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# Department of the Treasury Internal Revenue Service

SCANNED DEC 0 1 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) Sponsonng 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 Year, or tax year beginning

OMB No. 1545-1150

2008

Open to Public Inspection

A .	For	the 2	2008 calendar year, or tax year beginning DEC 17, 2008, and ending		ט.	EC 31,2008			
B	Chec appli	k if icable	Please C Name of organization, number and street, city, town, state, and ZIP code	DE	nploye	er identification number			
Н		ess change use IRS				26-3925908			
<b>177</b>		e chan	pont or DICDY	Telephone number					
$\mathbf{H}$		See CARE OF TOUN O'NETTI				82-3643			
H			Instruct 631 LONG RIDGE ROAD UNIT 7		Group Exemption				
$\mathbf{L}$					Number ▶				
$\Box$			501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach G Accou						
				(spec					
	Veb	site:				ganization is not required			
JC	)rga	ınizal	tion type (check only one) - X 501(c)(3 ) ◀ (insert no )   4947(a)(1) or   527 to atta	ach Sc	h B	(Form 990, 990-EZ, or 990-PF)			
_	_	ck ▶		are no	rmally	not more than \$25,000			
A	\ ret	urn is	s not required, but if the organization chooses to file a return, be sure to file a complete return						
L	Add	lines 5l	b, 6b, and 7b, to line 9 to determine gross receipts. if \$1,000,000 or more, file Form 990 instead of Form 990-EZ	▶ \$		6,790.			
P	art		Revenue, Expenses, and Changes in Net Assets or Fund Balances (See	the in	structio				
		1	Contributions, gifts, grants, and similar amounts received		1	6,790.			
		2	Program service revenue including government fees and contracts		2				
		3	Membership dues and assessments		3				
		4	Investment income		4	·			
		5 a	Gross amount from sale of assets other than inventory  5a						
			Less. cost or other basis and sales expenses		- 1	ı			
	.		Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) (attach school	edule)	5 c				
	Ž		Special events and activities (Admirigle applicable) narror Schedule G) If any amount is from <b>gaming</b> , check here	▶∐					
	Kevenue		Gross revenue (not including \$ 0 of contributions						
	<b>*</b>		reported on line 1)  Less direct expenses other later fundrausing expenses  6b  6b						
			Net income or (loss) from special events and activities (Subtract line 6b from line 6a)		6c				
			1 _ 1						
	l	b Less cost of goods sold  c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7с				
	į		Other revenue (describe	Y	8				
	i		<b>Total revenue</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	′ ▶	9	6,790.			
			Grants and similar amounts paid (attach schedule)		10				
			Benefits paid to or for members		11				
	ရွ	12	Salaries, other compensation, and employee benefits		12				
	penses	13	Professional fees and other payments to independent contractors	13					
•	EXP	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				
	တ္က		Excess or (deficit) for the year (Subtract line 17 from line 9)		18	6,790.			
•	Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		19				
•	ا کے	end-of-year figure reported on prior year's return)				<del></del>			
:	울	20 Other changes in net assets or fund balances (attach explanation)			20	6,790.			
		21	Net assets or fund balances at end of year. Combine lines 18 through 20	200.	21				
L	art	ш_	Balance Sheets. If Total assets on line 25, column (B) are \$2,500,000 or more, file Form (See the instructions)  (A) Beginnin			(B) End of year			
22	<u></u>	ah a	(555 555 555 555 555 555 555 555 555 55	ig or ye	22	4,790.			
		cash, savings, and investments				1,730.			
		Land and buildings Other assets (describe ►SEE STMT )				2,000.			
	5 Total assets					6,790.			
26 Total liabilities (describe ► )					25 26				
27			sets or fund balances (line 27 of column (B) must agree with line 21)		27	6,790.			
_			y Act and Paperwork Reduction Act Notice, see the Instruction for Form 990.			Form <b>990-EZ</b> (2008)			

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US990EZ1

Form **990-EZ** (2008)

