

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form' 990-EZ Department of the Treasury Internal Revenue Service

SCANNED JUL 1 7 2010,

Short Form 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)

Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13)
must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than
\$2,500,000 at the end of the year may use this form

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

OMB No 1545-1150

2008

Open to Public Inspection

Α				alendar year, or tax year beginning $\overline{ m DEC}$ $\overline{ m O1}$, 2008, and end	ling	N	IOV 30, 20 09
В	Che	ck if licable	е	C Name of organization, number and street, city, town, state, and ZIF	code	D Employ	er identification number
Ц	Add	ress	change	use IRS			
Ш	Narr	e ch	ange	label or lipont	23-7144305		
Ш	Initia	ıl retu	ım	Type LIBERTY-CONTINENTAL LODGE 76	E Telephone number		
	Tem	nnati	on	Specific		203-2	263-3451
			return	Instructions C/O GORDON BURRITT 20 RUFFIN ROAD		F Group E	Exemption
П	Appl	icatio	on	WOODBURY CT 06798		Numbe	r 🕨
•)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach	G Account	ing metho	d X Cash Accrua
				a completed Schedule A (Form 990 or 990-EZ).	Other (s	pecify)	•
$\overline{\Box}$	Web	site	9: ▶		H Check▶	X if the o	rganization is not required
J	Orga	aniz	ation ty	pe (check only one) - X 501(c)(10) ◀ (insert no) 4947(a)(1) or 527	to attact	Sch B	(Form 990, 990-EZ, or 990-PF)
K	Che	ck	▶	if the organization is not a section 509(a)(3) supporting organizationand its gros	s receipts are n	ormallyno	t more than \$25,000
,	A ref	turn	ıs not re	equired, but if the organization chooses to file a return, be sure to file a complete	return		
L	Add	lines	5b, 6b, and	17b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ	>	\$	20,026.
	art	1	Reve	nue, Expenses, and Changes in Net Assets or Fund Balances	(See th	e instructi	
		1		butions, gifts, grants, and similar amounts received		1	
	1	2	Progra	am service revenue including government fees and contracts		2	
		3	Memb	ership dues and assessments		3	3,309.
		4		ment income		4	16,717.
	ľ	5	a Gross	amount from sale of assets other than inventory 5a			· · · · · · · · · · · · · · · · · · ·
				cost or other basis and sales expenses 5b]
				or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach schedule	5 c	
	9	6		events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check he	. 1		
	Revenue	-		revenue (not including \$ of contributions			
	&			ed on line 1)		` ` می تا	
	Ì		•	direct expenses other than fundraising expenses 6b			
				come or (loss) from special events and activities (Subtract line 6b from line 6a)		6c	
				sales of inventory, less returns and allowances	•		
				cost of goods sold	<u> </u>		
				profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	_ -	. 7c	
	ı	1		revenue (describe) 8	
	1	9		revenue Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8		▶ 9	20,026.
	_	10	Crante and similar amounts paid (attach schodula)				
	ſ	11		ts paid to or for members . RECEI	VED [10	3,925.
	. 1	12		es, other compensation, and employee benefits		12	
	use	13			2010	13	300.
	9	14	Occup	sional fees and other payments to independent contractors WAY 2 4	2010	14	12,413.
L	ű	15	•	n publications postage and shipping	<u></u>	15	
		16		expenses (describe SEE STMT OGDEN	d. UT	16	1,851.
	- 1	17		expenses Add lines 10 through 16	<u> </u>	▶ 17	18,489.
_	-	18		s or (deficit) for the year (Subtract line 17 from line 9)		18	1,537.
į	23 I	19		sets or fund balances at beginning of year (from line 27, column (A)) (must agre	e with	200	
	4SS			-year figure reported on prior year's return)	•	19	373,599.
1		20					
•	- 1	21		sets or fund balances at end of year Combine lines 18 through 20		≥ 20 ≥ 21	375,136.
Р	art			nce Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more,	file Form 990 ı		
					A) Beginning of		(B) End of year
22	Ca	sh. :	savings.	and investments	357,199		358,736.
			ind build		10,000		10,000.
				lescribe ►LOAN RECEIVABLE)	6,400		6,400.
			issets		373,599		375,136.
				d(describe ►		26	3.3,233.
				fund balances (line 27 of column (B) must agree with line 21)	373,599		375,136.
				d Paperwork Reduction Act Notice, see the instruction for Form 990.			Form 990-EZ (2008)
			,	The state of the second			()

