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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)

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

OMB No 1545-0047

Open to Public Inspection

APR 1. 2010 and ending MAR 31, A For the 2010 calendar year, or tax year beginning D Employer identification number C Name of organization Check if applicable Address change BARRE ELKS LODGE #1535 Name change 03-0104530 Doing Business As Initial Number and street (or P 0 box if mail is not delivered to street address) Room/suite E Telephone number Termin-ated PO BOX 245 802-479-9522 Amended 1,348,067. G Gross receipts \$ City or town, state or country, and ZIP + 4 Applica-BARRE, VT 05641 H(a) Is this a group return pending F Name and address of principal officer: BRADLEY LAWSON Yes X No for affiliates? PO BOX 245, BARRE, VT 05641 H(b) Are all affiliates included? Yes No Tax-exempt status: 501(c)(3) X 501(c) ()◀ (insert no) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► N/A H(c) Group exemption number ▶ K Form of organization X Corporation Trust Association Other > L Year of formation 1958 M State of legal domicile VT Part I Summary Briefly describe the organization's mission or most significant activities: FRATERNAL ORDER OPERATING UNDER Activities & Governance LODGE SYSTEM Check this box If the organization discontinued its operations or disposed of more than 25% of its net assets. 8 Number of voting members of the governing body (Part VI, line 1a) 8 Number of independent voting members of the governing body (Part VI, line 1b) 4 28 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 0 6 Total number of volunteers (estimate if necessary) 6 51,040. 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 -12,767.b Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 51,612. Contributions and grants (Part VIII, line 1h) 74,344. 0. 0. Program service revenue (Part VIII, line 2g) 8,398. 4,609. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 203,954. 243,073. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 263,964. 322,026. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 3,000. 3,190. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 118,908. 102,419.Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses Part X column (D), line 25) 196,174 197,557. 17 Other expenses (Part-IX, column (A), lines 1a-11d, 11f-24f) 18 Total expenses. Add แกะรูป3 17 สุทุษรุป equal Part IX, column (A), line 25) 318,082. 303,166. Revenue less expenses. Subtract line 18 tom line 12 -54,118.18,860. Beginning of Current Year **End of Year** 20 Total assets (Par(X)(II) €) 67 N. U 519,591. 521,756. 21 Total liabilities (Part X. line 26) 287,204 249,168. 234,552. 270,423 Net assets or fund balances. Subtract line 21 from line 20 Part II Signature Block 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 Signature of officer Sign BRADLEY LAWSON, TREASURER Here Type or print name and title Date PTIN Print/Type preparer's name eparer's signature ul k 07/08/11 self-employed BATCHELDER ASSOCIATES Paid Firm's name BATCHELDER ASSOCIATES Preparer Firm's EIN Firm's address 1 CONTI CIRCLE Use Only Phone no 802-476-9490 BARRE, VT 05641 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

	1990 (2010) BARRE ELKS LODGE #1535	03-0104530	Page 2
Pai	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response to any question in this Part III		
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?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the exempt purpose achievements for each of the organization's three largest program services by exp Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of g		
	allocations to others, the total expenses, and revenue, if any, for each program service reported.	grants and	
4a	202 166	evenue \$)
	THE LODGE PROVIDES SPACE, FOOD AND SUPPORT FOR CHARITABI		ONS
	IN ADDITION TO ITS MEMBERS. THE LODGE ENTERTAINED 26 EI	***************************************	
	FOR VAIOUS CHARITIES AND PUBLIC SERVICES. THE LODGE FAC	CILITITES WE	ERE
	ALSO DONATED FOR USE FOR ANOTHER 9 CHARTIABLE FUNCTIONS		
			<u></u>
			-
4b		evenue \$)
	THE LODGE PROVIDES BAR AND DINING FACILITIES FOR THE BEN		
	ITS MEMBERS AND THEIR GUESTS IN FURTHERANCE OF ITS FRATE	ERNAL PURPOS	SE
			
			
4c	(Code:) (Expenses \$ including grants of \$) (Re		
40	(Code:) (Expenses \$) (Re	veune 2)
		· · · · · · · · · · · · · · · · · · ·	
			.
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 303, 166.		

