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A For the 2012 calendar year, or tax year beginning 12-01-2012

DLN: 93492181001284

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

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)
▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and

Open to Public Inspection

certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$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

, and ending 11-30-2013

		If applicable C Name of organization LIBERTY-CONTINENTAL LODGE 76			D Employer identification number					
Address change					23-7144	305				
	Name change Initial return Number and street (or P O box, if mail is not delivered to street address) Room/suite C/O PETER ESSEX PO BOX 38					E Telephone number				
	Terminated						(203) 266-5546			
_		ed return	F Group Exemption							
Γ	pplicati	ion pending	BETHLEHEM, CT 06751		Number		•			
		ting Method	Cash Accrual Other (specify) ►	required	If the to attach \$	Sche				
J Tax	k-exem	npt status(check	only one)— 501(c)(3) 501(c)(10) ★(insert no) 4947(a)(1) or 527							
norr inst L A c	mally i ructio dd line	not more than ns) But if the es 5b, 6c, and (B) below) are Revenue	anization is not a section 509(a)(3) supporting organization or a section 5 \$50,000 A Form 990-EZ or Form 990 return is not required though Form organization chooses to file a return, be sure to file a complete return 7b, to line 9 to determine gross receipts If gross receipts are \$200,000 \$500,000 or more, file Form 990 instead of Form 990-EZ e., Expenses, and Changes in Net Assets or Fund Balances e organization used Schedule O to respond to any question in this Part I	or more, or	postcard) If total ass - \$ 3	ets (9,87 for P	pe required (see Part II, line 25, 0 art I)			
		✓ V	e organization used schedule of to respond to any question in this Part 1							
	1	Contributions	s, gifts, grants, and similar amounts received			1	4,835			
	2	Program serv	vice revenue including government fees and contracts			2				
	3	Membership	dues and assessments			3				
	4	Investmentı	ncome			4	9,589			
	5a	Gross amoun	25,446							
Ę	b	Less cost or	other basis and sales expenses		21,620					
Revenue	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)					3,826			
ď	6	Gaming and f								
	а	Gross income from gaming (attach Schedule G if greater than \$15,000) • 6a								
	b	Gross income from fundraising events (not including \$of contributions from fundraising events reported on line 1) (attach Schedule G if the								
			gross income and contributions exceeds \$15,000) 6b							
	С	Less direct	expenses from gaming and fundraising events 6c							
	d	Net income o	ـــــــــــــــــــــــــــــــــــــ	ract line 6c)	6d				
	7a	Gross sales	of inventory, less returns and allowances							
	ь	Less cost of	goods sold							
	С	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c				
	8	O ther revenu	ie (describe in Schedule O)			8	_			
	9		e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		ŀ	9	18,250			
	10		ımılar amounts paid (list in Schedule O)			10	2,947			
	11		to or for members		· · · · · · · · ·	11	250			
	12		er compensation, and employee benefits			12				
io di	13		fees and other payments to independent contractors		ŀ	13	3,174			
ž S	14		rent, utilities, and maintenance			14	9,000			
Expenses	15		lications, postage, and shipping		ŀ	15	700			
ш	16		ses (describe in Schedule O)		ŀ	16	370			
	17		es. Add lines 10 through 16		▶	17	16,441			
	18		eficit) for the year (Subtract line 17 from line 9)			18	1,809			
etAssets	19	•	r fund balances at beginning of year (from line 27, column (A)) (must agre		ŀ		· ·			
A.			igure reported on prior year's return)			19	307,915			
Š	20	•	es in net assets or fund balances (explain in Schedule O)			20				
	21				▶	21	309,724			
							•			