	m 990-EZ (2008) LIBERTY-CONTINENTAL			23	<u>3-71</u>	44305	Page 2
	art III Statement of Program Service Accom		the instructions)			Expense	_
	at is the organization's primary exempt purpose? PROI					quired for 501	
	scribe what was achieved in carrying out the organization's					inizations and	
_	cribe the services provided, the number of persons benefit	·		am title	trust	ts, optional fo	r others)
28	PROVIDE FACILITIES, REFRESHMI		PLIES FOR		i		
	MEMBERS TO PROMOTE FRATERNAL		•				
				<u></u>	i i	7.4	E C 1
	(Grants \$) If this amount include	s foreign grants, check hi	ere	<u> </u>	28a	14,	564.
29							
	(Grants \$) If this amount include		TT	29a			
30	Grants 9) It this amount include	3 Torcigir grants, check ne	516		25a		
•							
	(Grants \$) If this amount include	s foreign grants, check he	ere	•	30a		
31	Other program services (attach schedule)						
	· ·	s foreign grants, check he	еге	▶ □	31a		
32	Total program service expenses (add lines 28a through 3	1a)		. ▶	32	14,	564.
	rt IV List of Officers, Directors, Trustees, ar		(List each one ev	en if not	compe	nsated See ti	ne instr)
	(a) Name and address	(b) Title & average hours per week	(c) Compensation (if not paid,	(d) Cor	ntributions	s to (0)	Expense ount and
		devoted to position	enter -0)	employee & defe	ned comp	other	allowances
<u>sc</u>	HEDULE ATTACHED			1			
			0				
		<u> </u>					
		_	i				
				 -			
		-{					
							
		-		1			
				 -	-		
		-					
		-	 	 			
_		1					
_				<u> </u>			
]					
				T -			
		1					
				<u> </u>			
			-				
				Ì			
	·						
				_			
				 			
