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Short Form
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

OMB No. 1545 1150

2012

Open to Public
Inspection

A For the 2012 calendar year, or tax year beginning

, 2012, and ending

Check if applicable
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C
 Corinthian Lodge 103 AF & AM
 30 Church Street
 North Haven, CT 06473

D Employer identification number

23-7003050

E Telephone number

(203) 239-7156

F Group Exemption
Number

► 0608

G Accounting Method. Cash Accrual Other (specify) ► _____I Website: ► www.corinthianlodge63.orgJ Tax-exempt status (check only one) — 501(c)(3) 501(c)(10) ► (insert no) 4947(a)(1) or 527

H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ► if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 63,529.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)Check if the organization used Schedule O to respond to any question in this Part I

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	797.
	2 Program service revenue including government fees and contracts	2	1,230.
	3 Membership dues and assessments	3	18,451.
	4 Investment income	4	9,215.
	5a Gross amount from sale of assets other than inventory	5 a	
	b Less cost or other basis and sales expenses	5 b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 c	
	6 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6 a	
	b Gross income from fundraising events (not including \$ _____ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6 b	33,836.
	c Less direct expenses from gaming and fundraising events	6 c	19,036.
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6 d	14,800.
	7a Gross sales of inventory, less returns and allowances	7 a	
	b Less, cost of goods sold	7 b	
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7 c	
	8 Other revenue (describe in Schedule O)	8	
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8.	9	44,493.
EXPENSES	10 Grants and similar amounts paid (list in Schedule O)	10	4,800.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	8,400.
	15 Printing, publications, postage, and shipping	15	271.
	16 Other expenses (describe in Schedule O)	16	16,887.
	17 Total expenses. Add lines 10 through 16	17	30,358.
	See Schedule O	18	14,135.
		19	271,933.
ASSETS	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	20	13,612.
	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	21	299,680.
	20 Other changes in net assets or fund balances (explain in Schedule O)	See Schedule O	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20		

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012) 25

Part II **Balance Sheets.** (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part III.

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	270,433.	22 298,180.
23 Land and buildings		23
24 Other assets (describe in Schedule O)	1,500.	24 1,500.
25 Total assets	271,933.	25 299,680.
26 Total liabilities (describe in Schedule O)	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	271,933.	27 299,680.

Part III Statement of Program Service Accomplishments (see the instrs for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III.

What is the organization's primary exempt purpose? See Schedule O

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others.)

28	See Schedule O		
	(Grants \$ _____) If this amount includes foreign grants, check here	<input type="checkbox"/>	28a
29			
	(Grants \$ _____) If this amount includes foreign grants, check here	<input type="checkbox"/>	29a
30			
	(Grants \$ _____) If this amount includes foreign grants, check here	<input type="checkbox"/>	30a
31	Other program services (describe in Schedule O)		
	(Grants \$ _____) If this amount includes foreign grants, check here	<input type="checkbox"/>	31a
32	Total program service expenses (add lines 28a through 31a)		32

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and Title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W 2/1099-MISC) (If not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Kristian Maiorino	8	0.	0.	0.
Master	8	0.	0.	0.
Eric Armas	8	0.	0.	0.
Senior Warden	8	0.	0.	0.
John Radziunas	3	0.	0.	0.
Junior Warden	3	0.	0.	0.
Louis Brochu	3	0.	0.	0.
Treasurer	3	0.	0.	0.
Guy Barnhart	6	0.	0.	0.
Secretary				

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in See Schedule O the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

33 Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' provide a detailed description of each activity in Schedule O Yes No 33 X

34 Were any significant changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) 34 X

35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35 a X

 b If 'Yes,' to line 35a, has the organization filed a Form 990-T for the year? If 'No,' provide an explanation in Schedule O 35 b

 c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If 'Yes,' complete Schedule C, Part III 35 c X

36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N 36 X

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37 a 0. 37 b X

 b Did the organization file Form 1120-POL for this year? 38 a X

38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38 b N/A

 b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 39 a N/A

39 Section 501(c)(7) organizations Enter. 39 b N/A

 a Initiation fees and capital contributions included on line 9 40 a N/A

 b Gross receipts, included on line 9, for public use of club facilities 40 b 0.

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► N/A, section 4912 ► N/A, section 4955 ► N/A 40 c 0.

 b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I 40 d 0.

 c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 40 e X

 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization 40 f 0.

 e All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T

41 List the states with which a copy of this return is filed ► None

42 a The organization's books are in care of ► Louis Brochu Telephone no. ► (203) 239-7156
 Located at ► 30 Church Street North Haven CT ZIP + 4 ► 06473

 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country. ►

See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.