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

Check if the organization used	Schedule O to respond to	any question in this F	art II	<u></u>	<u></u>
		(A) Beginning of year		(B) End of year
22 Cash, savings, and investments .			299,915	22	301,724
23 Land and buildings				23	
24 Other assets (describe in Schedule O			8,000	24	8,000
25 Total assets			307,915	25	309,724
26 Total liabilities (describe in Schedule	0)		•	26	·
27 Net assets or fund balances (line 27 or	f column (B) must agree w	th line 21)	307,915	27	309,724
Part III Statement of Program				T	Expenses
Check if the organization used		any question in this f	'art III . 🔽		equired for section 501 (3) and 501(c)(4)
What is the organization's primary exempt PROVIDE FACILITIES, REFRESHMENTS ACTIVITY		IBERS TO PROMOTE	FRATERNAL	org 494	anizations and section 47(a)(1) trusts, nonal for others)
Describe the organization's program service measured by expenses. In a clear and cond benefited, and other relevant information for	cise manner, describe the s			Орс	ionarior others)
28 TO PROVIDE FACILITIES, REFRESHMACTIVITY		R MEMBERS TO PRO	MOTE FRATERNAL		
	s amount includes foreign		<u> </u>	28a	
29 PROVIDE FACILITIES, REFRESHMEN ACTIVITY	TS AND SUPPLIES FOR M	EMBERS TO PROMO	TE FRATERNAL		
	s amount includes foreign	grants, check here .	▶┌	29a	
30					
(Grants \$) If the	s amount includes foreign	grants, check here .	▶┌	30a	
31 Other program services (describe in Sc (Grants \$) If thi	hedule O) s amount includes foreign	grants, check here .	▶┌	31a	
32 Total program service expenses (add line				32	
Part IV List of Officers, Directors, Tru Check if the organization used					
(a) Name and title	(b) A verage hours per week devoted to position	(c)Reportable compensation (Forms W-2/1099- MISC) (if not paid, enter -0-)		to plans,	(e) Estimated amound of other compensation
STEVEN CHIAPPALONE WORSHIPFUL M	2 00	,)		
PETER ESSEX® TREASURER	2 00				
EDWARD ROSS® SECRETARY	2 00	(