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		<u>X</u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3_	<u> </u>	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4	-	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	 	
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		Х
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		Х
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	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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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	110		
Ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			١,,
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	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, Parts I and IV	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	140		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			<u> </u>
-	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
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	<u> </u>	Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	1		
	complete Schedule G, Part III	19		X
20a		20a	<u> </u>	X
þ	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that	٠		
	operate one or more hospitals must attach audited financial statements (see instructions)	20b	000	2010)
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032003 12-21-10 Form 990 (2010) BARRE ELKS LODGE #1535

Part 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			
	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 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 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 25	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) 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, 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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? 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 a grant selection committee member, or to a person related to such an individual? If "Yes," complete	i		
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			.,
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			v
04	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			v
20	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		X
32	Schedule N. Part II	20		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity?	33		<u> </u>
•	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	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			
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	ļ <u>.</u>		
	Note. All Form 990 filers are required to complete Schedule O	38	х	
			990 (2010)

Par	······································			
	Check if Schedule O contains a response to any question in this Part V		V	
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	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 28			
b	if at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)			
За	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," provide an explanation in Schedule O	3b	Х	
4a	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)?	4a		X
Ь	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			.,
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	 	X
þ	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	 	
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c	نصا	├──
оa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	6-		х
b	any contributions that were not tax deductible? If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	6a	H	
ь	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	- 05		
а	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	1	Х
ь	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 required			
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received 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-C?	7h		ļ
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting			1
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	ļ	
9	Sponsoring organizations maintaining donor advised funds.	0-		İ
a b	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?	9a 9b		
10	Section 501(c)(7) organizations. Enter:	90		
а	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			
11	Section 501(c)(12) organizations. Enter.			
а	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.)			
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	į l		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		ļ
	Note. See the instructions for additional information the organization must report on Schedule O.			
Ь	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 Enter the amount of reserves on hand			
с 14а	Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a		-
	1. 100, The II and a Ferri Le to report those payments in The provide an explanation in deficable of		990 ((2010)
			1	/

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Form 990 (2010) BARRE ELKS LODGE #1535 03-0104530 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 to any question in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 8 **b** Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors or trustees, or key employees to a management company or other person? X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a Х b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7ь Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X 8b **b** Each committee with authority to act on behalf of the governing body? 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 Q X Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Does the organization have local chapters, branches, or affiliates? 10a b 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 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? Х 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Х 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c Х 13 Does the organization have a written whistleblower policy? 13 Does the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official 15a **b** Other officers or key employees of the organization 15b 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 X taxable entity during the year? 16a 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?

	C. Di	SCI	osure

17	List the states with which a copy of this Form 990 is required to be filed	Nor
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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.

public inspection. Indicate now 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, and financial statements available to the public.

State the name, physical address, and telephone number of the person who possesses the books and records of the organization:

BRADLEY LAWSON - 802-479-9522

PO BOX 245, BARRE, VT 05641

Form 990 (2010)

Form 990 (2010) Part VIII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Check if Schedule O contains a response to any question 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 (\overline{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."

