
41 List the states with which a copy of this return is filed 41 NONE		
42a The organization's books are in care of 42a DEBRA LEGGINS Telephone no 42a 352-394-0636 PO BOX 120476 Located at 42a CLERMONT FL ZIP + 4 42a 34712		
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 42b See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .		X
c At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country 42c		X
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a		X
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44b		X
c Did the organization receive any payments for indoor tanning services during the year? 44c		X
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 44d		
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a		X
45b 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45b		X

- 46** Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

- 47** 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

	Yes	No
47		

- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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- 49a** Did the organization make any transfers to an exempt non-charitable related organization?

49a		
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- b** If "Yes," was the related organization a section 527 organization?

49b		
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- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

- f** Total number of other employees paid over \$100,000 ▶

- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

- d** Total number of other independent contractors each receiving over \$100,000 ▶

- 52** Did the organization complete Schedule A? **Note.** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☐ Yes ☐ No

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

Sign Here	<i>Kathie M. Smyser</i> Signature of officer	7-14-14 Date
	<i>Kathie M. Smyser</i> Type or print name and title	SECRETARY

Paid Preparer Use Only	Print/Type preparer's name WILLIAM M FURNAS, CPA	Preparer's signature <i>William M Furnas CPA</i>	Date 07/10/14	Check ☐ if self-employed	PTIN P00012621
	Firm's name ▶ FURNAS & BHAROSAY LLC	Firm's EIN ▶ 26-2918362			
	Firm's address ▶ 21 E PINEHURST BLVD EUSTIS, FL 32726	Phone no 352-589-1700			

May the IRS discuss this return with the preparer shown above? See instructions ▶ ☐ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZComplete 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.

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

OMB No 1545-0047

2013**Open to Public
Inspection**

Employer identification number

SOUTH LAKE ELKS LODGE 1848**59-0699166****FORM 990-EZ, PART I, LINE 8 - OTHER REVENUE**

DESCRIPTION	AMOUNT
GAME MACHINES	\$ 8,615
RENT FOR LODGE	\$ 4,222
MISCELLANEOUS INCOME	\$ 1,201
LODGE ACTIVITIES	\$ 710
MISCELLANEOUS CLUB REVENUE	\$ 266
TOTAL	\$ 15,014

FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES

DESCRIPTION	AMOUNT
EXPENSES	
VISITATION AND CONVENTION	\$ 1,256
INSURANCE	\$ 5,287
INTEREST	\$ 507
ASSOCIATION DUES	\$ 5,277
PAYROLL TAXES	\$ 2,957
CARD KEYS	\$ 178
LODGE ACTIVITIES	\$ 327
MISC. LODGE EXPENSES	\$ 1,100
ALARM SERVICE	\$ 534
BAR SUPPLIES	\$ 6,301
LICENSES	\$ 957
ENTERTAINMENT	\$ 4,880
JANITOR SUPPLIES	\$ 290

Name of the organization

Employer identification number

SOUTH LAKE ELKS LODGE 1848

59-0699166

PAYROLL SERVICE	\$	2,215
MISC. CLUB EXPENSES	\$	179
DEPRECIATION	\$	21,050
TOTAL	\$	53,295

FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS OR FUND BALANCES

DESCRIPTION	AMOUNT
PRIOR YEAR ADJUSTMENT	\$ 54

FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS

DESCRIPTION	BEG. OF YEAR	END OF YEAR
INVENTORIES FOR SALE OR USE	\$ 3,936	\$ 1,428
UNDEPOSITED FUNDS	\$ 116	\$ 0
TOTAL	\$ 4,052	\$ 1,428

FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES

DESCRIPTION	BEG. OF YEAR	END OF YEAR
ACCOUNTS PAYABLE AND ACCRUED EXPENSES	\$ 4,037	\$ 693
DEFERRED REVENUE	\$ 4,663	\$ 6,725
UNSECURED NOTES AND LOANS PAYABLE	\$ 2,612	\$ 0
	\$ 550	\$ 0

FORM 990-EZ, PART III - PRIMARY EXEMPT PURPOSE

PROVIDE FACILITIES AND A FRATERNAL ENVIRONMENT FOR MEMBERS, PROMOTING THE PRINCIPLES OF CHARITY, JUSTICE, FRATERNAL LOVE AND PATRIOTISM.