Section 501((x)) are part at least that the treatment of the complete of		instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part	v		<u>୮</u>
A Were any supplicant change made to the organization of supplication of the amended documents of they reflect a change to the organizations are Otherwise, explain the change on Schedule O (see instructions) 34 No. 35 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, 65, and 79, among others) 35 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, 65, and 79, among others) 36 Did the organization and grosy tax requirements during the year? If No.,* provide an explanation in Schedule O 310 or No. 37 Did the organization and grosy tax requirements during the year? If No.,* provide an explanation in Schedule O 310 or No. 38 Did the organization and grosy tax requirements during the year? If No.,* complete Schedule C, Part III 39 Did the organization of pickal experiments, dietor orients, described on the search of Schedule N. 30 Did the organization file Form 1120-POL for this year? 31 Did the organization of pickal experiments, described pairs of Schedule N. 32 Did the organization of pickal experiments, described pairs of Schedule N. 33 Did the organization of pickal experiments, described pairs of Schedule N. 34 Did the organization of the search of Schedule N. 35 Section 501(c)(3) and 501(c)(4) organizations included on line 9. 36 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization during the year under section 901 Press; complete Schedule N. 36 Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on the organization during the year under section 901(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit reserved on a control organization shocks are in a care of Press Press; complete Schedule N. 37 Did the organization shocks are in a care of Press; complete Schedule N. 38 Did the describ				Yes	No
of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule (0 (see instructions)) 33 No 34 No 35 Dot the organization have unrelated business gross income of \$1,000 or more during the year from business activities (cut hat those reported on lines 2, 6, and 70, a more of the year? If *No,* provide an explanation in Schedule 35 No 54 If *Yes,** to line 35a, has the organization filed a Form 990-T for the year? If *No,* provide an explanation is described on the year of year of the year of the year of y	33		33		No
be 1f1*Yes, 1'omplete schedule L, Part II and enter the total amount involved 3 Section 501(c)(3) and 501(c)(4) organizations Did the organization during the year of did tignages in the schedule C part III 3 Section 501(c)(3) and 501(c)(4) organizations Did the organization during the year of did tignages in any section 9958 3 Section 501(c)(3) and 501(c)(4) organizations. Did the organization during the year of did tignages in any vote from 990 organization of any voter from 990 organization organization. Schedule Parts of Schedule II and the schedule II	34	of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change			No
c Was the organization is aection 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 III'ves, "complete Schedule C, Pert III 35c No 37d Enter amount of political expendition, dissolution, termination, or significant disposition of net assets during the year II'P'es, "complete applicable parts of Schedule R 37d No 37d Enter amount of political expenditions, described in the minutions	35a		35a		No
an ottice, reporting, and proxy tax requirements during the year? If Yea," complete Schedule C, Part III	b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule C	35b		
The special properties applicable parts of Schedule N 27a Enter amount of polical expenditures, direct on fundamental properties of the	C		35c		Νo
D Did the organization file Form 1120-POL for this year? 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prory year and still outstanding at the end of the tax year covered by this return? 38a No b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b No b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b No b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b No b Gross receipts, included on line 9, for public use of club facilities 39b Gross receipts, included on line 9, for public use of club facilities 39c Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4910 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 tengage in an excess benefit transaction uning the year, or did tengage in an excess benefit transaction or promy eart that has not been reported on any of its prior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part I 40c 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 4 Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 4 All use the states with which a copy of this return is the engage in an excess benefit transaction? If "Yes," complete Form 8886-T 4 Located at ₱ 100 003 38 6CTILLIEN, CT 2 IF +4 40c No 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 Fires, "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. At any time during the calendar	36		36		Νo
38a	37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨 💮 37a			
any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? b	b	Did the organization file Form 1120-POL for this year?	37b		Νo
b If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c/X) organizations Enter 40 A Section 501(c/X) organizations Enter 40 Section 501(c/X) arganizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ section 4912 ▶ section 4915 ▶ section 4912 ▶ section 4915 ▶ section 4912 ▶ section 4915 ▶ section 501(c/X) and 501(c/X) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year, or did it engage in an excess benefit transaction during the year under sections 4912 ★ 4958 ★ 495	38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
39 Section 501(c)(7) organizations Enter a Initiation fees and capital contributions included on line 9 39a b Gross recepts, included on line 9, for public use of club facilities 39b 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ section 4912 ▶ section 4958 excess benefit transaction during the year under section 4910 ★ Section 501(c)(3) and 501(c)(4) organizations by 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 c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the tax year, was the organization a party to a prohibited tax shelter transaction in 1" "Yes," complete Form 8886-T 10 at the states with which a copy of the return is fleed ▶ 11 to the states with which a copy of the return is fleed ▶ 12 To Party 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 ▶ 12 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ. In lieu of Form 1041—Check here and enter the name of the foreign country ▶ 13 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 14 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of particle on managers for indoor tanning services during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ to line organization receiv		any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Νo
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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 42a The organization's books are in care of PETER ESSEX Telephone no Located at POBOX38_BETHEHEM, CT 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 the U S? 42c No If "Yes," enter the name of the foreign country and enter the amount of tax-exempt interest received or accrued during the tax year 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 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 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 c Did the organization operate one or more hospital facilities during the year? If "No," provide an explanation in Schedule O 44d No 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 45a Did the organization have 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 Schedule R may need to be completed instead of Schedule R may need to be completed instead of Schedule R may need to be completed instead of Schedule R may need to be completed instead of Schedule R may need to be completed instead of Sched	c				
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Located at POBOX 38 BETHLEHEM, CT 2 TP + 4 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 the U S? 42c No If "Yes," enter the name of the foreign country section 512 (b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of seven and enter the amount of tax-exempt interest received or accrued during the year? If "No," provide an explanation in Schedule O 10 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 Semannia of Section 512 (b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Semannia Size (b) (13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Semannia Size (b) (13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Semannia Size (b) (13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Semannia Size (b) (13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Semannia Size (b) (13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Semannia Size (b) (13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Semannia Size (b) (13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Semannia Size (b) (13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Semannia Size (b) (13) If "Yes," Form 990 and Schedule R may need to be completed instead of Semannia Size (b) (13) If "Yes," Form 990 and Sch	41	List the states with which a copy of this return is filed 🕨			
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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 the U S? 42c No If "Yes," enter the name of the foreign country \(\)_ 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 \(\) \(Located at PO BOX 38 BETHLEHEM, CT ZIP + 4	<u> 0</u> 6	5751	
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 the U S? 42c No If "Yes," enter the name of the foreign country \(\)_ 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 \(\) \(ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
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 the U S? 42c No If "Yes," enter the name of the foreign country		over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	Yes	
Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside the US? 42c No 1f "Yes," enter the name of the foreign country		If "Yes," enter the name of the foreign country 🕨			
If "Yes," enter the name of the foreign country 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 Yes No 44a					
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 Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ Did the organization receive any payments for indoor tanning services during the year? If "Yes," Form 990 must be completed instead of No If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O Did the organization have a controlled entity within the meaning of section 512(b)(13)?	С	At any time during the calendar year, did the organization maintain an office outside the U S ?	42c		Νo
and enter the amount of tax-exempt interest received or accrued during the tax year		If "Yes," enter the name of the foreign country 🕒			
Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ					▶ Г
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				Yes	No
to Did the organization receive any payments for indoor tanning services during the year?	44a		44a		No
c Did the organization receive any payments for indoor tanning services during the year?	b				
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	c				
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			-
45b 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	45a	,			
1 00 00 2 2 W = 1 / 15 EE 105 H 0 H 0 H 5 1		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			

