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DLN: 93492281010060

OMB No 1545-1150

2009

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 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

Open to Public **Inspection** 

			year, or	tax year beginning 01-01-2009	, and ending	12-31-2	009			
_		applicable	Please	C Name of organization CONNECTICUT BASS FEDERATION NATION INC				D Emp	loyer i	identification number
_		dress change use IRS					06-1306552			
_	ame ch	-	label or print or	Number and street (or P O box, if mail is not C/O SUSAN K WEEKS 915 SAYBROOK ROAD	delivered to stre	et address	) Room/suite	<b>E</b> Telep	hone n	iumber
_	nitial ret erminat		type. See	-, 7 233 HELIO 313 SHIDROOK NOAD					(86)	0) 345-8907
_	Amended return  Specific City or town, state or country, and ZIP + 4						<b>F</b> Group	Exem	ıptıon	
_		on pending	Instruc- tions.	HADDAM, CT 06438				Numb	er	<b>&gt;</b>
▶ Se	ction	501(c)(3) orga	anizatio	ns and 4947(a)(1) nonexempt charita	ble trusts		ccounting met		<b>▽</b> Ca	ash $\Gamma$ Accrual
		must atta	ach a coi	mpleted Schedule A (Form 990 or 990-E	Z).		ther (specify)			
	ahait a	: <b>&gt;</b> www CTE	BASS cor	n		н	Check 🕨 🔽	ıf the	orgai	nızatıon
				ne)—	)(1) or <b>5</b> 2	_	is <b>not</b> require			00 E7 ~~000 DE)
		_	·	s not a section 509(a)(3) supporting org						90-EZ, or 990-PF)
				n 990 return is not required, but if the org						
				etermine gross receipts, if \$500,000 or more, file				<b>▶</b> \$		80,546
Pa	rt I			nses, and Changes in Net Assets	or Fund B	alance	S (See the in	structi	ons fo	· · · · · · · · · · · · · · · · · · ·
	1	Contributions	s, gıfts, gı	rants, and similar amounts received .					1	5,140
	2	Program serv	ice rever	nue including government fees and contra	acts				2	34,760
	3	Membership	dues and	assessments					3	8,725
	4	Investmentir	ncome						4	113
	5a	Gross amoun	t from sa	le of assets other than inventory .		5a				
9	ь	Less cost or	other ba	sis and sales expenses		5b		376		
Kevenue	c	Gain or (loss)	) from sal	le of assets other than inventory (Subtra	ct line 5b from	line 5a	)		5c	-376
o Y	6	Special event	_	tivities (complete applicable parts of Sch	nedule G) If a	ny amou	ınt ıs from <b>gan</b>	ning,		
	a	Gross revenu	ie (not ind	cluding \$ _of contributions						
		reported on li	ne 1)			6a	3	1,808		
	Ь	Less directe	expenses	other than fundraising expenses .		6b		8,156	1	
	l c	Net income o	r (loss) fi	rom special events and activities (Subtra	ct line 6b fror	m line 6a	1)		6c	23,652
	7a	Gross sales o	ofinvento	ory, less returns and allowances		7a				
	ь	Less cost of	goods so	old		7b				
	_ c		_	rom sales of inventory (Subtract line 7b	from line 7a)				7c	
	8	Other revenu						1	8	
	9		•	•			•		9	72,014
	10			ounts paid (attach schedule) 💯					10	3,000
		Benefits paid								3,000
	11								11	<del>                                     </del>
un.	12	·	•	nsation, and employee benefits				•	12	1 200
95	13			other payments to independent contracto 	ors				13	1,300
Expenses	14		·	ties, and maintenance				•	14	2,815
ũ	15	57.		postage, and shipping					15	
	16	Other expens					_	)	16	60,637
	17			nes 10 through 16				•	17	67,752
e e	18			the year (Subtract line 17 from line 9)				•	18	4,262
et#55et5	19	Net assets or	r fund bal	ances at beginning of year (from line 27,	column (A)) (	must ag	ree with			
4		end-of-year f	igure rep	orted on prior year's return)		•			19	76,359
Z	20	Other change	es in net a	assets or fund balances (attach explanat	ion)				20	
	21	Net assets or	r fund bal	ances at end of year Combine lines 18 t	hrough 20		<b>.</b>		21	80,621
Pa	rt II	Balance S	Sheets-	—If Total assets on line 25, column (B) a	re \$1,250,00	0 or mo	re, file Form 9	90 ins	tead o	of Form 990-EZ
			(See th	ne instructions for Part II)	Г	(A) Ro	ainning of von	_	/ 6	2) End of year
22	Cach	, savings, and	-	·	-	(A) Be	ginning of yea 64.5	46 <b>22</b>	_	B) End of year
		and buildings	mivestiile		· ·		04,5	23	+-	68,612
		_	 [\$42]a		· · · \		11,8		+	12,009
		rassets (desci <b>assets .</b>	ribe 📂 뀰		——,			59 <b>25</b>	+	<u> </u>
		liabilities (des	cribe 🖶		' <del> </del>		2, ه /	0 26	+	80,621
		•	-	(line 27 of column (B) <b>must</b> agree with lir	/		76,3	-+	+	80,621
	a	U		= , o. column (b) mast agree with m	·/ <u> </u>		70,5	2		00,021

