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Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

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

Open to Public Inspection

<u>A</u>	For the	e 2009 calendar year, or tax year beginning APR 1, 2009 and endin	g MAR 31, 2010				
В	Check if applicab	Please use IRS C Name of organization	D Employer identifi	cation number			
	Addre	ess label or BARRE ELKS LODGE #1535					
	Name chang	ge type Doing Business As	03-0	104530			
Ę	Initial return	n See Number and street (or P.O. box it mail is not delivered to street address) Room/					
누	Termii ated Amen	Instruct PO BOX 245		479-9522			
누	return	City or town, state or country, and ZIP + 4	G Gross receipts \$	1,146,247.			
<u> </u>	ltion pendi	DARKE, VI USU41	H(a) Is this a group re				
		F Name and address of principal officer BRADLEY LAWSON PO BOX 245, BARRE, VT 05641	for affiliates?	Yes X No			
$\overline{}$	Tay-ey	rempt status: X 501(c) (x) ◀ (insert no.) 4947(a)(1) or 527	H(b) Are all affiliates inc	luded? Yes No			
		te: N/A	H(c) Group exemptio				
			Year of formation: 1958				
	art I	Summary		Total of logal controllor, V &			
9	1	Briefly describe the organization's mission or most significant activities: FRATERNA	AL ORDER OPERA	TING UNDER			
2010 Activities & Governance		LODGE SYSTEM					
ern	2	Check this box	more than 25% of its net as	ssets			
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)	3	8			
ಷ	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	8			
ties	5	Total number of employees (Part V, line 2a)	5	0			
Ċ.	6	Total number of volunteers (estimate if necessary)	6	0			
<u>-</u> ₹	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	1,799.			
\equiv	<u>B</u>	Net unrelated business taxable income from Form 990-T, ilme 34	. 7b	886.			
	1	Contributions and small (Dark IIII)	Prior Year 2 , 450 .	Current Year 51,612.			
	9	Program service revenue (Part VIII, line 29) 2 2010	44,905.	J1,012.			
AUU 1 8	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,082.	8,398.			
₹		Other revenue (Part VIII, column (A), times 5, 6d, 8c, 9c, 10c, and (11e)	221,914.	203,954.			
<u> </u>	12	Total revenue - add lines 8 through 1 Concernation and Part VIII, column (A), line 12)	273,351.	263,964.			
Expenses Expenses		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,000.	3,000.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)					
₹s	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	138,091.	118,908.			
Se S	16a	Professional fundraising fees (Part IX, column (A), line 11e)					
Ä	1	Total fundraising expenses (Part IX, column (D), line 25)					
_	1	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	195,127.	<u>196,174.</u>			
	,	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	335,218.	318,082.			
<u> </u>	19	Revenue less expenses. Subtract line 18 from line 12	-61,867.				
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year			
Ass	21	Total liabilities (Part X, line 16)	520,061. 286,292.	521,756.			
₹₹	22	Net assets or fund balances. Subtract line 21 from line 20	233,769.	287,204. 234,552.			
Pa	art II	Signature Block	233,703.	234,332.			
		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statem	ents, and to the best of my knowledg	ge and belief, it is true, correct,			
		and complete. Declaration of preparer (Oher than officer) is based on all information of which preparer has any knowledge.	eage				
Sig	n	Tor- or thrush	_ 6-30	~10			
Her	e	Signature of office X	Date				
		BRADLEY LAWSON, TREASURER					
		Type or print name and title	Total de	-			
Paid Preparer's Signature Small K Sallely 05/29/10 employed Preparer's identifying number (see instructions)							
Preparer's Firm's name (of PARCHET DEP ACCOCTANGE D. C.							
Use Only Self-employed, 1 CONTI CIRCLE							
		address, and BARRE, VERMONT 05641	Dhone no N O A	02-476-9490			
May	the IF	AS discuss this return with the preparer shown above? (see instructions)	Filone iio.	X Yes No			
	01 02-0		instructions	Form 990 (2009)			

