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Form 990-EZ

Department of the Treasury

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 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.

OMB No. 1545-1150

2008

Open to Public Inspection

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		2008 calend					10-1		, 200	8, and en	ding	9/30			, 20 09	
В	Check if a		use IRS I				ployer identification number									
H	Address of Name cha	label or ASSOCIATION OF CONNECTICUT FAIRS, INC.			06: 0973371											
ğ	initial retu	m	print or type. See	PHIL	ber and stre JP E.	et (or P.O. BERGQI	box, if mail is UIST 3	not deliven 48 NO	SALEM	t address) RD	Room/suite	surte E Telephone number (203 438-6431				
H	Termination Amended		Specific		or town, sta	te or count	ry, and ZIP +	4		L		F Group				
Ħ	Applicatio		Instruc- tions.	1 -	EFIELI		-	-2422					er .	•	, ▶	
=		on 501(c)(3) (te must	attach	G Acco	unting me			Cash 😿 Ad	consol
_			-		-		990 or 990-				1	r (specify)		_		
,	Websit	te: ▶ <u>₩</u>	w.ct	fairs	org.										nization is n o	
J	Organiz	ation type (c	check on	nly one)-	- 🛭 501(c	a) (5) ⊲	(insert no.)	4947	(a)(1) or	527		EZ, or 990				.00,
		If the org									ints are nor	mally not	more t	han 9	\$25,000 A rs	eturn is
		ired, but if th									pa are no	many mot	111070	110014	,LO,000. 74 10	Sturr 10
L	Add line	s 5b, 6b, and	7b, to lin	ine 9 to d	etermine g	ross receip	ots; if \$1,000	,000 or mo	re, file Fo	m 990 inst	tead of For	n 990-EZ	▶\$			
P	art 1	Revenue,	, Expe	enses,	and Cha	anges ir	Net Ass	ets or F	und Ba	alances	(See the	instruct	ions	or F	art I.)	
	1	Contribution											1		248	?2
	2	Program se		. •					racts			• • •	2		16,50	
	3	Membersh			•							• • •	3		35. 98	80
	4	Investment					RECEI	VED	: ::				4			62
	5a	Gross amo			of assets	other th	an invento	irv	၂၀၀	5a						
	b	Less: cost	or othe	er basis	and sale	s Expens	385- n. v.	. 2040	181	5b			}		•	
	c	Gain or (los	s) from	sale of	assets oth	erdban ir	ventory (Si	\$ 7010 ubtract line	510 from	n line 5a) (attach sch	edule)	5c			
Revenue	6	Special events	s and activ	tivities (cor	molete applic	able parts	of Schedule G	I If any amo	unt is from	amina. c	heck here	► □				
9	a	_					GDE	of contrib	outions	· gg, ·						
ě	-	reported of			αg Ψ —		UDL	9,5 Car		6a			'			
	Ь	Less: direc		•		fundraisir	na expens	es .		6b			1			
	c	Net income								b from li	ne 6a) .		6c			
	7a	Gross sale	-							7a	, .					
	Ь	Less: cost								7b			1 1			
	1	Gross prof	•			f invento	v (Subtrac	t line 7b	from line	e 7a)			7c			
	8	Other reve								932	_ ` ` `		8		1.8	78
	9	Total reve										•	9		5720	53
	10	Grants and	d simila	ar amou	ints paid	attach so	chedule)						10		3.03	54
	11	Benefits pa			-	-							11			
S	12	Salaries, of											12			
enses	13	Profession		•	-								13			
ာရီ	14	Occupancy					•						14			
₽ĕ	15	Printing, pu	-										15		269	36
~	16	Other expe				SCH	1 ATT	CHED)	16		4633	33
20 ∋	17_	Total expe							<u> </u>		·		17		763	
	18	Excess or		•			e 17 from	line 9).					18	<u> </u>	19.0	70
Assets	19	Net assets						from line	27, colu	ımn (A)) ((must agr	ee with	١ ١		1111 11	100
ž ž	ĺ	end-of-yea											19		444	10
Net Assets	20	Other chan											20		- , , , -	<u>- 0</u>
	21	Net assets											21	-5.5	2 <u>5</u> 3	
	art II	Balance S						1 (B) are 1	2,500,0	ov or mo						
			•		instruction		•				(A) Be	ginning of			B) End of year	
22 22		n, savings, a										44,42		_	25,3	128
23		and buildir									-		2	_		
24		er assets (de										1/11/11/	2	_	2/3	7
25		l assets .									ļ	4443	$\overline{}$		_25.3	128
26	Tota	l liabilities (assets or fi	(describ	be ▶ _	/line 27	of oclusion) (D)	agree ::	th line 2	<u></u>)		111111	20		7 - 7	200
27												4446	8 2		<u> </u>	
1-01	r Privac	y Act and Pa	rberwor	ık meau	cuon ACI	NOUCE, SE	e uie insu	ACROUST 101	Loum as	7√.	Cat. No	. 106421		FO	ını ၁၁ Մ-E &	. (20U8)