Part III Statement of Program S		Expenses			
What is the organization's primary exempt RECREATION WITH CONCERN FOR THE	(Required for section 501 (c)(3) and 501(c)(4) organizations and section				
Describe what was achieved in carrying out describe the services provided, the number program title	•	494	anizations and section 7(a)(1) trusts, onal for others)		
28 THE ORGANIZATION PROMOTES THE TO PROMOTE BASS FISHING AS A RECR (Grants \$ 0)		28a	0		
29 THE ORGANIZATION SPONSORS PRO EXPENSES FUNDS ARE ALSO PROVIDED TOURNAMENTS (Grants \$ 0) If this		G EQUIPMENT FOR YO	OUTHS IN	20-	0
30 THE ORGANIZATION SPONSORED VACONNECTICUT BASS FEDERATION NAT	ARIOUS YOUTH OUTING	S AND TOURNAMENT P FUND ALSO HELPS S	S THE STUDENTS IN	29a 30a	0
<b>31</b> O ther program services (attach schedul (Grants \$ ) If this	e) s amount includes foreign (	grants, check here .		31a	
32 Total program service expenses (add line				32	
Part IV List of Officers, Directors, True	stees, and Key Employees.	List each one even if not co	mpensated (See the inst	truction	s for Part IV )
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0)	(d) Contributions employee benefit pl deferred compensa	ans &	(e) Expense account and other allowances

Pa	rt V Other Information (Note the statement requirements in the instructions for Part V.)		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		No
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		N o
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but <b>not</b> reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T			
а	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?	35a		Νο
ь	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	35b		
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	36		N o
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions   37a			
ь	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		Νo
ь	If "Yes," complete Schedule L, Part II and enter the total amount involved .   38b			
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9			
ь	Gross receipts, 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 4955 •			
Ь	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	40b		
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 on line 40c reimbursed by the organization			
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		No
41	List the states with which a copy of this return is filed 🕨			
42a	The organization's books are in care of ► SUSAN K WEEKS	<b>►</b> <u>(86</u>	0)345-	8907
	915 SAYBROOK ROAD  Located at HADDAM, CT  ZIP + 4	<b>►</b> <u>06</u>	438	
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial	42b	ı es	No No
	account)?	42D		14.0
	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.			
С	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No
	If "Yes," enter the name of the foreign country 🕨			_
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	• •		<b>▶</b> I
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of			
	Form 990-EZ	44		No
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		Νο

	t VI	All section 501(c)(3) organ 46-49b and complete the	nizations and section 4	947(a)(1) nonexem					stions
46	Did the	e organization engage in direct	or indirect political campa	ign activities on behal	f of or in opp	osition to		Yes	No
	candıd	ates for public office? If "Yes,"	complete Schedule C, Pa	rt I			46		
47	Did the	e organization engage in lobbyii	ng activities? If "Yes," coi	mplete Schedule C, Pa	rt II		47		
48	Is the	s the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E					48		
49a	Did the	e organızatıon make any transfe	ers to an exempt non-char	ıtable related organıza	tion?		49a		
b	If"Yes	s," was the related organization	a section 527 organization	n?			49b		
50		ete this table for the organization							
		yees) who each received more t	(b) Title and average	sation from the organiz		tributions to		e) Expe	ns e
(a)		and address of each employee I more than \$100,000	hours per week devoted to position	(c) Compensation	employee	benefit plans & compensation	a	count a	and
		I number of other employees pa		ated independent cont	· ·	•	►	an \$10	0.00.0
51	Compl of com	I number of other employees pa ete this table for the organization pensation from the organization me and address of each indepe	on's five highest compens n Ifthere is none, enter "N	lone "	T	each received me of service		an \$10 Compen	
51	Compl of com	ete this table for the organization	on's five highest compens n Ifthere is none, enter "N	lone "	T				
51	Compl of com	ete this table for the organization	on's five highest compens n Ifthere is none, enter "N	lone "	T				
51	Compl of com	ete this table for the organization	on's five highest compens n Ifthere is none, enter "N	lone "	T				
51	Compl of com	ete this table for the organization	on's five highest compens n Ifthere is none, enter "N	lone "	T				
51	Compl of com	ete this table for the organization	on's five highest compens n Ifthere is none, enter "N	lone "	T				
51	Compl of com	ete this table for the organization	on's five highest compens n Ifthere is none, enter "N	lone "	T				
51	Compl of com (a) Nai	ete this table for the organization	on's five highest compens on If there is none, enter "N Indent contractor paid mor	e than \$100,000	T				
51 51(d	Compl of com (a) Nar	ete this table for the organization pensation from the organization me and address of each indeper	on's five highest compens If there is none, enter "I ndent contractor paid more ontractors each receiving	over \$100,000 .  including accompanying so	(b) Type	e of service	(c) C	ompen	sation
51 51(d	Compl of com (a) Nar	ete this table for the organization pensation from the organization me and address of each independent of the independent of th	on's five highest compens If there is none, enter "I ndent contractor paid more ontractors each receiving	over \$100,000 .  including accompanying so	(b) Type	e of service  atements, and to the on of which prepare	(c) C	ompen	sation
51 51(d	Compl of com (a) Nai	ete this table for the organization pensation from the organization me and address of each independent of the independent of th	on's five highest compens If there is none, enter "I ndent contractor paid more ontractors each receiving	over \$100,000 .  including accompanying so	(b) Type	e of service  atements, and to the on of which prepare	(c) C	ompen	sation
51(d Plea Sign Here	Complof com (a) Nat	ete this table for the organization pensation from the organization me and address of each independent of the independent of th	on's five highest compens If there is none, enter "I ndent contractor paid more ontractors each receiving	over \$100,000  over \$100,000  , including accompanying so ther than officer) is based of the sellong accompanying so the sellong accompanying	chedules and ston all information Date	e of service  atements, and to the on of which prepare	(c) C	ompen of my knowle	sation
51(d Plea Sign Here	Complof com (a) Na  Total	ete this table for the organization pensation from the organization me and address of each independent of the independent of th	on's five highest compens If there is none, enter "N Indent contractor paid more ontractors each receiving hat I have examined this return plete Declaration of preparer (c	over \$100,000  over \$100,000  , including accompanying so ther than officer) is based of the sellong accompanying so the sellong accompanying	chedules and ston all information Date	atements, and to the on of which prepared	(c) C	ompen of my knowle	sation
51(d Plea Sign Here	Complof com (a) Na  Total	ete this table for the organization pensation from the organization me and address of each independent of the independent of th	on's five highest compens If there is none, enter "N Indent contractor paid more ontractors each receiving hat I have examined this return plete Declaration of preparer (c	over \$100,000  over \$100,000  , including accompanying so ther than officer) is based of the sellong accompanying so the sellong accompanying	chedules and ston all information Date	e of service  atements, and to the price of which prepare (See instructions)	ne best of the has an arrival of the has an arrival of the has an arrival of the has a result of the has a	of my knowle	sation