	990'(2009) BARRE ELKS LODGE #1535	<u>03-010453</u>	0 Page 2
Pa	rt III Statement of Program Service Accomplishments		
1	Briefly describe the organization's mission FRATERNAL ORDER OPERATING UNDER LODGE SYSTEM		
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		es X No
3	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program service	s?	es X No
4	If "Yes," describe these changes on Schedule O. Describe the exempt purpose achievements for each of the organization's three largest program services by		
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount allocations to others, the total expenses, and revenue, if any, for each program service reported.	of grants and	
4a	THE LODGE PROVIDES SPACE, FOOD AND SUPPORT FOR CHARITA IN ADDITION TO ITS MEMBERS. THE LODGE ENTERTAINED 26	ELKS FUNCTI ACILITITES	ONS
4b	(Code) (Expenses \$ including grants of \$) THE LODGE PROVIDES BAR AND DINING FACILITIES FOR THE B	(Revenue \$)
	ITS MEMBERS AND THEIR GUESTS IN FURTHERANCE OF ITS FRA		
4c	(Code:) (Expenses \$ including grants of \$)	(Revenue \$	
4d	Other program services. (Describe in Schedule O) (Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶\$ 318,082.		
32002 2-04-		Form	990 (2009)

Form 990 (2009) BARRE ELKS LODGE #1535
Part IV Checklist of Required Schedules

			Yes	No	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?				
	If "Yes," complete Schedule A	1		X	
2	ls the organization required to complete Schedule B, Schedule of Contributors?				
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			<u> </u>	
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4			
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and				
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5			
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			_	
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,				
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X	
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete				
	Schedule D, Part III	8		X	
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide				
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?				
	If "Yes," complete Schedule D, Part V	10		Х	
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X				
	as applicable	11	X		
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,				
	Part VI.				
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total				
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.				
•	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.				
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in				
	Part X, line 16? If "Yes," complete Schedule D, Part IX.				
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.				
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses				
	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.				
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete				
	Schedule D, Parts XI, XII, and XIII.	12		X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? Yes No				
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional . 12A X				
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X	
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X	
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,				
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		_X_	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization				
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		_X_	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals				
	located outside the United States? If "Yes," complete Schedule F, Part III	16		_X_	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,				
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines				
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"				
	complete Schedule G, Part III	19		_X_	
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20_		<u>X</u>	
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Pa	rt IV Checklist of Required Schedules (continued)	······································		
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the	е		
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Pa	art 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 current section (A) and the organization of the org	rent		
	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	of the		
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	-		
	Schedule K. If "No", go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defeas	se		
	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		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			_
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, as			
	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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or dis	-		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	contributor, or a grant selection committee member, or to a person related to such an individual? 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	- 21		Λ
	instructions for applicable filing thresholds, conditions, and exceptions):			
а		28a		Х
b				X
	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family memb			
Ŭ	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			X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30	\vdash	
٥.	If "Yes," complete Schedule N, Part I	0.4		v
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31	\vdash	X
92	Schedule N, Part II			v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32	-	<u> </u>
33	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			v
24	•	_33_		X
34	Was the organization related to any tax-exempt or taxable entity?			v
25	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	. <u>34</u>		<u> </u>
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			**
00	If "Yes," complete Schedule R, Part V, line 2	35		<u> </u>
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		i I	

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and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?

Note. All Form 990 filers are required to complete Schedule O.

Par	TV Statements Regarding Other IRS Fillings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of		i	
	U.S. Information Returns. Enter -0- if not applicable 1a 1a 15	<u> </u>		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable)		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable 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 2a 2	Η		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	X	
4a				l
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:	İ		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and			
_	Financial Accounts.	_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	ا ـ ا		
6-	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	<u>5c</u>		
Oa	any contributions that were not tax deductible?			.
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	<u>6a</u>	_	X
D	were not tax deductible?	e L		
7	Organizations that may receive deductible contributions under section 170(c).	6b		
	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		Х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal	1		
	benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings			
	at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter.			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:		l	
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
-	IT "YES " OFFICE THE SMOUNT OF TAY OVERHALISTORE FOREWARD OF SERVICE STORE THE VICE THE TAY OF THE	. 1		

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Form 990'(2009) 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

Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body			
b	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		_X_
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		_X_
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		_X_
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		<u>X</u>
6	Does the organization have members or stockholders?	6		<u>X</u>
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		<u> </u>
þ	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:	i		
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
<u> </u>	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
40	December and the second state of the second state of the second s		Yes	No
	Does the organization have local chapters, branches, or affiliates?	10a		<u>X</u>
D	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b	v	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?		Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990	4.0		v
	Does the organization have a written conflict of interest policy? If "No," go to line 13 Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise	12a		<u>X</u>
b	to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120		
Ī	in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14	1	X
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?		ĺ	
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b	1	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		ľ	
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, all	nd fina	ncial	
~	statements available to the public			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	ion: 🕨	· —	
	BRADLEY LAWSON - 802-479-9522 PO BOX 245, BARRE, VT 05641	 -		
	PO BOX 245, BARRE, VT 05641	Form	990 /	2000)

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

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

Check this box if the organization did not compensate any current officer, director, or trustee.

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. Use Schedule J-2 if additional space is needed.

- 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. 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

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average hours	(cl	Position (check all that apply)		Reportable compensation	Reportable compensation	Estimated amount of			
	per week	Individual trustee or director	institutional trustee	Officer		Highest compensated employee	Ť	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
DAN FECTEAU										
TRUSTEE	1.00	X		_		_	<u> </u>	0.	0.	0.
GREG WEST	4 00						ł			
LEADING KNIGHT	1.00	X						0.	0.	0.
JACK CODLING	1 00	ا ۔ ا							•	•
LECTURING KNIGHT	1.00	X				-		0.	0.	0.
BILL CORRIGAN TRUSTEE	1.00	Ţ			i			0.	0.	0
ALEX FLORUCCI	1.00	^				├	\vdash	U •	0.	0.
TRUSTEE	1.00	y						0.	о.	0.
DON MILNE	1.00			-				0.	0.	<u> </u>
TRUSTEE	1.00	x						0.	0.	0.
BILL CODLING										
EXALTED RULER	2.00	x						0.	0.	0.
JAIME BESSETTE										
TRUSTEE	1.00	Х						0.	0.	0.
GRAINVILLE PAINE										
LOYAL KNIGHT	1.00	X						0.	0.	0.
JOHN CUTLER	j									
STATE TRUSTEE	1.00	X						0.	0.	0.
BRADLEY LAWSON										
TREASURER	3.00	\vdash		Х		L		1,545.	0.	0.
RICHARD PARNIGONI	5 00									
SECRETARY CHARLES KARRARIS	5.00	\vdash		X				4,120.	0.	<u> </u>
CHARLES KARPARIS	40 00			.				27 074	E 147	0
MANAGER	40.00		\dashv	X				37,974.	5,147.	0.
				Į						
			\neg	\dashv			_			
										5 000 (0000)

Form **990** (2009)

	(A) Name and title	(B) Average			(C Pos	C) ition	1		(D) Reportable	(E) Reportable		Est	(F) timate	ed
		hours per week	Individual trustee or director			that	Highest compensated employee	_	compensation from the organization (W-2/1099-MISC)	compensation from related organization (W-2/1099-MIS	n I s	am comp fro orga and	ount other oensa om the anizat I relat nizati	of tion e ion ed
											_			
									42.620	5.1	45			
2	Total Total number of individuals (including but compensation from the organization	not limited to th	iose	liste	d at	oove	e) wh	o re	43,639. eceived more than \$100	5 , 14 0,000 in reportable				0.
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for		stee	, key	/ em	ploy	yee,	or h	nighest compensated er	nployee on	ſ		Yes	No
4	For any individual listed on line 1a, is the s and related organizations greater than \$15	um of reportab		-					•	the organization		3		X X
5 Sec	Did any person listed on line 1a receive or the organization? If "Yes," complete Scheetion B. Independent Contractors	•			rom	any	unr	elat	ed organization for serv	ices rendered to		5		х
1	Complete this table for your five highest of the organization NONE	ompensated inc	depe	nde	nt c	ontr	acto	rs t	hat received more than	\$100,000 of com	pensa	ition fr	om	
	(A) Name and business	s address						1	(B) Description of s	ervices	Co	(C ompen		n
								1						
2	Total number of independent contractors \$100,000 in compensation from the organ	=	ot lır	nited	d to	thos	_	ted	above) who received m	ore than			 .	
	wico,000 in compensation from the organ	ILAUUII									F	orm 9	90 (2	2009)

