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Short Form  
Return of Organization Exempt From Income Tax

2009

Open to Public  
Inspection

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

► Sponsoring organizations or donor advised funds and controlling organizations as defined in section 512(b)(1) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

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

<b>A For the 2009 calendar year, or tax year beginning</b>		Apr 1	<b>, 2009, and ending</b>	Mar 31	<b>, 2010</b>
<b>B Check if applicable</b>		<b>C Name of organization</b>		<b>D Employer identification number</b>	
<input type="checkbox"/> Address change	<input type="checkbox"/> Please use IRS label or print or type. See Specific Instructions.	OLD TOWN ELKS LODGE NO. 1287		01-0236928	
<input type="checkbox"/> Name change		Number and street (or P.O. box if mail is not delivered to street address)		E Telephone number	
<input type="checkbox"/> Initial return		PO BOX 486		(207) 827-8499	
<input type="checkbox"/> Termination		City or town, state or country, and ZIP + 4		F Group Exemption Number	
<input type="checkbox"/> Amended return		OLD TOWN		ME 04468	► 1156
<b>• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).</b>					

**I Website:** ► N/A

**J Tax-exempt status (check only one)** ►  501(c) (8) (insert no)  4947(a)(1) or  527

**K Check** ►  **if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return**

**L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts if \$500,000 or more, file Form 990 instead of Form 990-EZ** ► \$ 484,328.

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I.)

<b>REVENUE</b>	1 Contributions, gifts, grants, and similar amounts received	1	38,195.
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	15,240.
	4 Investment income	4	19.
	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 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here ► <input checked="" type="checkbox"/>	6a	327,840.
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6b	323,013.
	b Less direct expenses other than fundraising expenses	6c	4,827.
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ► See Other Revenue Statement)	8	103,034.	
<b>9 Total revenue.</b> Add lines 1 2 3 4 5c, 6c, 7c, and 8	9	161,315.	
<b>EXPENSES</b>	10 Grants and similar amounts paid (attach schedule)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation and employee benefits	12	8,770.
	13 Professional fees and other payments to independent contractors	13	3,177.
	14 Occupancy rent, utilities, and maintenance	14	21,315.
	15 Printing publications, postage and shipping	15	5,885.
	16 Other expenses (describe ► See Other Expenses Statement)	16	104,249.
	<b>17 Total expenses.</b> Add lines 10 through 16	17	149,396.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,919.
	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	295,283.
20 Other changes in net assets or fund balances (attach explanation)	20		
<b>21 Net assets or fund balances at end of year.</b> Combine lines 18 through 20	21	307,202.	

<b>Part II Balance Sheets.</b> If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ			
(See the instructions for Part II)			
		<b>(A) Beginning of year</b>	<b>(B) End of year</b>
22 Cash, savings and investments	23,638.	22	48,114.
23 Land and buildings	643,065.	23	617,835.
24 Other assets (describe ► See L-24 Stmt)	11,594.	24	11,700.
<b>25 Total assets</b>	678,297.	25	617,649.
26 Total liabilities (describe ► See T-26 Stmt)	383,014.	26	310,447.
<b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	295,283.	27	307,202.

**Part III Statement of Program Service Accomplishments** (See the instructions)What is the organization's primary exempt purpose? **FRATERNAL AND SOCIAL WELFARE ORGANIZATION**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title

**Expenses**

(Required for section 501(c)(3) and (4) organizations and section 1947(a)(1) trusts; optional for others)

28	-----	-----	-----	
	(Grants \$ ) If this amount includes foreign grants, check here	► <input type="checkbox"/>	28a	
29	-----	-----	-----	
	(Grants \$ ) If this amount includes foreign grants, check here	► <input type="checkbox"/>	29a	
30	-----	-----	-----	
	(Grants \$ ) If this amount includes foreign grants, check here	► <input type="checkbox"/>	30a	
31	Other program services (attach schedule)			
	(Grants \$ ) If this amount includes foreign grants, check here	► <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a)		► <input type="checkbox"/>	32

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (See the instrs)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
KYLE SMART 32 LITTLEFIELD OLD TOWN ME 04468	ER 2.00	0.	0.	
DAVID ST PETER 50 S SHORE RD GLENBURN ME 04401	LK 2.00	0.	0.	
RICK TIDWELL 2923 EDINBURG RD ARGYLE ME 04468	LK 2.00	0.	0.	
TOM AMMERMAN 620 COLLEGE AVE OLD TOWN ME 04468	LK 2.00	0.	0.	
BOB MARTIN PO BOX 13 BRADLEY ME 04411	SECRETARY 10.00	3,500.	0.	
SCOTT CATES 62 CARROLL ST OLD TOWN ME 04468	TREASURER 10.00	1,575.	0.	
DON MADDEN OLD TOWN ME 04468	TRUSTEE 1.00	0.	0.	
JUDY CYR OLD TOWN ME 04468	TRUSTEE 1.00	0.	0.	
DALE PORTER OLD TOWN ME 04468	TRUSTEE 1.00	0.	0.	
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
-----	-----	-----	-----	-----
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**Part V Other Information** (Note the statement requirements in the instrs for Part V.)

