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990

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 1545-0047 2015

Department 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 and its instructions is at www.irs.gov/form990.

Open to Public Inspection

		e 2015	calendar year, or tax year beginning) ⊥ , 2015, and e	nding	MAR	31,2016
B	Check if applicabl	e	C Name of organization LAKE OCON	EE ELKS LODGE	2849	D Employer Ide		
	Address		Doing Business as			20-	-5597	991
י 🗌	Name ch	ange	Number & street (or P O box if mail is not de	elivered to street address)	Room/suite	E Telephone nu	ımber	
t	nitial reti	nu n	PO BOX 3485			706	5-473	-0521
7,	Final retu terminat	ırn	City or town, state or province, country, and	ZIP or foreign postal code		G Gross receipts	\$	389095.
	Amende		EATONTON GA 31024				group retui	rn
	Application	on '	F Name and address of principal officer B0	OB COLTE		7	rdinates?	Yes X N
[pending		PO BOX 3485 EATON		024			s included?
	37-676	mpt status	F-1 G-1 A	sert no) 4947(a)(1)	****	If "No," at	tach a list	Yes N
	Vebsite		501(c)(5) [21] 501(c)(C) 4 (iii	4347 (a)(1)	01 321	(see instri	•	<u> </u>
		rganization	X Corporation Trust Association		1		emption num	C7.
	art I		7,0000,000	Other ►	L Year of for	mation	IVI State	of legal domicile GA
			nmary	SC	ארדאד בייםא	TEDNITTY		<u>-</u>
	1	Briefly a	escribe the organization's mission or most	significant activities 50	CIAL FRA	TERNIII		
ĕ				-				
Activities & Governance								
Ë								
ŏ	2	Check to	nis box 🕨 🔛 if the organization discontin	lued its operations or dispo	osed of more that	n 25% of its net	assets	
ڻ مخ	3	Number	of voting members of the governing body	(Part VI, line 1a)	•		3	3
တ္တ	4	Number	of independent voting members of the government	verning body (Part VI, line	1b)		4	3
Ę	5	Total nu	mber of individuals employed in calendar y	ear 2015 (Part V, line 2a)			5	3
ŧ	6	Total nu	mber of volunteers (estimate if necessary)		•		6	**
Ř			related business revenue from Part VIII, co				7a	
Activities	b	Net unre	elated business taxable income from Form	990-T. line 34			7b	
						Prior Year	1	Current Year
α-	8	Contribi	itions and grants (Part VIII, line 1h)					81745
Ę	1		service revenue (Part VIII, line 2g)		· -			01,10
Revenue	l	•	,	4 and 7d)	•			· · · · · · · · · · · · · · · · · · ·
æ	l		ent income (Part VIII, column (A), lines 3,	•				166812
	I		venue (Part VIII, column (A), lines 5, 6d, 8					
			venue - add lines 8 through 11 (must equa		12)		$-\!$	248557
	Į.		and similar amounts paid (Part IX, column		•			
			paid to or for members (Part IX, column (71006
es	15	Salaries	, other compensation, employee benefits (Part IX, column (A), lines 5	5-10) .		_	71096
Sue	16a	Profess	onal fundraising fees (Part IX, column (A),					
Expenses	1		ndraising expenses, (Part IX, column (D), I	/ 				
ш	17	Other e	cpenses (Part IX, column (A), lines 11a-11		IVED			135752
	18	Total ex	penses Add lines 13-17 (must equal Part	IX, column (A), fine (25)	(1/			206848
	19	Revenu	e less expenses Subtract line 18 from line	e 12 / L	2018 X			41709
e s				000	, , A	leginning of Curr Year	ent	End of Year
ets	20	Total as	sets (Part X, line 16)	OGDEN	UT E	16579	58.	244022
Net Assets or Fund Balances	21		bilities (Part X, line 26)			448		41040
Ę, š	22		ets or fund balances Subtract line 21 from	line 20		1612	1	202982
_	art II		nature Block		1		1	202302
			erjury, I declare that I have examined this return,	noludina accompanyina cahad	lulas and statement	a and to the heat	of my know	uladea
and	belief.	it is true.	correct, and complete Declaration of preparer (of	her than officer) is based on all	l information of which	s, and to the best ch preparer has ar	iv knowled	vieuge ae
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e:			(X) PU U	<u> </u>				
Sig			Signature of officer BOB COLIE	E.V.	KALTED RU	Dai סים זו	ie	
He	ere		" '	<u> </u>	VALIED KO	TEK		· · · · · · · · · · · · · · · · · · ·
_			Type or print name and title	1 _	1			
Pa		1	Type preparer's name	Preparer's signature	Date	Check		PTIN
	epare		ISON SMITH	ALISON SMITH	05/19/			P01780557
Us	e Onl	y Firm	's name ► THE TAX SHELT			Firm's EIN	<u>▶ 58-</u>	1810158
_		Firm	's address ▶ 630 HAWTHORNE			Phone no		
			ATHENS GA 306	50 <u>6</u>		· 		
Ма	y the I	RS disci	iss this return with the preparer shown abo	ove? (see instructions)			ļ	X Yes No
_			eduction Act Notice, see the separate in					Form 990 (201)
								1000 (201