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- 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)			_	2)			(D)	(E)	(F)	
Name and Title	Average	,		Pos				Reportable	Reportable	Estimated	
0	hours per week (describe hours for related organizations in Schedule O)	ual trustee or director	lnstitutional trustæe	Call		Highest compensated O		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	
DAN FECTEAU	1 00	v						0		^	
TRUSTEE	1.00	X				\vdash	<u> </u>	0.	0.	0	
ALEX FLORUCCI	1 00	,,									
TRUSTEE	1.00	X		_		_		0.	0.	0	
GRAINVILLE PAINE	1 00	,,									
LOYAL KNIGHT	1.00	X	 	<u> </u>	<u> </u>	<u> </u>	\vdash	0.	0.	0	
ROBERT CAMPO	1.00	v	ĺ					0.	0.	0	
VICE PRESIDENT RICHARD HUNGERFORD	1.00	^			 -	\vdash	-	0.	· ·	- 0	
TRUSTEE	1.00	y.	ĺ				İ	0.	0.	0	
ADAM DUCHARME	1.00					-	 	•	•		
TRUSTEE	1.00	$ _{\mathbf{X}}$						0.	0.	0	
MARY-BETH GACETTA											
TRUSTEE	1.00	X					ŀ	0.	0.	0	
BRADLEY LAWSON											
TREASURER	3.00			X				1,545.	0.	0	
RICHARD PARNIGONI											
SECRETARY	5.00			X				4,120.	0.	0	
										•	
										<u> </u>	

Form 990 (2010)

Part VII Section A. Officers, Dire		nplo	yee			High	est			<u> </u>		
` (A)	(B)			•	C)			(D) (E)			(F)	
Name and title	Average hours per	(c)		Pos		ı app	LΛ	Reportable	Reportable	-	Estimat	
•	week (describe hours for related organizations	istee or director	Institutional frustæe			Highest compensated employee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W-2/1099-MISC)	c	amount other ompens from th organiza and rela	r ation he ation
	In Schedule O)	Indiwdu	Institute	Officer	Key employee	Highest employ	Former			٥	rganizat	tions
<u> </u>												
										_		
										_		
1b Sub-total						Ļ		5,665.		•		0.
c Total from continuation sheets	to Part VII. Section A							0.				0.
d Total (add lines 1b and 1c)						•		5,665.		•		0.
2 Total number of individuals (inclu		ose	liste	ed al	bov	e) wh	no re	eceived more than \$100	,000 in reportable			0
compensation from the organization	tion										Yes	
3 Did the organization list any form			, ke	y em	olqr	yee,	or h	nighest compensated er	nployee on			
line 1a? If "Yes," complete SchedFor any individual listed on line 1			amo	ensa	atior	n and	d oth	her compensation from	the organization	3	i	X
and related organizations greater	r than \$150,000? <i>If</i> "Yes,	" со	mple	ete S	Sche	edule	J f	for such individual	-	4	<u> </u>	X
5 Did any person listed on line 1a r rendered to the organization? If ' Section B. Independent Contractors	"Yes," complete Schedul						elat	ed organization or indivi	dual for services	5		Х
Complete this table for your five the organization. NONE			ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of compe	nsatio	n from	
	(A) d business address							(B) Description of s	ervices	Com	(C) pensatio	
								,				
				_				\$-0.00 · ·				-
	· · · · · · · · · · · · · · · · · · ·											
2 Total number of independent cor \$100,000 in compensation from		ot lir	mrte	d to		se lis	sted	above) who received m	ore than			
										For	m 990	(2010)