			·	 			
				 			
		1					
				 			
		l				1	

•				
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed			
	description of each activity	_ 33		X
34	Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes,"			
	attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others),			1
	but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T	1. 3	<u>, , , , , , , , , , , , , , , , , , , </u>	
а	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting,	ļ		
	and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes,"			
	complete applicable parts of Schedule N .	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form1120-POL for this year?	37b		
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employeer were			سر کیا ہے۔
	any such loans made in a prior year and still unpaid at the start of the period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38 b		.` .	1.7
39	Section 501(c)(7) organizations Enter	7	,	
а	Initiation fees and capital contributions included on line 9 39a	1.15	= 1	٠,٠
b	Gross receipts, included on line 9, for public use of club facilities 39 b			-,+
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under			٠,
	section 4911 ▶, section 4912 ▶, section 4955 ▶		* 1	• 1
b	Section 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during			
	the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," complete Schedule L, Part I	. 40b		
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under	1.5	•	
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶	125	3. 3.	<i>(</i>)
c d		がある。		
d	sections 4912, 4955, and 4958	(A)		
d	sections 4912, 4955, and 4958	40e		X
d	sections 4912, 4955, and 4958 Enter amount of tax on line 40c reimbursed by the organization All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed	40e		X
d e 41 42 a	sections 4912, 4955, and 4958 Enter amount of tax on line 40c reimbursed by the organization All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed CT The books are in care of WILLIS LESLIE Telephone no 860-738-0081	400		X
d e 41 42 a	Enter amount of tax on line 40c reimbursed by the organization All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed CT The books are in care of WILLIS LESLIE Telephone no 860-738-0081 Located at 121 PROSPECT STREET CT WINSTED	40e		X
d e 41 42 a	sections 4912, 4955, and 4958 Enter amount of tax on line 40c reimbursed by the organization All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed CT The books are in care of WILLIS LESLIE Telephone no 860-738-0081	40e		X
d e 41 42a b	Enter amount of tax on line 40c reimbursed by the organization All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed CT The books are in care of WILLIS LESLIE Telephone no 860-738-0081 Located at 121 PROSPECT STREET CT WINSTED		Yes	No
d e 41 42a b	Enter amount of tax on line 40c reimbursed by the organization All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed The books are in care of WILLIS LESLIE Telephone no 860-738-0081 Located at 121 PROSPECT STREET CT WINSTED At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	
d e 41 42a b	Enter amount of tax on line 40c reimbursed by the organization All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed CT The books are in care of WILLIS LESLIE Telephone no 860-738-0081 Located at 121 PROSPECT STREET CT WINSTED 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		Yes	No
d e 41 42a b	Enter amount of tax on line 40c reimbursed by the organization All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed CT The books are in care of WILLIS LESLIE Telephone no 860-738-0081 Located at 121 PROSPECT STREET CT WINSTED 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)?		Yes	No
d e 41 42 a b	Enter amount of tax on line 40c reimbursed by the organization All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed CT The books are in care of WILLIS LESLIE Telephone no 860-738-0081 ZIP+4 06098- At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements foForm TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		Yes	No
d e 41 42 a b	Enter amount of tax on line 40c reimbursed by the organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed CT The books are in care of WILLIS LESLIE Telephone no 860-738-0081 ZIP+4 06098- At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements foForm TD F 90-22.1, Report of Foreign Bank		Yes	No
d e 41 42a b	Enter amount of tax on line 40c reimbursed by the organization All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed CT The books are in care of WILLIS LESLIE Telephone no 860-738-0081 ZIP+4 06098- At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements foForm TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	Yes	No X
d e 41 42a b	Enter amount of tax on line 40c reimbursed by the organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed CT The books are in care of WILLIS LESLIE Telephone no 860-738-0081 ZIP+4 06098- At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements foForm TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U S?	42b	Yes	No X
d e 41 42a b	Enter amount of tax on line 40c reimbursed by the organization All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed CT The books are in care of WILLIS LESLIE Telephone no 860-738-0081 ZIP+4 06098- At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements foForm TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country If "Yes," ente	42b	Yes	No X
d e 41 42a b	Enter amount of tax on line 40c reimbursed by the organization All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed CT The books are in care of WILLIS LESLIE Telephone no 860-738-0081 Located at 121 PROSPECT STREET CT WINSTED At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements foForm TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U S? If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu oForm 1041 - Check here	42b	Yes	No X
d e 41 42a b	Enter amount of tax on line 40c reimbursed by the organization All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed CT The books are in care of WILLIS LESLIE Telephone no 860-738-0081 Located at 121 PROSPECT STREET CT WINSTED At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements foForm TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U S? If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu oForm 1041 - Check here	42b 42c	Yes	No
d e 41 42a b	Enter amount of tax on line 40c reimbursed by the organization All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed CT The books are in care of WILLIS LESLIE Telephone no 860-738-0081 Located at 121 PROSPECT STREET CT WINSTED At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements foForm TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U S? If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu oForm 1041 - Check here	42b 42c		No X
d e 41 42a b c c	Enter amount of tax on line 40c reimbursed by the organization All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed CT The books are in care of MILLIS LESLIE Telephone no 860-738-0081 ZIP+4 06098- At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account; in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements foForm TD F 90-22.1, Report of Foreign Bank and Financial Accounts. At any time during the calendar year, did the organization maintain an office outside of the U S? If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu oForm 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.	42b 42c		No X
d e 41 42a b c c	Enter amount of tax on line 40c reimbursed by the organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T List the states with which a copy of this return is filed. CT	42b		No X X

