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Form **990-EZ** Department of the Treasury

Internal Revenue Service

OMB No 1545-1150

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)

Sponsoning 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

		the 2009 calendar year, or tax year beginning and ending		
B		cable Please C Name of Organization	Employer i	dentification number
	Ac	ddress use IRS CONNECTICUT ASPHALT & AGGREGATE		
	Na	print or PRODUCERS ASSOCIATION, INC.	06-6	068537
	in		Telephone	number
	Te	ermin- Specific 912 SILAS DEANE HIGHWAY	(860) 529-6855
	Ar		Group Exe	mption
	∏Â₽	minimal temperance and a company	Number •	•
	• 5	Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting		
		Schedule A (Form 990 or 990-EZ). Other (spe	-	
ī	Web			he organization is not
J	Tax-			lule B (Form 990, 990-EZ, or 990-PF)
		ck if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not m		
		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	▶ \$	9,134.
	art		ions for Pa	
	1	HIM	1	
	2		2	3,996.
	3		3	
	4		4	5,003.
	5	ia Gross amount from sale of assets other than inventory	<u> </u>	
		b Less. cost or other basis and sales expenses 5b	-	
	1	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5 _C	
ē	6			
eu	1 -	a Gross revenue (not including \$ of contributions	7	
Revenue		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	
	7	'a Gross sales of inventory, less returns and allowances 7a	"	
	1	b Less: cost of goods sold 7b	⊣	
	ı	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	- WIGGETT TUROUS) 8	135.
	9		, <u>9</u>	9,134.
_	10		10	3/1311
	111	, , , , , , , , , , , , , , , , , , , ,	11	
s	12	the state of the s	12	
penses	13		13	625.
ĕ	14	Professional fees and other payments to independent contractors IVED Occupancy, rent, utilities, and maintenance	14	<u> </u>
ŭ	15		15	65.
	16	Other expenses (describe > (SEE STATEMENT 1		11,550.
	17		17	12,240.
_	18		18	<3,106.>
sts	19	(Gi)	''	13/1000
SS	'"	(must agree with end-of-year figure reported on prior year's return)	19	224,355.
Net Assets	20			<3,763.>
ž	21	·	20 > 21	217,486.
Б	art			217,400.
	art	(See the instructions for Part II) (A) Beginning of ye		(B) End of year
90		(t) Dogitiming or yo		(B) End of year 217, 486.
22				211,400.
23		and and buildings	23	
24		Other assets (describe ►	24	217 406
25		· · · · · · · · · · · · · · · · · · ·		217,486.
26		otal liabilities (describe ►) let assets or fund balances (line 27 of column (B) must agree with line 21)	0 . 26	
27 932	171		[27] • رر	217,486.
02-1	08-10	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.		Form 990-EZ (2009)

Form **990-EZ** (2009)

Page 3

100	TIVE Other Information (Note the statement requirements in the instructions for Part V.)				
		33	Yes	No X	
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	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.			1	
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		X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b	N/	Α	
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	36		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?	37b		Х	
38 a	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?	38a	İ	X	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A				
39	Section 501(c)(7) organizations Enter.	i			
а	Initiation fees and capital contributions included on line 9				
- b	Gross receipts, included on line 9, for public use of club facilities 39b N/A	1			
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under.	1			
700	section 4911 ► N/A ; section 4912 ► N/A , section 4955 ► N/A	1			
h	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the	İ			
U	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		ĺ	1	
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N/	Δ	
	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers	700			
·	or disqualified persons during the year under sections 4912, 4955, and 4958				
4	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the	1			
ŭ	organization N/A				
	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter	İ		ł	
6	transaction? If "Yes," complete Form 8886-T	40e		х	
44	List the states with which a copy of this return is filed. CT	408	L	_ <u></u>	
41	The organization's books are in care of ► THOMAS AVERY Telephone no. ► (860)	944	_80	50	
42 4	Located at ► 145 DIVIDEND ROAD, UNIT 8, ROCKY HILL, CT			50	
	At any time during the calendar year, did the organization have an interest in or a signature or other authority	000			
0	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Voc	No	
	account)?	42b	162	X	
		420			
	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.	40-		х	
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c	L		
	If "Yes," enter the name of the foreign country:			$\overline{}$	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here	N7 / N		ш	
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A			
			<u> </u>	r 	
		£	Yes	No	
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	ł			
	Form 990-EZ	44	ļ	<u> X</u>	
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]		t	
	completed instead of Form 990-EZ	45		<u> </u>	
		Form 0	On-F7	120091	

Form 990-EZ (2009) PRODUCERS ASSOCIATION, INC.