	4	. Statement of Never	iue .		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ts st	1 a	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts	b	Membership dues	1b 47	7,218.				
ts, g	c	Fundraising events	1c					
ig'i	d	Related organizations	1d					
Si E	е	Government grants (contribut	ions) 1e					
e Si	f	All other contributions, gifts, gran						
훈뒝		similar amounts not included abo	ve 1f 27	,126.				
20		Noncash contributions included in lines	1a-1f \$		74 244			
9	h	Total. Add lines 1a-1f		•	74,344.	,,,		
	_		Busi	ness Code				
<u>Ş</u>	2 a							
Program Service Revenue	b							
E §	d					-		·
ğ,	-			. –			<u>.</u>	
된	f	All other program service reve	inile					
	9			•	-			
	3	Investment income (including	dividends, interest, ar					
		other similar amounts)		•	4,609.			4,609.
	4	Income from investment of ta	x-exempt bond proces	eds 🕨				
	5	Royalties		•				
				Personal				
	6 a	Gross Rents	8,810.					
	b	Less: rental expenses						
	c		8,810.					
	d				8,810.		8,810.	
	7 a	Gross amount from sales of	(i) Securities (i) Other				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses						
- 1	C -	` '	[
	8 a	• • • •						
Jue	0 0	including \$	of					
Ş		contributions reported on line						
Other Revenu		Part IV, line 18	a .					
ŧ	ь	Less: direct expenses	ь					
0	c		-	▶			Ì	
ļ	9 a	Gross income from gaming ac						***************************************
		Part IV, line 19	a 897	,418.				
	b	Less: direct expenses	ь 795	857.				
	c	: Net income or (loss) from gam	ing activities	>	101,561.		42,230.	59,331.
	10 a	Gross sales of inventory, less	returns					
		and allowances	a 357	,093. ,184.				
		Less: cost of goods sold		7,184.	126 000	126 000		
+		Net income or (loss) from sale			126,909.	126,909.		
-		Miscellaneous Revenu MISCELLANEOUS		ness Code 10099	5 702	5 702		
				0077	5,793.	5,793.		
	b		-					·
	d	All other revenue				···		
	ء م	Total. Add lines 11a-11d	<u> </u>	•	5,793.			
	12	Total revenue. See instructions		•	322,026.	132,702.	51,040.	63,940.
03200			· · · ·	····			,	Form 990 (2010)

Part IX Statement of Functional Expenses

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

	All other organizations must comp				
	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	3,190.	3,190.		·····
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.		1		
	See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	36,097.	36,097.		<u></u>
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	20 500	00 500		
7	Other salaries and wages	39,588.	39,588.		
8	Pension plan contributions (include section 401(k)				
	and section 403(b) employer contributions)	2 212	2 2 2 2		
9	Other employee benefits	9,819.	9,819.		
10	Payroll taxes	16,915.	16,915.		· · · · · · · · · · · · · · · · · · ·
11	Fees for services (non-employees):]	•	
а	Management				
b	Legal	4 076	4 076		
С	Accounting	4,076.	4,076.		
d	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees	12 204	12 204		
9	Other	13,204.	13,204.		
12	Advertising and promotion	11,415.	11,415.		
13	Office expenses	11,415.	11,415.		
14	Information technology				
15	Royalties	66,036.	66,036.		
16	Occupancy	00,030.	00,030.		
17	Travel				
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials	5,953.	5,953.		
19 20	Conferences, conventions, and meetings	15,451.	15,451.	<u></u>	
21	Payments to affiliates	13/431.	13,431.		
22	Depreciation, depletion, and amortization	18,462.	18,462.		
23	Insurance	13,515.	13,515.		
23 24	Other expenses Itemize expenses not covered	10,010.	10,010.		
24	above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
а	DUES, GRAND LODGE	10,990.	10,990.		***************************************
b	LAUNDRY & DRY CLEANING	4,828.	4,828.		
С	PRINTING & PUBLICATIONS	3,256.	3,256.		
d	DUES, STATE ASSOCIATION	2,826.	2,826.		
е					
f	All other expenses	27,545.	27,545.		
25	Total functional expenses. Add lines 1 through 24f	303,166.	303,166.	0.	0.
26	Joint costs. Check here ▶ ☐ If following SOP				
	98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				
00004	0 12-21-10				Form 990 (2010