Part V		•	ction 501(c)(3) organiza	ations must answer questions	46 - 49		-50 4
46 Did	and complete the tables for lines if the organization engage in direct or in		a saturation on bohalf of	ar in appearing to		¥	
	ndidates for public office? If "Yes," com			or in opposition to	40	Yes	No
				• • • ••	46		— —
 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 48 Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 							
	the organization make any transfers to				48 49a		
	Yes," was the related organization(s) a		-	iir	49a		
	mplete this table for the five highest coi	_		actors trustees and key employ			
	ch received more than \$100,000 of com						
		(b) Title and average	(c) Compensation	n (d) Contributions to	(e) Exp	ense	
(a) N	ame and address of each employee	hours per week		employee benefit plans &	account and		
	paid more than \$100,000	devoted to position		deferred compensation	other allo	wanc	es
		-					
-							
							
Total number	r of other employees paid over \$100,000						
_	the organization of there is none, enter		nan \$100,000	(b) Type of service	(c) Compe	nsatio	n
Total num	ber of other independent contractors ea	ach receiving over \$100	,000				
	Under penalties of perjury, I declare that I have and belief, it is true, correct, and complete. Dec				dge		
	0+00						
Sign	Seter St.	sses		05/05/20:	10		
Here	Signature of officer R. ESSEX, Trustee			Date 5/17/20		·	
	Type or print name and title						
Paid	Preparer's signature	- JCPM	Date CI 05/03/2010 er		entifying No 0120186	•	nstr)
Preparer's	Firm's name (or yours POWEL		ROSSI CPA'S		-230861		
Use Only			ENUE				
	· · · · · · · · · · · · · · · · · · ·	BURY CT 0670		Phone no ▶203	3-754-3	134	į
May the IF	RS discuss this return with the preparer	shown above? See inst	ructions		X Yes	N	
				F	orm 990-E 2	Z (20	(800

23-7144305

JS 990	Other Expenses		2008		
	Expenses	Net investment	Adjusted net	Charitable	
Description	per books	ıncome	ıncome	purposes	
FFICE SUPPLIES	473.				
LOWERS AND REFRESHMENTS	448.	•			
SCELLANEOUS EXPENSE	130.				
TIPENDS	800. 1,851.	' '			
	1,651.				
		1			
]			
			j		
			ļ		
			1		
			ļ		
]			
			ļ		
		}			
		[
	}	Ì			
	1				
	Ţ				
	1				
	(1		
	Ì				
			1		
	-				
			1		
			ļ		

Officers For 2008/2009 Worshipful Master: Lawrence M. Parsons, PM 203-574-4542 106 Buckingham Street, Waterbury, CT 06710 X Senior Warden: Stewart W. Crouse 860-879-0408 1495 Meriden Road, Wolcott, CT 06716 Junior Warden: Donald C. Chepurna (Janet) 203-753-5456 40 Rosemont Avenue, Waterbury, CT 06708 * Secretary: Gordon R. Burritt, PM (Marsha) 203-263-3451 20 Ruffin Road, Woodbury, CT 06798 Treasurer: Willis I. Leslie, PM (Sunshine) 860-738-0081 121 Prospect Street, Winsted, CT 06098 Senior Deacon: Lester L. Auchmoody, PM (Ginny) 203-754-3627 86 Bidwell Street, Waterbury, CT 06710-1413 X Junior Deacon: Christopher M. Martinelli 🔆 768-2555 2 Branch Road, Unit1-C, Thomaston, CT 06787 Senior Steward: Mark Orsini (203) 596-1262 41 Dunbar Street, Waterbury, Ct. 06704 Junior Steward: Kweku H. Donkoh (203) 575-0138 175 Capewell Ave., Waterbury, Ct. 96708 Chaplain: Kevin Strassner, PM (Ellie) 860-677-9152 28 Fairlawn Street, Farmington, CT 06032 Tiler: Wilfredo Erba 203-759-7615 292 Austin Road, Waterbury, CT 06705 Organist: Stewart W.Crouse or Kweku H. Donkoh Protempore. Trustees: *Gerard L. Berthiaume, PM(09) Lawrence M. Parsons, 'M Peter R. Essex, PM Kevin Strassner, PM Waterbury Temple Corporation: Gordon R. Burritt, PM(07) Lester L. Auchmoody, PM(02) Waterbury Board of Relief: Kevin Strassner, PM(07) Lester L. Auchmoody, PM(08) Waterbury Masonic Temple 203-754-9539 Harmony #42