#### **Additional Data**

Software ID: Software Version:

**EIN:** 06-1306552

Name: CONNECTICUT BASS FEDERATION NATION INC

#### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(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 & deferred compensation	(E) Expense account and other allowances
PAUL R CARTER 35 Orient Avenue Milford, CT 06460	PRESIDENT 0 50	0	0	0
SUSAN K WEEKS 915 SAYBROOK ROAD HADDAM,CT 06438	TREASURER 0 50	0	0	0
Jaime L VINYARD 19 LOCHBOURNE DRIVE CLINTON,CT 06413	SECRETARY 0 50	0	0	0
ALAN D GUITE 28 WHISPERING BROOK DRIVE KENSINGTON,CT 06037	TOURNAMENT DIRECTOR 0 50	0	0	0
ARMAND FORTIER 62 W LAKEVIEW ROAD PLYMOUTH,CT 06702	RAFFLE CHAIRPERSON 0 50	0	0	0
DAVID A SANTOS 222 Remington Street Suffield, CT 06078	Conservation DIRECTOR 0 50	0	0	0
TERRY BAKSAY 327 BLACK ROCK ROAD EASTON,CT 06612	YOUTH DIRECTOR 0 50	0	0	0
Sylvia J Morris 35 Orient Avenue Milford, CT 06460	Vice President 0 50	0	0	0

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#### TY 2009 Grants and Similar Amounts Paid Schedule

Name: CONNECTICUT BASS FEDERATION NATION INC

Item No.	1
Class of Activity	scholarships awarded
Donee's Name	
Donee's Address	
Amount (FMV)	3,000
Purpose of Payment to Affiliate	
Relationship	CHILDREN OF CBFN MEMBERS
Description	Scholarship - Cash Award
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-05

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### **TY 2009 Other Assets Schedule**

Name: CONNECTICUT BASS FEDERATION NATION INC

Description	Beginning of Year Amount	End of Year Amount
UNSOLD PINS, PATCHES, STICKERS, T-SHIRTS	685	685
Other Depreciable Assets	11,128	11,324

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## **TY 2009 Other Changes in Net Assets Schedule**

Name: CONNECTICUT BASS FEDERATION NATION INC

Description	Amount
PRIOR PERIOD A DJUSTMENT	

# **TY 2009 Other Expenses Schedule**

Name: CONNECTICUT BASS FEDERATION NATION INC

Description	Amount
TOURNAMENT EXPENSE	26,705
STATE TEAMS	18,994
TROPHIES	1,600
YOUTH EVENTS	2,241
office expenses	1,328
WEBSITE EXPENSES	1,272
PROPERTY TAXES, INSURANCE AND MISC. FEES	1,443
CONSERVATION EXPENSE	927
boating/fishing shows	1,241
public relations fund	1,372
contributions	3,085
sponsorship development/marketing	429

# TY 2009 Transfers Personal Benefits Contracts Declaration

Name: CONNECTICUT BASS FEDERATION NATION INC

**EIN:** 06-1306552

**Declaration:** The organization did not, during the year, receive any funds,

directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.