Form 990-EZ (2008) THE PID FUND FOR FA	IRFIELD RUGBY	<u> </u>	26	<u>-39259</u>	908 Page <b>2</b>
Part III Statement of Program Service Acco					Expenses
What is the organization's primary exempt purpose? SUP:	PORT FAIRFIEL	D U RUGBY C	LUB	(Require	d for 501(c)(3) & (4)
Describe what was achieved in carrying out the organization's				1	tions and 4947(a)(1
describe the services provided, the number of persons benef				_	otional for others)
28	nou, or ouror rollo raine inne			1,000,00	- Individual of the control of
<del></del>	<del></del>		<del>- 11</del>		
	es foreign grants, check h	iere	<b>&gt;</b>	28a	
29		<del> </del>		}	
(Grants \$ ) If this amount include	es foreign grants, check h	ere	<b>&gt;</b>	29a	
30					
(Grants \$ ) If this amount include	es foreign grants, check h	ere	ightharpoonup	30a	
Other program services (attach schedule)	or lordigit grante, or con th			-	
· · · · · · · · · · · · · · · · · · ·	a faraisa aranta ahaak h	oro	▶ □	31a	
· · · · · · · · · · · · · · · · · · ·	es foreign grants, check h	lere		32	
32 Total program service expenses (add lines 28a through			<u></u> _		<del></del>
Part IV List of Officers, Directors, Trustees,	<del></del>		7 7 . 1		ed See the instr)
(a) Name and address	(b) Title & average hours per week	(c) Compensation (If not paid,		tributions to benefit plans	(e) Expense account and
	devoted to position	enter -0)		rred comp	other allowance
JOHN ONEILL	TREASURER				
631 LONG R STAMFORD CT 06902	2	00			<u> </u>
RYAN BIRGE	TRUSTEE				
79 FOUNDER MILFORD CT 06460	2	0			
THOMAS OCONNOR	PRESIDENT				
96 MARGHER STRATFORD CT 06615	2	0			
CHRISTOPHER GALVIN	TRUSTEE		<del> </del>		<del> </del>
650 DURHAM GUILFORD CT 06437	1 2	0	1		
CHRIS GRAUERT	VP Z	<del> </del>	<del>  -</del>		<del> </del>
	<b>→</b>				
10608 FIES FAIRFAX VA 22032	2	0	ļ		
WILLIAM H CONNOLLY	SECRETARY		İ		
56 PARK ST MONTCLAIR NJ 07042	2	0	<u> </u>		<u> </u>
MARK FEELEY	TRUSTEE				
295 KENNED WATERVILLE ME 04901	2	0	L		l
THOMAS DAMATO	TRUSTEE				
2132 FLORI WASHINGTON DC 20008	2	0			
BOB EHLERS	TRUSTEE				
140 SHERMA FAIRFIELD CT 06824	•	0	1		
JONATHAN BAUMSTARK	TRUSTEE	<del>                                     </del>	<del> </del>		<del> </del>
FOUR TIMES NEW YORK NY 10036		0			
THOMAS CROWLEY	TRUSTEE	<del>                                     </del>	1		<del> </del>
19 ST CLAI SPRING LAK NJ 07762	- TKODIES	0			
	mpudmen	<del> </del>	<del> </del>		<del> </del>
PATRICK OKEEFE	TRUSTEE				
4 MAPLE DR MONROE CT 06468		0_			<del> </del>
DR KURT SCHLICHTING	TRUSTEE				
FAIRFIELD FAIRFIELD CT 06824	2	0	<u> </u>		
			1		
<del></del>		<del> </del>	<del> </del>		<del>                                     </del>
<del></del>					
	<del> </del>	<del> </del>	<del>                                     </del>		+
	-				
	<del> </del>	<del> </del>	<del> </del>		<del> </del>
	-	1	1		
		<u> </u>	<u> </u>		<u> </u>