**33** Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity **33**  **34** Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes **34**  **35** If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T  
 a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements? **35a**   
 b If 'Yes,' has it filed a tax return on **Form 990-T** for this year? **35b**   
**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 **36**   
**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? **37b**   
**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 period covered by this return?  
 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 ►  , section 4912 ►  section 4955 ►   
 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 is it 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 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 ►   
 d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ►   
 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**

**41** List the states with which a copy of this return is filed ►

**42a** The organization's books are in care of ► SCOTT CATES, TREASURER Telephone no ► (207) 827-8499  
 Located at ► PO BOX 486 OLD TOWN ME ZIP + 4 ► 04468

**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 ►

	Yes	No
<b>42b</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>42c</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

See the instructions for exceptions and filing requirements for **Form TD F 90-221 Report of a Foreign Bank and Financial Accounts**

**c** At any time during the calendar year did the organization maintain an office outside of the U.S.?  
 If 'Yes,' enter the name of the foreign country ►

**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**

**44** Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **44**

**45** Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ **45**

## Part VI

**Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

**46** 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

**47** Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II

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

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

**b** If 'Yes,' was the related organization a section 527 organization?

Yes No

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'.

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'.

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

<p>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.</p> <p><b>Sign Here</b></p> <p>► <u>Scott Cates</u>      ,      <input checked="" type="checkbox"/> <u>8/10/10</u></p> <p>► <u>Scott Cates</u>      Treasurer      <input checked="" type="checkbox"/></p> <p>► Type or print name and title</p>	
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**Paid  
Pre-  
parer's  
Use  
Only**

Preparer's signature	<i>Dean Adams</i>	Date	06/14/10	Check if self employed	<input type="checkbox"/>	Preparer's Identifying Number (See instructions)
Firm's name (or yours if self-employed), address, and ZIP + 4	ADAMS ACCOUNTING SERVICE 250 CENTER ST # 430 AUBURN			EIN		
	ME	04210	Phone no	(207) 570-1238		

May the IRS discuss this return with the preparer shown above? See instructions

**BAA**

►  Yes  No



**Part II Fundraising Events.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other Events NONE (total number)	(d) Total Events (Add col. (a) through col. (c))
<b>REVENUE</b>				
1 Gross receipts				
2 Less Charitable contributions				
3 Gross income (line 1 minus line 2)				
<b>DIRECT EXPENSES</b>				
4 Cash prizes				
5 Noncash prizes				
6 Rent/facility costs				
7 Food and beverages				
8 Entertainment				
9 Other direct expenses				
10 Direct expense summary. Add lines 4 through 9 in column (d)				
11 Net income summary. Combine lines 3, column (d) and line 10				

**Part III Gaming.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

	(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col. (a) through col. (c))
<b>REVENUE</b>				
1 Gross revenue	135,254.		192,586.	327,840.
<b>EXPENSES</b>				
2 Cash prizes	91,455.		168,321.	259,776.
3 Non-cash prizes				
4 Rent/facility costs	31,710.		5,649.	37,359.
5 Other direct expenses	10,292.		15,586.	25,878.
6 Volunteer labor	<input checked="" type="checkbox"/> Yes 25.00 % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes % <input checked="" type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d)				323,013.
8 Net gaming income summary. Combine lines 1, column (d) and line 7				4,827.

9 Enter the state(s) in which the organization operates gaming activities Maine

a Is the organization licensed to operate gaming activities in each of these states?

b If 'No,' explain

YES	NO
<input checked="" type="checkbox"/>	<input type="checkbox"/>
9a	X
<input type="checkbox"/>	<input checked="" type="checkbox"/>
10a	X
<input type="checkbox"/>	<input checked="" type="checkbox"/>
11	X
<input type="checkbox"/>	<input checked="" type="checkbox"/>
12	X

