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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

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

, 2009, and ending

B Check if applicable

- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

Please use IRS label or print or type
See Specific Instructions

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

• 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: ► www.corinthianlodge103.org

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

J Tax-exempt status (check only one) — 501(c) (10) (insert no.) 4947(a)(1) or 527

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

► \$ 43,888.

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

1 Contributions, gifts, grants, and similar amounts received	1
2 Program service revenue including government fees and contracts	2 600.
3 Membership dues and assessments	3 14,740.
4 Investment income	4 8,585.
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)	
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 19,963.
b Less, direct expenses other than fundraising expenses	6b 8,912.
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	
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)	
8 Other revenue (describe ► <input type="checkbox"/> RECEIVED)	8
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9 34,976.
10 Grants and similar amounts paid (attach schedule)	10 3,120.
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 6,500.
15 Printing, publications, postage, and shipping	15 326.
16 Other expenses (describe ► <input type="checkbox"/> See Statement 2)	16 14,387.
17 Total expenses. Add lines 10 through 16	17 24,333.
18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18 10,643.
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)	19 228,997.
20 Other changes in net assets or fund balances (attach explanation)	20 56,422.
21 Net assets or fund balances at end of year. Combine lines 18 through 20	21 296,062.

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.)

- 22 Cash, savings, and investments
- 23 Land and buildings
- 24 Other assets (describe ► See Statement 4).
- 25 Total assets
- 26 Total liabilities (describe ►)
- 27 Net assets or fund balances (line 27 of column (B) must agree with line 21)

(A) Beginning of year	(B) End of year
227,497.	22 294,562.
	23
1,500.	24 1,500.
228,997.	25 296,062.
0.	26 0.
228,997.	27 296,062.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Form 990-EZ (2009)

Part III Statement of Program Service Accomplishments (See the instructions.)

Expenses

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

What is the organization's primary exempt purpose? Masonic Lodge

What is the organization's primary exempt purpose? _____
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title.

28 See Statement 5

(Grants \$) If this amount includes foreign grants, check here

28a

29

(Grants \$) If this amount includes foreign grants, check here

29 a

30

(Grants \$) If this amount includes foreign grants, check here

30 a

31 Other program services (attach schedule)

(Grants \$) If this amount includes foreign grants, check here

31 a

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 instrs.)

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
Timothy Cavanaugh	Master	0.	0.	500.
30 Church Street		8.00		
North Haven, CT 06473				
Jorge Ortega	Senior Warden	0.	0.	0.
30 Church Street		8.00		
North Haven, CT 06473				
Michael O'Connell	Junior Warden	0.	0.	0.
30 Church Street		3.00		
North Haven, CT 06473				
Louis Brochu	Treasurer	0.	0.	0.
30 Church Street		3.00		
North Haven, CT 06473				
Guy Barnhart	Secretary	0.	0.	0.
30 Church Street		6.00		
Wallingford, CT 06473				

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

See Statement 6

	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? 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), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T	35a	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?	35b	
b If 'Yes,' has it filed a tax return on Form 990-T for this year?	36	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	37a	0.
b Did the organization file Form 1120-POL for this year?	37b	X
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 prior year and still outstanding at the end of the period covered by this return?	38b	N/A
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved	39a	N/A
39 Section 501(c)(7) organizations. Enter	39b	N/A
a Initiation fees and capital contributions included on line 9	40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.
b Gross receipts, included on line 9, for public use of club facilities	40b	section 4911 ► <u>N/A</u> , section 4912 ► <u>N/A</u> , section 4955 ► <u>N/A</u>
c 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	40c	0.
d 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	40d	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	40e	X
41 List the states with which a copy of this return is filed ► <u>None</u>		

42a 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: ►

	Yes	No
42b	X	
42c	X	

See the instructions for exceptions and filing requirements for **Form TD F 90-22 1, Report of a 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
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 Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ	45	X

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	Yes	No																																			
46																																						
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47																																				
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	48																																				
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a																																				
49b	b If 'Yes,' was the related organization a section 527 organization?	49b																																				
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'																																					
<table border="1"> <thead> <tr> <th>(a) Name and address of each employee paid more than \$100,000</th> <th>(b) Title and average hours per week devoted to position</th> <th>(c) Compensation</th> <th>(d) Contributions to employee benefit plans and deferred compensation</th> <th>(e) Expense account and other allowances</th> </tr> </thead> <tbody> <tr><td>-----</td><td></td><td></td><td></td><td></td></tr> <tr><td>-----</td><td></td><td></td><td></td><td></td></tr> <tr><td>-----</td><td></td><td></td><td></td><td></td></tr> <tr><td>-----</td><td></td><td></td><td></td><td></td></tr> <tr><td>-----</td><td></td><td></td><td></td><td></td></tr> <tr><td>-----</td><td></td><td></td><td></td><td></td></tr> </tbody> </table>		(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 and deferred compensation	(e) Expense account and other allowances	-----					-----					-----					-----					-----					-----						
(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 and deferred compensation	(e) Expense account and other allowances																																		