Form	990 (2015) LAKE OCONEE ELKS LODGE 2849	20-559799	91 Page 2
Par	Statement of Program Service Accomplishments	· · · · · · · · · · · · · · · · · · ·	
1	Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission TO PROVIDE SOCIAL FRATERNITY FOR ITS MEMBERS		• • • • • • •
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O		Yes 🛚 No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program sentif "Yes," describe these changes on Schedule O	vices?	Yes 🗓 No
4	Describe the organization's program service accomplishments for each of its three largest program service Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations and revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ including grants of \$) (Revenue \$	
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$	V 1.
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$	
4d	Other program services (Describe in Schedule O)		
4e	(Expenses \$ including grants of \$)(Revenue \$ Total program service expenses ▶)	
BCA			orm 990 (2015)

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 2	Par	t IV Checklist of Required Schedules	-		
complete Schedule A 1 Is the organization required to complete Schedule B. Schedule of Contributions (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 I 4 Section 901(c)(3) organizations. Ord the organization engage in lobbying activities, or have a section 501(t)) election in effect during the tax year? If "Yes," complete Schedule C, Part I II 5 Is the organization assection 501(c)(4), 501(c)(5), 601(c)(6), 601(c)(6)		•		Yes	No
2 Is the organization required to complete Schedule B. Schedule of Contributions (see instructions)? 2	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
3 X Section 501(c)(3) organizations. 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 I Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6), or 501(c)(·			
acanddates for public office? If "Yes," complete Schedule C, Part I 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 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or smilar amounts as defined in Revenue Procedure 98-199 If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule C, Part III Did the organization report and areas, or historic structures? If "Yes," complete Schedule D, Part III Did the organization report an amount in Part X, line 21 for escrow or custodial sociount 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 Did the organization report an amount in Part X, line 21, for escrow or custodial sociount 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 V 10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10 filt Press, complete Schedule D, Part V 11 If the organization report an amount for investments - other securities in Part X, line 10 filt Press, complete Schedule D, Part VIII Did the organization seperate in Part X, line 19 filt Press, "complete Schedule D, Part VIII Did the organization report an amount for other labilities in Part X, line 19 filt has 5% or more of its total assets reported in Part X, line 19 filt Press, "complete Schedule D, Part VIII Did the organization separate or consolidated financial statements for the tax year rule of the second schedule D, Part X III Did the organization neport an amount for other labilities in Part X, li			2		X
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11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII 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 VIII 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 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 IXI e Did the organization report an amount for other assets in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization obtain separate, independent audited financial statements for the tax year riclude a footnote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 12a	10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
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	18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	18	х	
	19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		Х

Part IV Checklist of Required Schedules (continued)

	•		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic			
	government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals			
	on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's	1 1		
	current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"			
	complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines			
	24b through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a	1		
	prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or			
	990-EZ? If "Yes," complete Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current			
	or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?			
	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 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)	-		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	. 28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		X
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	1 1		
	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	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
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	1 1		
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II,			.,
	III, or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related			
	organization? If "Yes," complete Schedule R, Part V, line 2	36		
37	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	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		3.7	
	19? Note. All Form 990 filers are required to complete Schedule O	38	X	10045
		_	(3/3/	

Form 990 (2015) LAKE OCONEE ELKS LODGE 2849 20-5597991 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 0 1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable Χ gaming (gambling) winnings to prize winners? 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 Х b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?. 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Χ 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a X b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, Χ a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** 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? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the Χ 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? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . 7a Χ b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was Χ required to file Form 8282? 7с d If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Х 7e f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization rec'd a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C2 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? . . . 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter 10a a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11a b 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? 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. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note. See the instructions for additional information the organization must report on Schedule O b 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 c Enter the amount of reserves on hand 13c

14a Did the organization receive any payments for indoor tanning services during the tax year?