"Rebuilding Through Communication"

230-574-2835

Form **8868**

(Rev April 2008)

Application for Extension of Time To File an **Exempt Organization Return**

Department of the Treasury					OMB 140 1545-1	709			
Internal Revenue Service		File a separate application for each return.							
		Automatic 3-Month Ex	tension, complete only Part	I and check this box			•	X	
•	If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form)								
•	_	•	•	3-month extension on a previou		-			
Part I		tic 3-Month Extens	· · · · · · · · · · · · · · · · · · ·	submit original (no copies need					
· arti			,	3 (o.p.o.					
A corporatio	n required to	file Form 990-T and rec	uesting an automatic 6-mon	th extension - check this box an	nd compl	ete Part I on	lv 🕨	П	
•	•		•	sts must use Form 7004 to requ	•		•	_	
	e tax returns	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
		Generally you can elec	tronically file Form 8868 if vo	u want a 3-month automatic ex	tension (of time to file	one of the returns		
				r, you cannot file Form 8868 ele					
	•	•	•), group returns, or a composite					
				For more details on the electro				ile	
		arities & Nonprofits				, 6, 1,,,,,	,		
Type or	r ——	xempt Organization				Employer	identification numb	—- өг	
print	1	• •	TAL LODGE 76			23-71			
File by the			no If a P O box, see instruc	tions					
due date for filing your	ľ	•	TT 20 RUFFIN F						
return See			ZIP code For a foreign add						
	1 -	BURY CT 0679		.,					
Check type	of return to b	oe filed (file a separate	application for each return)					_	
Form	990		Form 990-T (corporation)		Form 4720			
Form	- H			Form 5227					
X Form 9	orm 990-EZ Form 990-T (trust other than above) Form 6069				Form 6069				
Form	990-PF		Form 1041-A			Form 8870	J870		
<u> </u>									
The boo	ks are in the	care of >				_			
Telepho	ne No 🕨 _		FAX No ▶				_	_	
If the org	ganization do	es not have an office or	place of business in the Unit	ed States, check this box			. ▶	ال	
If this is			ation's four digit Group Exen				ne whole group,		
check this bo	ox ▶∐ If⊪t	is for part of the group,	check this box ▶ 📗 and	attach a list with the names and	I EINs of	all members	the extension		
will cover			······································						
1 I request	t an automati	c 3-month (6 months for	a corporation required to file	Form 990-T) extension of time	until				
			, to file the exempt organi	zation return for the organization	n named	above The	extension is for the		
	ition's return f								
\vdash	alendar year								
► X ta	ax year begin	ining	DEC 01 ,20 08	, and ending		NO	<u>7 30</u> ,20 <u>09</u>		
2 If this tax	year is for le	ess than 12 months, che	ck reason 📗 Initial retui	n 📙 Final return 📙 Ch	ange in	accounting p	eriod		
							,		
• •	•	·	990-T, 4720, or 6069, enter	the tentative tax, less any nonre	efundabl	e			
credits See instructions 3a									
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include									
							\$		
c Balance	c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD								
coupon o	or, if required	, by using EFTPS (Election	ronic Federal Tax Payment S	ystem) See instructions		30	. \$		
Caution. If vo	ou are going i	to make an electronic fu	nd withdrawal with this Form	8868, see Form 8453-EQ and I	Form 88	79-EO for pa	yment instructions		
				,					
For Privacy	Act and Pape	erwork Reduction Act N	otice, see instructions.			Form	8868 (Rev 4-200	(80	