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 ►

Sign Here	<p>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</p> <p>►  Signature of officer</p> <p>► <u>Louis Brochu</u> Type or print name and title</p> <p style="text-align: right;">Date <u>5/12/2010</u></p> <p style="text-align: right;">Treasurer</p>		
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Paid Pre- parer's Use Only	Preparer's signature ► Self-Prepared	Date	Check if self employed ► <input type="checkbox"/>	Preparer's Identifying Number (See instructions)
	Firm's name (or yours if self employed), address, and ZIP + 4 ►		EIN ►	Phone no ►

May the IRS discuss this return with the preparer shown above? See instructions Yes X No
BAA Form 990-EZ (2009)

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.

2009

**Open to Public
Inspection**

Name of the organization

Employer identification number

Corinthian Lodge 103 AF & AM

23-7003050

Part 1

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

Part I Form 990EZ 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.

<input type="checkbox"/> Mail solicitations	<input type="checkbox"/> Solicitation of non-government grants
<input type="checkbox"/> Internet and email solicitations	<input type="checkbox"/> Solicitation of government grants
<input type="checkbox"/> Phone solicitations	<input type="checkbox"/> Special fundraising events
<input type="checkbox"/> In-person solicitations	

2a Did the organization have 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?

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.

3 List all states in which the organization is registered or licensed to solicit funds 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 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

REVENUE		(a) Event #1 No. Haven Fair (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
	1 Gross receipts	14,002.			14,002.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	14,002.			14,002.
DIRECT EXPENSES	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	7,279.			7,279.
	10 Direct expense summary. Add lines 4- through 9 in column (d)				7,279.
	11 Net income summary. Combine lines 3, column (d) and line 10				6,723.

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 col. (a) through col (c))
	1 Gross revenue				
DIRECT EXPENSES	2 Cash prizes				
	3 Non-cash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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?

b If 'No,' explain.

YES	NO
9a	

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

b If 'Yes,' explain.

10a	
-----	--

11 Does the organization operate gaming activities with nonmembers?

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?

11	
12	

13 Indicate the percentage of gaming activity operated in.

- a The organization's facility
- b An outside facility

	YES	NO
13a	%	
13b	%	

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?

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?

17a

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 ► \$ _____

2009**Federal Statements****Page 1****Corinthian Lodge 103 AF & AM****23-7003050****Statement 1**
Form 990-EZ, Part I, Line 10
Grants and Similar Amounts Paid

Class of Activity:	Scholarship	
Donee's Name:	Katherine Shomsky	
Donee's Address:	30 Church Street	
	North Haven, CT 06473	
Cash Amount Given:		\$ 750.
Class of Activity:	Scholarship	
Donee's Name:	Joshua Shomsky	
Donee's Address:	30 Church Street	
	North Haven, CT 06473	
Cash Amount Given:		\$ 750.
Class of Activity:	Scholarship	
Donee's Name:	Kyle Lewis	
Donee's Address:	30 Church Street	
	North Haven, CT 06473	
Cash Amount Given:		\$ 750.
Class of Activity:	Scholarship	
Donee's Name:	Adam Arthur	
Donee's Address:	30 Church Street	
	North Haven, CT 06473	
Cash Amount Given:		\$ 750.
Class of Activity:	Support	
Donee's Name:	Sleeping Giant Demolay	
Donee's Address:	30 Church Street	
	North Haven, CT 06473	
Relationship of Donee:	Affiliated Masonic group	
Cash Amount Given:		\$ 120.

Statement 2
Form 990-EZ, Part I, Line 16
Other Expenses

Dinners		\$ 845.
Donations, other		260.
Grand Lodge assessments		6,765.
Gratuities		900.
Investment expenses		325.
Master's fund		500.
Miscellaneous		559.
Refreshments		206.
Repairs & maintenance		50.
Supplies		2,005.
Trestle Board expenses		692.
Welfare/support		1,280.
Total	\$	<u>14,387.</u>

Statement 3
Form 990-EZ, Part I, Line 20
Other Changes In Net Assets Or Fund Balances

Net Unrealized Gains and Losses on Investments

Total	\$	56,422.
	\$	<u>56,422.</u>

Statement 4
Form 990-EZ, Part II, Line 24
Other Assets

Machinery and Equipment

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

Statement 5
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 sponsors a CHIP event annually for the North Haven community at-large.

Statement 6
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