Part X **Balance Sheet** (A) Beginning of year End of year 50,772. 34,657. 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 550. 595. Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) 6 Assets Notes and loans receivable, net 7 17,509. 16,750. Inventories for sale or use 8 3,277. 9,904. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 1,341,441. 1,072,483. basis. Complete Part VI of Schedule D 10a 10b 271,768. 268,958. 10c b Less: accumulated depreciation 191,608. 170,147. 11 Investments - publicly traded securities 11 12 Investments · other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 14 Intangible assets 14 2,387. 2,465. 15 Other assets. See Part IV, line 11 15 521,756. 27,054. 519,591. 21,044. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 17 17 Accounts payable and accrued expenses 18 Grants payable 18 33,718. 34,177. 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 226,432. 193,947. 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 24 25 Other liabilities. Complete Part X of Schedule D 25 287,204. 249,168. 26 Total liabilities. Add lines 17 through 25 26 Organizations that follow SFAS 117, check here

X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 111,355. 123,197. 124,531. 27 Unrestricted net assets 145,892. 28 28 Temporarily restricted net assets Permanently restricted net assets 29 Organizations that do not follow SFAS 117, check here complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 234,552. 270,423.

519,591. Form 990 (2010)

33

Total net assets or fund balances

Total liabilities and net assets/fund balances

521,756.

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.

032012 12-21-10

X

За

Form 990 (2010)

Act and OMB Circular A-133?

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

2010 Open to Public Inspection

Name of the organization

BARRE ELKS LODGE #1535

Employer identification number 03-0104530

Par	t Organizations Maintaining Donor Advise	ed Funds or Other Similar Fund	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
_		(a) Donor advised funds	(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		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	sed funds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor a		e used only
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for any other purpose	e conferring
	impermissible private benefit?		Yes No
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" to Form 990,	Part IV, line 7
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).	
	Preservation of land for public use (e.g., recreation or e	education) Preservation of an h	istorically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a quali	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 sti	ructure included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 8/17/06, and not on a historic struc	ture
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	ne organization during the tax
	year ▶		
4	Number of states where property subject to conservation ea	asement is located >	
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements	it holds?	L_ Yes L_ 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 during	g the year ▶ \$
8	Does each conservation easement reported on line 2(d) about	ve satisfy the requirements of section 17	O(h)(4)(B)(l)
	and section 170(h)(4)(B)(ii)?		L Yes L No
9	In Part XIV, describe how the organization reports conservat	tion easements in its revenue and expens	se statement, and balance sheet, and
	include, if applicable, the text of the footnote to the organization	ation's financial statements that describe	s the organization's accounting for
r a.	conservation easements.		0.1 0.1 1.1
Pai	Till Organizations Maintaining Collections of		Other Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	If the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public ex		rance of public service, provide, in Part XIV,
	the text of the footnote to its financial statements that described to the footnote to its financial statements.		
ь	If the organization elected, as permitted under SFAS 116 (AS		
	treasures, or other similar assets held for public exhibition, e	education, or research in turtherance of p	ublic service, provide the following amounts
	relating to these items:		. .
	(i) Revenues included in Form 990, Part VIII, line 1		5
_	(ii) Assets included in Form 990, Part X		*
2	If the organization received or held works of art, historical tre		iai gain, provide
	the following amounts required to be reported under SFAS 1	i to (ASC 958) relating to these items:	. .
a	Revenues included in Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		▶ \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2010

Schedule D (Form 990) 2010

268,958.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)

(8) (9) (10)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under 2. FIN 48 (ASC 740)