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

orm 990-EZ ((2012)						Page 4
						Yes	No
	rganization engage, directly es for public office? If "Yes,"			ehalf of or in opposition to			No
	Section 501(c)(3) orga Ill section 501(c)(3) orga	-	questions 47-49b ar	nd 52, and complete the	e tables	s for lu	nes 50
	nd 51 Heck if the organization used	d Schedule O to respond to	o any question in this P	art VI			Г
	<u>-</u>	·				Yes	No
	rganization engage in lobbyii complete Schedule C, Part I		tion 501(h) election in		. 47		
8 Is the or	ganızatıon a school as descr	ibed in section 170(b)(1)(A)(11)? If "Yes," comple	ete Schedule E .	. 48		
9a Did the o	rganization make any transfe	ers to an exempt non-char	ritable related organizat	tion?	. 49a		
b If "Yes,"	was the related organization	a section 527 organization	on?		. 49b		
	e this table for the organizations) who each received more t						
	title of each employee paid te than \$100,000	(b) A verage hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099- MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	of othe		amoun ensatioi
1 Complete	umber of other employees pa e this table for the organization ensation from the organization	on's five highest compens		ractors who each received	more th	an \$10	0,000
(a) Name	and address of each indepe	ndent contractor paid mor	e than \$100,000	(b) Type of service	(c) (ompen	sation
2 Did the	umber of other independent o e organization complete Sche empt charitable trusts must a	edule A? NOTE: All Section	n 501(c)(3) organizatio	ns and 4947(a)(1)			s ┌ No
		·					
	of perjury, I declare that I have belief, it is true, correct, and co						

oro I	Signature of officer Date						
1 1	PETER ESSEX TREASURER Type or print name and title						
.,	Print/Type preparer's name	Preparer's signature RAYMOND E ROSSI		e Check I If self-employed PTIN			
aid	Firm's name ► POWELL DIBE		1333	Firm's EIN ►			
reparer Ise Only	Firm's address ► 515 WATERTO WATERBURY,			Phone no (203) 754-	3134		
av the IRS di	scuss this return with the pre		instructions -		. V	<u> </u>	No

efile GRAPHIC print - DO NOT PROCESS

As Filed Data -

DLN: 93492181001284

OMB No 1545-0047

2012

Open to Public Inspection

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Name of the organization LIBERTY-CONTINENTAL LODGE 76

SCHEDULE 0

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Employer identification number

23-7144305

ldentifier	Return Reference	Explanation
PAYMENTS TO AFFILIATES	FORM 990-EZ, PART I, LINE 10	MASONIC LODGE 2,712
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES CONFERENCES/MEETINGS 370 TOTAL 370
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	MISCELLANEOUS 8,000 8,000 TOTAL 8,000 8,000
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	PROVIDE FACILITIES, REFRESHMENTS AND SUPPLIES FOR MEMBERS TO PROMOTE FRATERNAL ACTIVITY
ALL OTHER ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 31	PROVIDE FACILITIES, REFRESHMENTS AND SUPPLIES FOR MEMBERS TO PROMOTE FRATERNAL ACTIVITY

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TY 2012 Compensation Explanation

Name: LIBERTY-CONTINENTAL LODGE 76

EIN: 23-7144305

Person Name	Explanation
STEVEN CHIAPPALONE	
PETER ESSEX	
EDWARD ROSS	