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must compl	ete column (A) but are		ete columns (B), (C), and	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22	3,000.	3,000.	<u></u>	
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.				
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	42 622	42 620		
	trustees, and key employees	43,639.	43,639.		· · · · · · · · · · · · · · · · · · ·
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	AC 557	46 557		
7	Other salaries and wages	46,557.	46,557.		
8	Pension plan contributions (include section 401(k)				
_	and section 403(b) employer contributions)	11,851.	11,851.		
9 10	Other employee benefits Payroll taxes	16,861.	16,861.		·
11	Fees for services (non-employees):	10,001.	10,001.		
''	Management				
b	Legal	· · · · · · · · · · · · · · · · · · ·			
	Accounting	7,660.	7,660.		
d	Lobbying	7,000.	7,7000.		<u></u>
-	Professional fundraising services. See Part IV, line 17				 -
f	Investment management fees				
g	Other	1,242.	1,242.		·
12	Advertising and promotion				
13	Office expenses	9,632.	9,632.		
14	Information technology				
15	Royalties				
16	Occupancy	76,868.	76,868.		
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				<u></u>
19	Conferences, conventions, and meetings	6,782.	6,782.		
20	Interest .	13,861.	13,861.		
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	17,590.	17,590.		
23	Insurance	16,282.	16,282.		
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
а	DUES, GRAND LODGE	10,976.	10,976.		
b	LAUNDRY & DRY CLEANING	4,053.	4,053.		
С	PRINTING & PUBLICATIONS	2,891.	2,891.		
d	DUES, STATE ASSOCIATION	2,744.	2,744.		
e					
f	All other expenses	25,593.	25,593.		
25	Total functional expenses. Add lines 1 through 24f	318,082.	318,082.	0.	0.
26	Joint costs. Check here if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				5 000 (000)

ai	t X	Balance Sheet	(A)	Т	(B)
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	7,027.	1	34,657
	2	Savings and temporary cash investments	12,232.	2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	1,239.	4	550
Í	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II		i	
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete			
		Part II of Schedule L		6	
2	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	16,299.	8	17,509 3,277
¢	9	Prepaid expenses and deferred charges	9,526.	9	3,277
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,325,789.			
	b	Less: accumulated depreciation 10b 1,054,021.	289,358.	10c	271,768
	11	Investments - publicly traded securities .	181,449.	11	191,608
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,931.	15	2,387
	16	Total assets. Add lines 1 through 15 (must equal line 34)	520,061.	16	521,756
	17	Accounts payable and accrued expenses	51,518.	17	27,054
	18	Grants payable		18	·
	19	Deferred revenue	30,251.	19	33,718
	20	Tax-exempt bond liabilities		20	
2	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Lidbillites	22	Payables to current and former officers, directors, trustees, key employees,			
5		highest compensated employees, and disqualified persons. Complete Part II			
ن		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties	204,523.	23	226,432
1	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	286,292.	26	287,204
		Organizations that follow SFAS 117, check here X and complete			
3		lines 27 through 29, and lines 33 and 34.			
<u> </u>	27	Unrestricted net assets .	152,254.	27	111,355
1	28	Temporarily restricted net assets	81,515.	28	123,197
1 2	29	Permanently restricted net assets		29	
5		Organizations that do not follow SFAS 117, check here			
5		complete lines 30 through 34.		1	
Net Assets of Fully balances	30	Capital stock or trust principal, or current funds		30	
3	31	Paid in or capital surplus, or land, building, or equipment fund		31	
<u> </u>	32	Retained earnings, endowment, accumulated income, or other funds		32	
5		- · · · · · · · · · · · · · · · · · · ·			
	33	Total net assets or fund balances	233,769.	33	234,552

			Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a		2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both: Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	I I	l

Schedule D

Department of the Treasury

Internal Revenue Service

(Form 990)

Supplemental Financial Statements
► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009
Open to Public Inspection