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If 'Yes,' explain

11 Does the organization operate gaming activities with nonmembers?

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

		YES	NO
<b>13</b>	Indicate the percentage of gaming activity operated in		
a The organization's facility		13a	3
b An outside facility		13b	8
<b>14</b>	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
Name ► <u>SCOTT CATES</u>			
Address ► <u>PO BOX 486 OI,D TOWN, ME 04468</u>			
<b>15a</b>	Does the organization have a contact with a third party from whom the organization receives gaming revenue?		
b If 'Yes,' enter the amount of gaming revenue received by the organization \$ _____ and the amount of gaming revenue retained by the third party \$ _____		15a X	
c If 'Yes,' enter name and address of the third party			
Name ►			
Address ►			
<b>16</b>	Gaming manager information		
Name ► <u>SCOTT CATES</u>			
Gaming manager compensation ► \$ <u>0.</u>			
Description of services provided ► <u>ACCOUNTING &amp; OVERSIGHT</u>			
<input checked="" type="checkbox"/> Director/officer		<input type="checkbox"/> Employee	
		<input type="checkbox"/> Independent contractor	
<b>17</b>	Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?		17a X	
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$			

Depreciation and Amortization  
(Including Information on Listed Property)

2009

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

## Part II Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1	\$250,000.
2	
3	\$800,000.
4	
5	

6	(a) Description of property	(b) Cost (business use only)	(c) First and cost	
7	Listed property Enter the amount from line 29		7	
8	Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7		8	
9	Tentative deduction Enter the smaller of line 5 or line 8		9	
10	Carryover of disallowed deduction from line 13 of your 2008 Form 4562		10	
11	Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instrs)		11	
12	Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11		12	
13	Carryover of disallowed deduction to 2010 Add lines 9 and 10, less line 12	►	13	

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

## Part III Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	

## Part III MACRS Depreciation (Do not include listed property) (See instructions)

## Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2009	17	27,175.
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	►	<input type="checkbox"/>

## Section B – Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only – see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property		1,566.	5.0 yrs	HY	200 DB	313.
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27.5 yrs	MM	S/L	
i Nonresidential real property	10/09	700.	39 yrs	MM	S/L	8.
				MM	S/L	

## Section C – Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

## Part IV Summary (See instructions)

21	Listed property Enter amount from line 28	21	
22	Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return. Partnerships and S corporations – see instructions	22	27,496.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A – Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

24a Do you have evidence to support the business/investment use claimed?		Yes	No	24b If 'Yes,' is the evidence written?		Yes	No	
(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation deduction	(i) Electing section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)								25
26 Property used more than 50% in a qualified business use								
27 Property used 50% or less in a qualified business use								
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1							28	
29 Add amounts in column (i), line 26 Enter here and on line 7 page 1								29

**Section B – Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other 'more than 5% owner,' or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

30 Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
	Yes	No										
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

**Section C – Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

37 Do you maintain a written policy statement that prohibits all personal use of vehicles including commuting by your employees?	Yes	No
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions.) <i>Note: If your answer to 37, 38, 39, 40, or 41 is 'Yes,' do not complete Section B for the covered vehicles</i>		

**Part VI Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2009 tax year (see instructions)					
43 Amortization of costs that began before your 2009 tax year				43	123.
44 Total. Add amounts in column (f) See the instructions for where to report				44	123.

Name as Shown on Return OLD TOWN ELKS LODGE NO. 1287	Employer Identification No 01-0236928
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Line 24 - Other Assets:	Beginning of Year	End of Year
INVENTORY	9,273.	9,502.
INTANGIBLE ASSETS, NET OF AMORT	2,321.	2,198.
<b>Totals to Form 990-EZ, Part II, line 24</b>	<b>11,594.</b>	<b>11,700.</b>
Line 26 - Total Liabilities:	Beginning of Year	End of Year
ACCOUNTS PAYABLE	12,016.	9,959.
DEFERRED REVENUE	2,250.	2,250.
MORTGAGE PAYABLE	368,748.	358,238.
<b>Totals to Form 990-EZ, Part II, line 26</b>	<b>383,014.</b>	<b>370,447.</b>

Form 990-EZ, Part I, Line 8

**Other Revenue Statement**

Other revenue (describe)	
<u>HALL RENTAL</u>	15,269.
<u>LOUNGE</u>	87,765.
Total	103,034.

Form 990-EZ, Part I, Line 16

**Other Expenses Statement**

Other expenses (describe)	
<u>Depreciation</u>	21,496.
<u>Amortization</u>	123.
<u>CONVENTIONS, MEETINGS</u>	11,695.
<u>INSURANCE</u>	6,055.
<u>SUPPLIES</u>	24,974.
<u>OFFICE EXPENSES</u>	3,663.
<u>PER CAPITA DUES</u>	4,634.
<u>PAYROLL TAXES</u>	828.
<u>OTHER TAXES</u>	265.
<u>TELEPHONE</u>	1,818.
<u>PUBLIC SERVICE &amp; CHARITABLE CONTRIBUTIONS</u>	18,273.
<u>MISC. EXPENSES</u>	1,258.
<u>LICENSES</u>	3,167.
Total	104,249.

Form 990-T, Page 1, Part II, Line 28

**Other Deductions Statement**

<u>INSURANCE</u>	295.
<u>UTILITIES</u>	4,092.
Total	4,387.