032053 12-20-10

Schedule D (Form 990) 2010

Sche	dule D (Form 990) 2010 BARRE ELKS LODGE #1535					104530	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audi	ted F	inancial S	Statement		
1	Total revenue (Form 990, Part VIII, column (A), line 12)			1		322	,026.
2	Total expenses (Form 990, Part IX, column (A), line 25)			2		303	,166.
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		18	,860.
4	Net unrealized gains (losses) on investments			4		17	,011.
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		17	,011.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and	19		10		35	,871.
	t XII Reconciliation of Revenue per Audited Financial Statemer		/ith F	Revenue p	er Return		
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:						
а	Net unrealized gains on investments	2a					
ь	Donated services and use of facilities	2b					
c	Recoveries of prior year grants	2c					
d	Other (Describe in Part XIV.)	2d	1	·			
e	Add lines 2a through 2d				2e		
3	Subtract line 2e from line 1				3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:						
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
ь	Other (Describe in Part XIV.)	4b	 -				
c	Add lines 4a and 4b				4c		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)				5		
	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents \	With	Expenses	per Retu	'n	
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:						
а	Donated services and use of facilities	2a					
b	Prior year adjustments	2b					
c	Other losses	2c					
d	Other (Describe in Part XIV.)	2d	1				
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:				11.5		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
ь	Other (Describe in Part XIV.)	4b					
	Add lines 4a and 4b	`			4c		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)				5		
Pa	t XIV Supplemental Information						
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, e 2; Part XI, line 8; Part XII, lines 2d and 4b. Also compl						e 4; Part
	-					.	
					0-6-4	Ja D /Farm (1001 0045

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

Inspection

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number

BARRE ELI	KS LODGE #1535				03-0104	530
Part I Fundraising Activities. C required to complete this part.	omplete if the organization answ	vered "Y	'es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	! filers are not
 Indicate whether the organization raised a Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written or okey employees listed in Form 990, Part If "Yes," list the ten highest paid individed compensated at least \$5,000 by the organization has a written or of the part of the	e Solicit. f Solicit. g Special agreement with any individual VII) or entity in connection with duals or entitles (fundraisers) pur	ation of ation of al fundra al (includ profess	non-g gover using o ding of ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees or Yes	 ···
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	Ņo			
		 				
		<u> </u>				
Total 3 List all states in which the organization i or licensing.	s registered or licensed to solici	t contrib	outions	s or has been notified	d it is exempt from re	egistration
						-
LHA Paperwork Reduction Act Notice, se	e the Instructions for Form 99	0 or 990)-EZ.		Schedule G (For	n 990 or 990-EZ) 2010

Sch	edule G (Form 990 or 990-EZ) 2010 BARRE ELKS LODGE #1535 0	3-010453	30 Page 3
	Does the organization operate gaming activities with nonmembers?	Ye:	
	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?	Ye:	x X No
13	Indicate the percentage of gaming activity operated in:	1 1	
	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records		
17	the flame and address of the person who prepares the organization's gaming-special events books and records	•	
	Name ▶		<u>.</u>
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Ye	s X No
b	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amoun	nt	
	of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address of the third party:		
	Name ►		
	Address ▶		
16	Company manager informations:		
10	Gaming manager information:		
	Name ▶		
	Gaming manager compensation > \$		
	Description of services provided		
			
	Director/officer Employee Independent contractor		
	Director/officer Employee Land independent contractor		
17	Mandatory distributions:		
	a is the organization required under state law to make charitable distributions from the gaming proceeds to		
٠	retain the state gaming license?	Ye	s X No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in		
•	organization's own exempt activities during the tax year > \$		
Pr	supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, column	ns (III) and (v) a	nd Part III
<u> </u>	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional infor		
	inted 6) 55, 765, 765, 765, 76, and 775, as approach. Also complete time part to provide any additional lines	THATION (SEE MIST	dottoriaj.
			
			 "
0320	083 01-13-11 Schedule G	(Form 990 or 9	90-EZ) 2010

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

2010 Open to Public Inspection

Name of the organization BARRE ELKS LODGE #1535	Employer identification number 03-0104530		
Form 990, Part VI, Section B, line 11: GOVERNING BOARD AP	PROVES 990	BEFORE	
FILING.		·	
Form 990, Part VI, Section C, Line 19: AVAILABLE THROUGH	WRITTEN OR	IN	
PERSON REQUEST.			
Form 990, Part XI, line 5, Changes in Net Assets:			
Net unrealized gains on investments:		17,011.	
		· · · · · · · · · · · · · · · · · · ·	
		-	
			
	<u>.</u>		
			