Par	Other Information (Note the st	tatement requirements in the instructions for Part VI )	1,	. 1	<del></del>
				Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed				v
	description of each activity	•	33	$\dashv$	_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	<u> </u>	34	<b></b> -↓	Х
35		activities, such as those reported on lines 2, 6a, and 7a (among others),		1	
		ement explaining your reason for not reporting the income on Form 990-T		1	
а	Did the organization have unrelated business	gross income of \$1,000 or more or section 6033(e) notice, reporting,			
	and proxy tax requirements?	<b>—</b>	35a	$\dashv$	<u>X</u>
b	If "Yes," has it filed a tax return on Form 990-	T for this year?	35b		
36		on, or substantial contraction during the year? If "Yes,"			Х
	complete applicable parts of Schedule N				
37 a	Enter amount of political expenditures, direct of	or indirect, as described in the instructions     37a   0		ŧ	:
	Did the organization file Form 1120-POL for th		37b		
		loans to, any officer, director, trustee, or key employee or were		1	
	any such loans made in a prior year and still unpaid at the start of the period covered by this return?				
ь	If "Yes," complete Schedule L, Part II and enter				
39	Section 501(c)(7) organizations Enter			1	:
	Initiation fees and capital contributions include	ed on line 9		1	į
	Gross receipts, included on line 9, for public u			1	
		nt of tax imposed on the organization during the year under.		1	ļ
	· · · · · · · · · · · · · · · · · · ·	tion 4912 ▶ , section 4955 ▶		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				Х
С	Enter amount of tax imposed on organization managers or disqualified persons during the year under				
·	sections 4912, 4955, and 4958	Trialing 515 of dioqualified portions during the your direction		1	l
d	Enter amount of tax on line 40c reimbursed by	v the organization		1	ŀ
		ear, was the organization a party to a prohibited tax shelter transaction?		[	Į
е	If "Yes," complete Form 8886-T	tour, was the organization a party to a promotion and order transfer to	40e		X
41	List the states with which a copy of this return	; Lus'filed ▶			
	The books are in care of ► JOHN ONE				
4L a	Located at ▶ 631 LONG RIDGE F				
_	At any time during the calendar year, did the organization have an interest in or a signature or other authority				
Ь		such as a bank account, securities account, or other financial	Γ	Yes	No
			42b		Х
	account)?	r- <b>b</b>	1	-	
	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.	requirements for Form 19 1 30 EE.1, respect of Foreign 92.11.		1	ĺ
_		organization maintain an office outside of the US?	42c	]	x
С	If "Yes," enter the name of the foreign country	organization maintain an onios satisfas si als sis			
42		sts filing Form 990-EZ in lieu of Form 1041 - Check here			<b>▶</b> [
43	and enter the amount of tax-exempt interest r			•	· L
	and enter the amount of tax-exempt interest in	eceived of accrued during the tax year			
	1	İ	Г	Yes	No
		F		.03	
44		sed funds? If "Yes," Form 990 must be completed instead of	44	1	X
	Form 990-EZ		**		ļ^
45		within the meaning of section 512(b)(13)? If "Yes," Form 990 must	45	1	X
	be completed instead of Form 990-EZ	<u> </u>			<u> </u>
		Form	yyU-t	= <b>4</b> (2	2008)

26-3925908

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Part VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46 - 49 and complete the tables for lines 50 and 51 No Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 46 X 46 candidates for public office? If "Yes," complete Schedule C, Part I Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 47 47 Is the organization operating 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? 49b b If "Yes," was the related organization(s) a|section 527 organization? Complete this table for the 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 " (e) Expense (b) Title and average (c) Compensation (d) Contributions to (a) Name and address of each employee hours per week employee benefit plans & account and deferred compensation other allowances devoted to position paid more than \$100,000 NONE Þ Total number of other employees paid over \$100,000 51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None" (c) Compensation (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service NONE Total number of other independent contractors each receiving over \$100,000 Under penalties of penury, 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 11/04/2010 Sign Date Signature of officer Here TREASURER ONEILL Type of paint name and title Check if self-Preparer's Date Preparer's Identifying No (See instr) Paid 11/02/2010 employed ▶ P00948391 signature Preparer's RONI DEUTCH TAX CENTER ▶01-0928902 EIN Firm's name (or yours Use Only 121 BROAD STREET if self-employed), STAMFORD CT 06901-Phone no ▶203-487-3970 address, and ZIP + 4 | Yes X No May the IRS discuss this return with the preparer shown above? See instructions Form 990-EZ (2008)

Rev 1

## SCHEDULE A ' (Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

Internal Revenue Service

#### **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ.

► See separate instructions.

OMB No. 1545-0047

**Employer identification number** 

2008

Open to Public Inspection

THE PID FUND FOR FAIRFIELD RUGBY 26-3925908 Reason for Public Charity Status (All organizations must complete this part.) (see instructions) The organization is not a private foundation because it is (Please check only one organization) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) (Attach Schedule H) 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete the Support Schedule in Part II) A community trust described in section 170(b)(1)(A)(vi) (Complete Part II) 8 An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2) (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4) (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c | Type III - Functionally integrated a | Type I **b** Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? g Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports (vi) Is the (vii) Amount of (i) Name of supported (ii) EIN (iii) Type of organization (iv) is the organ-(v) Did you organization in support organization (described on lines 1-9 ization in col notify the above or IRC section (i) listed in your organization in col (i) col (i) of your organized (see instructions) governing document? support? in the US? Yes No Yes No Yes

Rev 1 (1)

and stop here. The organization qualifies as a publicly supported organization

17a 10% facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

10% facts-and-circumstances test - 2007. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box in line 13, 16a, 16b, 17a or 17b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

US990AS2

<u> S 990                                  </u>	S 990 Other Assets				
		Beginning of year	End of year	FMV	
Description SECURED LOAN TO FAIRFIELD	U RUGBY	book value	book value 2,000.	FIVIV	
			2,000. 2,000.		
		1			