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

14a

14b

Form 990 (2015)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI

ec	tion A. Governing Body and Management		₁	-1	
1.	Enter the number of voting members of the governing hady at the and of the tay year	ع٦		Yes	No
ıa	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing	——-	ł		
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
h	Enter the number of voting members included in line 1a, above, who are independent . 1b	3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	\longrightarrow	,		
•	any other officer, director, trustee, or key employee?		2		Χ
3	Did the organization delegate control over management duties customarily performed by or under the direct	-			
•	supervision of officers, directors, or trustees, or key employees to a management company or other person?		3		Χ
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	. -	5		X
6	Did the organization have members or stockholders?	-	6	Х	
	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or me	ore			
	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?	persons	7b	Х	
8	Did the organization contemporaneously document the meetings held or written actions undertaken during				
•	the year by the following				
а	The governing body?		8a ·	Х	
	Each committee with authority to act on behalf of the governing body?		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached				
-	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Intern	al Reveni	ue C	ode)
•			1	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,				
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	ne form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990				/
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	. [12b	Х	
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	Χ	
14	Did the organization have a written document retention and destruction policy? .		14	Χ	
15	Did the process for determining compensation of the following persons include a review and approval by				
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
а	The organization's CEO, Executive Director, or top management official		15a	Χ	
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)				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement				
	with a taxable entity during the year?	L	16a		Χ
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate				
	its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard				
_	the organization's exempt status with respect to such arrangements?		16b		
<u> </u>	tion 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 Upon request Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest	it			
	policy, and financial statements available to the public during the tax year				
20	State the name, address, and telephone number of the person who possesses the organization's books and records				
	SAME 706-473-05	21			

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average	box, ι	ot che	perso	on ore th	nan one both ar)	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
(1)BOB COILE EXALTED RULER				Х				0	0	0
(2)BILL LEWIS SECRETARY				Х				0	0	0
(3)BUDDY ESTLE TREASURER				Х				0	0	0
(4)										
(5)					i	!				
(6)										
(7)										
(8)										
(9)										
10)										
11)							-			
13)							-			
14)	-				-					
BCA	1	<u> </u>	<u> </u>		<u> </u>			l	<u>L</u> .	Form 990 (20

Part VII Section A. Officers, Direct	ors, Trus	tees,	Key	Em (C)		ees,	and	d Highest Compe	nsated Employ∈	es (continued ₎
(A) Name and title	(B)	box, t	ot checuniess	Positi ck mo perso	on ore th	an one both an trustee) 	(D) Reportable	(E) Reportable	(F) Estimated
	hours per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	amount of other compensation from the organization and related organizations
5)										
6)										
7)										
8)										
9)										
22)										
23) —			-	_		-	-			
24)										
25)										
b Sub-total						•		0	0	0
c Total from continuation sheets to Part	VII, Sectio	n A					>	0	0	0
d Total (add lines 1b and 1c) Total number of individuals (including but	not limited	to tho	se list	ed a	bove	e) who	rec	eived more than \$10	0,000 of reportable	<u> </u>
from the organization ▶										Yes
Did the organization list any former office employee on line 1a? If "Yes," complete \$				-		oyee, (or hi	ighest compensated		3
For any individual listed on line 1a, is the the organization and related organizations	•							•		
Individual Did any person listed on line 1a receive of services rendered to the organization? If						_		-	 ividual for	5
Section B. Independent Contractors		<i>'</i>								1 - 1
Complete this table for your five highest compensation from the organization Rep										y vear
(A)	or compe	134101	1 10. (1	ic ca	iciic	iai yee	T .	(B)	ic organization's ta	(C)
Name and business	address						_	Description of se	ervices	Compensation
,	_									
2 Total number of independent contractors	(ıncludıng	but no	t limite	d to	tho	se liste	ed a	bove) who received i	more than	All Italy Mindely