06-6068537

48 bit the organization alongage in direct or indirect political company activities on behalf of or in opposition to candidates for public office? If Yes, complete Schedule C, Part II 47 bit the organization analyses in bibbying activities? If Yes, complete Schedule E 48 bit the organization asseption as section 370(0)(1)(A)(P) If Yes, complete Schedule E 49 bit the organization make any transfers to an examine on-characterise read organization? 49 bit the organization asseption as section 527 organization? 50 complete this table for the organization is the highest comprehasted 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 7 thone? (a) Name and address of sach employee paid more than \$100,000 (b) Title and average hours previous experiments to employee benefit plans a doctoral than \$100,000 (c) Complete this table for the organizations 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) Title and average hours prevent of the employees benefit plans a doctoral plans a doctoral plans and address of each independent contractor paid more than \$100,000 (b) Title and average hours to employee benefit plans a doctoral plans and address of each independent contractor paid more than \$100,000 (c) Complete this table for the organization 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 paid more than \$100,000 (d) Total number of other independent contractors paid more than \$100,000 (e) Type of service (f) Complete the total proper service and paid in the plans the entire proper service and paid in the plans the entire proper service an	Part	VI Section 501(c)(3) organizations and section organizations and section 4947(a)(1) nonexempt charitable and 51.							
47 Unite organization a school as described in section 170(b)(1)(A)(A)(P) if "Yes," complete Schedulo E 48 49 49 49 49 49 49 49	46 Di	d the organization engage in direct or indirect political campaign activitie	s on behalf of or in opposition to o	candidates for public			Yes	No	
48 Is the organization as shool as described in section 170(b) [14/h](19/11 "Yes", complete Schedule E 48 49a bill the organization make any transfers to an exemption on-charitable related organization? 50 Complete this table for the organization if there is none, enter "None" (a) Name and address of each moleyee paid more than \$100,000 of compensation from the organization if there is none, enter "None" (b) Title and average hours (c) Complete State and St	of	·							
49 bit Mrst, was the related organization as each style organization? 10 If Yes, was the related organization as each style organization? 11 If Yes, was the related organization as each style organization if there is none, enter Yone* (a) Name and address of each employee paid more than \$100,000 of compensation from the organization if there is none, enter Yone week devoted to position 11 Total number of other employees paid over \$100,000 12 Total number of other employees paid over \$100,000 13 Name and address of each independent contractor paid more than \$100,000 of compensation from the organization if there is none, enter Yone 'N/A (a) Name and address of each independent contractor paid more than \$100,000 of compensation from the organization if there is none, enter Yone 'N/A (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation 11 Total number of other employees paid over \$100,000 12 Total number of other employees paid over \$100,000 13 Name and address of each independent contractor paid more than \$100,000 14 Total number of other employees paid over \$100,000 15 Complete this table for the organization is the independent contractor who each received more than \$100,000 of compensation from the organization is there is none, enter Yone' N/A (a) Name and address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation 11 Total number of other independent contractors pack necessary independent contractors who each received more than \$100,000 of compensation from the organization is then the organization is the independent contractor paid more than \$100,000 of compensation from the organization is the independent contractor paid more than \$100,000 of the independent contractor paid more than \$100,000 of the independent contractor paid more than \$100,000 of the independent contractor paid more than \$100,000 of the independent contractor paid more than \$100,000 of the independent contractor paid more th							<u> </u>		
b If Yes, was the related 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" (a) Name and address of each employee paid more than \$100,000 of compensation (b) Title and average hours per week devoted to position (c) Compensation (d) Contributions to employees benefit pass & compensation (e) Expense account and other allowances (e) Compensation (f) Compensation (f) Contributions (f) Expense account and other allowances (f) Compensation (f) Compensation (f) Compensation (f) Contributions (f) Compensation (f) Compensat								ــــــ	