	art III Statement of Program Service Acce						Expenses
Wh	nat is the organization's primary exempt purpose?	·	PROMOTE AGRICO	LITURAL FAIR	25	(Rec	ured for 501(c)(3)
Des	scribe what was achieved in carrying out the orga scribe the services provided, the number of persons	niza	tion's exempt purposes. Ir	a clear and cond	ise manner,	and	(4) organizations 4947(a)(1) trusts,
des	scribe the services provided, the number of persons	ben	efited, or other relevant info	ormation for each p	rogram title	opti	onal for others.)
28	SPRING MEETING AND AN SHOW FOR MEASURE F	NU	IAL FALL MEST	ING WITH TO	PADE	}	
	SHOW FOR MEMORA FI	9 <i>15</i>				}	_
						1	·N/a
	(Grants \$) If this amount in	nclu	des foreign grants, check	here	▶ □	28a	7717
29	PRINTING PU DISTRIBUTING		90 our AGRIC	altural FA	R		
	PROCEEDS BOT'S TWO F	A11	R DIRECTORIES	FOR MEMBER	FAIRS		
	•					1	/
	(Grants \$) If this amount in	<u>nclu</u>	des foreign grants, check	here	▶ □	29a	N/A
30		- -					
_							
	(Grants \$) If this amount in	nclu	des foreign grants, check	here	<u>. ▶ □</u>	30a	
	Other program services (attach schedule)						
	(Grants \$) If this amount in	nclu	des foreign grants, check	here	. 🕨 🗆	31a	
	Total program service expenses (add lines 28a	thr	ough 31a)		<u> </u>	32	
Pa	art IV List of Officers, Directors, Trustees, and K	ey E					
	(a) Name and address	- }	(b) Title and average hours per week	(c) Compensation (If not paid,	(d) Contribute employee benefit		(e) Expense account and
		\dashv	devoted to position	enter -0)	deferred compe	nsation	other allowances
	SEE LIST ATTROVED		PARTTIME	0-	-0-		0
			VOLUNTEERS				-0-
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Par	Other Information (Note the statement requirements in the instructions for Part VI.)			
•	•		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		×
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	34		×
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 your reason for not reporting the income on Form 990-T			
	Did the organization have unrelated business gross income of \$1,000 or more or section 6033(e) notice, reporting, and proxy tax requirements?	35a	. 0	×
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	·	X
36	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a Did the organization file Form 1120-POL for this year?	37b		×
	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 unpaid at the start of the period covered by this return? If "Yes," complete Schedule L, Part II and enter the total amount involved	38a		X
39		-		ĺ
	Initiation fees and capital contributions included on line 9			
	Gross receipts, included on line 9, for public use of club facilities	1 1		1
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶; section 4955 ▶			
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			j
	L, Part I	40b		
C	Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
đ	Enter amount of tax on line 40c reimbursed by the organization ▶			
е	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. List the states with which a copy of this return is filed. The books are in care of PHUP F BERGAUST Telephone no. (203	40e		X
41	List the states with which a copy of this return is filed.		. ,	
42a	List the states with which a copy of this return is filed. \blacktriangleright NoN12 The books are in care of \blacktriangleright PftLLP F BBR GQUIST Telephone no. \blacktriangleright (2.43 Located at \blacktriangleright 348 N D SAGEN RD RIDGEFIELD CT At any time during the calendar year, did the organization have an interest in or a signature or other authority) 43 877-	8-6' 242	13(V
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)?	42b	Yes	No ×
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	L	LX_
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			▶ □
			Voc	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	162	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
		00) E7	(2000)

Part	V.	and complete the tables for lines 50 a	: All section 501(c)(3) م nd 51. الم	organizations m	ust answer questi	ons 4	6-49	I
46	Did th	e organization engage in direct or indirect p		s on behalf of or	in opposition to		Yes	No
•		lates for public office? If "Yes," complete S				46	<u> </u>	<u> </u>
		e organization engage in lobbying activities				47	├	↓
		organization operating a school as describe			lete Schedule E .	48	├	↓
		e organization make any transfers to an exe		ed organization?		49a	├	
		s," was the related organization(s) a section	_			49b	L	ــــــ
		lete this table for the five highest compensate eceived more than \$100,000 of compensate				emplo	oyees	i) who
	(a) Na	ame 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 bene it plans & deferred compensation	acc	Expensount a allowa	nd
				 	 			
Total	numbe	er of other employees paid over \$100,000		 				
		(a) Name and address of each independent contractor	oald more than \$100,000	(b) T	ype of service	(c) Con	npens	ation
Total	numb	er of other independent contractors each re	eceiving over \$100,000	. •				
		Under penalties of perjury, I declare that I have examinand belief it is true, correct, and complete. Declarate	ned this return, including accom	nanving schedules and	statements, and to the imation of which prepare	best of n	ny kno ny kno	wiedge wiedge
Sign Here		Signature of Officer PHILIP E. BERGONIST TREAS UREAL Date						
	ļ	Type or print name and title	North Control					
Paid Prepa	rer ^j e	Preparer's signature	Date	Check if self- employed	Preparer's Identifying ▶ □	Number (See inst	ructions)
Use O	1	Firm's name (or yours if self-employed), address, and ZIP + 4			Phone no ► ()			
May t	he IR	discuss this return with the preparer show	vn above? See instruction	ns		□ Y	es [No
						om 99		

ASSOCIATION OF CONNECTION FAMS 06-0973371 FIYE 9/30/08

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GRANTS AND SIMILAR AMOUNTS PAID (LINE 10)	_		1
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HEATHER TOLLMANN	1000		, ; ;
	.00	i	į.
BAKING CONTESTS (18 WINNERS)	250	<u> </u>	!
PHOTE CONTEST (22 WINNERS)	209	,	1
PREMIUM BOOK CONTES (10 WINNERS)	210		
APPLE PIE CONTEST (10 WINNERS)	185	i	
QUILT CONTEST (6 WINNERS)	200		
	200	Ì	1
TOTAL	3054		1
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OTHER EXPENSES (LINE 16)	· i	,	
MEETINGS	23733		
ADVERTISING	18:000		
INSURANCE	2720]	
CONTEST RIBBONS LEXARUSES	1070	1	1
DUES	300	!	
WEESITE	240		
SUPPLIES & MISC	270	. !	
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