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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)

OMB No. 1545-1150

2009

Open to Public  
Inspection

► Sponsoring 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 \$500,000 and total assets less than \$1,250,000 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.

## A For the 2009 calendar year, or tax year beginning

and ending

B Check if applicable Address change Name change Initial return Terminated Amended return Application pending	C Name of organization <b>HARMONY FELLOW CRAFT CLUB OF NEW CANAAN, INC.</b> Number and street (or P.O. box, if mail is not delivered to street address) <b>67 FOREST STREET</b> City or town, state or country, and ZIP + 4 <b>NEW CANAAN, CT 06840</b>	D Employer identification number <b>06-6069251</b>
	Room/suite	E Telephone number <b>203-966-0286</b>
		F Group Exemption Number ►

► Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method:  Cash  Accrual  
Other (specify) ►

I Website: ► **N/A**

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 and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts. If \$500,000 or more, file Form 990 instead of Form 990-EZ ► **\$ 112,924.**

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less: cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>		
	a Gross revenue (not including \$ _____) of contributions reported on line 1)	6a	
b Less: direct expenses other than fundraising expenses	6b		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a Gross sales of inventory, less returns and allowances	7a		
b Less: cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ► _____)	8		
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9		
► <b>112,827.</b>			
Expenses	10 Grants and similar amounts paid (attach schedule)	10	
	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	
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe ► _____)	16	
	17 Total expenses. Add lines 10 through 16	17	
	► <b>117,212.</b>		
	STMT 1		
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	
	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)	19	
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	
	► <b>225,801.</b>		
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## Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	58,355.22	33,442.
23 Land and buildings	171,734.23	192,359.
24 Other assets (describe ► _____)	0.24	
25 Total assets	230,089.25	225,801.
26 Total liabilities (describe ► _____)	0.26	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	230,089.27	225,801.

21



**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity  
 34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes  
 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.

	Yes	No
33		X
34		X

a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?  
 b If "Yes," has it filed a tax return on Form 990-T for this year?  
 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N

► 37a 0.

35a	X
35b	N/A

36	X
37b	X

37a Enter amount of political expenditures, direct or indirect, as described in the instructions.  
 b Did the organization file Form 1120-POL for this year?

► 38b N/A

38a	X
39a	N/A

► 39a N/A

► 39b N/A

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:

39b	N/A
40b	N/A

40b	N/A
40c	N/A

40c	N/A
40d	N/A

40d	N/A
40e	X

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 is it 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

40e	X
41	CT

c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers

41	CT
42a	CHRIS BERRY

Telephone no. ► 203-966-0286

ZIP + 4 ► 06840

42a The organization's books are in care of ► CHRIS BERRY

42a	CHRIS BERRY
42b	67 FOREST STREET, NEW CANAAN, CT

42b	67 FOREST STREET, NEW CANAAN, CT
42c	N/A

42c	N/A
43	43

43	43
44	N/A

44	N/A
45	X

b At any time during the calendar year, did the organization have an interest in or a signature or other authority

45	X
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46	
47	

over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

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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.

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c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

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If "Yes," enter the name of the foreign country: ►

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**Part VI** **Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51

46 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

47 Did the organization engage in lobbying activities? 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."

	Yes	No
46		
47		
48		
49a		
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
N/A				

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."

N/A

(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 ► \_\_\_\_\_

Sign Here	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 <i>W. Christopher Berry</i>	Date <i>May 1, 2010</i>	Preparer's identifying number (See instr.)
	► Type or print name and title <i>W. CHRISTOPHER BERRY, Treasurer</i>		
Paid Preparer's Use Only	Preparer's signature <i>Steve Rindfuss CPA</i>	Date <i>4/26/10</i>	Check if self-employed ► <input checked="" type="checkbox"/>
	Firm's name (or yours if self-employed). address, and ZIP + 4 REYNOLDS & ROWECPA LLP 90 GROVE STREET RIDGEFIELD, CT 06877		EIN ►
		Phone no. 203-438-0161	

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

►  Yes  No

HARMONY FELLOW CRAFT CLUB OF NEW CANAAN,

06-6069251

FORM 990-EZ

PAYMENTS TO AFFILIATES

STATEMENT 1

AFFILIATE'S NAME

AFFILIATES ADDRESS

HARMONY FELLOWCRAFT LODGE NO. 67

231 MAIN STREET  
NEW CANAAN, CT 06840

PURPOSE OF PAYMENT

AMOUNT

TO SUPPORT CHARITABLE ORGANIZATIONS

18,000.

TOTAL INCLUDED ON FORM 990-EZ, LINE 10

18,000.

STATEMENT(S) 1

**FORM 990-EZ**

INFORMATION REGARDING TRANSFERS  
ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

**STATEMENT 2**

A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS,  
DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL  
BENEFIT CONTRACT? . . . . . [ ] YES [X] NO

B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS,  
DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? . . [ ] YES [X] NO