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' (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) Continutions to employee the benefit plans & other allowances compensation (e) Compensation (f) Continutions to employee the benefit plans & other allowances compensation (g) Title and average hours per week devoted to position (h) Title and average hours per week devoted to position (h) Title and average hours per week devoted to position (h) Title and average hours per week devoted to position (h) Title and average hours per week devoted to position (h) Title and average hours per week devoted to position (h) Title and average hours per week devoted to position (h) Title and average hours per week devoted to position (h) Title and average hours per week devoted to position and the per week devoted to position and the relievance of the position and the relievance of the			d organization?		-		ļ	 	
(a) Name and address of each employee paid more than \$100,000 (b) Title and average hours per week devoted to position (c) Compensation (e) Expense of deferred compensation (e) Expense of deferred compensation (e) Expense of deferred compensation (e) Expense of deferred compensation (e) Expense of deferred compensation (e) Expense of deferred compensation (e) Expense of deferred compensation (e) Expense of deferred compensation (e) Expense of deferred compensation (e) Expense of deferred compensation (e) Expense of deferred compensation (e) Expense of deferred compensation (e) Expense of deferred compensation (e) Expense of deferred compensation (e) Expense of deferred compensation (e) Expense of deferred compensation (e) Expense of deferred compensation (for the deferred compensation (for the organization if there is none, enter (for expensation (for expensati			•		L L		L	<u> </u>	
(a) Name and address of each employee paid more than \$100,000 If Total number of other employees paid over \$100,000 If				;, trustees and key e	mployees) who ea	ich re	ceived	more	
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		than \$100,000	per week devoted to	(c) Compensation	to employee benefit plans & deferred	(a	ccoun	count and	
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									
Under penalties of perjury, Lectare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and conflicte Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Signature	51 Co	emplete this table for the organization's five highest compensated independent ganization. If there is none, enter "None" $N\!\!\!/\!A$	ndent contractors who each receiv						
Under penalties of perjury, Lectare that have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and conflicte Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Signature									
Sign Here Signature of officer Date	d To			>					
Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Signature Preparer's Use Only Firm's name (or yours If self-employed). address, and ZIP+4 Preparer's Signature Preparer's Identifying number (Sectionstr.) Preparer's Signature Preparer's Identifying number (Sectionstr.) Preparer's Signature Preparer's Identifying number (Sectionstr.) Preparer's Signature Preparer's Identifying number (Sectionstr.) Preparer's Signature Preparer's Identifying number (Sectionstr.) Preparer's Identifying number (Sectionstr.) Preparer's Identifying number (Sectionstr.) Preparer's Identifying number (Sectionstr.) SIN Proparer's Identifying number (Sectionstr.) Preparer's Identifying number (Sectionstr.) SIN Proparer's Identifying number (Sectionstr.) Preparer's Identifying number (Sectionstr.) SIN Proparer's Identifying number (Sectionstr.) SIN Proparer's Identifying number (Sectionstr.) SIN Proparer's Identifying number (Sectionstr.)	_	Signature of officer DONALLY J. JHUBERT E			5/10/10	ef, it is	s true,		
Firm's name (or yours) If self-employed), address, and ZIP+4 SHELTON, CT 06484 EIN ▶ Phone ▶ no. 203-929-9945	Prepare	Preparer's signature	//// 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	· · · · · · · · · · · · · · · · · · ·			See Ins	tr)	
	use Ont	Firm's name (or yours 15 self-employed). 375 BRIDGEPORT AVENUE	'S / /	Phon					
					203-92				

Form 990-EZ (2009)

FORM 990-EZ	OTHER EXPENSES	STATEMENT 1
DESCRIPTION		AMOUNT
FILING FEES PAVING CONFERENCE OFFICE EXPENSE DUES AND SUBSCRIPTIONS ADVERTISING NATIONAL SUPPORT TRAVEL AND MEETINGS		110. 2,883. 535. 500. 350. 4,000. 3,172.
TOTAL TO FORM 990-EZ, LINE	16	11,550.
FORM 990-EZ OTHER CHANG	ES IN NET ASSETS OR FUND BALANCES	STATEMENT 2
DESCRIPTION		AMOUNT
UNREALIZED LOSS		<3,763.>
TOTAL TO FORM 990-EZ, LINE	20	<3,763.>

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS			STATEMEN			
DIRECTLY OF	GANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, R INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL NTRACT?	[]	YES	[X]	NO	
	GANIZATION, DURING THE YEAR, PAY PREMIUMS, R INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? .	. [1	YES	[X]	NO	

Connecticut Asphalt & Aggregate Producers Association 06-6068537 Board of Directors Attachment Part IV 990EZ

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Vice-President

R. Bradley Oneglia

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