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

	Yes	No
42 b		X
42 c		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 — Check here and enter the amount of tax-exempt interest received or accrued during the tax year ► 43 N/A

44 a Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ Yes No 44 a X

 b Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ 44 b X

 c Did the organization receive any payments for indoor tanning services during the year? 44 c X

 d If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in Schedule O 44 d

45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)? Yes No 45 a X

 b 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,' Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions) 45 b X

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I

	Yes	No
46		X

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI

47 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.

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

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

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

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None.'

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

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

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A

► Yes No

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

Sign  Signature of officer

Date

3/26/2013

Treasurer

Here Preparer Use Only	Louis Brochu <small>Type or print name and title</small>		Treasurer	
Paid Preparer Use Only	Print/Type preparer's name <small>.....</small>		Preparer's signature Self-Prepared	Date <small>.....</small>
				Check <input type="checkbox"/> if self employed
	Firm's name ► <small>.....</small>			Firm's EIN ► <small>.....</small>
Firm's address ► <small>.....</small>			Phone no. <small>.....</small>	

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

► Yes No

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545 0047

2012

**Open to Public
Inspection**

Name of the organization

Corinthian Lodge 103 AF & AM

Employer identification number

23-7003050

Part I **Fundraising Activities.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

Part I **Fundraising Activities.** Complete if the organization answers "Yes" to Part I of Form 990-EZ. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

- a** Mail solicitations
- b** Internet and email solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

Yes No

b If 'Yes,' list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(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 column (i)	(vi) Amount paid to (or retained by) organization
1		Yes	No		
2					
3					
4					
5					
6					
7					
8					
9					
10					
Total					

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered 'Yes' to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 No. Haven Fair (event type)	(b) Event #2 Bus trips (event type)	(c) Other events 2 (total number)	(d) Total events (add column (a) through column (c))
	1 Gross receipts	9,904.	7,826.	11,566.	29,296.
	2 Less. Charitable contributions				
	3 Gross income (line 1 minus line 2)	9,904.	7,826.	11,566.	29,296.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	4,510.	6,725.	4,617.	15,852.
	10 Direct expense summary Add lines 4 through 9 in column (d)				15,852.
	11 Net income summary Combine line 3, column (d), and line 10				13,444.

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

REVENUE		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add column (a) through column (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %	
	7 Direct expense summary Add lines 2 through 5 in column (d)				
	8 Net gaming income summary. Combine lines 1, column (d) and line 7				

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

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

Yes No

b If 'No,' explain.

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

Yes No

b If 'Yes,' explain.

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

13a	%
13b	%

a The organization's facility

b An outside facility

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ► _____

Address ► _____

15a Does the organization have a contact with a third party from whom the organization receives gaming revenue? Yes No

b If 'Yes,' enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If 'Yes,' enter name and address of the third party.

Name ► _____

Address ► _____

16 Gaming manager information

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? _____ Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

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.

OMB No 1545 0047

2012

Open to Public
Inspection

Name of the organization

Corinthian Lodge 103 AF & AM

Employer identification number

23-7003050

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Masonic Lodge

Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

Corinthian Lodge 103 AF & AM is a subordinate lodge of The Grand Lodge of Ancient

Free and Accepted Masons of the State of Connecticut. Under the direction of the

Grand Lodge, the primary purposes of Corinthian Lodge are to initiate new members

into the Masonic Order and promote fellowship between fraternity members. Public

dinners and programs are held periodically within the lodge. The lodge supports

the activities of the North Haven Food bank and other local civic organizations.

The lodge sponsors a Child Identification Program(CHIP) event annually for the

North Haven community at-large.

Form 990-EZ, Part V - Regarding Transfers Associated with Personal Benefit Contracts

(a) Did the organization, during the year, receive any funds, directly or
indirectly, to pay premiums on a personal benefit contract? No

(b) Did the organization, during the year, pay premiums, directly or
indirectly, on a personal benefit contract? No

Corinthian Lodge 103 AF & AM

23-7003050

Form 990-EZ, Part I, Line 16
Other Expenses

Clothing	\$	-26.
Dinners		76.
Donations, sponsorships		2,710.
Grand Lodge assessments		6,580.
Gratuities		1,840.
Investment expenses		375.
Master's fund		30.
Merger expenses		302.
Miscellaneous		223.
Refreshments		652.
Repairs & maintenance		286.
Supplies		1,014.
Trestle Board expenses		1,722.
Welfare/support		1,103.
Total	\$	<u>16,887.</u>

Form 990-EZ, Part I, Line 20
Other Changes In Net Assets Or Fund Balances

Net Unrealized Gains and Losses on Investments	\$	14,925.
Transfers from Adelphi		6,476.
Transfers from CTBA		6,600.
Transfers to CTBA Inc		-14,389.
Total	\$	<u>13,612.</u>

Form 990-EZ, Part II, Line 24
Other Assets

	<u>Beginning</u>	<u>Ending</u>
Machinery and Equipment	\$ 1,500.	\$ 1,500.
Total	<u>\$ 1,500.</u>	<u>\$ 1,500.</u>