Name of the organization

BARRE ELKS LODGE #1535

Employer identification number

Pa	rt I Organizations Maintaining Donor Advise		de or Accounte Complete of the
· a			25 Of Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	(a) Donor advised funds	(b) Funds and other accounts
	Tabel and a standard area	(a) Donor advised failes	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year	<u> </u>	
5	Did the organization inform all donors and donor advisors in		
_	are the organization's property, subject to the organization's	-	└ Yes └ No
6	Did the organization inform all grantees, donors, and donor a	• •	•
	for chantable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpos	
Da	impermissible private benefit?		Yes No
Pa			Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or p		nistorically important land area
	Protection of natural habitat	Preservation of a ce	ertified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	n of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06	2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by tl	he organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	sement is located >	_
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling o	f
	violations, and enforcement of the conservation easements if	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the year >
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements durin	ng the year ▶ \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	'0(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	tion's financial statements that describe	s the organization's accounting for
	conservation easements		
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or (Other Similar Assets.
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.	
	•		
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and	balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of p	sublic service, provide, in Part XIV, the text of
	the footnote to its financial statements that describes these	tems	
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bala	ance sheet works of art, historical treasures.
	or other similar assets held for public exhibition, education, o		
	these items:	•	3
	(i) Revenues included in Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical tre-	asures or other similar assets for financ	
_	the following amounts required to be reported under SFAS 1		gani, protico
а	Revenues included in Form 990, Part VIII, line 1	TO TOTALING TO THESE REITS	▶ \$
_	Assets included in Form 990, Part X	• •	> \$
b	ASSERT INCIDENCE IN FORM 330, FAIL A	•	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932051 02-01-10

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009

	dule D (Form 990) 2009 BARRE ELKS LODGE #1535				03-010	4530	Page 4
Pa	t XI Reconciliation of Change in Net Assets from Form 990 to	<u>Audi</u>	ted Finan	cial St	atements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)		•	1			964.
2	Total expenses (Form 990, Part IX, column (A), line 25)	•		2		318	082.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		<u>-54</u>	118.
4	Net unrealized gains (losses) on investments			4		54 _,	901.
5	Donated services and use of facilities	•		5			
6	Investment expenses .	•		6			
7	Prior period adjustments .			7			
8	Other (Describe in Part XIV.)			8			
9	Total adjustments (net). Add lines 4 through 8			9		<u> </u>	901.
10 Do:	Excess or (deficit) for the year per audited financial statements. Combine lines 3 art XII Reconciliation of Revenue per Audited Financial Statements.	10	n Dotum		783.		
		BIILS V	viui neve	nue pe			
1	Total revenue, gains, and other support per audited financial statements		•	•	1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 0-	1				
a	Net unrealized gains on investments	2a			 		
b	Donated services and use of facilities	2b		<u> </u>	─ ┤		
C	Recoveries of prior year grants Other (Describe in Part XIV)	2c			 		
d	·	_2d	<u> </u>		- ₀-		
e 2	Add lines 2a through 2d Subtract line 2e from line 1			•	2e 3		
3	• •				3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	_م ا					
a	Other (Describe in Part XIV)	4a 4b					
b	Add lines 4a and 4b	40	<u> </u>				
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	•	•	•	4c 5		
	t XIII Reconciliation of Expenses per Audited Financial Statem	ents \	With Expe	enses i			
1	Total expenses and losses per audited financial statements		•		1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		•	•			
-	Donated services and use of facilities	2a					
b	Prior year adjustments	2b	·				
C	Other losses	2c			-		
d	Other (Describe in Part XIV.)	2d					
е	Add lines 2a through 2d		•		2e		
3	Subtract line 2e from line 1				3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:						
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
b	Other (Describe in Part XIV.)	4b					
С	Add lines 4a and 4b				4c		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5		
Pai	t XIV Supplemental Information						
Com	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part I	II, lines	1a and 4; Pa	art IV, line	es 1b and 2b; P	art V, line	4; Part
(, line	e 2; Part XI, line 8; Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also comp	plete thi	s part to pro	vide any	additional infor	mation.	

					-		
					·		
							- -
			 				
					Cabadula F	/F 04	0000

SCHEDULE O (Form 990)

Supplemental Information to Form 990

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
ZUUS
Open to Public
Inspection

Employer identification number

	BARRE ELKS LODGE #1535						03-01	03-0104530				
<u>Form</u>	990,	Part	VI,	Section	В,	line	11:	GOVERNING	BOARD	APPROVES	990	BEFORE
FILI	NG.											
					_							
Form	990,	Part	VI,	Section	C,	Line	19:	AVAILABLE	THROUG	H WRITTEN	I OR	IN
PERS	ON RE	QUEST	•									
	<u>. </u>							 				
												
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