! !	•	·		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, crants and smalls organized.	555.		revenue		512 - 514
a Co	h	Total. Add lines 1a-1f	. •	81745.	-		
Program Service Revenue	2a _ b _ c _ d _	Busin	ess Code				
Prog R	e _ f	All other program service revenue Total. Add lines 2a-2f	•				
:	3 4 5	Investment income (including dividends, interest other similar amounts) Income from investment of tax-exempt bond proceeds Royalties	est, and				
_	6a - b c d 7a	Gross rents Less rental expenses Rental income or (loss) Net rental income or (loss)	. Dther			-	-
	l	Less cost or other basis and sales expenses Gain or (loss) Net gain or (loss)	•				
Other Revenue	b c		5868. 4619.	12249.	,		
	10a b	Less cost of goods sold . b 135	. ► 0482. 5919.	154563.	-		
	11a		ness Code	134363.			
	b d	All other revenue					
		Total. Add lines 11a-11d Total revenue. See instructions	•	248557.		<u></u>	

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. Management and 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals See Part IV. line 22 Grants and other assistance to foreign organizations, foreign goverments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 71096. 71096. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions). 9 Other employee benefits 10 Payroll taxes Fees for services (non-employees) Management Legal 7664. 7664. Accounting Lobbying Prof-fundraising-services See Part IV, line 17-Investment management fees Other (If line 11g amount exceeds 10% of line 25, col (A) amount, list line 11g expenses on Sch O) 12 Advertising and promotion 13 Office expenses 14 Information technology 15 Royalties 41478. 41478. 16 Occupancy 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates 6421. 6421. 22 Depreciation, depletion, and amortization 3099. 3099. 23 Insurance 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) 7137. SEE STMT 972. b 2353. C 9985. d 56643. 56643. е All other expenses 206848. 206848. Total functional expenses. Add lines 1 through 24e 25 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ▶ If following SOP 98-2 (ASC 958-720)

		Check if Schedule O contains a response or note to any line in this Part		Г	
			(A)		(B)
			Beginning of year		End of year
-	1	Cash - non-interest-bearing	23524.	1	70398
	2	Savings and temporary cash investments .	41836.	2	64966
	3	Pledges and grants receivable, net	·	3	
	4	Accounts receivable, net	15759.	4	23051
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L .		5	
ł	6	Loans and other receivables from other disqualified persons (as defined			· · · · · · · · · · · · · · · · · · ·
ļ		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			
ets		Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
۹	8	Inventories for sale or use		8	· · · · · · · · · · · · · · · · · · ·
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 162115.			
	b	Less accumulated depreciation 10b 79953.	81194.	10c	82162
	11	Investments - publicly traded securities	01131.	11	02102
	12	Investments - other securities See Part IV, line 11		12	
- 1	13			13	
		Investments - program-related See Part IV, line 11		14	
	14	Intangible assets	3445.		2//
	15	Other assets See Part IV, line 11	165758.	15	3445 244022
\dashv	16	Total assets. Add lines 1 through 15 (must equal line 34)	- 4484.	16	
	-17 -	, ,	4404.	17	5270
	18	Grants payable	-	18	
	19	Deferred revenue .		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors,			
ia de		trustees, key employees, highest compensated employees, and	= *	- 4	
-		disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		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			
Į		of Schedule D		25	35770
	26	Total liabilities. Add lines 17 through 25	4484.	26	41040
		Organizations that follow SFAS 117 (ASC 958), check here ▶ 🔲 and			
es		complete lines 27 through 29, and lines 33 and 34.			-
<u>ي</u>	27	Unrestricted net assets		27	
ga;	28	Temporarily restricted net assets		28	
٦	29	Permanently restricted net assets		29	
֡֡֞֞֞֞֡֞֞֡֞֞֞֡֞֞֡֞֞֞֞֞֞֡֞֞֡֞֞֡֞֞֡֡		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ 🏻			
ō		and complete lines 30 through 34.			
धु	30	Capital stock or trust principal, or current funds		30	
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds	161274.	32	202982
≵					
Net Assets or Fund Balances	33	Total net assets or fund balances	161274.	33	202982

990 (2015)

Form

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047 **2015**

Open to Public Inspection

Employer identification number

LAKE OCONEE ELKS LODGE 2849 20-5597991 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 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? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, 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 a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Tax Year a Total number of conservation easements . 2a b Total acreage restricted by conservation easements 2b c Number of conservation easements on a certified historic structure included in (a) 2c d 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 during the tax year Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, 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 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1 a 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 XIII, the text of the footnote to its financial statements that describes these items b 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

2 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

following amounts relating to these items

(ii) Assets included in Form 990, Part X

b Assets included in Form 990. Part X

(i) Revenue included on Form 990, Part VIII, line 1.

a Revenue included on Form 990, Part VIII, line 1. .

r a		(continue	_	Conections of Art,	nistorical Treasure	es, or Other Si	illilar F	455612		
3			n's acquisition, accession	, and other records, chec	k any of the following th	at are a significant	use of its	s collectio	n item:	 s
	(check all	that apply)								
а	Public	exhibition			d Loan or exchang	ge programs				
b	Schol	arly research	1		e Other					
С	Prese	ervation for fu	iture generations							
4			of the organization's colle	ections and explain how t	hey further the organizat	tion's exempt purp	ose in Pa	rt XIII		
5			e organization solicit or r							
	to raise fu	ınds rather th	nan to be maintained as p	part of the organization's	collection?			Yes		No
Pai	rt IV		ind Custodial Arrar			on answered "Y	'es" to I	Form 99	90,	
	I- 4h		line 9, or reported a							
та	_		agent, trustee, custodian	or other intermediary for	r contributions or other a	issets not included		п.,		
		990, Part X?	B+ VIII			•		Yes	Ш	No
D	it "Yes," e	expiain the ar	rangement in Part XIII ar	na complete the following	table	ı	1			
	S							Amo	unt	
	Beginning			• •	•		1c			
		during the ye			•		1d			
		ons during the	e year	-	•		1e			
	Ending ba			000 D-4 V h 24 f-		·	1f		ाज	
			relude an amount on For				-	∐ Yes	띰	No
	rt V		rrangement in Part XIII C				art IV	line 10		
. α		LIIGOWIII	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years		(e) Four	oore b	
1 2	Beginning	n of year	(a) Current year	(b) Filol year	(c) Two years back	(u) Three years	Dack ((e) Four	rears D	ack
ıu	balance	y or year								
h	Contribut	ione					-			
	Net inves									
	earnings,	gains,					- -	_	_	
- d		scholarships								
		penditures								
·	for facilities									
	programs									
f	Administr						·			
•	expenses						1			
а	•	ar balance								
2			percentage of the currer	nt vear end balance (line	1g. column (a)) held as	L	I			
а				0.00 %	3, (-,,					
		nt endowme	·	%						
				00 %						
	· ·	•	nes 2a, 2b, and 2c should	d equal 100%						
3a		-	funds not in the possess		at are held and administ	tered for the organ	zation by	,	Yes	No
		ated organiza				•	•	3a(i)		
	(ii) relate	ed organization	ons					3a(ii)		
b	If "Yes" o	n line 3a(ii),	are the related organizati	ons listed as required on	Schedule R? .			3b		
4			he intended uses of the o					1	1	
Pa	rt VI	Land, Bu	ildings, and Equip	ment.						
			e if the organization a		Form 990, PartIV, Iir	ne 11a. See Fo	rm 990	, Part X	line	10.
		Description of		(a) Cost or other	(b) Cost or other	(c) Accumula	ı	(d) Boo		
				basis (investment)	basis (other)	Depreciation	,			
1a	Land									
b	Buildings	i								
С	Leaseho	ld improveme	ents	81,197.		6,08			,110	
đ	Equipme	nt .		75,816.		70,08		5	,73	5.
е	Other	<u> </u>		5,102.		3,78	6.	1	,31	6.
Tota	l. Add line	s 1a through	n 1e (Column (d) must eq	qual Form 990, Part X, co	olumn (B), line 10c)		>	82	,16	1.

1.	(a) Description of Liability	(b) Book value
(1) Federal	Income Taxes	
(2) DUES		35 , 770.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Colu	mn (h) must equal Form 990, Part Y, col. (B) line 25.)	35.770

^{2.} Liability for uncertain tax positions. In Part XIII, 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) Check here if the text of the footnote has been provided in Part XIII

Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than

		receipts greater	tnan ๖๖.บบบ					
		<u> </u>	(a) Eve	nt #1	(b) Eve	nt #2	(c) Other events	(d) Total events (add col (a) through
			(event t	ype)	(event ty	pe)	(total number)	col (c)
nue								
Revenue	1	Gross receipts						
ir.	2	Less Contributions						
	3	Gross income (line 1					···	
		minus line 2)						
	4	Cash prizes .						
	_	Cash phizes .					,	
S	5	Noncash prizes						
ens(_	5						
Ехр	6	Rent/facility costs						
Direct Expenses	7	Food and beverages .						
	_							
	8	Entertainment			-			
	9	Other direct expenses						
	10	Direct expense summary	y Add lines 4 thr	ough 9 ın colui	mn (d)			>
	11	Net income summary S						>
Pa	rt II	Gaming. Comple Form 990-EZ, lin		ization answ	ered "Yes" on F	orm 990, Pa	art IV, line 19, or repo	rted more than \$15,000 on
	_	Foitii 990-⊑Z, iiii	(a)−Bı	ngo	- (b) Pull tabs	/ınstant -	(c) Other gaming	(d) Total gaming (add
Revenue			1	·	,			
×	I				bingo/progres	sive bingo		col (a) through col (c))
Ř					bingo/progres	sive bingo		1
	1	Gross revenue			bingo/progres	sive bingo		1
	1 2	Gross revenue Cash prizes			bingo/progres	sive bingo		1
					bingo/progres	sive bingo		1
					bingo/progres	sive bingo		1
	3	Cash prizes Noncash prizes .			bingo/progres	sive bingo		1
Direct Expenses Rev	2	Cash prizes			bingo/progres	sive bingo		1
	3	Cash prizes Noncash prizes .						col (a) through col (c))
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	Yes	0.0%	Yes	0.0%	Yes0.	1
	3 4	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	No No		Yes			col (a) through col (c))
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses	No No		YesNo		Yes0.	col (a) through col (c)
	2 3 4 5	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor	No No Y Add lines 2 thr	ough 5 in colu	YesNo		Yes0.	col (a) through col (c))
6 Direct Expenses	2 3 4 5 6 7 8	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summar Net gaming income sum	No y Add lines 2 thr mary Subtract li	rough 5 in coluine 7 from line	Yes No no long activities	0.0%	Yes0.	Col (a) through col (c))
bred Expenses	2 3 4 5 6 7 8 Errals	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summar Net gaming income sum inter the state(s) in which the organization licensed	No y Add lines 2 thr mary Subtract li	rough 5 in coluine 7 from line	Yes No no long activities	0.0%	Yes0.	col (a) through col (c))
bred Expenses	2 3 4 5 6 7 8 Errals	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summar Net gaming income sum	No y Add lines 2 thr mary Subtract li	rough 5 in coluine 7 from line	Yes No no long activities	0.0%	Yes0.	Col (a) through col (c))
bred Expenses	2 3 4 5 6 7 8 Errals	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summar Net gaming income sum inter the state(s) in which the organization licensed	No y Add lines 2 thr mary Subtract li	rough 5 in coluine 7 from line	Yes No no long activities	0.0%	Yes0.	Col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8 Errals biff	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summar Net gaming income sum Inter the state(s) in which the organization licensed "No," explain	No y Add lines 2 thr mary Subtract li ne organization c to conduct gamir	rough 5 in coluine 7 from line conducts gaming activities in	Yes No mn (d) 1, column d ag activities each of these sta	0.0% 	Yes 0. No	Col (a) through col (c))
Direct Expenses	2 3 4 5 6 7 8 Errals biff	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summar Net gaming income sum her the state(s) in which the organization licensed "No," explain	No y Add lines 2 thr mary Subtract li ne organization c to conduct gamir	rough 5 in coluine 7 from line conducts gaming activities in	Yes No mn (d) 1, column d ag activities each of these sta	0.0% 	Yes 0. No	O% Yes No
Direct Expenses	2 3 4 5 6 7 8 Errals biff	Cash prizes Noncash prizes Rent/facility costs Other direct expenses Volunteer labor Direct expense summar Net gaming income sum Inter the state(s) in which the organization licensed "No," explain	No y Add lines 2 thr mary Subtract li ne organization c to conduct gamir	rough 5 in coluine 7 from line conducts gaming activities in	Yes No mn (d) 1, column d ag activities each of these sta	0.0% 	Yes 0. No	O% Yes No

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.

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.

:Z	OMB No 1545-0047
on	2015
gov/form990.	Open to Public 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 FIRST OFFICERS BY MOTE	
ALL MEMBERS ELECT OFFICERS BI VOIE.	
FORM 990, PART VI, SECTION A, LINE 7B	
MUST OPERATE BY GRAND LODGE STATUES. LOCAL MAT	TERS ARE
SUBJECT TO APPROVAL BY MEMBERS.	
	
	, the state of the